Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies

Name and degrees of candidate
Patricia Ann Thornberry
RN, DipHlthSc (UNE), BN (UNE), MHlthSc (CSU), DipCorporateDirector(UNEP)

School of Medicine
Faculty of Health Science
Flinders University

February 2012

Table of Contents

Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies i

Table of Contents i

Glossary of terms and abbreviations v

List of Tables vi

List of Diagrams vii

List of Figures viii

List of Maps ix

Abstract x

Declaration of authorship xi

Professional editorial support xi

Acknowledgements xii

Chapter 1 Introduction 1

1.1 Preamble 1

1.2 Background to health service restructure 3

1.2.1 Inquiries and reports 4

1.2.2 Quadrangle 6

1.2.3 Announcement of boundary changes and mergers of Area Health Services. 7

1.3 Setting for the research 8

1.4 Sense of self and reflexivity within the research 13

1.5 Outline of the thesis 15

1.6 Terminology 17

1.7 Conclusion 17

Chapter 2 Literature review 18

2.1 Preamble 18

2.2 Theoretical concepts and perspectives of organisational change 19

2.3 Context of organisational change 21

2.4 Organisational culture 22

2.5 Employee responses to change 24

2.6 Communication throughout change 25

2.7 Impact of change 27

2.8 Emotions in the workplace 29

2.9 International context of change in health services 35

2.10 Conclusion 38

Chapter 3 Methods ... 40
3.1 Preamble ... 40
3.2 Study design ... 40
3.2.1 Mixed method design ... 41
3.3 Phase 1: Literature review ... 42
3.3 Phase 2: Interviews ... 43
3.3.1 Piloting the interview tool ... 43
3.3.2 Recruitment of participants ... 44
3.3.3 Interview process ... 45
3.3.4 Location of interviews ... 46
3.3.5 Recording of interviews ... 47
3.3.6 Notes during interviews ... 47
3.3.7 Analysis ... 47
3.3.8 Application of software ... 52
3.3.9 Rigour of qualitative data ... 52
3.4 Phase 3: Questionnaire ... 53
3.4.1 Development of the questionnaire ... 54
3.4.2 Questionnaire design ... 54
3.4.3 Piloting the questionnaire ... 54
3.4.4 Justification for questionnaire delivery mode ... 54
3.4.5 Recruitment of respondents ... 55
3.4.6 Limitations with questionnaire ... 55
3.4.7 Analysis of questionnaire ... 56
3.4.8 Outlying data ... 57
3.4.9 Rigour ... 57
3.5 Phase 4: Integration and discussion ... 57
3.6 Ethics ... 58
3.7 Summary of chapter ... 58
Chapter 4 Reading 1 ... 60
4.1 Preamble ... 60
4.2 Introduction ... 60
4.3 Portrayal of a story ... 61
4.4 Introducing the Area Health Service executive staff: ... 62
4.4.1 Helen, Kerry, Jane, Kim, Tim and Bill ... 62
4.5 Introducing the five managers: ... 66
4.5.1 Joe, Julie, Jesse, Lydia and David ... 66

4.6 Introducing the clinicians: 70
4.6.1 Ros, Sally, Rob, Allison, Thel and Sue 70
4.7 Introducing the administrative assistants: 74
4.7.1 Anna and Marni 74
4.8 Introducing those who resigned: 75
4.8.1 Ron and Trevor 75
4.9 The story continues 76
4.9.1 Processes and uncertainty 77
4.9.2 Distance 79
4.9.3 Consultation and communication 80
4.9.4 Withheld information 84
4.9.5 Poor communication 85
4.10 Second element of the first reading 85
4.10.1 Reader response–sense of loss 86
4.11 Conclusion 88
Chapter 5 Reading 2 91
5.1 Preamble 91
5.2 Introduction 91
5.3 'I' Poems 94
5.3.1 Structural emotions 94
5.3.2 Anticipatory emotions 103
5.3.3 Consequent emotions 110
5.4 Conclusion 114
Chapter 6 Reading 3 116
6.1 Preamble 116
6.2 Nostalgia 117
6.2.1 Power of nostalgia 118
6.3 Loss of professional identity 120
6.4 Professional cost 122
6.5 Organisational culture 127
6.6 Morale 128
6.7 Personal health 132
6.8 Bullying 134
6.9 Media impact 135
6.10 Support 138
6.11 Conclusion 142

Chapter 7 Questionnaire 144
7.1 Preamble 144
7.2 Introduction 144
7.3 Role Change 146
7.4 Opinion of the reforms 147
7.5 Feelings about the mergers 149
7.6 Support 153
7.6.1 Management support 153
7.6.2 Peer support 156
7.6.3 Personal support 159
7.7 Communication 161
7.8 Final comments 163
7.9 Conclusion 165
Chapter 8 – Theoretical contribution 168
8.1 Preamble 168
8.2 Personal professional Level 169
8.3 Health organisational level 173
8.4. Community level: The rural context 176
8.5 Conclusion 180
Research grants and Scholarship associated with this research 182
Reference List 183
Appendices 190
Appendix 1: Literature review concept map 190
Appendix 2: Schedule of interview questions for participants 191
Appendix 3: Call for Participants 192
Appendix 4: Newspaper article 193
Appendix 5: Information sheet and consent form for Participants 194
Appendix 6: Sample of field notes 198
Appendix 7: List of Conference Papers Associated with the Thesis 200
Appendix 8: Online Questionnaire 201
Appendix 9: Media Release 208

Glossary of terms and abbreviations

AHS	Area Health Service
CADA	Computer Assisted Data Analysis Program
CCAG	Community Consultation Advisory Group
GSAHS	Greater Southern Area Health Service
GWAHS	Greater Western Area Health Service
HCCC	Health Care Complaints Commission
HNEAHS	Hunter New England Area Health Service
HT	Health Technology
ICAC	Independent Commission Against Corruption
ICE	Institute of Clinical Excellence
IPART	Independent Pricing and Regulatory Tribunal
IT	Information technology
MHS	Macarthur Health Service
NEAHS	New England Area Health Service
NHS	National Health System
NSW	New South Wales
UK	United Kingdom
UNE	University of New England
VCRM	Voice Centred Relational Method

Italics are used to depict the quotations of interviewed participants and questionnaire respondents

List of Tables

Table 3.1 The Interviewed Participants 45

Table 5.1 Primary Emotions 93

Table 5.2 Emotions portrayed by participants 93

Table 5.3 Anticipatory Emotions (by range of optimism and confidence) 103

Table 7.1 Demographic Information 146

Table 7.2 Role change since merger 147

Table 7.3 Opinions of the merger 147

Table 7.4 Types of peer support 159

Table 7.5 Communication prior to and during merger 162

List of Diagrams

Diagram 1: Diagrammatic view of the research process 42

Diagram 2: Person Centred Model for Organisational Change 169

List of Figures

Figure 7.1: Feelings about the mergers 150

Figure 7.2: Scale of support from management 154

Figure 7.3: Description of support from management 155

Figure 7.4: Scale of support from peers 157

Figure 7.5: Description of support from peers 158

Figure 7.6: Scale of personal support 160

Figure 7.7: Description of personal support 161

Figure 7.8: Adequacy of communication during the mergers 163

Figure 7.9: Comments about mergers (by age) 164

List of Maps

Map 1 New Area Health Services ... 9

Map 2 Old area Health Service Boundaries ... 10

Map 3 Greater Western Area Health Service ... 11

Map 4 Hunter New England Area Health Service ... 12

Map 5 Greater Southern Area Health Service ... 12

Abstract

This is a study of the impact of enforced change upon staff working in a range of positions within rural area health services in New South Wales, Australia between 2004 and 2007. The thesis explores the emotional impact of the changes for staff from their perspective and that of their broader communities. The enforced changes occurred following a series of reviews of New South Wales Department of Health conducted over a twenty four month period commencing in 2002. The four chapters that present the data from the interviewed participants and questionnaire respondents provide detailed evidence of the impact of the change and the emotional trauma experienced by participants. This trauma is fundamentally the result of poor communication processes that permeates all aspects of enforced workplace change. Kemper's Power Status Theory of Emotions is used to explain how emotional trauma affects the power and status of employees within the workplace and their broader social and environmental context including relationships with family and peers.

The study was conducted using a sequential mixed method design (Qual > Quan) (Creswell, 2003, p.213) also known as a sequential exploratory design (Creswell, 2007) using individual, semi-structured interviews and a questionnaire to gather the data. A critical position was employed throughout the data analysis (Grbich, 2007). The data collected throughout the interview phase was analysed drawing on Brown and Gilligan's (1992) Voice Centred Relational Method (VCRM) of data analysis. The use of a 'Voice Centred' data analysis method for this research is different from many other research analysis methods and was specifically chosen for this study as it allowed me to immerse myself in the conversations I had with each participant so I could listen to, and hear the way in which they told their story from a range of perspectives. This method of data analysis coupled with the use of poetry, nostalgic reminiscence, and Theodore Kemper's Power-Status Theory of Emotions allowed me to understand the emotional response of those involved in enforced organisational change. This novel analytical approach enabled me to use a range of strategies to examine and probe the data that described the way people responded to enforced change in the workplace and to understand why the changes had a significant impact on their broader social and community networks.

Declaration of authorship

I certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature...Date...

Professional editorial support

Professional editing for the thesis was limited to grammar and style according to the Australian Standard for Editing Practice (ASEP)–Standard D-Language and illustrations and Standard E-Completeness and Consistency. This did not alter or improve the content or the conceptual organisation of the thesis. The editorial assistance was provided by Mr David Alston–member of the South Australian Society of Editors. A fee was paid for this service.

Acknowledgements

This thesis would not be possible without the wonderful people who shared their stories of the impact of change when their AHSs were forced into an incredibly tumultuous period. Thank you for taking me on the journey with you. I hope I have done your stories justice. May change in the workplace be kinder to you in the future.

I acknowledge the work and support of the three incredible women who supervised my journey throughout this thesis. To Associate Professor Eileen Willis whose wisdom and patience guided my thoughts into meaningful commentary. To Professor Jennene Greenhill who understood my initial concerns about the impact or change and supported me through very tough decisions. To Dr Linda Sweet who was always available to offer advice and guidance. This thesis would not have been possible without your collective, unwavering support. I am so lucky to have met you.

Particular thanks to my PhD colleague, Dr Karin Fisher who spent many hours with me discussing theories of change and contemplating our future at the end of our PhD journey! Thank you to Bev Draper who spent hours helping transcribe 'those interviews'.

To my husband–Jim, my beautiful daughters–Josephine, Hiliary, Ainsley and Phoebe, and my sister–Margy, special thanks for believing in me. Your unwavering support and encouragement has been immeasurable. Girls, I hope this completed journey will inspire you as you commence your own studies.

Thank you to my amazing group of friends whose support and enthusiasm has continued throughout a long and, at times, bumpy journey. I did it!

Chapter 1 Introduction

1.1 Preamble

We are constantly on the edge between order and chaos ... it is not surprising that much change management reveals inconsistencies, paradoxes, dilemmas, and contradictions (Moore).

Workplace change is a necessary and continuous process that is fundamental to ensure increased accountability, productivity and service provision that meets the market demand (Appelbaum and Wohl 2000). Consultation and incorporation of all stakeholders in the change process is a positive action that will more than likely produce a positive outcome. The current literature indicates that while workplace change affects all stakeholders within the workplace, most research appears to be about the process of the workplace change, and not about the subjective impact of change (Appelbaum and Wohl 2000; Fulop, Protopsaltis et al. 2005).

Significant enforced workplace changes occurred within New South Wales (NSW) Health following a series of reviews of that were conducted over a 24 month period commencing in 2002. Concern was raised about the quality and safety of the public health services following a number of incidences that resulted in poor patient outcomes and harm. This lead to a number of Area Health Service (AHS) reviews. The reviews included an investigation of Campbelltown and Camden hospitals within the Macarthur Health Service (MHS) by the Health Care Complaints Commission (HCCC) and the Walker Report conducted by Mr Brett Walker SC. The Walker Report reviewed the findings delivered by the HCCC and the findings of the NSW Department of Health's review of the activities in relation to the complaints system and internal process of the MHS. The final review was conducted by the Independent Pricing and Regulatory Tribunal (IPART) in 2003 as a separate review to those previously mentioned. This was a review of the NSW public health system administration.

The IPART review and report was fundamental to the research for this thesis. Following its release and its recommendations for system changes to improve the delivery of public health care and community health outcomes, the decision was made by NSW Health administration to review the then current AHS structure. The review provided an impetus for restructuring, by dissolving the –then current–17 AHSs to create eight new AHSs (and the Children's Hospital at Westmead, Sydney). While there had previously been eight rural AHSs the new structure allowed for only four rural AHSs to cover the same area. This revision was made despite Recommendation 47 of the IPART report stating: 'The current AHS structure should be retained but the

respective roles and responsibilities of the Department and AHSs should be clarified' (Parry 2003 pp.48, 141).

Lengthy conversations with staff employed across a range of positions within the rural AHSs gave me much anecdotal evidence about the manner in which the reforms were being managed, including the way staff were treated. This sparked my interest to undertake a research project to understand how the enforced changes impacted on health service staff in rural NSW.

The aim of the study was to examine the subjective impact of enforced change upon staff working in a range of positions within rural area public health services in New South Wales (NSW), Australia between 2004 and 2007. Given the dearth of literature on subjective impact of enforced workplace change, the following research questions were chosen to investigate this topic:

- What were the emotional impacts of enforced workplace change for staff working within rural New South Wales Area Health Services between 2004 and 2007?
- What were the emotional responses of employees to enforced change?
- How can the emotional impact of change be better managed from the perspective of the employees?

Given the subjective nature of the inquiry a sequential mixed method design (Qual > Quan) (Creswell 2003, p 213) was employed. The research journey included data gathering from individual interviews with 21 staff, and an online questionnaire that was completed by a further 65 respondents from a wide range of positions throughout the rural AHSs. All of these people had experienced the impact of the reforms and were able to tell their story of enforced workplace change. Additionally, throughout the five years of the research journey I collected newspaper stories and journal articles (of which there were very few) were collected to determine the impact of the changes on those who were part of the change strategy. The qualitative data was analysed using Brown and Gilligan's (1992a) Voice Centred Relational Method (VCRM) of data analysis. The quantitative data from the questionnaire was analysed using descriptive statistics with the data analysis program SPSS.

The use of a 'Voice Centred' data analysis method for this research is different from many other research analysis methods, and was specifically chosen for this study as it allowed me to immerse myself in the conversations I had with each participant, so I could listen to, and hear, the way in which they told their story from a range of perspectives. This method of data analysis, coupled with the use of poetry, nostalgic reminiscence, and Kemper's Power-Status Theory of Emotions, allowed me to understand the emotional response of those involved in enforced organisational

change. This novel analytical approach enabled me to use a range of strategies to examine and probe the data, that described the way people responded to enforced change in the workplace, and to understand why the changes had a significant impact on their broader social and community networks.

The data analysis is presented in four chapters, which provide detailed evidence of the emotional impact of the change which was predominantly emotional trauma experienced by participants. The data revealed that this trauma was fundamentally the result of poor communication processes that permeated all aspects of the enforced workplace change. Theodore Kemper's Power-Status Theory was used throughout this thesis to explain how emotional trauma affects the power and status of employees, and the implications of this for them, within the workplace, and their broader social and environmental context, including the impacts on their relationships with family and peers.

In addition to the previously mentioned enquiries and reports which preceded this study, the final enquiry and report of relevance for this research is the Garling Report. This report was published after the conduct of interviews for this study, and at the conclusion of the Special Commission of Enquiry into Acute Care Services in NSW conducted by Peter Garling SC in 2009. The Garling Report provides a strong validation for many of my research findings. With all of these reports in mind it is important to note that this thesis is not about the success or failure of a change process but rather about the emotional impact of enforced change on the people.

This introductory chapter outlines the background to the research, research question, justification, and methodology used for the thesis. It also presents the unique setting within which the research was conducted. The introduction concludes with an outline of each chapter.

1.2 Background to health service restructure

During 2003-4 the NSW Government commenced work on changing the structure and governance of the NSW public health system. The reforms were to become the most significant restructure since the 1980s and would include changes to the AHS boundaries and management structures. The reforms comprised restructuring 17 AHSs into eight, and the Children's Hospital at Westmead, Sydney, with only four of these being rural AHSs to serve an area with a projected population for 2006 of 2.10 million people. The geographical area of the proposed new rural areas was immense; however, the Government, driven by the ideal of rationalising the management of the public health services, believed that a concept of shared services could be applied across all metropolitan and rural AHSs. To put the size of the proposed AHSs into perspective I

present the following examples. The geographical size of the proposed and now current Greater Western Area Health Service (GWAHS) is larger than Germany while the Hunter New England Area Health Service (HNEAHS) is the size of England. Prior to the restructure, the size of the New England Area Health Service (NEAHS), which has now been merged with two other AHSs to form the HNEAHS, was the size of Tasmania. The size of these areas confirms that the NSW public health system is one of the largest centralised health care systems in the world.

According to NSW Health, the rationale for the restructure was based on the findings of the HCCC and Walker Report that identified a need for administrative change. This was coupled with the findings of the IPART report that recommended increased accountability, along with administrative changes in the health system. The IPART report proposed that health care needs and service delivery would need to change over the next two decades to meet the demands of the population, societal and demographic trends (Parry 2003). To that end the IPART report made several major recommendations that included: a shared services corporation to ensure effective structures for purchasing and service delivery in order to improve quality of patient care; implementation of a single workforce planning unit to develop an integrated state-wide workforce plan to ensure a cost effective and adequate skilled labour workforce; improved guidelines and standards for the quality and safety in patient care (clinical governance); retainment of current AHS boards with an increased accountability, and a greater focus on corporate governance; the current AHS structure should be retained with clarification of the roles of the AHSs in order to increase accountability; the roles of the key figures within the Department of Health and the AHSs be clarified with increased accountability (Parry 2003). The IPART report made additional recommendations that do not fall within the scope of this research study.

1.2.1 Inquiries and reports

The HCCC is an independent statutory body established under the Health Care Complaints Act 1993, to investigate complaints about health care services in NSW. The commission has the power to make recommendations, and comment about how to make health care services better and safer for patients. The commission also has the power to prosecute disciplinary cases-where relevant–in the public interest.

On 5 November 2002, four nurses from the MHS made allegations, to the then NSW Minister for Health, about management and clinical practices at two hospitals within that health service. In response to this, the then Director General of the NSW Department of Health made a formal complaint to the HCCC on 18 November 2002, about incidents that had occurred at Campbelltown and Camden Hospitals in the MHS.

One of the issues raised in the complaint was the adequacy of systems to ensure safe and quality care, clinical governance, risk management process, and performance including incident reporting and investigation, training and support (HCCC2003). In response to media leaks of the draft report from the Commission in September 2003, the matter was raised in the NSW Parliament in September 2003. The NSW Government established its own investigation team led by the chairman of the Australian Council for Safety and Quality in Health Care, and the NSW Institute of Clinical Excellence (ICE), to review activity at the hospitals. Initial reports from this investigation indicated concern at the lack of specialist medical and emergency physicians, and a chronic workforce shortage of senior doctors and nurses. Immediately, the NSW Government allocated substantial funding to help rectify the chronic workforce shortage.

On 11 December 2003 the final report from the HCCC was accepted by the then Minister for Health as making useful recommendations for organisational improvements. However, he criticised the superficial nature of the report, in terms of identifying accountability for actions, and admitted that the Government had failed to act on behalf of the sick, and HCCC had also failed in its role to adequately investigate the complaints in a suitable manner. He subsequently sacked the HCCC Commissioner and the former General Manager of MHS, and referred nine doctors to the NSW Medical Board. That Health Minister was referred to the Independent Commission against Corruption (ICAC), and nineteen patient deaths were referred to the NSW Coroner for investigation. The first ICAC report, made public on 13 April 2005, which dealt with allegations that the former NSW Minister for Health had bullied the whistleblower nurses who complained to him about the MHS, cleared him of any wrongdoing. This then triggered a four-step process, in which a Senior Counsel was appointed, to conduct an inquiry to investigate allegations of unsafe treatment or inadequate care at the hospitals named in the report. The results of this enquiry were published as the Walker Report. Within the report, Brett Walker SC made a raft of recommendations for NSW Health, including that there be amendments to the HCCC Act to ensure it acted appropriately in assessing and investigating complaints. Of significance to this study was the finding of opportunities for improvement in the quality systems within the service.

During, and following the HCCC and Walker enquiries, a number of key changes were made within the senior executive of NSW Heath. These changes included the sacking of the Chief Executive Officer (CEO) of MHS; the Chairman of the Board of MHS was stood down from his position, and the previous General Manager of MHS was stood down from her newly appointed position within an inner metropolitan public health service.

In early 2004, the CEO of the NEAHS was appointed as CEO of the Southern Area Health Service (SAHS) following the abrupt resignation of its CEO. At this time there were also changes within the Board of Directors for the SAHS, due to the resignation of its chairperson.

A further and final review of NSW Health–for that point in time–was conducted, driven from within the NSW Government. The outcomes of the review are known as the Bowtell Report. This report was designed to review the function of all AHSs within NSW, with the view to consider eliminating inefficiencies in service provision. The review included consideration of AHS boundaries, patient flows, topography and geography, all of which were considered important in the delivery of rural health services. The recommendations from this report were put to the NSW Government for deliberation.

1.2.2 Quadrangle

At the time of the Bowtell review and subsequent report, a system known as Quadrangles was implemented within some AHS. Within each Quadrangle system, several processes were shared, with the intent to create a cost effective way in which to deliver services within broader areas of the health system. Services conducted within the Quadrangle framework included:

- central location in one health service facility for stores for all facilities
- the introduction of cooked chilled food to all facilities in the area.
- components of corporate services including finance were shared to encourage greater purchasing power
- information technology resources were shared.

The Quadrangle approach was seen to be a successful process, in that it was a resources sharing concept. An example of a Quadrangle group included New England/Hunter/Central Coast/North Sydney Area Health Services.

In retrospect, the Quadrangle process could be seen as a precursor to the amalgamation of rural AHSs during a time of turmoil and conflict within the senior leadership of NSW Health. Despite the political push for changes in the delivery of the services within NSW Health, there was no capacity for the quadrangle approach alone, to work effectively throughout the state, due to budgetary issues and the fact that there was not a tertiary/teaching hospital in each of the rural AHSs aligned within the scheme. At this time it appeared that NSW Health had four options in implementing the reform process:

1. Area health service and functions to remain status quo
2. Merge area health services
3. Merge some area health services and leave some in their present configuration
4. Leave current area health services and share corporate services

1.2.3 Announcement of boundary changes and mergers of Area Health Services

In response to the intensive, and extensive review processes, on 24 July 2004 the NSW Department of Health announced a reform process to be implemented on 1 January 2005. This reform process involved: the restructure of the AHSs that included the amalgamation of the existing 17 AHSs into eight larger areas and the Children's Hospital at Westmead; the dissolution of AHS boards (effective immediately) in order to allow for a period of transition for the new AHS structure; appointment of administrators as key members of management to be responsible for the implementation of the restructure, and further review of the functions of the Department of Health. Furthermore, the reforms included changes to management structures and employment opportunities with the NSW public health system.

The boundary structure of the health services would be such, that a tertiary teaching facility would be located in each AHS. It is interesting to note that within NSW local government the process of merging utilities, such as electricity, occurred approximately at this time. This closely followed the amalgamation of local government councils within NSW and revision of the geographical boundaries for each council area.

A major aim of the public health reform was to deliver more resources to the clinical services, generated from savings created by the restructure of the AHSs (NSW Department of Health 2004). This was to be achieved by streamlining administration, including corporate and business services, with savings in each new AHS retained in that area, and directed into frontline clinical services, in particular to create additional employment opportunities.

At the time of the merger announcement, a community consultative group was formed to engage consumers in discussion, in order to develop an appropriate model of consumer consultation. This group was known as the Community Consultation Advisory Group (CCAG), and comprised key community stakeholders, whose brief was to travel throughout the state to present public forums, to consult with, and address community concerns about the reforms. According to the report of this group (NSW Department of Health 2004), many community members raised concerns about the size of the new larger AHSs with regard to centralisation of management, and the potential for more remote areas to be lost in the broader scheme and functioning of the AHSs.

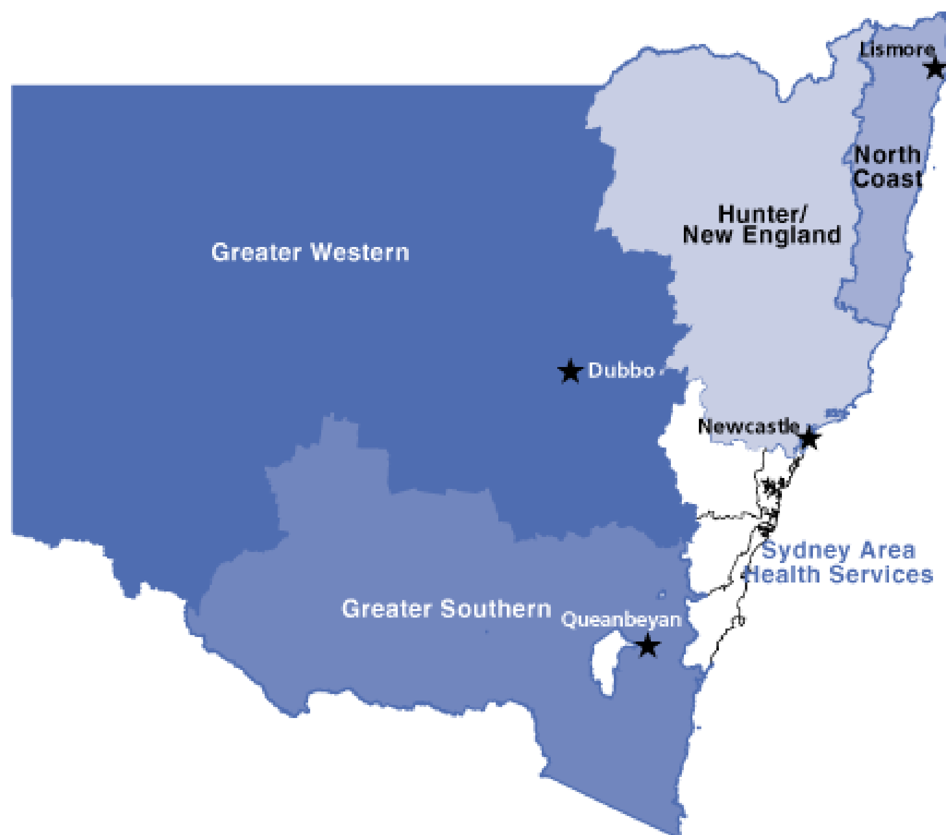
The NSW Department of Health acknowledged that the process of streamlining administrative services would result in a reduction of administrative positions (NSW Department of Health 2004). This process was to occur in consultation with health service unions throughout the time taken for the reform process. The reduction in the number of AHSs would also result in a changed format of administrative positions, that would enhance direct patient care, through expanded employment opportunities for clinical staff (NSW Department of Health 2004). A process of redeployment for displaced persons was also guaranteed, and a voluntary redundancy program was to be initiated.

A further aim of the reforms was to strengthen the clinical governance framework within NSW Health. This included strengthening the clinical networks within and between the AHSs in order to support clinical staff and promote consistency in planning and delivering clinical services (NSW Department of Health 2004). A key element of this area of the reforms was to be the establishment of the Clinical Excellence Commission, which would continue the work of the previously known Institute of Clinical Excellence. In addition, each AHS was to have a Clinical Governance Unit with a designated team and unit director, to monitor and enhance the quality and safety of care. These actions were in direct response to the findings of, and recommendations from, the previously mentioned HCCC inquiry and Walker Report. While this new clinical governance framework was a significant component of the reforms, it is beyond the scope of this research.

1.3 Setting for the research

The setting for this study is three of the four rural AHS within NSW, Australia. These areas were formed in July 2004 when the NSW Department of Health announced amendments to the boundaries of the previous 17 AHSs. The areas were formed in July 2004, but did not become effective under Law, until 1 January 2005. All positions, with the exception of area boards, retained the status quo until that date. The three rural AHSs comprise: Hunter New England (HNEAHS); Greater Western (GWAHS) and Greater Southern (GSAHS) The areas are presented in Map 1. These AHSs encompass in excess of 740,000 square kilometres of the landmass of NSW. The area known as GWAHS covers a geographical area of 444,586 square kilometres which equates to 56% of the landmass of NSW. Within this area are 28 Local Government Areas, of which nine (32%) are classified as remote or very remote (NSW Department of Health 2004). Within each of the newly formed AHSs there is at least one teaching hospital that is connected to a university, which offers medical or nursing education programs. Other larger hospitals, that were the nexus for specialist care in the previous AHS model, were renamed as referral hospitals. Smaller hospitals scattered throughout the AHSs

continued to operate, with visiting services provided by staff from the referral hospitals. The referral pattern for patient flows and transfers was altered, to cater for the newly formed AHSs. This alteration meant that established patient flows were stopped, and a new system established, to ensure patient flows remained within the boundaries of each AHS to curtail cross border patient costs, where possible.



Map 1 New Area Health Services

The establishment of the new AHS structures created centralisation of administration and administrative staff. This resulted in a loss of numerous administrative and executive assistant positions. The fourth rural AHS within NSW is the North Coast AHS. This AHS was not included in the research, as its demographic profile differs from that of the other three rural AHSs.

The area encompassed by the three AHSs was previously divided into eight AHSs; this is shown in Map 2. Each AHS had its own administrative system, comprising Chief Executive Officer, five managers whose portfolios included: Nursing and Organisational Development, Medical Services, Population Health and Planning, Community and Mental Health Services, Operations and Finance. This structure had additional management and administrative support structures, developed at the discretion of the Chief Executive Officer of each AHS. At the time the mergers were announced in July

2004, the total population of the three AHSs was 1.62 million, with a projected population of 1.95 million for 2011 (NSW Department of Health 2004).

Map 2 Old area Health Service Boundaries

The mergers resulted in significant increases to the size of each AHS. The geographical location of the rural AHSs is of particular significance for this study as they have defined population, geographical and economic issues. These areas have been in the grip of significant drought for the past 10 years. Previous research studies, and current literature, have identified that populations within rural areas have unique demographic and social issues, largely due to poor infrastructure and access to services (Australian Institute Health and Welfare 1998; Humphries 1998; Booth 1999; Bourke 2001). This pattern has rarely changed throughout the years.

An important concept that underpins this study is the rurality of the study participants, and the accepted camaraderie that is frequently unseen outside rural locations. Within every rural public health facility in Hunter New England, Greater Western and Greater Southern there is evidence of the community sense of ownership of the local hospital or health facility and contribution to that facility. This ranges from the purchase of vases, to beds, chairs and other furniture. It is common practice within rural locations for the Hospital Auxiliary to actively fundraise, to purchase much needed equipment for the

hospital, not funded through the state government general operating budget. Much of the equipment and furniture bears plaques in recognition of its donor or fundraising origin. This camaraderie was threatened by the mergers of the AHSs, as local communities struggled with the concept of their facility being governed by an administrative system that was not local, and did not understand or value their input into 'their' health service. One of the key foci of this research is on the impact of the changes on the individuals and the wider community. According to Guba and Lincoln (1998) and Bryant (2003), focusing on a population group across a broad geographical area, allows features of that specific group to be addressed throughout the research, rather than the focus being solely on the research topic – in this case the emotional impact of organisational change is the focus.

In addition to geographical implications of clinical care, distance and transport have long been cited as issues of concern for the administration of rural health services (Humphries 1998). Within the context of this study it is essential to understand the enormity of distance between, not only the cities and towns, but also the smaller towns within each AHS, and the distance between the AHS head office and smaller health service sites. Maps 3, 4 & 5 give an indication of the location of towns, and the distances between them, throughout the AHSs, and also the distances of each town from the AHS office. These maps are indicative of the enormous size of the AHSs.

Map 3 Greater Western Area Health Service

Map 4 Hunter New England Area Health Service

Map 5 Greater Southern Area Health Service

1.4 Sense of self and reflexivity within the research

Finding oneself within this research has been a fluctuating emotional process that was helped from the outset of the research journey, even prior to developing the research tools, through the use of reflection. According to Grbich (2007) qualitative research should be reflexive. Reflexivity, according to Grbich, is based on being constantly reflective, and using self-critiquing processes to ensure a heightened sense of self throughout the research process. My work as a lecturer in nursing and clinical co-ordinator for undergraduate nursing programs at a regional university in NSW for the past 15 years has resulted in extensive interaction with nurses and administrative staff from a range of public and private health care facilities throughout NSW. As a consequence of regular travel to rurally located public health care facilities throughout NSW, I have developed personal and professional friendships, professional relationships with a range of staff, knowledge of the functions of health facilities, and a good knowledge of locations and the strategic issues they confront in terms of their geographical isolation.

In 2002, I received a ministerial appointment to the Board of Directors for the NEAHS. I remained in this position from 2002 until the Minister for Health dissolved all NSW Health Service Boards in mid-2004, in the restructure of the NSW public health system. As a Board Director, it was my responsibility to review, recommend changes, and approve strategically developed Health Service Plans for all public health facilities within the NEAHS. As a consequence, I developed a comprehensive understanding of the issues relevant to the population groups, including disenfranchised groups, within the area. In this role I developed an understanding of the unique issues relevant to rural health care and the geographical, telecommunications, staffing issues and infrastructure factors that impeded access to services within the NEAHS.

In previous years during my employment as a clinical coordinator with the university, I had witnessed an earlier NSW Health merger, whereby 23 Health Districts were amalgamated to form 17 AHSs. This process caused angst for many staff who were made redundant as positions within the public health services were shed. I have always lived and worked in regional NSW, and as a younger person spent many years travelling to far western NSW, and have developed many long term friendships with people who now work within public health care facilities in those small rural towns. This personal admission of mine illustrates the reluctant nature of people in rural areas to relocate as they frequently have grown up, married, and remain in the same rural area. My personal connection with people from rural and remote NSW has been a driving force for this research. I understand the passion and loyalty of staff who live and work in rural communities, and their commitment to frequently spend time raising

money to support their local health service and improve the services and facilities in order to maintain their health services.

I was able to achieve specific private objectives within the research, as I considered my personal position in relation to the research participants. Through a constant reflective process, and the use of The Listener's Guide and Voice Centred Relational Method (VCRM) for data analysis (Brown and Gilligan 1992b; Mauthner and Doucet 1998), I found that I could identify myself within the research and my response to the research topic. Subsequently, I found I could make sense of the world of the participants as they told their story of losing what was so important to them in their working world, and their powerlessness to combat what confronted them. Through this process I was able to place the participants within their social and professional worlds, and thereby understand the impact of the enforced workplace changes on their lives.

The use of a VCRM of data analysis allowed me to acknowledge my bias towards the data, and understand how I responded emotionally and intellectually (Mauthner and Doucet 1998) to the content of the interviews. Accordingly, I was required to examine my personal assumptions in relation to the merger process, and the way in which I felt it had impacted upon people within the rural area. The notion of researcher reflexivity in terms of social location and emotional responses to the participants' narratives is suggested by Doucet and Mauthner (2003) as an important process, in order to link the theoretical framework for the research to the conclusions made from data interrelation.

Acknowledging my power to listen, interpret, and be in command of how I analysed the stories told by others was a powerful realisation. The use of a computer generated program (NVivo 7) to assist with the analysis of the data initially raised concerns for me, as I felt it would detract from my personal interpretation of the material and location within the research. A realisation that I was in charge of asking the questions of the data, and only relied on the program to make the reports for me, helped me overcome this concern.

As I was embedded in the change process through my role as a Board Director of a rural AHS at the time of the mergers, I believed I was able to make sense of the world of the participants. Throughout the research, I found I was able to identify with the participants within their social and professional worlds, due to my own rural location and professional and social associations. This, I believe, helped me to understand the impact of the enforced workplace changes on their world.

1.5 Outline of the thesis

The thesis is set out in a series of chapters, which present an unfolding story of how a range of employees with NSW Health coped with the enormity of enforced change within their workplace. This chapter has introduced the thesis and the background to the research. The chapter has presented the organisational setting against which the study was conducted, introduced the researcher, and explained why this study was seen as necessary. Within this chapter a series of maps have been presented to give the reader a clear understanding of the enormous geographical locations discussed throughout the study.

In the following chapter, the literature reviewed for the research is presented. This chapter discusses some of the key theoretical concepts and perspectives of organisational change. The impact of change on organisational culture is examined as a result of entities merging through the course of change. The barriers and enablers of change including the importance of communication throughout the change process are examined. The place of emotions and the impact on emotional states within the context of organisational change is reviewed. The final section of the literature review will present an overview of the international trends in organisational change within health services and the outcomes of those changes in relation to emotional impact for staff.

The chapter introduces the theoretical approaches used for the study. In this chapter I examine the underpinning philosophies of critical theory in addition to the works of Theodore Kemper, whose Power-Status Theory of Emotions underpins this research, and the concept of nostalgia as a point of reference for those who reflect on their past as way to help them face an uncertain future.

The third chapter describes and justifies the methodology used for this study. After presenting a rationale for the methodology, the four phases of the study comprising literature review; interviews; questionnaire; and finally the integration of the data and discussion are explained. Within each phase of the study are particular stages which are the steps taken to conduct the research. Presentation of the thesis in this format illustrates the emotional impact that the enforced changes had upon staff working in a range of positions within rural area public health services in NSW, Australia between 2004 and 2007. A diagrammatic presentation of the study stages is used as a point of clarification for the reader.

The fourth chapter commences the presentation of the analysed data. At the outset the chapter introduces the interviewed participants. The participants were from a range of roles within the NSW public health system including executives, managers, clinicians, nurses, administrative assistants, as well as some who had ceased their employment

with the public health system since the reform process commenced. Throughout the chapter, each participant's introductory account of the reforms is developed and built upon, to present their overall view of the reforms and the impact it had on them.

The fifth chapter continues to present the analysed interview data, but takes on a more personal approach as the 'I' and 'We' statements of participants are the focus of the analysis. Within this chapter, poetry is used to present poignant statements, as participants identified the structural, anticipatory, and consequential emotions that confront them during times of turmoil and uncertainty in the workplace.

The sixth chapter presents the participants' accounts of the impact of change on their relationships within the workplace and the broader community. This chapter uses the concept of nostalgia, in order to capture the impact of the enforced changes for staff as they contemplate their future within the workplace and broader community. Within the chapter, professional identity and professional costs from the mergers are discussed. The chapter then examines the implications in the workplace when morale amongst staff is eroded. The ensuing issues of transparency in the workplace and bullying are explored. Finally, the chapter delves into the issues surrounding the personal health of staff as a result of eroded workplace culture and morale.

The seventh chapter presents the findings from the online questionnaire. This chapter is largely designed to substantiate claims made in the three preceding analysis chapters. The data discussed in this chapter is from a different sample of staff than those in the interviews, so not only does it serve to validate and enrich the previous chapters; it also substantiates the general perceptions of enforced change in the workplace throughout the AHSs.

The eighth, and final, chapter discusses the findings of the research and links these findings with the theoretical frameworks that moulded the research. The discussion within this chapter links the findings back to the research questions and discusses how, and why, thought must be given to the consequences of change throughout any organisational change process; given the emotional costs to individuals. Emotions, while intangible, must be considered by change strategists in order to maintain the most fundamental component within the workplace; that is human capital. Communication is fundamental throughout the change process, and is pivotal to engaging staff in change, and to providing the essential resources to help staff cope with change.

1.6 Terminology

Throughout this thesis there are terms that are used interchangeably to fit the context of the discussion. For the purpose of this study the following terms have equivalent meaning: mergers; reforms; changes. Participants are those who were interviewed and respondents are those who completed the questionnaire.

1.7 Conclusion

This chapter has introduced the reader to the research study. A clear description of the demographic setting of the research, and the context within which the study was conducted, presents the reader with a background against which to read the following chapters. The background of the research highlights a complex array of Government reviews of the NSW public health system over the last decade. These reviews were conducted in response to the realisation that there were flaws within organisational processes. A change strategy was introduced in an attempt to remediate those flaws. However, rather than focusing on only those flaws, the change encompassed the entire administration of public health service delivery across the state of New South Wales. There is a significant human cost when embarking on large scale organisational change such as that done by NSW Health. The results of the research conducted for this study show the importance of clear, concise communication delivered in a timely manner to all people involved in a change process. In the next chapter a synthesis of literature is presented to reveal the relevant concepts and to link the focal point of the thesis which is the subjective impact of enforced organisational change on employees.

Chapter 2 Literature review

People don't resist change. They resist being changed! (Peter Senge)

2.1 Preamble

This chapter provides a review and synthesis of the literature relevant to this study. The chapter is divided into four main sections: 1) a discussion of key theoretical concepts and perspectives on organisational change; 2) identification of employee responses to change and discussion about the importance of communication throughout change; 3) a review of the place of emotions within the context or organisational change and the impact of change on emotional states; and 4) an overview of international trends of change in health services.

The literature on the topic of organisational change is extensive however; the literature focussing on the emotional impact of organisational change is limited. To deal with this, in this thesis I developed a concept map as a guide to identify the key theoretical concepts and gaps in the literature. This idea was drawn from the works of Creswell (2003, p.39). The map helped identify what literature was specific to the current research project, and to situate this study within: wider organisational behaviour theories about organisational culture; results of previous organisational change initiatives internationally and within Australia; contexts of organisational change; barriers and enablers to change processes in organisations; communication during organisational change; and the impact of change on emotions in the workplace. This map is demonstrated as Appendix 1.

Theoretical approaches to organisational change differ across disciplines. For example, whilst organisational behaviour theories emphasise the importance of biological and physiological aspects, social theorists argue that emotions are shaped by social norms and positivists assert that social structure has a major influence on power relations and status. One approach to the socio-structural concept of the place of emotions in workplace change is Kemper's Power-Status Theory of Emotions. Kemper's (1978, p. 43) theory allows us to expose the power relations at play during a change process. Reference has been made to this theory throughout the thesis in preference to other theories of emotions because of its applicability to power and status as a result of the emotional impact of organisational change. This concept is discussed within the literature review and more extensively in the chapters that deal with the analysis of the data.

2.2 Theoretical concepts and perspectives of organisational change

Organisational change involves variations in the way an organisation functions, its leadership, membership and roles of those members, and the way in which resources are distributed (Huber et al. 1993 cited by Bazzoli, Dynan et al. 2004). Traditionally, organisational change is seen as a complex and difficult process that has the potential to undermine existing control patterns for management (Nadler 1981; Prideaux 1990; Brewer 1995). To implement effective change, a critical appraisal of both specific situational and wider organisational possibilities must be undertaken. Brewer (1995) advises that this can be a lengthy process with unpredictable outcomes that could influence change from the outset.

Theoretical concepts that influence change in organisations have been debated by critical and postmodern theorists such as Habermas and Lyotard (Hassard and Pym 1990; Clark 2002). Hassard and Pym (1990) explain that Habermas presents a modernist approach to organisational change and suggests that communication and controlled conflict demonstrated throughout change are central to the concept of organisations and are necessary to generate change. Conversely, Lyotard, a post modernist, argues that communication within the organisation is of a more inclusive nature, and can have a flow on effect beyond the workplace. Both approaches differ from the more traditional functionalist paradigm that has the underlying assumption that the organisations serve the interests of its members (Hassard and Pym 1990). Pettigrew, Woodman et al.(1988) have shown that organisational change theorists including Pettigrew (1985), Lewin, Long & Carroll (1999), Van de Ven et al. (1989), Amabile (1983, 1988) and Woodman, Sawyer & Griffin (1993) have investigated organisational politics and communication. According to Pettigrew, Woodman et al. (1988) collectively these authors demonstrate that issues such as negotiation, consultation, conflict and resistance are evident during times of change, as leaders strive to achieve their goals, leading to the view that communication is a key component of change.

One of the earliest known models of the change process was presented by Lewin, who passed away in 1947, His seminal works about group decision and social change were published posthumously in 1951 and 1952 (Elrod and Tippett 2002). Lewin offered two key concepts regarding transition and change. His first theory described change as a three part process of unfreezing, moving and refreezing (Lewin 1951). His second theory was of social equilibrium and described change in response to equilibrium disruption (Lewin 1952). In 1948 Coch and French (1948) published their original works that identified how resistance to organisational change is exhibited in the workplace. They suggested that high turnover rates and grievances are demonstrative

of resistance to change and are significant in any discussion about the impact of organisational change for staff. The works of these scholars paved the way for much debate about change and its impact for people across a range of workplace situations.

The work of Lewin (1951, 1952) and Coch and French (1948) in relation to change theories was followed many years later by Kubler-Ross in her well known works "On Death and Dying" (1969). Along with colleagues (Fink 1967; Imiara 1975; Parkes 1979) she outlined the experience of death and dying and the impact this had on the person, family and colleagues using a five stage approach; denial, anger, bargaining, depression and acceptance (Kubler-ross 1969). Drawing on the work of Kubler-Ross, Menninger (1975) showed that members of the US Corps experienced similar stages in reaction to stress. Grensing (1991) suggested that these theories around death, stress or loss could be linked to change and life transitions in general, as the concepts of loss and grief and acceptance of change were similar. Elrod and Tippett (2002) further expanded the concept of loss and grief throughout change and theorised ways to reduce this. They claimed findings from their research emphasised the need for strong leadership throughout the change process to minimise loss and grief, along with strategies for minimising the disruptions brought about by workplace change (Elrod and Tippett 2002).

Fundamental organisational change is about a shift in the overall structure and function of a business, including work practices, cultures and personnel. As a consequence, Bazzoli, Dynan et al. (2004) suggest that a significant requirement of workplace change is that consideration be given to the impact on staff as a result of the changes, and assurance that systems are in place to adequately address staff fears and concerns. Collins (1998) suggests that organisational change is notoriously a turbulent process, therefore it is crucial to examine the nature and dynamics of organisations, and the people within them, for a change process to be successful. Descriptions of the content and process of change, including the speed of change, support systems, obstacles to change, context of change, and expected outcomes should be considered at the outset of any planned change (Barnett and Carroll 1995; Armenakis and Bedeian 1999).

The human resource aspect of organisational change is significant. Prideaux (1990) suggests that human resource management warrants extensive thought during change because of the impact of the change processes on individuals. Adequate systems must be in place to guide employees through times of workplace change, particularly when there is a decentralisation of management, and a merger of two or more organisations (Cortvriend 2004). Human resources and dynamics may be overlooked during times of organisational change due to the significance placed on technical resources to complete

the change process, and the inability of management to quantify or deal with the emotional impact of change (Shanley 2007). According to Bate, Robert et al. (2004) involvement of human resource personnel in organisational change is fundamental. They report that in the UK NHS Trusts, the engagement of human resource staff from the outset of change increased all staff readiness to accept the changes in the organisations (Bate, Robert et al. 2004). Bate, Robert et al. (2004) suggest that changes in the workplace should be developed with consideration of the social movement perspective, rather than an organisational change perspective. The social movement perspective, according to Bate, Robert et al. (2004), encourages staff engagement through the localisation of movement or ownership of processes. Within this concept staff are empowered to work within the change process with a sense of ownership which is fundamental to the social movement.

A significant factor within human resource management is leadership. Leadership is the key to the accomplishment of organisational change because for change to be successful the leadership needs to have vision and a plan for staff management throughout, and beyond, the change process. There needs to be consideration for two basic elements: 1) the role of the leader, and 2) the readiness to change by the people involved in the change process. It has been suggested by Rosengren, Kullen Engstrom et al. (1999) and Elrod and Tippett (2002) that a leader may take on one of two perspectives during change. The first is that the leader may be inspirational to staff and foreshadow the effects of change by actively participating in the change process, guiding employees to understand and accept the changes. Alternatively, the leader may not have a vision of the final outcome of the changes, and allows the change to be driven by a permissive workplace climate beyond their control. Strong and positive leadership with the appropriate vision and enthusiasm to manage human resources will guide organisational change in a positive manner leading to positive outcomes for both the organisation and staff. McGuire and Hutchings (2006) and Shanley (2007) argue that it is imperative for managers to be mindful of the human capital involved within organisations during change processes, and that managers should be instrumental in motivating employees to embrace the changes and be involved in the change process.

2.3 Context of organisational change

While change within public health services has been continually occurring throughout the years a significant shift within the context of organisational change according to Thompson, Harrison et al.(1994), is the change in focus from the need to provide employees with a safe and secure working environment, to a belief that the workforce is only one component of the business and output. This shift in focus has meant that

staff can no longer feel secure in their work environment during times of change or restructure, hence loyalty of employment is a factor during change processes. The main focus of current contemporary management during restructuring is the achievement of corporate goals, therefore there is a potential to not worry about staff, but to only focus on productivity and outcomes (Wynne 2003; Shanley 2007).

Organisational change is largely moulded by organisational politics (Nadler 1981; Prideaux 1990; Weekes 2002; Braithwaite, Westbrook et al. 2005; Fulop, Protopsaltis et al. 2005; Nelson 2005), a need for efficiency (Garside 1999; White 2002; Rigoli and Dussault 2003; Braithwaite, Westbrook et al. 2005; Fulop, Protopsaltis et al. 2005), and clinical and economic gains or savings (Weekes 2002; White 2002; Braithwaite, Westbrook et al. 2005; Fulop, Protopsaltis et al. 2005). Frequently however, changes within the organisation fail to address the actual complexities of organisational problems (Braithwaite, Westbrook et al. 2005) and appear to focus on changing strategies and ways of doing business or address political agendas rather than problem solving. Most organisational change is about increased productivity and efficiency which is central to economic gains which means staff work harder, often with increased scope and responsibility but not necessarily increased returns. Therefore the impact for employees is often negative, with many of them reporting increased work expectations and organisational demands as a result of change (Weekes 2002; White 2002). This scenario is more likely when the human resources of the organisation are poorly managed.

Shanley (2007) explains that while there is not a single best approach to organisational change when the dominant feature of organisational change is economic rationalism there is often little room for consideration of the human impact of change. A prescriptive approach to change management may achieve the desired efficiency or political outcomes while an approach that incorporates education and communication about the change process that gives consideration to the human element of the organisation will result not only in economic efficiencies but also have appositive influence on emotions of staff throughout the change process.

2.4 Organisational culture

Organisational culture is a powerful force in shaping organisational behaviour (Buono and Bowditch 1989). It is extremely difficult to change the behaviour and thought processes of staff within an organisation, due to their deeply embedded work practices without taking time to deal with organisational culture (Buono and Bowditch 1989). Organisational change commonly challenges the values and attitudes of employees with respect to the workplace, and this affects the way in which they understand and construe, and ultimately respond, to change processes (Brewer 1995). Stress,

anxiousness and the unsettled conditions associated with workplace change have been likened to the processes of bereavement and separation anxiety, and frequently result in episodes of low self-esteem and uncertainty (Cortvriend 2004), loss of morale, loss of trust, loss of enthusiasm, increased stress, culture shock (Sinclair 1989), and increased cynicism (Cicmil 1999; Morgan and Zeffane 2003). In addition to personal emotional trauma, enforced change can alienate people at all levels within the organisation, resulting in diminished organisational commitment (Buono and Bowditch 1989) and thus promote the development of factions within the organisation. Hence there must be a commitment from within the organisation to change that culture (Sinclair 1989). Such a commitment requires strong leadership, resources and the recognition of a new culture, forged from the top to the bottom of the organisation (Sinclair 1989).

Cultural change within an organisation needs to be supported by continuous commitment, trust and goodwill between employers and employees during times of change (Skinner, Saunders et al. 2004). Identifying clearly articulated timeframes during the change process, particularly during mergers, is an important strategy for staff as it gives them a sense of management commitment. It also enhances staff trust in management. A lack of trust by staff in the organisation can be triggered during change when there is a lack of regard for timeframes, particularly if there is potential for staff to lose their position. According to Morgan and Zeffane (2003 p.69), organisational change will have a negative impact on employee trust in management, particularly when the changes have potential to impact upon their 'work-related well-being, job satisfaction and work/family balance'.

Cultural assimilation throughout change that involves mergers between two separate organisations or units within an organisation need not be a total assimilation, but a combination or blending of cultures (Buono and Bowditch 1989) with importance placed on those aspects of the cultures that will help lead the new organisation to the future. Cultural assimilation in the workplace is a process that can take five to seven years before employees feel truly incorporated in a merged workplace (Buono and Bowditch 1989). Research by Cortvriend (2004) concurs with this, and suggests that organisational culture extends beyond the merging of two identities. Cortvriend (2004) suggests that consideration must be given to the location of the entities being merged and the conflict that this potentially causes, merely because of the different ways of performing tasks given geographical constraints. Fulop, Protopsaltis et al. (2005) explain that usually the foundation of mergers is simply one of organisational change, with little regard given to the dynamics of organisational contexts and cultures, including relationships between the organisation and its employees, and the relationships between the merging organisations. Therefore difficulties associated with

erroneous staff perceptions that arise during merger processes may initiate long-term difficulties that impede merger success. Lack of support with regard to merging cultures can result in employees feeling disempowered in their roles, as they feel they can be overshadowed by another in the same or similar role should that person have greater support in the assimilation process.

2.5 Employee responses to change

The main barriers to organisational change are lack of management visibility, poor management skills including lack of support, employee resistance to change and organisational culture resistance (Buono and Bowditch 1989; Dowd 1998; Fulop, Protopsaltis et al. 2002; Fulop, Protopsaltis et al. 2005). Organisational age has also been noted by Zeffane (1996) and Appelbaum and Wohl (2000) to be significant, as older organisations tend to be rigid in their structure, beliefs and assumptions, with staff less adaptive to change, especially if that change is driven by modern technologies. Fear of loss of autonomy, fear that current workplace practices and one's status within the workplace will be lost, a sense of powerlessness and stress, frequently result in resistance to change for both middle management and lower order workers (Nadler 1981; Umiker 1997). Middle managers are the group who frequently lose their power and even their positions during restructures and mergers.

Umiker (1997) and Prideaux (1990) suggest that heightened emotions during workplace change present as a barrier to change. They note that it is understandable that staff are fearful of potential loss of positions, professional status, income, and loss of certainty and stability. In addition staff have fears about their future roles and expectations from management.

Worker age and resistance to change is a concept discussed by Caldwell, Herold et al. (2004) and Kanfer and Ackerman (2004). Research findings from the study conducted by Caldwell, Herold et al. (2004) indicated that younger employees show more favourable characteristics for adapting to the demands of change than older employees. However, these authors also present an alternative view suggesting that with age and wisdom the older workforce may possess the necessary skills to adapt to change.

Overcoming barriers to change, and adjusting to that change is achieved through a process of identifying the reasons for resistance, and developing patterns and strategies to cope with change (Nadler 1981; Prideaux 1990), and by comparing expectations to outcomes (Brewer 1995). It is important to assist workers to maintain their dignity during a time when they feel anxious about their professional self-worth (Sherer 1997; Burnes 2000). The role of management support during change is essential to help overcome these barriers. Enhancing workers' preparedness and

abilities to cope with change, and realisation of new skills can be facilitated through suitable education and training throughout the change process with appropriate human resource practices that promote employee wellbeing and a sense of community belonging (Stuart 1995; London 2001).

One model of organisational change management to deal with staff resistance has been offered by Schaafsma (1997). This model describes a networking process driven by middle managers that focuses on incremental or small scale change. A key feature of the model allows for ongoing critique and review of the change process, with a view to involving all workers in an action learning process that monitors change, and gauges future directions. According to Braithwaite, Westbrook et al. (2005), this process could provide an alternative avenue to changing deeply embedded workplace cultures rather than working through an extensive workplace change process, including changing systems and structures, to achieve the same outcome. This model of change has merit, but is overlooked by management who frequently initiate a series of overall change processes rather than focusing on a specific area of the organisation that warrants change. To successfully overcome the barriers to change, managers need to encourage staff to identify potential barriers and then develop a cohesive agreement between all stakeholders to ensure engagement of all parties involved in the reform process.

2.6 Communication throughout change

Communication throughout organisational change has frequently been cited as an area of concern, and more frequently cited as an area that is largely neglected (Stuart 1995; Appelbaum and Wohl 2000). Communication is a key element for harmonious relationships between people to ensure there is an understanding of the common needs and actions of the group. In organisations, the need for communication is no different as employees at all levels and within all facets of the organisation need to know what is happening in their working world. During times of change it is imperative that employees are kept informed of when, how and why change will occur to encourage their participation in change and to reduce anxiety associated with change that my lead to resistance to change (Bovey and Hede 2001). Some managers may argue that workers do not necessarily need to know why change is occurring and no matter what information is shared with employees about change there will always be suspicions and opinions of never being totally informed about change (Buono and Bowditch 1989). However, explaining to them how the change will occur may reduce the negative impact it is likely to have on them(Appelbaum and Wohl 2000). The earlier this occurs, the more likely people are to prepare themselves to find alternative employment if the need arises.

If employees feel a lack of security at the time of change, if communication processes are poor, or if information is unavailable within a suitable timeframe, then there will be opposition to the change process (Menix 1995; Appelbaum and Wohl 2000). Ineffective communication during change leads to rumour and innuendo among staff, and this increases stress levels and creates unrest (Appelbaum and Wohl 2000). There has been limited research on the impact of rumours within organisational change, however rumours during change are not uncommon (Nadler 1981; Bordia, Jones et al. 2006). Rumours may be viewed as 'self-defeating talk' (Russell 1999; Michelson and Mouly 2002). Alternatively, rumours and gossip can be a way for staff to find informal peer support as valuable information about the workplace is passed on between staff and acts as a form of mutual support (Buono and Bowditch 1989; Bordia, Jones et al. 2006; Labianca 2010).

Despite the positive aspects of rumour and gossip, according to Bordia, Jones et al. (2006), rumours are the result of a lack of formal communication regarding change. They start when employees connect thoughts and snippets of information in an attempt to answer their own questions. They frequently pre-empt formal announcements, and may even arise when there is a lack of trust of management. Gossip disseminates valuable information when the flow from management gets choked during the process of implementing change in an organisation (Labianca 2010). It is usually about the consequences of the changes for individuals (Bordia, Jones et al. 2006).

Rumours are to be expected during times of change when employees feel vulnerable, and they are likely to be listening to any information about the organisation (Buono and Bowditch 1989). Most rumours during organisational change relate to the nature of jobs, working conditions and style of management (Bordia, Jones et al. 2006). The incidence of rumours will increase during times of organisational uncertainty and change due to increased anxiety level of workers (Bordia, Jones et al. 2006). Rumours can have damaging effects, but can also help employees work through various emotions they feel during the change process (Michelson and Mouly 2002; Bordia, Jones et al. 2006) particularly when they know there will be a loss for them.

Adequate and appropriate formal communication at all levels throughout the organisation can reduce both rumour and gossip (London 2001). A number of authors (Nadler 1981; Buono and Bowditch 1989; Stuart 1995; Sherer 1997; Dowd 1998; Folger 1999; Appelbaum and Wohl 2000; Burnes 2000; Bryant 2003; Skinner, Saunders et al. 2004) discuss the importance of good communication during change as a way to promote the process to staff, and prevent workplace negativity that can easily arise due to either a lack of, poor, or misleading communication. Dowd (1998) and Brewer

(1995) suggest that robust communication early in the change process is vital, in order to limit rumour and gossip. Communication, at this stage, should be designed to advise staff what to expect in those early stages. This approach empowers staff to cope with change and develop the necessary strategies to cope, and respond in a manner that facilitates their input into the organisation dealing with the changes (Dowd 1998). Employees should have an avenue whereby they feel comfortable to question, raise concerns and verbalise matters of importance to them during the change process (Umiker 1997; Rosengren, Kullen Engstrom et al. 1999). With this in mind it is essential that management have an avenue to address these concerns and answer questions posed by staff, as this is an effective way to ease unrest during the turbulent times of change.

2.7 Impact of change

The impact of organisational change occurs at two levels; personal and organisational (London 2001). The personal impact of organisational change affects feelings, emotions, attitudes, social networking, psychological responses, ability to cope with increased work demands and behaviours in the workplace and in social situations. These impacts have the potential to result in a decline in self-esteem (Wynne 2003), morale, levels of trust and an increase in cynicism (Burke 2003). At an organisational level the impact is realised in the areas of organisational culture, performance levels, leadership, power struggles, increased workloads, increased staff turnover and extensive decision making (Buono and Bowditch 1989; London 2001). While there is a growing interest in the way in which workplace change affects employees, few studies cite the immediate effects of change for employees including the emotional impact of change, and rather focus on the macro effect which is the organisation (White 2002; Bryant 2003; Bazzoli, Dynan et al. 2004; Caldwell, Herold et al. 2004; Kanfer and Ackerman 2004).

The unpredictable and frequently rapid nature of organisational change has the potential to have significant impacts on employees that will affect their work and social situations. Bryant and Wolfram Cox (2003), Bryant (2003) and Stuart (1995) studied examples of stress related illnesses reported by staff who experienced poorly managed organisational change. Employees were highly emotional in reporting their experiences and portrayed the negative impacts of change including uncertainty, burnout, cynicism, increased absenteeism, low morale, depression and somatic illnesses (Russell 1999; Weekes 2002; Bryant 2003; Caldwell, Herold et al. 2004; Vakola and Nikolaou 2005). According to Stuart (1995 p.71), some employees liken themselves to victims feelings of being ‘disempowered, unstable and fearful’, while others saw themselves as survivors, and adopt tactics to ensure their survival.

Stress in complex organisations during change is common given the complexities of forging a range of personalities and professionals who, while working together, frequently differ in their opinions. What is more difficult to manage is when stress is caused by enforced change, particularly when the communication processes associated with that change are not optimal. Merger related stresses are unpredictable and can have prolonged effects for both employees and the organisation (Buono and Bowditch 1989). Such stress can present in many forms and be portrayed in a variety of ways such as deterioration of employee health resulting in absenteeism (Buono and Bowditch 1989; Weekes 2002).

As noted earlier the impact of change for staff from an organisational perspective largely reflects a grieving process, akin to the 5 stages of dying as outlined by Kubler-Ross (Kubler-Ross 1969)as staff accept the inevitable change and then adjust to the permanency of it, and reframe their life (Buono and Bowditch 1989; Stuart 1995; London 2001). Russell (1999) and Buono and Bowditch (1989) and Cortvriend (2004) also suggest that the impact of workplace change has been linked with bereavement processes and separation anxiety, often resulting in staff working through the stages of bereavement. Buono and Bowditch (1989) use the analogy of mourning the death of a family member to explain the adoptions and acceptance that must be experienced following a merger process. During change people experience incidents and events over which they either have no control, or very little choice, however they need to accept that change and move on with their working world. It is the inability to adapt to change that frequently results in increased levels of stress and decreased work efficiency (Russell 1999). Another grieving process throughout change presents as fear. Fear is not only an issue for workers but also for management, as managers are likely to be held accountable for outcomes from the change process (Stuart 1995; Appelbaum and Wohl 2000; Skinner, Saunders et al. 2004).

Turbulence in the workplace, variance, and discontinuity are primary organisational triggers that influence management responses to organisational change (Stuart 1995). Organisational violence such as intimidation, bullying, harassment, blocking career progression and horizontal violence between employees, have been cited as arising from organisational change (Buono and Bowditch 1989; Bryant and Wolfram Cox 2003). Bryant and Wolfram Cox (2003) depict the emotions of marginalised employees during times of uncertainty, and describe how fear and stress can be acted out through negative behaviour, when chosen as a strategy to cope with change. Horizontal violence is a term frequently used within public health services to describe violence between employees whereby they vent workplace frustrations on colleagues (Duffy 1995; Farrell 1999). Bryant and Wolfram Cox (2003) explain that resignation from

employment is often the final result for staff who are unable to cope with violence during change. This final act has a two-fold impact as it results in staff shortages and does not necessarily repair the damage done to the employee.

Response from staff towards organisational change can be grouped into three categories with the composition of these groups largely moulded by the way in which the change processes have been delivered and staff prepared for the change (Umiker 1997). According to Umiker (1997) the smallest group is happy with the change, and are motivated by such change to the point that they may promote the change. A further group do not commit to change, but at the same time do not refute it. The third group resist change, in either an overt or covert manner. This group can be cynical and verbose about their opposition or may be passive in their resistance (Umiker 1997). Without support during times of change, staff may express anger within their role (Buono and Bowditch 1989; Burke 2003) aimed not only at fellow colleagues but also at the organisation. In due course, feelings of loss and grief may give rise to acceptance of workplace change, because staff will feel defeated and believe they have no option but to accept change and its repercussions.

When feelings of disempowerment and anger are not dealt with in the early phases of change they have the potential to encroach on the workplace culture (Buono and Bowditch 1989) and impede the smooth progress of change. Trauma, the result of loss of jobs, position, status or certainty, and negative emotions expressed by staff throughout change are influenced by a range of factors, concerned with the impact of change on the individual and reinforced through social interactions in the workplace. To understand these forces it is important to gain an understanding of emotions in the workplace.

2.8 Emotions in the workplace

Discussion of emotions in the workplace emerged from very early concepts and theories of emotion in early the centralist theories, that emphasised the importance of the nervous system in the expression of emotions (Cannon 1927). A number of theories including the conflict theory of emotions (Dewey 1894)have been applied to understanding emotions since. The conflict theory of emotions was fathered by Dewey (1894) who presented the idea that negative emotions only arise when there is inhibition or resistance that results in conflict, of which the outcome would constitute the emotion. Biological theorists suggested that emotions are aroused when a vital function of the organism is blocked (Hunt 1941). More recently, Mandler's (1984) more complex cognitive theory of emotions includes gives attention to cognitive structures whereby meaning is assigned to the response of particular stimuli (Ashkanasy, Hartel et al. 2000).

Interest in emotions in the workplace gained momentum during the late 1980s. Ashkanasy and colleagues (2000) noted that authors such as Rafaeli and Sutton (1987, 1989) and Van Maanen and Kunda (1989) aroused interest in this area with their studies on emotions in the workplace. Ashkanasy et al. (2000) noted that the later works of Albow (1992), George (1990), Hosking and Fineman (1990), Isen and Baron (1991) , and Pekruna and Friese (1992) who wrote throughout the early 1990s about the need to consider emotions in the workplace, continued the interest in this area and paved the way for works in the late 1990s by authors such as Baron (1993), Wharton and Erickson (1993), and Weiss and Cropanzano (1996). Ashkanasy et al. (2000) suggest that collectively these writers agreed that emotions within organisations should be acknowledged in any area of organisational research. One of the major theorists in the field is Kemper (1978).

Kemper (1978) wrote extensively about social relations, interactions and emotions. In his 1978 Social Interactional Theory of Emotions, Kemper argued that in order to understand human emotions we must recognise the frameworks within which the relationships between power and status occur. In his Power-Status Theory of Emotions, Kemper (2006) suggests that emotional reactions to change contain information that is vital to assist in the successful transformation process, and that the impact on one's real and perceived power and status will affect their emotions.

The advent of interest in emotions during the 1970s encouraged Kemper to write extensively about the impact of social structures on emotions and put forward his Social Interactional Theory of Emotions that was concerned with the impact of relationships as the determinant of emotions (Kemper 1978). Much of his Social Interactional Theory of Emotions (1978) was influenced by the works of Willer and Webster (1970), who suggested that while power and status dimensions are effective descriptors of social relations, they are also theoretical constructs. This means that while power can be an intangible concept when it is acted out in performances such a punishment and deprivation, the resulting emotions can be predicted. Prevailing social conditions influence how emotions are presented. Kemper uses this approach to suggest that social relations and interactions will result in a range of emotions. He also adds that through an understanding of primary emotions, one can predict with certainty which emotions will be triggered as a result of certain social conditions.

Kemper argued that social structures and relationships within those structures mould emotions therefore any study of emotions should consider both the foundation and function of society. Within this theory Kemper proposed that 'a very large class of human emotions results from real, imagined or anticipated outcomes of social

relationships' within organisations (1978 p.43). Kemper suggests that in order to understand emotions the frameworks within which interactions occur must be understood. An example of this would be the organisational framework during change.

The focus on the functional nature of emotions in relationship to change is highlighted by Thamm (2004) who reiterated Kemper's 1978 explanation, that real outcomes are those that occur immediately after an interaction, while imagined or anticipated outcomes are visionary or potential, with a projection to the future. To understand human emotions, the structure of power and status relationships between those concerned must be examined. Kemper suggests that power from one to another in the form of physical power, aggression, noxious behaviour and manipulation will impact on the presentation of emotions, while one's status is the relational condition of compliance between people based on consideration, care and social acceptance of a situation (Kemper 1978). Based on this premise Kemper's theory claims there are three classes of emotions: structural, anticipated and consequent. He (1987) suggested that within the power-status framework there is an assumption that there are four major negative emotions: guilt, shame, anxiety and depression.

Kemper (1990a) suggests that Collins (1981) works whereby he re-examined a seamless approach to micro-macro analysis of social order was important in the discussion about emotions. Kemper (1990a) suggests that Collins chose to consider that conflict and solidarity are interwoven in a micro-macro analysis of society, and are appreciated within the foundation of emotion. This sits well with Kemper's theory of emotions because the interactions (macro) of players in society result in the emotions (micro). Kemper and Collins see power and status as the two factors pivotal in any discussion about relationships and their emotional spin offs (see Collins 1990; Kemper and Collins 1990; Kemper 1990a).

Emotions are a prevailing factor during change particularly if staff feel unsettled and challenged. Kemper's Power-Status Theory (1990b) decrees that emotions occur when there is a change in social relationships. Kemper suggests that while it is impossible to predict how people will react to change, or when a division of labour between players changes the environment the prevailing emotions will portray how the changes impacted upon those involved in the change. This is especially so when their power and status has been altered by the actions of another. Kemper's theory allows us to expose the power relations at play during a change process which has an impact on organisational culture.

Understanding the origins and intensity of emotions is important in order to understand what is going on for the individual within an organisation during times of

change. Mergers can be highly sensitive times within an organisation, particularly for the employees whose positions are directly impacted upon. Where the literature discusses emotions as a consequence of organisational change, it is generally from a negative perspective where emotions are portrayed as anger, fear and even depression and rarely is the discussion about joyful emotions. It is not uncommon for these negative emotions to be seen as resistance to change rather than an expression of their own feelings and responses to change (Kiefer 2002). The structural relational theories that help predict emotions from specific events such as shifts in power or status can assist understanding of emotions (Lawler and Thye 1999). Kemper's Power-Status Theory of Emotions is possibly the most reliable theory to help understand emotions during organisational change as this theory deals with the relative changes that may occur as a result of shifts in power and status either by one's choice or as a direct result of another's actions.

Emotions in the workplace during times of change are the unique way employees can express themselves and the way they feel about the turmoil in their life when the equilibrium of the workplace is disturbed. While emotions in organisations are generally studied collectively, it is important to remember the individuality of those emotions and consider the emotions of each employee, and their situational specific response to change. Fineman (1994) claims that organisational culture is the guiding force that moulds the emotions of employees . Given this concept, one must be mindful that while culture can mould thoughts; reactions, which can be influenced by relationships with others, are personal and time specific.

The use of Kemper's Power-Status Theory of Emotions in this research offers a unique opportunity to identify the way in which the participants' responses to change were driven by their perceptions of power and status. In the words of Kemper (1978 p.43), the Power-Status Theory is based on the premise that 'a large class of emotions results from real, imagined or anticipated outcomes of social relationships'. Further to this claim, Kemper (2006) explains that real outcomes are those that occur at the time of an incident, while imagined outcomes are those that are known as 'what if' moments. Anticipated outcomes are those that are to be expected in the future.

Kemper's commanding argument–that social relationships permeate emotions–is logical and convincingly apparent, as all interaction with others will create an emotional response, be that positive or negative. His theory also allows emotions to be explored from other perspectives such as personal and professional circumstances to understand what other impacts influence them. Since individual (personal) perceptions that are real, anticipated or imagined drive emotions and emotional responses to

situations, it is impossible to predict how people will react to situations of change (Kemper 1990a).

Kemper (2006) suggests that structural emotions are those that arise from within a stable powerbase such as a worker/manager relationship. These are experienced on a day-to-day basis through work dealings and are relatively stable. While emotions within the relationship will vary, such as when there is a disagreement, the status quo is not altered. Where there is stability within structural emotions, as can be seen in a stable organisation, emotions are likely to correspond to power-status dimensions, whereby they are driven by the level of power-status experienced by the workers. If that power-status is threatened then negative emotional responses will be triggered. Similarly, should the power or status of workers be elevated, this will result in a greater sense of positional security which would trigger positive emotional responses, particularly if one felt they deserved the increase in their power or status.

Anticipatory emotions can be explained as emotions that are the result of expectant outcomes and consequences. Anticipatory emotions are influenced by previous experiences and their subsequent outcomes. In keeping with the writings of Kemper there are two elements to anticipatory emotions. These are 'optimism-pessimism' and 'confidence-lack of confidence' (Kemper 2006 p.101). Staff who have previously experienced poor workplace change are more likely to have set views about change and be resistant to it. Alternatively, staff who are assured of a promotion or a position of power during organisational change, are more likely to exhibit positive emotions. This relationship is particularly so if the staff have had a prior positive experience during a period of organisational change, because they will predict a harmonious outcome, and their anticipated emotions will be positive.

Consequent emotions are usually short term emotions that develop in response to a momentary action (Kemper 2006 p.101). Kemper (2006) explains that consequent emotions are grounded in structural and anticipatory emotions and consider power, status and reciprocity and also intensification of existing emotions due to changes of power and status.

The emotional reaction of employees during organisational change has been examined from varying perspectives beyond Kemper (Collins 1975; Kemper 1978; Hochschild 1983; Gabriel 1993; Fineman 1994; Kiefer 2002). Other theorists (examples include Hochschild 1983; Thoits 1989; Denzin 2001; Clark 2002) have differing views about the sociology of emotions. Denzin (2001) presents an anti-positivist viewpoint as he suggests that emotions should be viewed from a phenomenological position as a lived experience because, emotions have potential to bring about decisive life changes.

In her works on the Managed Heart, Hochschild (1983) wrote about managing emotions in terms of situational appropriateness and the way in which employees must use their emotions in the service transaction and as a result their emotions are transformed into a commodity that serves the interest of the organisation. This transformation is very much based on the differences in power between the employee and employer. Hochschild (1983) also proposes that emotions must be managed so players in society portray the emotion best suited for the situation. Hochschild's work is driven by the concept of emotional labour and contends that emotions are socially constructed and can be managed according to suitability of a situation. Hochschild's premise that emotion work and management involves the way in which people manage emotions to be situational appropriate through acting and deep acting (Hochschild 1983).

The social constructionist perspective presented by Hochschild is reflected in the writings of Fineman (1994) and Putnam and Mumby (1993) who suggest that emotions are intrinsic to social order and working structures. Fineman (1994) suggests that emotions are the product of socialisation and manipulation within organisational life. He claims that within organisations the meaning of individuals is shaped as they 'accept the prescriptions of others'(Fineman 1994, p. 18). This would mean that emotions are not only shaped within organisational life but are also reflected by the actions of those within an organisation. The negative picture presented by the social constructionist perspective of emotions and emotional labour within the work place demonstrates the seductive corporate control of emotions that is frequently seen by those within the organisation as not genuine but necessary to play out their role(Fineman 1994). According to Putnam and Mumby (1993)emotions are evident for all organisational participation. They claim that emotions are not an adjunct to work but rather the core process to participation in organisational life. This claim is in contrast to that of Fineman (1994) who suggests that 'the emotional architecture of organizational [sic] culture contains spaces where different feeling rules apply (Fineman 1994, p. 21). Putman and Mumby(1993) explain that emotions play a vital part in the work environment. They claim that, as opposed to 'emotional labour' (Putnam and Mumby 1993, p. 55) 'work feelings' or emotions (Putnam and Mumby 1993, p. 55) emerge within an organisation and are the result of human interactions and personal experiences. They give meaning to the workplace. As suggested by Kemper (1978, 2006) and supported by Putnam and Mumby (1993), emotions in the workplace expose much about the power and status of workers and when the equilibrium in the workplace is challenged then emotions will also alter to reflect the imbalance.

Staff involved in enforced change in the workplace will undoubtedly have a range of emotions that will vary throughout all stages of the reform process as personal impacts unfold. Those who have had positive outcomes in terms of their power and status within the organisation, such as those who have gained positions they wanted, and those in positions of power, will generally show positive emotions expressed as joy and happiness. These staff exemplify Kemper's Power-Status Theory of Emotions Conversely those who have lost, where loss may constitute many components such as loss of position, loss of power in the same position, and even loss of work colleagues, will have quite different emotions such as anger, frustration and even depression. These staff exemplify Kemper's explanation of those who demonstrate their negative emotions responses based on the threat to their power-status. Staff who have been previously involved in a change process will certainly portray anticipatory emotions as they will be wary of the outcomes they face, particularly if their previous involvement in change had a poor outcome for them(Kemper 2006).

Emotions are not static and will vary throughout a journey. Emotions will be impacted upon by perceptions at particular points in time but the overarching component that triggers them is relationships and the outcomes of relationships played out through status and power.

The study of nostalgia has gained momentum in recent years and is intricately connected with emotions as people look to understand how it has been used as a coping mechanism during change. Gabriel (1993) explains that feeding people's yearnings for the past is a huge industry that promotes the uncomplicated past as a celebration of that era. Organisational nostalgia is seen when people reflect on their previous working world in an attempt to make sense of change or to help them cope with moving forward into an entity of which they are not sure or do not trust (Gabriel 1993). By reflecting on their past working world, which may not always have been perfect, they mentally protect themselves from the unknown, especially if the unknown future may result in role loss.

2.9 International context of change in health services

The above discussion has focused in a general manner on organisational change. Workplace and organisational change in the health care sector represents a particular case, particularly the public sector, given that many health services in western economies have undergone repeatable restructures over the last 3 decades. In the United Kingdom (UK) the National Health Service (NHS) has experienced decades of significant organisational change (Boudreau 1997; Klein 1998; Bazzoli, Dynan et al. 2004; Cortvriend 2004; Skinner, Saunders et al. 2004; Stevens 2004; Fulop, Protopsaltis et al. 2005). New leadership and management approaches have

significantly impacted on human resources during this time (Buchan 2000; Cortvriend 2004). According to Buchan (2000) and Cortvriend (2004) NHS staff within the United Kingdom Trusts report that workplace change was disruptive and threatening. Cortvriend (2004) explains that staff reported negative impacts on their work-life balance and a decrease in their quality of working lives as a result of continual change. According to Vakola (2004) there has been little specific research about the impact of organisational change on staff and much of the reported data is incorporated in wider studies about organisational change that focused more on organisational outcomes.

The NHS restructures throughout the last decades have resulted in constant staffing changes and a consequence of that was a lack of trust between employees and employers (Buchan 2000). According to Skinner, Saunders et al. (2004) uncertainty about the implementation of workplace change resulted in concerns about job security, low morale, and concern by staff about the quality of care. Skinner, Saunders et al. (2004) explain that in 2001, the NHS released a report entitled 'Improving Working Lives' that acknowledged how changes within the NHS had resulted in discontentment and diminished loyalty. The report was designed to shift to a more positive workplace culture (Skinner, Saunders et al. 2004).

The continuous NHS mergers and management restructures aimed to improve patient care through the introduction of clinical governance, and reduced bureaucracy associated with public health service delivery (Garside 1999; Fulop, Protopsaltis et al. 2002). These aims were also the key indicators for the 2004-5 mergers within the NSW public health system in Australia (NSW Department of Health 2004). In stark contrast to the merger process with NSW, where public health boards were abolished and advisory councils established in their place, the UK Health Trusts retained their health boards to ensure leadership of clinical and corporate governance, planning, performance management, and public health policy.

In the NHS Trust mergers, staff reported feeling isolated from senior managers, and lost autonomy with regard to local decision making which resulted in slower decision making, poor communication processes and more staff travel (Fulop, Protopsaltis et al. 2002). According to Fulop, Protopsaltis et al. (2002) the delays in appointment of managers and recruitment of subsequent levels of management reduced the momentum of the change, and increased workloads for many staff, which resulted in stress. Conversely, a small number of staff reported increased autonomy in their roles, access to education and the opportunity to move forward from previously stationary organisations (Fulop, Protopsaltis et al. 2002). This group were predominantly newly appointed managers.

Research also showed that the NHS Trust mergers had mixed results and did not achieve the benefits they espoused (Garside 1999; Buchan 2000). While larger Trusts increased access to specialist services and improved staff recruitment and training, the objective of cost savings was reportedly not met, and there was a lack of control within regional trust health facilities that impacted on patient care (Fulop, Protopsaltis et al. 2002). The apparent failure of the NHS health reforms is not unique. American studies have shown a 75% failure rate of hospital mergers due to the neglect of issues based around corporate culture (Garside 1999). Similarly, in the Swedish public health system, the importance of employee participation in the change process and adequate leadership became evident as the impact of organisational change were revealed (Rosengren, Kullen Engstrom et al. 1999). In the same manner, a decade of changes in the Canadian public health system aimed to reduce costs, resulted in more staff stress. This was particularly significant for nurse managers, due to the reduction in the number of management positions to cut costs. These changes identified that information, resources and support are vital for staff during organisational change to prevent stress and burnout (Laschinger, Almost et al. 2004).

Australia has followed the global trend throughout the 1980s and 1990s for significant organisational restructure within public health care sector, resulting in mergers, acquisitions and internal restructuring (Bazzoli, Dynan et al. 2004). Australian public health services has many similarities to the models used in the United Kingdom, Canada and New Zealand (Lawson and Evans 1992). Organisational change within the Australian public health system has alternated between centralisation and decentralisation governance models, with little evidence of evaluation of the success of each phase (Dwyer 2004). Garside (1999) Fulop, Protopsaltis et al. (2002) and Dwyer (2004) all suggest that the espoused philosophy of a centralised governance approach is improvement of the quality of care and efficiency through economies of scale.

In a decade of change throughout 1980 and 1990 the NSW public health system introduced an area management model to create a simple efficient structure for administration and planning (Liang, Short et al. 2005). In a pilot scheme in 1982 four Area Health Boards managed 15 Area Health Services (AHSs) in metropolitan NSW under the Health Administration Act (NSW) in 1982. In May 1986 the Area Health Services Act (NSW) was passed and 23 health boards replaced individual hospital boards across four metropolitan AHSs. This structure was amended in June 1988 to realign the AHS boundaries. Throughout this time regional offices were slowly abolished. In 1995 the metropolitan AHSs were amalgamated and realigned to reduce the number to nine to further streamline the administrative services. The structure and management of the non-metropolitan health regions remained unchanged until the

reorganisation of the Rural Health Services became effective in July 1993 when the six regions were redesigned into 23 District Health Services. In 1995 the 23 Districts were realigned into eight AHSs. This structure remained in place until the 2004 NSW public health system restructure(Liang, Short et al. 2005).

2.10 Conclusion

This review of the literature reveals there has been little attention to the impact on employees during health services organisational change. Research has examined the success and failures of organisational change processes from an international perspective, and results of a decade of change in the public health care system in Australia and more particularly in NSW. Change within organisations is continuous as they grow or merge, and implement new ways to deliver services. Successful organisational change requires effective human resource management and communication systems.

The literature review has shown that research about health service change presents compelling arguments about the barriers that may be faced and the ways to overcome these barriers during an organisational change process. The importance of communication at all levels of the organisation is imperative to prevent misleading gossip and innuendo, and to promote commitment to the organisation throughout the change process. The impact of poorly managed change, particularly though inappropriate communication resulting in rumour and gossip, causes significant stress for individuals. This impact can be extreme for staff.

There are diverse theories about emotions during change and the perspectives of change. It is difficult to compare many of these as within each theory is embedded a range of philosophies and purposes that are applicable to a range of change strategies and settings. For change to be situational appropriate it is essential that change managers understand the context of change within their businesses and the intended outcomes and implications for staff. When this is thought through and an appropriate change theory is applied to the process then there will be an opportunity for change to be appropriately managed

Kemper's Power-Status Theory of Emotions, chosen to underpin the approach and analysis for this research, decrees that all social relations produce emotions, and a large number of those emotions are the result of a reaction to a shift in power and status. The fundamental aspect of Kemper's theory for this research is that the shift in power that is experienced during enforced organisational change is relational, and therefore occurs at the direction of one party in the relationship, while the shift in status is accorded from one person to another in recognition of their value or loss of value.

Kemper's proposal that emotions result from real, anticipated or imagined responses to social relations enables the exploration of staff emotions in response to change to be explored from a range of perspectives hence giving a holistic view of the impact of enforced workplace change.

Chapter 3 Methods

Management is, above all, a practice where art, science, and craft meet

(Henry Mintzberg, renowned academic and writer on business and management)

3.1 Preamble

The objective of this chapter is to present the methodological framework and approach that guided the research. The chapter explains the data collection strategies and analysis methods used to address the research questions specified in the introductory chapter. These questions were:

- What were the emotional impacts of enforced workplace change for staff working within rural New South Wales Area Health Services between 2004 and 2007?
- What were the emotional responses of employees to enforced change?
- How can the emotional impact of change be better managed from the perspective of the employee?

This chapter commences with a description and rationale of the chosen research design and methods for the study. The research process, which involved four phases with specific stages within each phase, is presented. The chapter concludes with an explanation of outlying data, identification of methodological limitations and the importance of and achievement of research rigour.

3.2 Study design

The study was conducted from a critical perspective as described by Grbich (2007), using a sequential mixed method design (Qual > Quan) (Creswell 2003, p 213) also known as a sequential exploratory design (Creswell and Plano Clark 2007). The critical perspective, as suggested by Gribich (2007, p 7) identifies those who are powerless or have been shaped by a dominant culture. This perspective also considers those who experience power clashes due to their limited power or dominance (Gribich 2007, p 7). A critical perspective is appropriate for research involving those who have been emotionally impacted as a result of enforced workplace change.

Individual, semi-structured interviews and a questionnaire were used to gather the data. The data collected throughout the interview phase was analysed from a critical viewpoint drawing on Brown and Gilligan's (1992a) Voice Centred Relational Method (VCRM) of data analysis. The VCRM method helped understand the participants in the context of their personal, organisational and social structure through a system of reading the data from a range of perspectives. Initial categorisation of interview data and the qualitative data from the questionnaire was assisted by using the data analysis program NVivo 2. During the course of the analysis this program was upgraded to NVivo 7 which further facilitated the management, coding and interpretation of data. The data analysis program SPSS was used to assist with the analysis of quantitative

data from the questionnaire. Qualitative and quantitative data collected from a wider sample of questionnaire respondents not only added rigour to the data collected from the interviewed participants but also expanded the scope of responses about emotional impacts of enforced change and how these changes could be better managed from the employees perspective.

3.2.1 Mixed method design

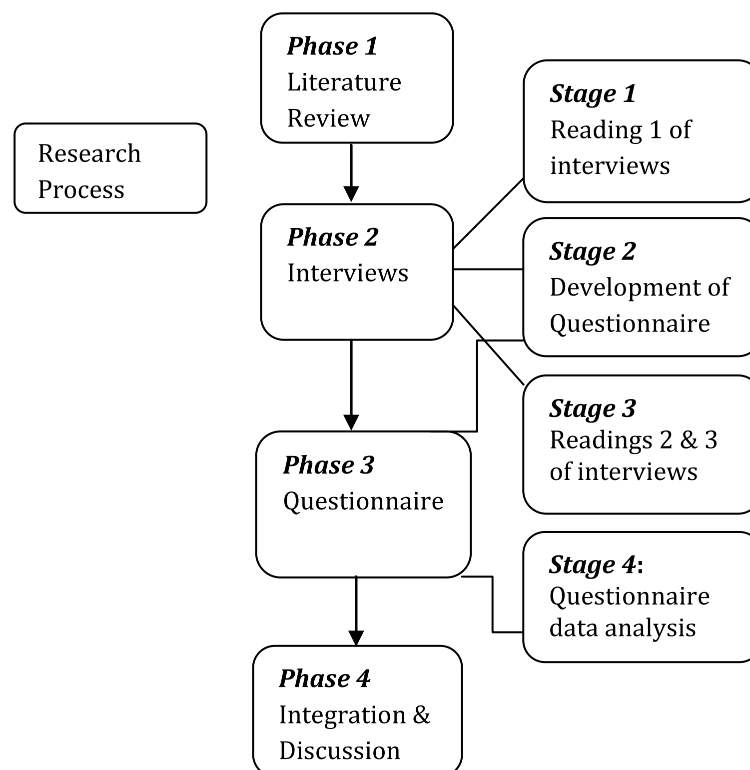
A mixed method design was chosen upon reflection of the arguments put forward by Johnson and Turner (2003). They argue that qualitative and quantitative data are merely different ways to examine the same issues and the use of both methods for data collection give strength and rigour to the findings.

The sequential mixed method design was chosen after thoughtful reflection about the best way in which to gather meaningful data, analyse it and transform it into a useful state in order to understand the subjective experience. The use of mixed methods to collect the data enhanced the capacity to understand and describe phenomena that could not be achieved through the use of a single method. Furthermore, collecting data that was representative of a broader group of people through the questionnaire (quantitative component) enhanced the qualitative data as a broader range of perspectives was invited into the research.

The sequential quantitative component was primarily intended to extend the opportunity for participants to share their emotional experiences during enforced change and add validity to the research through further measurable data. However, throughout the data analysis it became apparent that the interview data was substantial without the support of the questionnaire component. For this reason the interview data is reported across four chapters (Chapters 4, 5, 6) while the questionnaire data is reported in Chapter 7. In the discussion chapter (Chapter 8) the data is integrated in a manner that enhances the findings of each component, and provides a richer understanding of the experiences of the study participants who were involved in the reform process. The discussion within Chapter 8 is designed to answer the three research questions about the emotional impact of enforced workplace change. There is a degree of likeness between the data in the chapter that presents the questionnaire (Chapter 7), and the three chapters that deal with the qualitative interviews (Chapters 4, 5 and 6), as this chapter was designed to add rigour to the findings of the previous three analysis chapters. This technique is in line with the philosophy and guiding principles of mixed method research espoused by Burns and Grove (2005).

The following diagram (Diagram 1) presents the sequential process followed for this research.

Diagram 1: Diagrammatic view of the research process



3.3 Phase 1: Literature review

A preliminary review of the literature about organisational change, particularly within public health services and that which had occurred in Australia, provided the context within which the research was conducted. The knowledge gained from the reviewed literature helped conceptualise the framework for the research methodology and the development of the research questions for all stages of the data collection.

The initial literature reviewed included:

- a range of documents from New South Wales Health outlining the merger process
- newspaper articles about the mergers from randomly selected towns within the chosen areas of the study; the timeframe for collection of articles was immediately prior to the announcement of the mergers and up to the merger date
- staff news bulletins from facilities within the New England, Hunter, Mid West, Far West, Macquarie, Greater Murray and Southern AHSs immediately prior to the announcement of the mergers and from Hunter New England, Greater Western and Greater Southern AHSs immediately after the merger date

- Independent Pricing and Regulation Tribunal (IPART) report – NSW Health: Focusing on patient care
- articles from a range of health management and administration journals illustrating organisational change in health care settings in Australia.

Reading these articles gave me the background for the study and guided me in selecting the most appropriate methodology with which to conduct this study.

The literature varied considerably in the content and style of reporting the impact of the health service reforms. The journal articles predominantly reported the organisational outcomes of organisational reforms and change management rather than the processes of change and impacts for staff. Local newspapers were the most subjective and immediate in their reporting about the impact and potential impact of change, while the health service bulletins presented information for staff about the daily events of the health service, without reporting the progress of change.

A review of research methods was conducted to explore various methodology and analysis options. During this phase the writings of noted authors such as Creswell (2003), Kemper (1990a; 1990b), Mauthner and Doucet (2003), Richards (2005) were reviewed in detail, to investigate, compare and contrast research methods, and qualitative data analysis options.

3.3 Phase 2: Interviews

Phase 2 consisted of individual interviews with people directly affected by the enforced change within the rural areas of NSW Health. This was done in three steps. Firstly, informal conversations were held with 10 staff, followed by pilot interviews with two staff and then the formal interviews with 21 employees of NSW Health. A schedule of interview questions was drafted following the literature review and the unstructured informal conversations with a range of personnel employed in rural locations within NSW Health. Similar unstructured conversations were held with four people who had resigned from NSW Health since the merger process commenced. The scope of the chosen questions was designed to include both those still employed in NSW Health and those who had left. Both groups indicated in the initial unstructured conversations, that they had been affected by the merger process.

3.3.1 Piloting the interview tool

Two pilot interviews were conducted to validate the usefulness of the questions with AHS staff who had been advised that their position may be reviewed as a consequence of the merger process. During these interviews it became evident that I needed to 'drill down' within the questions so participants were more focused, and more tangible data could be collected in a process described by Flick (2006, p. 157) as 'layering'. A layered

technique was used throughout the interviews to continuously gather valuable data to build on each participant's story. The layering of data makes for the complete story. The data includes the participants' original opinion of the mergers, followed by their feelings about the mergers and its impact on them, the communication process throughout the mergers and the level of support they received and from whom they received support. This approach is consistent with techniques described by qualitative researchers (Brown and Gilligan 1992a; Silverman 2001; Creswell 2003; Mauthner and Doucet 2003; Bazeley 2004; Richards 2005; Flick 2006; Bryman 2007; Creswell 2007).

Upon completion of the pilot interviews, minor amendments to the schedule and the order of the questions, such as the inclusion of a range of prompting questions, were made. The amendments assisted me to elicit more significant information and seek clarification of responses where appropriate. According to Flick (2006) appropriate collection and analysis of any conversational data requires contextual consideration of the conversation. These amendments made the data collection proceed in a more logical sequence. The schedule of interview question can be viewed in Appendix 2.

3.3.2 Recruitment of participants

To facilitate the initial recruitment of participants a purposive sample of people known to the researcher within each of the three rural AHSs was recruited followed by the use of a 'snowballing' technique. Snowball sampling is described by Flick (2006 p. 150) as a useful recruitment strategy as it helps build the research population around social networks. Crookes and Davies (2004) also describe it as a way in which to recruit people who otherwise may have been suspicious about the nature of the research, but trust their colleague's discretion, and therefore agree to be interviewed. Furthermore, snowballing is an effective way to access a geographically difficult sample population that is not easy to access via conventional sampling methods (Schofield 2004). Using my social networks and local knowledge of the people who worked within each of the AHSs and those who had resigned from NSW Health since the merger process began was a useful and important technique to access to potential participants. This technique was also ethically important as it allowed me to recruit participants away from their workplace.

Advertisements in the AHS news bulletins, (Appendix 3) and four media articles (Appendix 4) in newspapers in key locations within each AHS promoting the research and calling interested people to contact the researcher were additional strategies used to recruit further participants for the research. I selected daily and weekly newspapers published in the towns where the current and previous NSW Health administration offices were located, as these towns had the most media attention at the time participants were being recruited for the interviews.

Two of the three AHSs placed the calls for expression of interest in their AHS bulletins or online newsletter. The Director of Communications from the third AHS would not place the call for participants' notification in the newsletter as the research did not have AHS ethics approval. In order to counteract this issue, I conducted a radio interview, and media release with the local daily newspaper.

Participants recruited for the interviews comprised clinicians, managers, executives, nurses, allied health workers, administrative assistants, and people who had resigned from NSW Health since the merger process commenced. This sample provided a wide range of people across many sectors of the workforce. While allied health personnel were invited to be interviewed, no one within these disciplines responded. More females than males responded to the expressions of interest to be involved in the research. Eight participants were recruited from HNEAHS, seven from GSAHS and six from GWAHS.

As potential interview participants made contact and expressed an interest to be involved in the research, they were sent a copy of the Participant Information Letter (see Appendix 5) with an attached consent form to sign and return. When this was returned, a mutually convenient time and place was agreed upon for the interview to be conducted.

The following table summarizes the participants according to their role. The AHS in which they worked has not been identified to ensure anonymity.

Table 3.1 The interviewed participants (using pseudonyms)

Executives	Helen	Kerry	Jane	Kim	Tim	Bill
Managers	Joe	Julie	Jesse	Lydia	David	
Clinicians	Ros	Sally	Rob	Allison	Thel	Sue
Administrative Assistants	Anna	Marni				
Resigned or left Area Health Service	Trevor	Ron				

3.3.3 Interview process

I conducted 21 semi-structured interviews to allow the participants to tell their story and describe the impact of the mergers on them. A range of questioning techniques as described by Flick (2006, p. 150) was incorporated into the prompting questions in the interviews. This ensured that the elements of non-direction (e.g. What is your basic opinion of the reform process?), specificity (e.g. Was there adequate communication

from management during the reform process?), range (e.g. Did you think these reforms would impact on you?) and depth and personal context (e.g. What has been the impact for you?) were addressed. Where needed further questions, designed to draw out specific aspects in relation to subjectivity were also asked, to encourage dialogue from each participant (e.g. Have you been supported throughout the change process?). This framework of probing questions gave participants scope to provide the details of their experiences without limitation. While a few participants needed prompting throughout the interview to clarify statements the majority of participants spoke freely and thoughtfully throughout the interview.

Each interview lasted approximately 60 minutes, however they were not governed by time but rather by content. Two interviews were particularly short as the participants were definite in their responses and did not want to elaborate on their answers or be involved in further discussion. Three interviews needed to be finalised after approximately 70 minutes as the participants began to talk about issues that were not relevant to the changes or this study. During many of the interviews, participants' divulged emotionally charged information, so it was necessary to offer them the time to talk through the issues they had raised while guiding them to maintain relevance for the topic of the research. At the completion of these specific interviews participants thanked me for the opportunity to voice their concerns, which they had–until this point–kept to themselves for fear of retribution in the workplace, for speaking out against the mergers. As a result, the interview process was quite tiring and emotional, so I only conducted a maximum of two interviews on the same day. This experience supports the perspective of Minichiello, Madison et al. (2004), who suggest that interviewing may be tiring due to the emotional energy of preparation, actively listening throughout the interview and then analysing the data, particularly if it is of an emotional nature.

3.3.4 Location of interviews

The interviews were conducted either face-to-face or via telephone, depending on the location of the participants, and their preference for interview style. As a number of the participants were geographically distant from me, many interviews were conducted by telephone. Telephone interviews provided us both with the convenience and scheduling flexibility, but also gave the participants a sense of anonymity. To avoid interfering with work schedules, interviews were frequently conducted in the evenings. Face-to-face interviews were conducted at mutually convenient locations. Coffee shops with privacy and great cappuccino were commonly used!

3.3.5 Recording of interviews

Permission and consent was sought from each participant, in accordance with the ethics approval, to audio record their interview. The pilot interviews and initial two interviews were captured using a hand held cassette tape recorder. However, during the first actual interview the recorder was malfunctioning, and during the second interview, recording quality and sensitivity was poor which made it difficult to detect tone and clarity. To overcome this situation a digital voice recorder was purchased and used for all other interviews. The enhanced sound and clarity of the digital recordings proved effective for the telephone interviews and enhanced my ability to detect changes in tone and inflection throughout the interviews. This was an important component of Voice Centred Data Analysis (Brown and Gilligan 1992a; Brown and Gilligan 1992b; Doucet and Mauthner 2003).

3.3.6 Notes during interviews

A reflective measure undertaken throughout each interview was to make brief notes in order to jog my memory and assist me when analysing the data. This technique was employed from the outset and I found it to be invaluable as the first interview did not record due to technical difficulties and the second recording lacked clarity. I made notes throughout the interviews concerning key points made about the reforms, as well as positive and negative views and reasons for these. I also made reflective notes about the participants' tone, type of pauses, inflection and other such cues to prompt me to recognise his or her emotional state as they gave their account of the initial impact of the reforms. Brown and Gilligan (1992a) suggest that this is particularly important as a way to indicate emphasis of a particular matter. I found making journal notes helpful throughout the interviews. This technique was particularly important during telephone interviews when I could not see the participant. Notes comprised: descriptive words used to capture the emotions of the participant; repetitive words; repetitive themes; displays of emotion; and lengthy pauses or emphasis of a particular point of view throughout the interview. An example of these notes can be seen in Appendix 6.

3.3.7 Analysis

3.3.7.1 Voice Centred Relational Method

The Voice Centred Relational Method (VCRM) of data analysis has evolved from the works of Gilligan (1982), Brown and colleagues' (1988), the Listening Guide, and subsequent work by Brown and Gilligan (1992a; 1992b), Doucet and Mauthner (2003) and Mauthner and Doucet (Mauthner and Doucet 1998; 2003; Mauthner and Doucet 2003). Doucet and Mauthner (2003) adapted concepts from the Listening Guide to develop their own version of the VCRM analysis method. Their variation of the VCRM of data analysis requires three independent readings of the data that focus on different

aspects including personal background, social situation, and relationships. I chose Brown and Gilligan's (1992a; 1992b) and Doucet and Mauthner's (2003) methods to analyse the transcripts of the interviewed participants as it helped portray participants in the context of their organisational and social structure and their sense of themself. This was achieved through reading the transcripts and tracking the voices of the participants as they told their story. According to Doucet and Mauthner (2003) the core of the VCRM is to view participants within their social and more intimate network.

The VCRM is comparable to a layered approach of presenting data (Doucet and Mauthner 2003) whereby there is a deliberate interweaving of participants' voices juxtaposed with their view (Grbich 2007). Waite (2006), who also used Doucet and Mauthner's adaption of the Listener's Guide for her research investigating community coalitions as sites of transformative learning suggests that listening to determine the reader's story is one layer, researcher interpretation another layer, and researcher reflexivity is yet another layer. Drawing on this approach, a further layer is that of subjectivity for the participants.

A key feature of VCRM is the search and analysis of personal pronoun use within the text, as this encourages the researcher to hear, and therefore, understand the participant within their social location, without placing them within one's own world perspectives or understanding (Grbich 2007). Mauthner and Doucet (1998) explain that this feature distinguishes the VCRM from other methods used by sociologists such as grounded theory. Grounded theory, according to Strauss and Corbin (cited in Mauthner and Doucet 1998), is less interested in people as such, and more interested in developing a substantive theory. VCRM was more appropriate for this research as it enlightened me about the meaning, processes and relationships central to those affected by the reform/merger processes.

The process of analysis for this research began during the pilot interviews as previously discussed in this chapter. All interview data was analysed using the VCRM originally drawn from Gilligan's (1982) works, and described by Mauthner and Doucet (1998) as a way in which to explore the world of the participants, their relationships, and their broader social networks. Three readings of the transcribed text were made to understand the impact of the enforced reforms upon the participants and their worlds, in order to understand the broader social context within which the various phenomena, or accounts of their world, were related (Harvey 1990).

3.3.7.2 Analysis: Nostalgia

The application of nostalgia to this research was not an original intention, however, the extensive reflections made by staff particularly when referring to their relationships within their social structures (working world), and broader community caused me to use this concept as a means to consider the loss of power and status that the employees were grappling with throughout the change process. The following explanation is indicative of the way nostalgia has been used. It was assumed by management that the alternative options to the current practice and workplace infrastructure for many staff would be readily accepted. Staff did not have the opportunity to negotiate or communicate their concerns about the new structure and matters such as the location of executive offices, and the processes to be followed within the new structure for accessing area wide human resources. Concerned with this and worried about the potential failure of the new structure, staff reflected on past management practices to ease their pain of moving forward into a system which they did not have confidence in.

Being bound to the past can be a protective means to help people recollect what was, and how good that past was, rather than face the unknown of the future, particularly when the future is uncertain and fraught with complexities that cannot be explained. Fineman (1994) claims that through the principles of psychodynamics all people are prisoners of their past (history) which, to a degree, precludes them from moving forward to new ways or accepting change readily because they are emotionally scarred by their past. While not theoretically classified as an emotion, nostalgia is a concept used widely and extensively, even unconsciously by employees, to protect themselves during times of change as they subconsciously work through the processes involved in organisational change (Gabriel 1993). Nostalgia allows people to recall the glory of the past rather than face the future, even where the past was not ideal. Nostalgia draws on selective memories of the past.

There are two schools of thought about nostalgia. According to Gabriel (1993) some authors (for example Williams 1974, Davies 1979, DaSilva and Faught 1982 and Wright 1985) have criticised the use of nostalgia, and claim it offers a collective escape from the complexities of the present, through idealisation of the past. While other authors (for examples Kleiner 1970, Werman 1977 Kaplan 1987), recognise that memories are fundamental to growth, as set out in the framework of Freud (Gabriel 1993). However these authors are aware that severe or acute nostalgia, like melancholy in its truly acute form, can result in a total inability to accept the present and cause one to have a morbid approach to current circumstances (Gabriel 1993). People who experience this have a gloomy determination to live in the past embodied in the people and life situations of that era (Gabriel 1993).

Gabriel (1993) claims that nostalgia has been long overlooked by organisational researchers who have perceived this term as trivial, and based purely on sentiment with little substantiation. For the purpose of this research which is guided by Kemper's Power-Status theory of Emotions –where the loss of power and or status is largely controlled by another –it would stand to reason that employees who lose power and status in their role will be emotionally affected, and might ease their emotional pain by reflecting on their 'perfect' past working world, in which their power and status was intact. Nostalgia is seen as the perfect background against which to examine the impact of enforced change on staff who are emotional about their professional and personal losses, as they are coerced into roles and working situations that they do not agree with.

When considering nostalgia and its application to this study, it is timely to remember that it is not a product of the past but a product of struggling to move forward to what is not seen as better than the past. Pain of change can be eased by fond memories, even though realistically what is remembered was not at the time a perfect world, but presently provides comfort and security. Nostalgia should be seen not as a means to deal with the past, but as a symbolic attempt to accept the present particularly when there is no faith in the future (Gabriel 1993).

3.3.7.3 Reading 1

The first reading comprised two elements, whereby the interview transcripts were initially read to understand the overall story portrayed by each participant. In addition to listening to each participant's story and reading and rereading the transcripts, a vital aspect of the analysis was to listen to the voice with which the story was being told. I constantly made note of the emotion within the voices of participants, and particularly how they spoke so freely and with conviction, about the issues and processes of change that were of great significance to them. This gave me insight in to the participants' worlds and helped me develop an initial concept of each of their worlds. I also chose to do this because most of the interviews were telephone interviews and I was unable to visualise the participants to gauge facial and non verbal reactions to my questions, however, I was able to gain a sense of person by listening carefully to the content and tone and the use of inflection, vocal emotion and pause in the conversations. Using this technique I noticed inflection changes, length of pauses and changes in voice tone (Brown and Gilligan 1992a) or other indications of intensity of their conversation. This method emphasised the significance of emotions throughout the analysis process (Silverman 1993; Silverman 2001; Silverman 2003).

The second component of the first reading required me to formulate a 'reader response' (Brown and Gilligan 1992a) to the account put forward by the participants.

This response was seen as my perception and evaluation of the participants' stories. It was the place where I could realise my bias within the research as the response was influenced by the way I perceived each participant and my thoughts and emotions in relation to the research. According to many writers (Harding 1992; Brown and Gilligan 1992a; Mauthner and Doucet 2003) any subjective analysis process is influenced greatly by one's beliefs, preconceived notions, personal, political and social perspectives and social location.

3.3.7.4 Reading 2

The second reading focused on the way in which respondents spoke about the personal impact of the mergers. The second reading is presented in Chapter 5 and explores the personal emotional cost of the reforms. Brown & Gilligan (1992a) and Mauthner and Doucet (1998, p. 139) suggest that through this reading the researcher is encouraged to listen (read) to the way participants speak about themselves and the world they inhabit by focusing on 'I' and 'We' statements. Brown and Gilligan (1992a) describe this as listening for the 'self' and voice of 'I'. This brings the researcher into a relationship with the participant ' ... by discovering how one speaks of herself ... '(Brown and Gilligan 1992a pp.26-27). Furthermore, Brown and Gilligan suggest that through using this focus we encounter the 'heart and mind' of another (1992a p.28) and acknowledge 'who is speaking, in what body' (1992a p.28). By following this strategy I was able to focus on how the participants portrayed themselves in their stories. According to Mauthner and Doucet (1998) when using VCRM for data analysis the first two readings of the data are the key to the relational method of analysis because they trigger the reader into a responsive relationship with the participants and the data.

Throughout the second reading Kemper's (2006) Power-Status Theory of Emotions was used to help identify and illustrate the concepts of power –status relationships and anticipatory and consequent emotions as the participants reacted to the subjective impact of the reforms. Kemper's Power-Status Theory illustrates how structural (power – status relationships), anticipatory (contemplating future outcomes that could be optimistic or pessimistic) and consequent (result of ongoing Power-Status interactions) emotions can reflect the subjective view of change. I used Kemper's theory to ground the 'I' poems to capture the participants' emotions as they discussed themselves in context such as their self perception in response to their loss of either power or status.

3.3.7.5 Reading 3

The third reading, presented as Chapter 6 of the thesis, is designed to place people within their social structures and contexts and has been referred to as their 'relational landscape of human life' (Brown and Gilligan 1992a; Mauthner and Doucet 2003). This reading helped develop an understanding of the social impact of the reforms for the participants particularly in relation to their workplace, the broader community, and geographical location. To present the data for this reading I drew on the concept of nostalgia. According to Gabriel (1993) the use of nostalgia during organisational change can help one to develop an understanding of the responses made by participants in relation to their reaction to change based on acceptance or lack of acceptance of past circumstances. Milligan (2003) argues there is often evidence of nostalgia amongst staff as they try to regain a sense of identity by redefining their past. This argument is supported by Davis (1979) who suggests that this type of behaviour is usually evident when staff have fears or are uncomfortable with change and are anxious.

3.3.8 Application of software

The use of a Computer Assisted Data Analysis (CADA) program, NVivo, designed specifically to work with qualitative data, assisted the complex process of analysis of the interview data. According to Morse (2003) NVivo is designed as a tool to assist with the analysis of qualitative data and support researchers to work with their data in a variety of ways. It is not designed to surpass the interpretation of data but merely to increase efficiency of analysis (Bazeley 2007). During the course of the data analysis this program was upgraded from Version 2 to 7, so all data was transferred to this powerful data analysis tool that uses a system of nodes, cases and sets to assist with the analysis of qualitative data. The program also enabled the development of models to portray the data from a visual perspective.

A separate NVivo project was developed for each of the three readings to ensure focus on the purpose of that reading during analysis. This meant each reading had its own set of nodes to reflect significant responses to questions asked of the data. A notable advantage of using a CADA program was the speed with which I could interact with the data (Grbich 2007) and move information around using modelling tools to diagrammatically emphasis a point.

3.3.9 Rigour of qualitative data

Rigorous qualitative research, according to Liamputtong and Ezzy (2005 p. 35) is research that is trustworthy and reliable and depends on more than just following procedures or instructions. Liamputtong and Ezzy (2005) explain that rigour incorporates consideration of the procedures and rules of those being studied, the report audience and the researcher. In accordance with the writings of Liamputtong

and Ezzy (2005) three components of rigour were considered for this study. These components comprised:

- Theoretical rigour: This component refers to the soundness of the theoretical underpinnings used for the research. It is concerned with whether the research strategy is aligned with the goal of the research (Liamputtong and Ezzy 2005 p. 39). The question that needs to be asked when considering theoretical rigour focuses on whether the chosen theory behind the research adequately frames the story being told through the research. Kemper's Power-Status Theory of Emotions is appropriate for this research as it frames the story of the impact of enforced change as told by the participants. A further process that contributed to the theoretical rigour was the presentation of a range of conference papers, some of which were peer reviewed, at various stages of the research. The list of conference presentations can be seen at Appendix 7.
- Methodological rigour: This is also known as procedural rigour and refers to the presentation of a concise account of how the research was conducted (Liamputtong and Ezzy 2005 p. 39). A clear account is given of all stages of the research and the manner in which participants were recruited for the study.
- Interpretive rigour: A study has interpretive rigour if it is an accurate representation of the participants understanding of the events that occurred. This representation is dependent upon their social frameworks of those participants (Liamputtong and Ezzy 2005). The use of direct quotations from participants helps qualify the researcher's statements throughout the analysis and discussion of data.

A further procedure employed to ensure rigour within this research study was the combination of a range of data collection methods, use of an extensive research population and the use of more than one theory to ground the research. According to Liamputtong and Ezzy (2005 p. 40) this is known as triangulation and use of this process helps to confirm research rigour.

3.4 Phase 3: Questionnaire

Phase 3 of the data collection consisted of a questionnaire that intended to expand and add depth and rigour to the information gained from the interviews. A copy of the questionnaire is provided as Appendix 8. The questionnaire gathered data from a wider audience than the 21 interviewed participants within the three rural AHSs, with a further 65 people participating.

3.4.1 Development of the questionnaire

The questionnaire was developed using the main themes and areas of significance drawn from the first reading of the interview data where participants gave their overall opinion of the impact of the reforms on them. Using this method meant that the content of the questionnaire was driven by information gleaned from the interviewed participants and not merely questions raised by the researcher.

3.4.2 Questionnaire design

Following lengthy discussions an online questionnaire was developed in collaboration with the Teaching and Learning Unit (TLU) at the University of New England (UNE). The questionnaire was designed using a combination of open and closed questions, Likert scales to measure opinions, and defined response or forced choice questions along with short answer questions to gather subjective data. Short answer questions predominantly followed forced choice questions, closed questions or Likert scales in order to qualify responses. The final section of the questionnaire was designed to encourage respondents to record their opinions about the reforms so they were provided with a similar opportunity to those participants who were interviewed. Using this approach it was possible to follow the story of each respondent in a manner similar to reading the transcript of an interview.

3.4.3 Piloting the questionnaire

The pilot version of the questionnaire was distributed to a purposive sample of eight people, representative of nurses, clinicians, allied health and administrative assistants. Three respondents completed the questionnaire in the hard copy format, while five respondents completed the online version. The respondents did not suggest any changes to the questionnaire content or format.

3.4.4 Justification for questionnaire delivery mode

A web based survey style was chosen as the preferred method of data collection for the full version of the questionnaire. Web based questionnaires are becoming increasingly popular as a way to collect research data as people more frequently access computers to complete work tasks (deVaus 2004) and have them available at home. According to Sapsford (2006) there is some evidence that people are more likely to complete a web based survey because of the increased anonymity. However, hard copies of the questionnaire and Participant Information Letter were available on request for those who did not have access to a computer or lacked the necessary skills to complete the online questionnaire.

The web based survey method was the preferred method as it was cost effective and easy for respondents to access. The online survey was useful to facilitate access to the questionnaire for a potential population that is geographically widespread throughout

NSW. Furthermore, using the advice of Henn et al. (2006), online access is a means to help maintain anonymity for respondents rather than email distribution lists of the questionnaire. The online format also made the collection and collation of data accurate, complete and time efficient.

The questionnaire was run on the UNE server. This is a secure site with administrative rights and is password protected. Potential participants were provided with a web address to access the survey, advertised in the media releases and by word of mouth. At the beginning of the web page the Participant Information Letter appeared. Reading this letter and then completing the questionnaire was deemed as consent for this stage of the research. The respondents could then follow the simple prompts should they wish to continue. It is interesting to note that for this study all questionnaires were competed online.

3.4.5 Recruitment of respondents

A number of recruitment strategies similar to those employed for Phase 2 of the research, were employed for this phase of the research. To ensure distribution to a wider reading audience, the weekly newspapers within randomly selected towns in each of the AHSs were sent a similar media release to that used in Phase 2. The media release can be viewed as Appendix 9. In response to the media releases I conducted a radio interview on ABC Radio National, and two further regional newspaper interviews were conducted, to discuss the purpose of the research and request participants complete the questionnaire. The media exposure gave broader attention to the research and resulted in people from the community contacting me to put forward their views about the reforms, and offer encouragement for my research.

3.4.6 Limitations with questionnaire

The response rate to the questionnaire was disappointing (n=65), given the number of staff employed by NSW Health. This poor response rate contradicts Sapsford (2006) who, drawing on research by Schaerfer & Dillman (1998), suggests that there are better response rates for web based questionnaires than postal questionnaires, including longer answers to open-ended questions. However, reassuringly Sapsford (2006) continues, to suggest that it is better to collect fewer data rich responses than many responses that are either inaccurate or inappropriately completed.

There are known limitations with web based questionnaires as opposed to postal questionnaires. It is impossible to monitor response rates for web based questionnaires, whereas a postal questionnaire allows the number of questionnaires posted to be measured against the response rate. An additional possible limitation with the web based questionnaire for this research was access to computers for potential

respondents. Telephone conversations with potential respondents who made contact with me about the questionnaire, indicated that those who did not have computer access but were eager to be involved in the research, would be supported to do so by their work colleagues.

A further potential limitation within the questionnaire was that of question interpretation. This became evident when analysing the question about role change during the merger as respondents' interpretation of role resulted in a very mixed response to the questions. For example, one participant reported that their role changed, yet a later question response from the participant indicated they were in the same role, but had an increased workload, as a result of the mergers. Druckman (2005) suggests that the intent behind a survey question may be misunderstood by the respondent, making question interpretation problematic. With survey research there is no way to guide interpretation, no matter how clearly the question may appear to be written (Druckman 2005). This notion is supported by de Vaus (2004), who suggests that question interpretation may influence data validity due to the nature of responses offered.

Forced response questions within the questionnaire were a further possible limitation. These questions could potentially cause people to respond inaccurately, due to the pre-determined range of responses. In order to overcome this potential limitation, two strategies were used. All forced choice questions were followed with the option for a comment response and an optional 'no response' or 'other' response section, in order to help prevent a false forced opinion.

3.4.7 Analysis of questionnaire

The focus of analysis of the data in the questionnaire was to support or refute the findings from the interviews. Responses to the questionnaire produced both numerical and textual data. Much of the numerical data came from forced choice or pre-coded question responses, and was analysed as quantitative information. Qualitative data from the descriptive supportive questions was used to substantiate and qualify quantitative data.

Numerical and textual data from the questionnaire were coded and imported into the computer analysis program SPSS 14. This program was chosen to assist with data analysis as it presents as a useful and useable statistical modelling software program. The program was fundamentally used to conduct descriptive analysis of the quantitative data. Descriptive analysis allowed data to be viewed from various perspectives in order to personify responses. Such examples were the initial frequency distributions that provided categorical components of the data, followed by

relationships between variables. Further conservative statistical analysis was conducted using SPSS to ensure associations of the data.

3.4.8 Outlying data

A small number of divergent themes were revealed during the analysis of the questionnaire data. Consideration was given to these themes due to possible limitations of the questionnaire. The divergent themes deviated significantly from the other coded data; therefore, as suggested by Grbich (2007), they were categorised as a result of poor interpretation of questions.

3.4.9 Rigour

Validity serves to check the quality and results of quantitative data in a manner similar to qualitative research. According to Flick (2006 p.133), research validity signifies that 'meaningful inferences from the results' can be made about a population while research reliability indicates that 'scores from participants are consistent and stable over time'.

Research rigour standards, according to Flick (2006) are validated by external sources such as statistical procedures or acceptance by external experts. In relation to this statement, Liamputtong and Ezzy (2005 p. 335) suggest that the term 'rigour' is preferred to 'validity' and 'reliability' in research because 'rigour indicates the different methodology involved in research that focuses on meaning and interpretation'. This was appropriate as the questionnaire comprised qualitative and quantitative data. For this research the rigour of Phase 3 of the study–the questionnaire–was grounded in various ways. Initial rigour was achieved through developing the questionnaire based on the extensive coding of responses from the data obtained during Phase 2-Stage 1. Following this, the developed questionnaire was piloted with a sample group who gave positive feedback about the questions and their validity. The statistical data was validated throughout the questionnaire by the comments made by every respondent to support their quantitative claims.

3.5 Phase 4: Integration and discussion

Data integration for the thesis supports the concept of mixed methods put forward by Creswell (2003) and Bazeley (2004), who both deem that analysis of the qualitative and quantitative data is best completed separately and then brought together as mixed data. For example, the use of graphs and tables supported by vignettes and quotations portray a holistic view of the data. Bryman (2007) also suggests that data integration can be enhanced when using mixed method research by presenting it in a way that each component enlightens the other.

The questionnaire data is presented in Chapter 7. Throughout the chapter reference is made to the interviewed participants where questionnaire responses support their

claims. Data integration and discussion occurs in Chapter 8. In this chapter, all data is considered and the main foci of the interviews and questionnaire are discussed with respect to the underpinning theoretical concepts of Kemper's Power-Status Theory of Emotions. The main focus of Chapter 8 is to link the discussion back to the research questions.

3.6 Ethics

Ethical approval for this research project was granted by the UNE Human Research Ethics Committee (Approval No:HE05/154) prior to the commencement of the study. This committee is guided by the principles of the National Health and Medical Research Council (NH&MRC) guidelines. Individual Area Health Service (AHS) ethics approval was not sought for the research project as the study was designed to recruit and investigate individual participants based on their subjective response to change and not their work practices or place. The ethics application included a copy of the 'Participant Information Letter' that outlined the nature of the research, their involvement in the study, options not to continue involvement in the study and contact details of a suitable person should they need to debrief at any stage during the study; the schedule of interview questions; and the call for expressions of interest for Phase 2 of the research.

An amendment to the original ethics approval was sought and granted by UNE Human Research Ethics Committee when the questionnaire was developed after the completion of the first reading of the data in Phase 2- Stage 1 of the study. A requirement of the UNE Human Research Ethics Committee was that a copy of the Participation Information letter be the first screen to be read when the questionnaire was displayed on the online web address. All people involved in Phase 3 of the data collection were given the opportunity to read the information letter prior to completing the questionnaire. A copy of the information letter was also included with all hard copies of the questionnaire.

After completion of all data collection the study was transferred to Flinders University, however ethics approval was not sought as data collection was completed.

3.7 Summary of chapter

This chapter has outlined and justified the methods used for the research. Recruitment of participants and data collection methods for both phases of the study has been explained. The chapter also explains the data analysis and integration methods employed for the research. Ethical considerations, methodological issues and limitations of the study were also addressed.

Use of the VCRM to assist with data analysis supported me to gain an insight into the personal and emotional pain experienced by the participants throughout the enforced workplace change. The anecdotal evidence I received from potential participants early in the research process alerted me to their suffering, and the impact of the restructuring they were experiencing.

VCRM of data analysis is a strong tool that allowed me to delve layer by layer with each reading of the data to understand the 'tug of war' of power and status between those involved in the enforced workplace changes and the processes involved in that change. This method of analysis complements Kemper's Power-Status Theory of Emotions, in that it allows one to identify that the interruption of one's power or status by another has the potential to present significant emotional upheaval. The fruitless results of the enforced changes for staff with the intense emotional impact of those changes will be presented in the following chapters. Chapters 5 to 7 will systematically unveil how the impacts of change were experienced by the participants in general terms, and then from a personal and social perspective.

Chapter 4 Reading 1

The goal of the reading is to gain a sense of what is happening, to follow the unfolding of events

4.1 Preamble

The previous chapter presented the methods used to recruit participants and collect data for Phases 2 and 3 of the research. The chapter also explained the methods employed to analyse the data for each stage of the research and the point of integration of the data. Ethical considerations, methodological issues and limitations of the study were also addressed.

This chapter is the first of four chapters that presents the findings of the research. Each of the following three chapters will be known as a 'reading', in order to maintain continuity of the analysis process as set out by Doucet and Mauthner (2003). The fourth chapter will present the findings from the questionnaire.

The aim of this chapter is to introduce the interviewed participants and develop an overall understanding of their story. The interviewed participants are first introduced in groups according to their roles in the Area Health Service. Following their introduction key common themes will be presented. The data is presented throughout the chapter under the headings of: Processes and uncertainty; Distance, Consultation and communication; Withheld information; Poor communication and Reader response– sense of loss**.** The final phase of the chapter is to present my own subjective interpretation of their stories known as a 'reader response'.

Understanding the participants' stories was facilitated by using the Voice Centred Relational Method (VCRM) of data analysis, which allowed me to pay particular attention to a range of communication techniques such as inflection, tone, pause, and individual communication traits used by the participants as they told their story. I reflected on the notes made during interviews, and re-listened to the recorded interviews as the data was analysed. This time consuming process was the only way in which I felt I truly connected with the participants as I examined their stories, besides the time when I interviewed them. The VCRM allowed me to read the data from three differing perspectives and gradually build up the account of the impact of the enforced changes for each participant.

4.2 Introduction

The first reading of the data comprised two components. Firstly, the transcribed interviews were read, focusing on the participant's overall story. This is described as the who, what, when, where, why and how (Brown and Gilligan 1992b; Machaian 2001; Phan 2003), or the unfolding of the story (Mauthner and Doucet 1998). Brown and

Gilligan (1992a p.27) further describe this as gaining a sense of the 'geography of their psychological landscape' through 'listening to', and 'following the drama as it unfolds'. As the stories of each participant were analysed I began to connect the data to the first two research questions:

- What ere the emotional impacts of enforced workplace change for staff working within rural NSW Area Health Services between 2004 and 2007?
- What were the emotional responses of employees to enforced change?

The second component of the reading was where I developed my response as a reader to the interview content. This will be discussed later in this chapter, however it is timely to explain that my reader response to the first reading of transcribed interviews commenced my process of addressing the third research question:.

- Can this emotional impact of change be better managed from the perspective of the employee?

4.3 Portrayal of a story

The first reading of the interview transcripts reveals events and misfortunes that shape the worlds of each participant (Brown and Gilligan 1992a; Mauthner and Doucet 1998). With this concept in mind the first interview question 'What is your basic view of the reforms?' was designed to encourage wide-ranging responses from participants to capture the general essence of the impact of the reforms for them. Participant responses to this question were seen as the beginning of their story with further questions throughout the interview designed to allow them to continue their story and focus on specific areas of impact of the reforms.

All the interviewed participants are introduced within this chapter according to their role within the Area Health Service (AHS) at the time of their interview. The status of participants was wide ranging from those in executive positions, through to clinicians and administrative assistants. While some participants had changed roles as a result of the reforms others, primarily clinicians and administrative assistants, remained in the same role, while two participants had resigned from NSW Health at the time of interview. Alignment of participants according to their role was important in order to consider the subjectivity of the impact for those in comparable positions, and to understand if, and why, they viewed the process of change differently while they worked in similar capacities. All participants have been given pseudonyms to ensure anonymity.

I begin my introduction of participants with the six interviewed AHS executives. Helen and Kerry were newly appointed to NSW Health as a result of the reform process while

Kim, Jane and Tim, had been promoted from their previous management role within NSW Health to one within the newly formed executive tier. Bill was the only executive who had maintained his previous executive role.

The introduction and initial viewpoints of the six executives Helen, Kerry, Kim, Jane, Tim and Bill are followed by those of the five managers: Joe, Julie, Jesse, Lydia and David and the six clinicians: Ros, Sally, Rob, Allison, Thel and Sue. The two administrative assistants interviewed were Anna and Marni, and the final two participants were Ron and Trevor, both of whom resigned from NSW Health after the announcement of the reforms.

4.4 Introducing the Area Health Service executive staff:

4.4.1 Helen, Kerry, Jane, Kim, Tim and Bill

In response to the first interview question 'What is your basic view of the reforms?' Helen focused on the issues for staff in relation to accepting the enormity of size of the newly formed AHSs and the processes involved in implementing the reforms. She suggested that the slowness of progress in the early stages of the reforms affected her role as an executive manager. She referred to the slowness of progress as *stagnation of process* and explained that within the AHS a vast number of people worked in acting roles, while few appointments were made during the transitional stage of the mergers. Furthermore, she claimed this slowness or *stagnation* impacted on staff stability in the workplace. Helen suggested that lack of information in relation to the direction of the reforms had a huge impact on clinical and non-clinical staff as they were not able to *get on* with their role because they were not sure of their future. The stagnation of process according to Helen, had a ripple effect for staff as they felt unsupported by managers who were unsure of their own role and therefore unable to offer direction.

Helen stated that geographical location impacted on staff perceptions of the mergers with regard to *power shifts*. She claimed that relocation of AHS offices distressed staff who feared for their position and loss of control of the systems they had developed and worked with. Staff in areas that would no longer have an area office viewed the merger with *doom and gloom*, while many staff who worked where management services were to be relocated saw the reforms as positive, as a management location was generally equated with more power.

Helen explained that her tactic to engage staff positively in the reform process was to use the concept of *opportunity versus loss.* Her tactic was important to help staff acknowledge the facility within which they worked and to continue to work to their capacity, to achieve excellence, and to keep staff morale high. She stressed the

importance of this so staff could help lessen the public perception that the mergers were more a *takeover* by larger AHSs, and subsequently disadvantageous, due to loss of control of community acquired resources and employment opportunities. Like many rural hospitals in NSW the small hospitals throughout the AHS where Helen worked were significantly funded and furnished from local bequests.

Kerry was a newly appointed executive. In answer to the introductory question 'What is your basic view of the reforms?' Kerry focused on the lack of consultation from the outset of the reform process, and the subsequent effects for herself and her staff. She described her role as a conduit between staff, management, and NSW Health within the executive tier. Because of her role, Kerry explained that she had prior knowledge of some of the NSW Health announcements made to staff and the public. These gave her an insight into the bureaucratic processes behind the reforms, however, she still maintained that the lack of consultation between NSW Health and staff brought about the dissent that was evident among all staff. The following excerpt from Kerry's interview indicates the lack of consultation and communication in the lead up to the reforms.

> Kerry*: I don't think they were carefully managed at all. I think the reform process could have been achieved in a much better fashion with a lot less pain if there had of been more consultation with those it would have affected. The most it appears to me that while it was flagged 2003/2004 in the March budget there was little consultation with the area health services and with staff. It was tabled and discussed in parliament, and then it was basically rubber stamped.*

This admission from Kerry shows stark contrast in processes to research on change management within the workplace that argues that consultation and communication are fundamental elements during any workplace change process (Brewer 1995; Stuart 1995; Dowd 1998). One factor that slowed the reform process and was not discussed by any of the executive team, but was highlighted by the clinicians, and will be discussed at a later stage, was the time taken for union discussions at each level of management, and in every employment area throughout the AHSs.

The three newly appointed executives Jane, Kim, and Tim shared similar views in response to the initial question. All three agreed there was potential for the new structure to work, and that staff involvement and cooperation was paramount, however, they were not unanimous in their enthusiasm about the implementation processes.

The two executives, Jane and Kim, who had not previously worked for NSW Health, were notably enthusiastic about their success in gaining positions, and the opportunity they now had within NSW Health. Both stated that they believed in the logic of the reforms in terms of fiscal benefit and the opportunity for improved corporate governance. Jane explained that she was eager to implement change at a management level. She did not comment about staff readiness for change or the potential impact of change for staff, but rather focused on her executive perspective. The following is a brief excerpt from her introductory comments.

> Jane: *I think there is a logic behind them [the reforms], around administrative savings as it was seen. I think there was a certain level of insufficiency in the previous areas purely because of the size of them, but I do think there was some benefit to the size of those areas especially around some of those areas of clinical governance ... of being in touch with services and trying to create responsive management structures and administrative services. I think the real inefficiency was around the corporate areas ...*

Kim was positive about her future role and her ability to contribute to the management of her newly formed AHS. In her opening response she expressed concern about the slowness of the process, and suggested that the reforms could have been handled with greater effectiveness and enforced more swiftly and efficiently.

> Kim*: As an outsider to NSW Health obviously I was attracted to the change in focus particularly with this role which is a new role ... Some seven months now, my take on the restructure, that it definitely has potential to work, but the speed at which it has progressed has been tortuous and very slow. You know as I do that change, if you move quickly, it is more effective. And certainly if you can have a plan to change and move quickly having staff involved with it, it will be much easier to implement, and it will settle down and help people to move forward in a new direction.*

Implementation of change in an organised manner with defined strategies that involve employees, is frequently noted in the literature as a way in which to reduce staff fears and produce readiness for change (Nadler 1981; Appelbaum and Wohl 2000). This literature is in contrast to the method of implementing change adopted by NSW Health whereby staff fears were paramount. The lack of communication from NSW Health, complicated by the participants' reports of lack of knowledge of the change process at

management level, impeded a smooth change process as staff were not prepared for the transition period.

The fifth executive is Tim who had previously been in a management role with a former AHS. In comparison to Jane and Kim, Tim spoke with less enthusiasm about this role. While his basic view of the reforms was that there was potential for the new structure to work, his concern was the need to be mindful of protecting the staff, and in doing so, develop an appropriate culture to support them throughout the reform process. The following excerpt from his interview clearly presents his concerns.

> Tim: *All frontline clinical services have been impacted upon to fit in with the amalgamated services across the areas. This has impacted on every position within the areas health service in some way. Therefore all AHS cultures have changed. There has been a huge transformation and change in leadership style. Health has been entangled in a transactional leadership style, where the bottom line is structural efficiency and cost savings. The challenge now is to achieve a new culture and consolidation of policies. The important objective is to build a new culture in each area and that will only happen if we have the leaders who have the capability to help the transformation process. The whole reform process would have been better if planned, such as working with industrial relations earlier to ensure easier transitions. While people tend to identify their lives through their profession, and at times be precious about their role, they need to decrease the silos of professions and blur the boundaries of their practice. This could, in part, be achieved with a new AHS culture.*

The sixth and last executive to be interviewed was Bill, who made contact with me after reading a local media story about my research. Bill had been in an executive position prior to the reforms and had retained his position. However, the role and capacity within which he now worked was vastly different due to the size of the new AHS. Another tier of management had been included in his portfolio and his reporting framework had also changed. Bill spoke with conviction about his lack of confidence in the reform process, and the direction taken by NSW Health and the area chief executive. His calculated, steady pitch throughout the entire interview indicated the depth and passion of his answers. Bill's account of the reform process was at times very poignant, and revealed what he considered a lack of transparency of process. I include a short excerpt that gives a clear indication of his concerns.

> Bill: *It has been poorly planned and poorly executed. It has got no justification for it so far, for what it has done from a rural perspective*

and I know of almost no-one who has seen any benefit whatsoever or anyone at all.

4.5 Introducing the five managers:

4.5.1 Joe, Julie, Jesse, Lydia and David

The five managers interviewed collectively spoke of the unacceptable communication procedures immediately prior to, and throughout, the reforms when asked the introductory question. In their view conflicting and confusing information, and the timeliness of information dissemination to managers was unacceptable, and resulted in confusion, unrest, and angst for staff.

Each manager identified specific issues for staff in relation to communication. These managers claimed that the impact of poor communication was extensive and caused concern for them, as staff were unsettled by the lack of accurate information about the reform process and how their positions may be affected. Managers also made claims that staff morale was eroded, as staff anticipated losses with the relocation of area administration services. The erosion of staff morale was described by one manager as a *roller coaster* effect. According to him staff made allegations of corruption; lack of support from their executive; a subsequent loss of confidence in management; and a lack of transparency of process in the appointment process for positions. He explained that staff claimed that position appointments were not made fairly, and that professional favours were evident in the appointment process from senior positions, through all levels of management.

The following excerpts from the interview with Joe reveal his thoughts about the communication issues within his AHS.

> Joe: ... *so there is lots and lots of secrecy. There is lots and lots of miscommunication. But there is lots of wrong communication and they talk now about doing a change process. Well sorry, the change is happening, and it is affecting lots and lots of people badly in different ways. Of course one of the main ways is of getting change is making sure it happens. They also need to inform staff when it is not happening well.*

Joe also spoke at length about the political *way of working,* and his view that the reform process was a final effort by the government to *make the health dollar stretch further* after all other methods had failed. According to Joe, staff were the ones who were hurt in this process. The following lengthy excerpt from his interview transcript clearly outlines his opinion.

> Joe: ... *The reforms within NSW Health I think came about for a number of reasons. I think a lot of what happens in health, happens for a political way of working. I see the reforms in two ways. We moved from local boards to districts, and then across to area health services then we had 17 in NSW and now we have shrunk back to eight so the areas have–they have changed in size and geography. The reasoning, we are always told, is so we are reducing the number of managers and people in the non-clinical areas so that we can have more people in the clinical area ... I think the other reason why we had the reforms is because we are looking for a different way of doing things to try and make the health dollar stretch further. The whole thing has been badly handled. I think we have moved if you look at it in the timeline probably a millimetre of where we were.*

Julie clearly indicated from the outset of her interview that she did not agree with the reforms. Her basic view of the reforms was that the implementation process was flawed. Like her fellow managers she spoke negatively of the communication processes and the impact of this for all staff. The following excerpt from the beginning of the interview offers a sense of the tone of the conversation.

> Julie: *I think that it [the reforms] could work if they were thought through and done with a level of skill which has not been done to date. I think there has been a lack of communication with staff, the Chief Executive and the Directors. In total a lack of communication and a lack of transparency in the whole process.*

Julie relocated from a metropolitan AHS as this rural management position was offered to her when she did not gain the position she applied for in a metropolitan AHS. Relocation was an issue for Julie as she had a family to relocate and settle. While this was achievable for her it was not so for many colleagues who had family commitments in their area and could not relocate in order to gain a management role. Subsequently these people had to relinquish their role or even resign from NSW Health. Julie's story unfolded with amazing claims of corruption as staff battled for positions within the new management structure. She also revealed that an extra management line had effectively been created due to the size and huge distances between each AHS. In addition Julie reiterated the claims of lack of transparency made by Bill and the impact of this for staff who were already working in an unstable environment.

Jesse, a nurse in a management role, cited lack of leadership and communication as the main issues that concerned her in the reform process. She stated that the lack of

leadership at senior management level and its flow on effect into the clinical area had the potential to compromise patient safety. The following lengthy excerpt from her opening statement captured her concern and her view of the reforms. In its entirety, this excerpt reflected the comments of other managers who spoke of delays in the appointment process for senior management positions and the impact of this for staff.

> Jesse: *This restructure came into place I think about November 2004 and here we are in December 2005. We have basically been on hold all that time in the Health Service trying to get decisions made, trying to get positions. ... We have had Director of Nursing positions that have been vacant and haven't been filled, we have acting people ... they are finding people but it is limited how far you can go. Looking at strategic planning and making decisions you know they still haven't completed Tier 2 of the restructure and so it impacts all the way down the line and I really don't think that they realise how much it does impact down the line. Managers are concerned about what is going to happen with their job and whether they are going to have a job or what the structure is going to be. You have got managers that are quite stressed and concerned for their own outcome and that trickles down to you. And then you have got the people actually delivering the care, the frontline staff who are being constantly told one week to the next that is what is going to happen this is what we think is going to happen and this is how it will impact on us then they are told something different next week. You can't get a decision made because 'we can't do that because of the budget' and all this and it creates an enormous amount of stress for people in acting positions. It is crazy we have got somebody I am thinking of, and this is not uncommon, we have got a person who has a substantive position always acting in another higher position who is now acting in another higher position so all of those other positions are being filled by acting people and this has been going on for months and months. And they keep telling us that this structure will be all sorted out and be up and functional they told us by March 2005 here we are December 2005 and we still haven't got it complete so if you are a frontline worker all you see is all these positions, very high paying positions, not being filled, and it seems that there are a lot more than what there used to be. We are being told everyday that the structure will be this or the structure will be that and in the meantime they are out there trying to deliver patient care with managers that are*

> *quite unstable so think you know they keep telling us you know the big picture but the big picture doesn't really help the patients today.*

Jesse's quotation is well positioned with the current literature that identifies that staff unrest during workplace change can be reduced if the processes are speedily implemented (Dowd 1998; Folger 1999; Bovey and Hede 2001). These authors recommend that a rapid change process has better outcomes as there is less opportunity for resistance. Jesse also raised a significant issue when she spoke of the impact of change on patient care. She claimed that managers, and their staff, were working in stressful situations while still trying to deliver quality care. She claimed that they were receiving little or no support in their role to help address the impact of change while they continued with their clinical role. This unsettled staff even more.

Lydia's comments in relation to her view of the reforms highlighted the difficulties associated with the geographical size of the newly formed AHSs, and the impact this had on access to management. She voiced her concern that staff located away from Area offices could become an invisible entity in the service. While this concern was captured in several interviews the directness with which Lydia spoke encapsulated her shared concern.

> Lydia: *I tend to see and understand the rationale behind them ... I think they have been very severe in the consequences for many people and I think also that the savings that were intended possibly have not been realised. ... The Area Health Service that I am currently sitting in is 55% of the State. Now that means that it is absolutely impossible for the people in the executive positions to get to know people face-to-face in the distant services and outposts and I personally believe that is important for the staff to have some access to the senior members of the staff from time to time. I think it is important that the staff in all the facilities know who the chief executive and who the senior executive members are and the area health service this size this will just never be possible.*

The consistent pattern emerging from the interviews thus far was that while most considered that the underlying principles of the reforms were defensible, they unanimously indicated that the implementation process was inappropriate, unacceptable and poorly communicated to staff. While staff are seen as integral to the health services, in the view of the interviewed managers there had seemingly been little regard shown for them throughout the whole change process. This is in stark contrast to the writings of Buono and Bowditch (1989) and Grylls (1990), who note that an

understanding of, and respect for the workforce and workplace culture is crucial throughout any workplace change.

The final manager to be interviewed was David who had just secured a position in the second tier of the new management structure in a newly formed AHS. David had previously worked in a management role but he had much less responsibility and power than his new position. Unlike the previously interviewed managers, he spoke with enthusiasm about the reforms and the expected final result. He spoke cautiously about leadership and communication during the reforms and the need for consistency within the administration of NSW Health.

> David: *I can see that there has been a very explicit approach in reducing the number of areas trying to bring a consistent approach into the structures of areas and ensuring that there is better alignment ... there has been a deliberate move to ensure that there is much tighter control from the department with less abilities to have areas having much. And certainly a much tighter alignment of the government process of which was previously I think a little bit diffused.*

At the conclusion of his interview David acknowledged that had he been unsuccessful in his appointment, then he would *paint a very different picture* of the reform process. He felt there had been many poor decisions made and the processes employed were inefficient. In his role he could understand why current strategies were in place and he understood that as a manager his modus operandi was clearly dictated by NSW Health and his Chief Executive to the point that he could not question it.

4.6 Introducing the clinicians:

4.6.1 Ros, Sally, Rob, Allison, Thel and Sue

The interviewed clinicians collectively reiterated the managers concern that the reform process was characterised by poor communication. Further to this, they identified problems with the lack of consultation with staff prior to and throughout the course of the reforms. They claimed that lack of consultation had created a sense of fear for many staff that resulted in endless rumours about the direction of the changes. The rumours, they claimed, were unsettling as there was nothing to confirm their accuracy. Rumours and gossip have been cited in previous workplace change literature as commonplace when there is little formal information about the process of change filtering through to staff (London 2001; Bordia, Jones et al. 2006). Furthermore, the clinicians identified the slowness and poor management of the reform process, and the sheer size of the newly formed areas, as specific concerns.

At the time of the interview with Ros, only the first two management tiers in the five tiered structure had been filled after a 12 month timeframe. Ros focused on the slowness of appointments for management positions and the subsequent flow on effect for clinical staff.

> Ros: *It has taken over a year from the start [of the merger process] to make any major changes. It took six months to organise and it is only just this Christmas that they finally accepted our positions. And now the area that is still in dispute about those positions. So overall it is not working very well at the moment. People are still not in positions where we need them ... and we have a lot of people still not knowing what their final positions are going to be. So a lot of people are scared of what their jobs are going to be. How they are going to change? We have got people who are going to be displaced and it will take them months to find out what has happened to them and if they get a position.*

In addition to her concern about the appointment process, Ros also spoke of a perceived lack of transparency of the appointment processes. Her concern reiterated that expressed in the earlier interviews with Bill and Julie.

> Ros: *Change has increased the number of managers but decreased the level of service because clinicians have been put into management roles. Of course at times people are scared of making any moves to improve services because they don't know what the long-term consequence will be. ... in the short-term some of the changes have been fairly negative, but in some cases it has been good to clear the dead wood but giving jobs for the boys has also been obvious.*

Sally was emphatic that the newly formed AHSs were too big. She claimed that staff would not be able to access education and other services needed to assist them to provide the best patient care. Sally maintained that access to services for staff would be lost due to the inability to travel large distances because funding for this was not seen as a priority. Her comments reflected those previously voiced by managers which indicated that staff concerns about the realigned area boundaries were common regardless of their position.

> Sally: *As far as I am concerned they are too big and unruly we are too far away from the actual administration ... there is oodles of money for education but it is almost impossible as far as travelling is concerned and having to pay for accommodation.*

Rob's brief introductory comment about the size of the new AHSs echoed Sally's concerns about managing the huge areas that had so many idiosyncrasies due to their geographical location and isolation. Rob's view of the reforms was one of seeing repeated inefficiencies and poor decisions with regard to the management structure. He claimed there was a lack of transparency throughout the whole reform process. This he explained was evident in some position appointments which were based on mateship and not professional soundness.

> Rob: *I think it is really quite disastrous as in the area is much bigger and it is just such a huge area that more and more problems turning up*.

Allison was the fourth clinician to be interviewed. Her initial criticism of the reforms was about the length of time taken to implement them and complete the initial management structure. As a clinician, she was concerned about the unrealistic timeframes and expectations imposed on staff without the necessary staffing considerations. The following excerpt from her interview summarises her concerns.

> Allison: *I understand why they have been deemed necessary. I understand the whole state is practically bankrupt. I understand that we have lots and lots of duplication of activities across the state and I understand from the blurb that NSW Health produces for us to read that the savings, which in our region is going to be about three million dollars or so, are meant to be redirected to employ more doctors, nurses and allied health staff. I understand that that is the reason for it but I am actually panic stricken about the way it is panning out. In our health service we have appointed the first tier the CEO, second tier–the directors, the third tier–most of those senior managers have been appointed, the fourth tier–we have got stuck we have been stuck for months ... it seems to have stopped there ...*

The interview with Thel was quite emotional as she discussed the hardships that she and her colleagues were experiencing as a result of the reforms. She spoke specifically of losses for colleagues and the subsequent health and emotional impacts they had experienced. According to Fields, Copp et al. (2006) emotions help portray who we are and in what context we exist within society and when we are dealt with unfairly our emotions are engaged to reposition ourselves. Thel had worked in her position for many years in a small rural health service that would have a new management structure located a long way from them. Thel explained that she and the staff she worked with were fearful they would be *lost in the system* as their simple daily practices would need to change to *fit* into the newer system.

Thel also contributed to the previous point made about the lack of communication during the reforms. Reports of lack of and poor communication were made by every participant at some stage during their interview. Most made reference to communication issues in their opening comments about the reforms which indicated the significance of this issue across all areas of the organistion. Lack of communication during the management of change is raised by (Nadler 1981; Appelbaum and Wohl 2000; Burnes 2000) who all recommend that communication during any workplace change is crucial in order to inform staff, but more importantly to facilitate the process.

Thel also anticipated a loss of corporate knowledge. Relocation of current managers, realignment of management positions and the people in those positions, she claimed, was likely to have an impact on the function of her health service and the Area Health Service with the loss of corporate knowledge and access to management.

> Thel: *Well I can tell you that all our colleagues, and those that I know from both the former area health services, are not happy. They feel very down. There is [sic] a whole lot of people very down. There is a lot people taking VRs [voluntary redundancies] because they are very unhappy about the situation the people and their corporate knowledge and experience is being lost–you know–there is a big emphasis on, when we amalgamated we all took our bad debts, and now there is a huge emphasis on how we can save money and what we can do with our budgets and our override in our budgets and as you can understand with the people above us if the pressure is on them then they put the pressure on us. Everyone understands what the situation is and how it has come about it is just a very uncomfortable environment in which to work in.*

Sue was the final clinician to be interviewed. She commenced her interview acknowledging the need for change in the way health services were organised. However, she did not agree with the management of the change process, particularly the slow developments and progression of implementing the changes.

> Sue: *I think the reforms had to happen there was so much duplication of administration and back up type services that you have to rationalise because there is too much waste too much handling. Whilst it has been a drama, I think it is probably necessary but not done very well.*

4.7 Introducing the administrative assistants:

4.7.1 Anna and Marni

Two administrative assistants were interviewed; Anna and Marni. Both had worked for several years within their AHS in administration. Anna had worked within the area executive team and was privy to executive communication prior to the reforms, while Marni worked within her AHS senior management structure as a receptionist and was not privy to such communication. Their initial views of the reforms were sadness, due to the losses they witnessed when colleagues lost their positions; fear that their own roles could be made redundant and fear of what else could happen that they had not been told about; and anguish for themselves and their work colleagues because of the lack of communication about the reform process. The following excerpts from their interview transcripts illustrate how fear of the unknown caused angst for the administrative staff.

> Anna: *Initially I thought it was totally crazy and I guess ... there was a lot of angst immediately more so in [name of town] than perhaps in [name of town]. I think people in [name of town] felt that from day one that they were going to have the top hand and therefore things weren't going to change very much for them. From a [name of town] point of view we were pretty much caught up in a lot of media and so that was I think the unknown territory so we didn't really know what was going to happen and it was difficult for us because it was so totally new so I guess that was my first thought–what were we going to get into and how was it going to affect us? Not so much about how and why it was going to happen. I think it always comes back to how it is going to affect you personally.*

Anna's comment about the media frenzy replicated the statement by made Julie *the only way to find out that these things are happening is via the news or the newspaper* and inferences made by many of the managers (further on in their interview) about the impact of the media attention during the early stages of the reforms. According to Anna and Julie the intense media focus immediately prior to and throughout the reforms incited speculation, rumour, and emotional reactions from employees and community members. They stated that staff, like community members, had access to abundant reports and editorials in local newspapers, radio and television. However, the excessive media coverage did little to allay staff fears as they did not have supporting information from NSW Health about the processes in place, rather there was silence or confusing communication about positions.

The following excerpt from the interview with Marni indicated her concern about the vast area in which she worked and the potential for inept work practices because simple work procedures were now complex and frustrating for staff.

> *Marni: I don't think it is a great idea ... I think for [name of town] it has totally ruined us by having control so far away I don't think they really thought it through I think the area is too big ... people are trying to manage staff that are 500 kilometres away and it just doesn't work. [name of town] is a unique area and it understands how to function in a remote as such. Now, for example a petty cash cheque takes four weeks because I have to prepare it then it has to go all the way to [name of town] there it sits until the cheque run then it has got to come all the way back again so I am looking at a month before I can get a petty cash cheque things like that to get something signed you have got to fax it over to [name of town] and hope that the fax machine is working and it comes back so there is time delays there now that we never used to have if the bosses are away or they are in [name of Town] or travelling the area you have got another delay ... to get anything done at all to get a decision is too long you can't get that instant decision ... I know you have got to go through the process the process is too long now. I really do I don't think they whoever organised all of this really thought about the size of the whole remote cluster and it is really too big they really needed an extra cluster.*

4.8 Introducing those who resigned:

4.8.1 Ron and Trevor

The final two participants to be introduced are Ron and Trevor, who both resigned from NSW Health after the announcement of the reforms. Both cited dissatisfaction with the recruitment process and concern about the lack of transparency in this process, as triggers for their departure and reason for not applying for positions in the newly formed areas.

Ron explained that his initial impression of the reforms was positive because there was finally a way to reduce inefficiencies. However, his disgust with the reform process, particularly the inefficient process that followed and the lack of transparency throughout the early recruitment stage, led to his resignation. He claimed that the recruitment process meant that staff who had once worked harmoniously in their respective roles had become aggressive.

> Ron: *When they were first announced, that was 18 months ago; they were talked about for some months beforehand probably for six months ... so I see there is a lot of inefficiency and wasted time. I don't know that bigger is maybe better but merging with [name of AHS] that did not have a good reputation; from where I stood in the organisation it was not a good thing ...*

Trevor's basic view of the reform processes reiterated the concerns voiced by other managers and clinicians about the lack of transparency of processes and the need for some of the roles created within the new structure. Trevor's interview was insightful as he identified the contradiction in the appointment of clinicians to management positions. Trevor's disgust with the lack of transparency in the appointment process was emphasised by the strong voice tone he used throughout his interview.

> Trevor: *When you look at the way I guess politicians have proposed the changes it was going to be to improve clinical services across the board in terms of removing too much money being spent on administration and those sorts of issues so that sounded good initially, but I think ... yes they have gone about doing that but I think what is now has been a pretty big bureaucratic process.. I am talking about doctors and nurses ... People are getting appointed into management positions. But because they are clinicians, they are still recorded as a clinician so in actual fact it would appear that what the drive of the changes was that yes we have more clinicians in place, but those clinicians aren't doing clinical work they are doing basically the same work as those non clinicians that are no longer there. That's happening a lot.*

All the interviewed participants have been introduced in this section of the chapter. Analysis of their basic view and initial impressions of the reforms has commenced the process of unfolding their story. This has been explained by Brown and Gilligan (1992a p.27) as gaining a sense of the 'geography of their psychological landscape'. The overarching observation drawn from the introductory accounts was their concern about the lack of regard for staff in the implementation phase of the reforms, the lack of consultation and communication, and the emotional impact the time taken to implement the reforms had on all concerned. The inclusion of excerpts from each participant's interview has helped paint the landscape of the participant's experiences.

4.9 The story continues

The following section builds on the participants' introductory account of the reforms. This section presents a more detailed account of participants' stories that explains how

they grappled with change and the unknown dimensions associated with that change. The data is presented in a series of frequently occurring themes drawn from the participants' transcripts. This section will complete the who, what, when, where, why and how (Brown and Gilligan 1992a; Machaian 2001; Phan 2003) or the unfolding of the story (Mauthner and Doucet 1998) of each participant.

4.9.1 Processes and uncertainty

Establishing the structure of the newly formed areas was an onerous task according to NSW Health senior managers and executive. Positions were appointed on a tier by tier basis, with the completion of one tier necessary before appointing the next tier. Industry union approval was sought for each tier of positions. This was a time-consuming exercise resulting in many positions not being filled as quickly as planned. While the protective measure of union involvement was welcomed by managers and clinicians, they also regarded this with a degree of cynicism and claimed it to be another strategy of NSW Health to slow the reform process and keep people in acting positions, rather than making decisions to employ people into designated positions. This unsettled staff and lead to uncertainty and distrust particularly as there was no communication from NSW Health about these delays to allay their fears or give them information about the reform process.

As time progressed, according to senior managers and executives, the staff became more unsettled and began to question the processes of the reforms. One year after the announcement of the reforms the appointment process for senior management positions was still not completed. They suggested that this slowness of process conveyed a poor message to staff who associated the delays with a lack of leadership and organisational structure as a weakness for their AHS. The interviewed clinicians revealed that they felt they were in a time vacuum in terms of their newly formed entity which prevented them from moving forward because of the lack of leadership and direction. All those interviewed declared that they had lost faith in their managers, NSW Health and the reforms. This was due to the lack of direction and leadership shown by senior management particularly when those on the ground needed support and guidance. While they made this admission, they also chose to remain in their role as they worked in rural areas where other employment was limited.

While some clinical staff claimed they had lost faith in their immediate managers others were supportive of them and spoke with empathy as they realised they could not expect support from them when, they too, were unsure of their position and the processes to be engaged to enforce change. According to clinicians and clerical staff the slowness of the process allowed many leadership problems to develop that unsettled

staff and impacted on their working environment and professional lives. They were unable to move forward with projects due to the lack of strategic direction.

The time required to implement change was discussed by many participants. They claimed that while it was necessary to take time to instigate change they believed the necessary preparation and planning had been disregarded. This was evident in the one size fits all approach that had been used to plan the changes for each AHS and the ad hoc approach to implementing them. This excerpt from Kim's transcript (Kim is a newly appointed AHS executive who did not work for NSW Health prior to the reforms) depicts this notion.

> Kim: *... change does take some time if it is going to be done, there are certain parts of it which could have been done faster. Here we are 17 months from the outset of the reforms and still not all of the structure is in place anywhere in NSW.*

Frustration with simple procedures such as drawing on petty cash became an onerous task for the administrative staff during the establishment of the new AHS according to the interviewed administrative staff. They suggested that the reforms, and their new positions had led to a loss of status and esteem, and that they had less power and autonomy than they had previously experienced. As a consequence they felt anger towards management and frustration, despair and anxiety about their job. These staff also claimed that their managers were more concerned about their own status and prestige within the AHS, and paid little attention to staff concerns. These participants explained that they frequently questioned their managers' commitment to the role rather, suggesting they were more concerned with increasing their status.

Participants who were not employed in management roles feared they would be forgotten by executives, who, they predicted, would have limited visits to their sites due to the distance they now were, from the central area administrative offices. Their main concern was that limited physical access to management would result in a loss of identity and equity of access to resources. These participants presented their arguments from an organisational perspective, focusing on the difficulties they anticipated with access to services and management and a desire to protect their traditions and workplace. Many of the participants claimed that the areas were too big to be run by one person (the Chief Executive Officer) without the support of a Board of Directors.

4.9.2 Distance

Executive staff and managers spoke of their nervousness about sheer size of the new AHSs. Their main concerns were about potential issues for communication, maintaining a management presence, and access to services. This concern was also expressed by clinical and administrative staff who suggested that management could not maintain suitable working relationships with all staff due to the enormity of distance, location of area management and the lack of suitable Information Technology (IT) especially in the more remote locations of the state. Management concerns are highlighted by Lydia, a manager whose area administration office is situated approximately eight hours away, by car, from her office. Lydia's account not only highlights the issue of geographical size of the newly formed AHSs in terms access, it also draws attention to problems and difficulties with consultation, planning and workforce issues that were repeatedly expressed by other staff including some executives, other managers, clinicians and administrative assistants. The excerpt from Lydia's transcript has been quoted earlier in this chapter however it is used now as a timely reminder of the vast area she is employed to manage.

> Lydia: *The area health service that I am currently sitting in is 55% of the State. Now that means that it is absolutely impossible for the people in the executive positions to get to know people ... there are parts of the area where people start to raise concerns because we are not physically there that we don't understand the issues and are not accessible or able to deal with things within the time frames they like so we are feeling over stretched at the moment*

The majority of concerns about distance and the associated issues were expressed by managers. Uniqueness of issues for each AHS had been overlooked in the implementation process, according to them. As said by David, a manager, a deeper analysis of each area was needed to identify operational challenges rather than taking a *one size fits all* approach.

Allison, a clinician, spoke of the perception held by staff and the broader community of management *not being there* for staff because of the size of the AHSs and the need for management to travel excessive distances, often by car, to reach all AHS facilities. Allison suggested that limited access to areas would mean a lack of capacity for management to understand and deal with local issues in a timely manner. According to her this concern was voiced early in the reform process by staff and appeared to be ignored by senior executives despite extensive media coverage and community campaigning and the promise of community engagement from NSW Health.

All managers, including those newly appointed and those who had retained their previous role, reported that the need for extensive travel throughout the larger AHSs to maintain a physical presence was unsafe, tiring, and would impact on their work performance. They collectively suggested that increased time on busy highways or deserted country roads with limited mobile phone reception was dangerous. Their attempt to be actually seen in all areas of the AHS to address local issues was physically challenging, and emotionally exhausting, they said. The foreseeable impact of this was of concern and frustrating as explained by David.

> David: *Where people have not had to relocate they have taken on jobs which means they travel more. We are working longer hours and so are often required to be away overnight sometimes two or three nights a week ... we are feeling stressed and tired. Worry about the impact on our home life ...*

Distance was equated with cost for some managers who were required to fly between facilities in order to maximise their time. Executives and managers spoke of the financial costs associated with this and forecast the cost of loss of human resources and efficiency due to the extended travel that could potentially lead to them being seen as not functioning effectively in their role. Executive staff also reported emotional costs for them in terms of time spent away for their families.

4.9.3 Consultation and communication

A diagrammatic framework of the new overall NSW Heath structure was distributed at all formal community consultation meetings prior to the reform process. This measure angered participants who claimed there was a lack of formal consultation with them (staff) prior to the initial announcement of the reforms. This, they claimed indicated there was little regard for staff by executives and NSW Health in the planning process. They found the proposed reforms difficult to accept when it was their place of employment that was being reformed and yet, to them, they were effectively ignored and expected to unquestionably conform to change. They also believed at this time that they had no opportunity for input into succession planning or applying their corporate knowledge to ensure continuity of health care programs currently in place because the bureaucratically driven delivery of health care was without local vision. At this point they laid blame on their own executive who attended the community forums and spoke of the vision for the newly formed areas yet had not consulted or communicated with them. In response to staff anger they were told by executive that information regarding the reforms was not forthcoming to them from NSW Health. This information was

confusing for staff and incited further anger and lack of trust. The following excerpts from the interviews with Thel and David highlight these points.

> Thel: *... we have not been involved in the consultation process of our restructure although they have said we have been but we have been told how it is going to be.*
>
> David*: I think there needed to be more depth investigation in terms of how each area health service operated their issues their challenges their concerns what they faced.*

Participants stated that the lack of consultation and poor communication during the early stages of the reforms, created angst and heightened emotions for staff who claimed they continuously received conflicting information about the future of their position within the new AHS. Participants concurred that the lack of a timeframe set for the entire process from the appointment of the tiers through to the appointment of the Area Health Advisory Council was unsettling. The prolonged periods of indecision during the appointment process and lack of meaningful dialogue between NSW Health and AHS executives and then to staff during this time caused staff anguish. This was compounded by the intense media speculation that continued throughout the reforms.

Participants explained that much of the appointment process was slowed by a continuous range of mitigating circumstances such as union involvement. This may have been avoided if there had been appropriate communication with industrial unions prior to the announcement of the reforms. Sue's depiction of the consultation and communication process captures the essence of concern for staff.

> Sue: *I don't think they were carefully managed at all. I think the reform process could have been achieved in a much better fashion with a lot less pain if there had of been more consultation with those it would have affected the most. It appears to me that while it was flagged 2003/2004 in the March budget there was little consultation with the Area Health Services and with staff. It was tabled, discussed in parliament and then it was basically rubber stamped ... : if everybody had of known where they stood from day one then people would know what the outcome would be and move on but for 18 months people had been held in limbo. They have been hanging over a cliff not knowing where they were going to land and I was one of those people ...*

Communication was a central issue throughout the reform process and was mentioned in varying degrees by every participant. Communication has a range of dimensions,

therefore to understand its overarching impact it is necessary to explore contexts within which communication problems were cited by participants.

Communication prior to and throughout the reform process was described by participants as minimal, poor, and confusing. They suggested that the communication practices could have been handled in a more professional manner. One suggestion was that staff should have the opportunity to access management and communicate their concerns rather than just wait for information to filter down from management to them. Staff, they said, believed this should be part of the consultation process. The following graphic excerpts from interviews with Sue (clinician), Bill (manager), and Ron (left NSW health) depict the communication process.

> Sue: *Everyone was walking around with dark glasses on. You couldn't get a straight answer out of anyone. We still don't even have a fifth tier structure here so all staff below that level are in no man's land a year and half later ...*
>
> Bill: *If you are going to have change management one of the most critical things that is necessary is to do it in an appropriate time with appropriate information. The timing was wrong and information was either non-existent or at times incorrect ...*
>
> Ron: *When the reforms were introduced there was all this speculation and the government would not release any information whatsoever despite constant pleas from health service executives as to what is the plan? Where are we going? We are hearing all of this talk why don't we know about it? Why can't we know about it? And that way we could better prepared for what was about to happen? It would have alleviated so much pain.*

The interviewed managers frequently defended their own communication practices by claiming they were not given information from higher executive levels such as NSW Health, therefore they were unable to provide staff with the information they sought. Consequently they empathised with their staff about the paucity of appropriate communication. AHS newsletters dispersed from the office of Area Chief Executive served as the vehicle for communication, however, their staff claimed the newsletter failed to provide any actual information about the merger processes and instead the content was largely social news and *feel good* stories. This further fuelled staff belief that information was withheld from them and that the AHSs were managed by a hierarchical chain of command that encourages a system of one way communication

from the top down (Sorenson 2002) without options for a reverse flow of communication. This can be detrimental to interactive processes and as pointed out by Kemper (2006) can hinder the interface between employees and the organisation. The following excerpt from the interview transcript of Ron indicates his anger at the communication process.

> Ron: *Our CEO, at every meeting, said we will communicate. Our business is to communicate everything. Now I don't recall one memo coming out the whole time since the merger. There was a piddley CEO newsletter, a one page thing came out talking about how successful the annual fete was at [name of hospital] and who had retired after 50 years down at [name of town] but there was nothing actually about the organisation and where it was going and what it was achieving ... there was no communication ... The lack of communication um I am just appalled. Everything else I can forgive, I really could, but the lack of communication in 2005 I just found absolutely amazing, absolutely amazing.*

From the information gained from the interviews it became obvious that some communication issues, such as lack of content in staff news bulletins about the reforms, CEO Communiqué's and lack of formal communication strategies varied from one AHS to another throughout the reform process. In general, the participants' dissatisfaction with communication was unanimous, regardless of their role, and location within their AHS with the exception of one executive, who had not previously worked in NSW Health. The one exception was a newly appointed executive who spoke about communication being positive and plentiful within her area and that processes had been implemented to facilitate and enhance communication. She declined to offer comment on whether communication with her staff had been well managed, however, staff from that area presented contradictory information and claimed communication to be poor and confusing.

Reference was made to 'the letter' that participants and many of their colleagues had received indicating that their position may be affected by the reforms. One participant stated that while over 400 letters were sent in the initial mail out within her AHS to indicate that a position may be affected it did not indicate how or when this could occur. This left staff confused and anxious. Of greater concern for many participants was the fact that they received more than one letter with conflicting information about the status of their position and the possibility that it would be affected. One participant stated that she had received five contradictory letters within one year and was still

currently working in the same position. She remained constantly anxious that her role may cease.

Fundamentally the reported lack of knowledge about the reform process and strategies to implement the new structure by the participants resulted in extensive anxiety for staff. Lack of knowledge was seen as a direct result of the poor communication from NSW Health and management. Participants stated that they were angry, hurt and despondent as a result of the inept treatment from their managers.

4.9.4 Withheld information

The limited and confusing communication in the early stages of the reform about appointment processes, course of action and progression was seen by the participants as a catalyst for subsequent problems such as bullying, whistle blowing, and unrest within the AHSs. The participants said that their senior management continuously defended the lack of communication. The managers claimed that despite continuous pleas to NSW Health for information to pass on to their staff about the intended new structures, the way the reforms would be implemented and over what timeframe, they did not receive any information.

Secrecy, withheld information and miscommunication from management resulted in staff listening to rumours and gossip to gather any information they could, stated the participants. They said that rumours and gossip caused much professional damage for staff who lost trust in their managers. They suggested that while staff continued to work in their role but their commitment was minimal. Participants claimed that staff were not happy and did not believe that managers did not have the information they needed. There was always a general anticipation of position loss in all areas of the health services, compounded by confusing information such as 'the letter' and the suggestions that management positions would be relocated. The lack of knowledge exacerbated fears and anxiety which in turn affected staff's mental and physical well being. Participants stated that colleagues experienced ill health and stress related illnesses but were afraid to take time off work in case their positions were made redundant.

> Allison: *I have seen so many of my colleagues and other managers across the health service who are quite ill. Looking haggard, grey and drawn, melanomas flared up ... this particular office is not a healthy place.*

Is that due to the reforms?

> Allison: *Part of it must be ... People are running, really running, a lot of people are in the car because of the vast distances ... I have seen so many*

people who look distraught and ill and can't cope very well with the change or with the way their position has been altered.

4.9.5 Poor communication

Participants suggested that the lack of formal advice from NSW Health fuelled media speculation and frequently resulted in rumour and gossip not only within NSW Health but also the broader community. They indicated that poor communication led to mixed perceptions about change and its potential impact on the staff. The impact of rumour and gossip will be discussed in the context of participants' professional and social world and relationships within those worlds in a later chapter.

At the conclusion of each interview participants were asked if they had any further comments to make. Three participants chose this opportunity to reveal what they termed their *real story* that they could not speak openly about for fear of retribution. They did not want this information recorded because they feared if they were in any way recognised for speaking out against the health service they could lose their position and this would cause greater stress for them than to stay in their current position and put up with the *unacceptable change* that was *deeply flawed and not transparent*. They believed their best option was to put up with their unhappiness in the workplace and remain in their position rather than lose their regular source of income. One manager acknowledged that had he not been successful in attaining his position he would *paint a completely different picture* of the reforms as he did not agree with many of the processes in place but as he achieved a position of power he felt he should go with the management flow.

4.10 Second element of the first reading

The second element of the first reading required me to formulate a 'reader response' (Brown and Gilligan 1992a; Brown 1994).

> ... *the first listening or reading requires the listener/interpreter to consider her relationship to the speaker or text and to document, as best she can, her interests, biases and limitations that arise from such critical dimensions of social location as race, class, gender and sexual orientation, as well as to track her own feelings in response to what she hears – particularly those feelings that do not resonate with the speaker's experience* (Brown 1994 p.392)

The decision of what to acknowledge from the data during analysis is contentious and undoubtedly a personal decision influenced greatly by one's beliefs and preconceived notions influenced by one's social location (Harding 1992). As Mauthner and Doucet

(1998) note, researchers are often confronted by their own personal, political and social perspectives when analysing data, therefore all knowledge and data portrayal contains a systemic examination of the author's perceptions and beliefs. My 'reader response' (Brown and Gilligan 1992a; Brown 1994) to the initial portrayal of participants' stories was no exception to this and was influenced by my long-term knowledge of the rural situation in which the participants worked and lived and my understanding of their concerns for their future employment.

4.10.1 Reader response–sense of loss

The first reading revealed the enormous depth of emotion expressed by each participant. Words such as 'bruised', 'defeated', 'demoralised', 'devalued' and 'hurt' were commonly used by participants. I sought to understand the context of these words to make sense of their use. On listening to and re-reading the interview transcripts I was better able to put these words into context and develop an understanding of the range, depth and power of their emotions and how they shaped the worlds of the participants and their colleagues. This is referred to as life construction (Murray 1986). Reference to interview journal notes confirmed the context and frequency of the words used and the powerful comments that supported claims of hurt and anger made by the participants. I found that this sustained encounter with the data, as suggested by Waite (2006), helped to trigger my interpretation of and response to the participants' stories.

My reader response to the stories focused on the innate emotions, sense of loss and the ways in which participants viewed their losses. I found loss to be the overarching concept throughout the interviews. Loss can be synonymised with beating, failure and defeat and most of the participants reported that they and their colleagues felt beaten and defeated by the system that was supposed to create efficiency and care but rather was seen by them as a failure.

I found that the general depiction of the reforms from most participants was one of negativity and a sense of loss which was largely connected to the issues with communication and size of the newly formed areas. I understood that the participants felt their loss because they were ill informed about the processes of change and that they felt isolated physically and psychologically because of the lack of information they received.

As I continued to unpack the information from the participants I understood that I was witnessing a fundamental and deep ambiguity with an organisation whose core business was to provide care for patients and yet they were unable to provide care and

support for their own staff. The following poignant account highlights the sense of loss demonstrated by participants as they grappled with the impact of the reforms.

> Thel*: I can tell you now there a lot of very unhappy people, miserable people ... there was a lot of talk about loss.*

Following this opening sentence Thel continued with the following:

> Thel*: ... overall I can say that I have never seen, and I have been in this organisation for 15 1/2 years, I have never experienced such an overwhelming sense of loss you know ... um loss. There is a general overall loss and a lot of people have seemed to have lost their energy. Staff will say everyone will love their health service and hospital and they work very hard for their sites which everyone will do but they are not happy about what has been happening with the lack of direction and all the lack of communication.*

I reflected and pondered about those participants who were initially enthusiastic about the reforms but admitted they had concerns about the processes of the reforms. These staff had made comment that initially they saw this as the final of a series of changes that would allow them to provide the best of care in a streamlined system. Now they were concerned with the processes that unashamedly lacked regard for the staff needed to provide that care. My concern was for the staff who presented as being mentally tired from anticipating their future and the relentless time of the previous years of coping with enforced changes in their workplace in order to streamline for the sake of cost cutting.

I realised how significant health services are to rural communities and vice versa. The overwhelming sense of loss felt by staff was reflected by the community members who worked tirelessly to support their local hospital. This had been a tradition followed for years. I was sad to hear staff explain that early in the reform process they were often shunned by community members who did not understand the whole reform process and they reacted towards staff as if they were accountable for what was happening during the process. This, they said, made them uncomfortable, and angry that NSW Health did not seem to care about this type of impact as a result of change.

My sadness at the stories presented by the participants stemmed from my own understanding of how rural communities are involved in extensive fundraising for local health services through organisations such as the hospital Ladies Auxiliaries (of which I have been a member). These local volunteer organisations are passionate about raising

funds to help the facility that provides care for their community and now they were worried that money from local fundraising would not be spent locally.

My final concern was for the staff who participants said feared retribution if they spoke out about the reforms. The participants said these people were scared that their angry managers would prevent them from involvement in the new structure if they spoke negatively about the processes being followed. These people needed to continue to work for the AHS due to limited work opportunities in their immediate locality so this forced them to endure an intolerable working situation while the reform process was implemented and manipulated. I was concerned about the loss of motivation and admiration for management and previously respected colleagues and the loss of commitment and motivation to work because they felt they had lost their connection to the workplace.

As the story of each participant unfolded with tones of negativity, despair, and unhappiness I could visualise the creation of a metaphorical tapestry. The voices of participants were the threads that created the layers (Grbich 2007), shapes and patterns within the tapestry. Emerging comments of hurt and anger coupled with deep rooted concerns about the enforced changes within the participants' worlds over which they seemingly had little or no control were darkly coloured threads the lay against a dull background. These were blended with threads in red tones that depicted issues such as a lack of support, poor morale, and a sense of professional and personal loss and bullying. Ultimately the tapestry in my mind was one of dark creatures in a sombre background with blood falling from wounds.

4.11 Conclusion

This chapter has introduced the participants and unveiled their overall story about the impact of enforced workplace change. In addition to reading and rereading the transcripts of each participant's story, as instructed by the Voice Centred Relational Method, a vital aspect of the analysis at this stage was to listen to the voice with which the story was being told to gain insight in to the participant's world through listening to the tone, use of inflection, vocal emotion and pause in their conversations. Through this I was able to gain a sense of their person. The participants have been introduced according to their role within their AHS and as the chapter unfolded a detailed account of their stories was presented that focused on the emotional impact of structural changes, process of implementing change, behaviours demonstrated by management and the impact of loss for the staff. The participants spoke of how they grappled with change and the unknown dimensions associated with that change. They discussed the pain and suffering they experienced and the emotional impact the enforced changes

had on them particularly as they struggled to work in an unstable work environment influenced by uncertainty, poor leadership and a change process that occurred over an extended period of time.

According to Kemper's Power-Status Theory of Emotions these participants have thus far described how their world lost its equilibrium when their power and status was threatened in the workplace. The poor change implementation process driven by NSW Health Department coupled with the lack of leadership and transparency of processes made their working world a place of uncertainty that robbed them of the power they had previously enjoyed in their role. Only those who had achieved a role they aimed for showed positive emotional responses as they achieved their desired status.

The chapter concluded with my reader response to the participants' unfolding stories. In this section I was able to present the way I perceived their stories. Using the Voice Centred Relational Methodology I placed myself within the data and considered the way in which I was influenced by my perceptions of each participant, and my thoughts and emotions in relation to the research. I understood how participants felt beaten by a system over which, at this point, they had no control but it was so powerful in determining their future yet they had no or little opportunity for any input as they revealed their working environment of uncertainty, enormity of distance and issues with communication. The sadness generated throughout this chapter was continuous and rarely broken with positive comments by participants who constantly spoke of hurtful and demoralising experiences throughout the change process. When I first knew of the proposed changes within the AHSs, before I commenced this research, I talked extensively with staff about their perceptions of change and then, over time as the changes were initiated, I witnessed the emotional unrest within the staff at all levels of the organisation across the rural area Health Services.

While this chapter has captured the general essence of the reforms the following chapter is designed to elaborate on the participants' unfolding stories and focuses on their personal responses to the reforms. This will be achieved with the use of poetry to capture the personal perceptions of change. Throughout the chapter close consideration will be made of the use of 'I' and 'we' words and accompanying sentences in order to expose the personal impacts of the reforms. These words and accompanying sentences will be transposed into poems to demonstrate the personal consciousness (Balan 2005) of the participants.

Power-status relationships, contemplation for the future and consequential emotions experienced by the participants will be exemplified throughout the poems using Kemper's (2006) Power-Status Theory of Emotions. Use of theory to position the 'I'

poems will help capture the emotions of participants as they discuss themselves in response to the impact of the reforms.

Chapter 5 Reading 2

'Multiple readings are increasingly immersive' (Waite 2006)

5.1 Preamble

The previous chapter introduced the research participants and portrayed their initial responses to the reform process. Participants were asked to respond to the initial question of 'What is your basic view of the reforms?' in order to gauge their own story of the impact. The general depiction of the reform process and its impact for each participant was captured throughout the chapter in response to this and further prompting questions asked to encourage participants to portray their story. Through this approach I was able to unveil their story and create the landscape against which additional elements that will be presented in this and the ensuing chapters. That landscape was one of overarching loss through disruption to workplace relationships through poor implementation of the organisational change process, including issues with poor communication and leadership.

The previous chapter also presented my response, as a reader of those stories, using my adaptation of Brown and Gilligan's (1992a) Voice Centred Relational Method (VCRM) in which I reveal my bias towards the participants' revelations and factor in my own preconceived perceptions about the impact of enforced change in the workplace. My personal historical knowledge of the impetus for the changes and the knowledge I gleaned from the literature about success and failure of organisational change strategies was a fundamental component for this section of the analysis.

5.2 Introduction

In this chapter I continue to use my adaptation of Brown and Gilligan's (1992a) VCRM to provide further analysis of the data from a second and third reading of the transcripts. This continues the processes described by Machaian (2001) as 'collecting a trail of evidence' by connecting interpretive statements from the participants from different perspectives. The chapter is designed to assist readers to gain a sense of the emotional impacts of enforced change for staff working in rural NSW Area Health Services between 2004 - 2007 and their emotional responses to those changes.

The second reading focuses on the way in which participants speak about the personal impact of the mergers. For this reading Brown and Gilligan encourage the researcher to listen (read) to the way participants speak about themselves and the world they inhabit by focussing on 'I' and 'We' statements. Brown and Gilligan (1992a) and Mauthner and Doucet (1998) describe this as listening for the 'self' and voice of 'I'. This brings the researcher into a relationship with the participant ' ... by discovering how one speaks of herself ... ' (Brown and Gilligan 1992a p.26-27).

Throughout the second reading of the interview transcripts I looked for the concept of self and how each participant spoke of themselves with regard to their experiences throughout the reforms. Phan (2003) describes the second reading of the transcripts as listening to the narrator on their terms. To facilitate portrayal of the first person narrative I placed myself in the role of each participant as I simultaneously re-read the transcripts and re-listened to the interviews. During this process I endeavoured to assume the identity of the participants in a manner described by Kucan (2007 p. 518) as speaking 'directly to the reader'. As I revised the transcripts I mapped the text to highlight the 'I' and 'me' words and their associated phrases. Tone, pause and inflection from the audio were also noted as I listened to the interviews to help make sense of the context of the transcribed 'I' and 'me' words. Using this concept of mapping personified words and paying particular attention to the notion of emotion in response to change, in line with Kemper's (2006) Power-Status Theory of Emotions, I then created an 'I' poem to focus on participants' experiences and how they talk about themselves (Mauthner and Doucet 1998). Developing a poem for each participant allowed me to explore self-perceptions (Paliadelis and Cruickshank 2008) and the depth of emotions revealed by them as they experienced enforced organisational change.

There is no set format for 'I' poems. The intent of the poems is to develop them so they present 'the first person point of view' (Kucan 2007 p. 518) to describe the personal journey of change for the participants. 'We' and 'you' words have also been incorporated in the poems when the participants spoke of themselves and colleagues within their world as this provides a holistic view of their situation, including their relationships with others.

The use of Kemper's Power-Status Theory of Emotions to ground the 'I' poems helped capture the emotions of participants as they talked about themselves in context such as their self-perception in response to their loss of either power or status during organisational change. Kemper's theory illustrates how structural (power-status relationships), anticipatory (contemplating future outcomes that could be optimistic or pessimistic) and consequent (result of ongoing Power-Status interactions) emotions can reflect the subjectiveness of change. In addition, based on the premise of Kemper's theory that primary and secondary emotions are a way in which people view themselves at a particular time, the participants demonstrated their emotions in response to outcomes of actions at various stages of the change process. It must be remembered that all emotions expressed during times of change may be influenced by previous change experiences which could potentially influence the way they anticipate outcomes. Kemper suggests that there are four primary emotions and a more extensive range of secondary emotions that are derived from primary emotions.

The following table demonstrates Kemper's (1987) classification of Primary emotions and ensuing responses emotions that support his Power-Status theory.

Table 5.1 Primary Emotions

Emotion	Result of emotion
Satisfaction	Power outcome is non-threatening and status is what was desired or expected
Fear	If one is subject to the power of others
Anger	Deserved status has been denied by someone else
Depression	Lost or denied status due to actions of another or one is responsible for own loss of status – there is no turning back

Secondary emotions

Betrayal; frustration; uncertainty; disappointment; despair; negativity; anxiety; hopelessness; pessimism; resignation; sadness; hurt; optimism; joy.

The following table shows the structural emotions portrayed y the participants within their 'I' Poems.

Table 5.2 Emotions portrayed by participants

Emotion	Participant	Participant	Participant	Participant
Satisfaction	Kim (Executive)	Jane (Executive)		
Anger	Tim (Executive)	Bill (Executive)		
Fear	Tim (Executive)	Bill (Executive)	Trevor (left)	Ron (left)
Depression	Trevor (left)	Ron (left)		

5.3 'I' Poems

These poems were created from the transcripts of a range of participants employed in executive, management, clinical and administrative positions, in addition to those who left the Area Health Services (AHS). Collectively these poems reflect the emotions of all participants. Where there is a noticeable digression from the collective viewpoint this has been noted. The poems characterise the primary emotions discussed by Kemper (1987) and show how these emotions gave rise to the secondary emotions of betrayal, frustration, uncertainty and despair identified during re-reading and re-listening to the transcripts. The poems validate the messages presented by the participants about their own power- status level as a result of organisational change.

Kemper's Power-Status Theory of Emotions has been debated by writers such as Hochschild (1983) whose 'Managed Heart' claims that actors manage their feelings in order to comply with the situation they are in. This is known as emotional labour. Hochschild (1983) argues that when staff do not feel and display the emotion that is required of them in the workplace, this is known as emotional dissonance and is often the result of built up repressed emotions. While Hochschild (1983) discusses the need to demonstrate the 'appropriate' emotions to suit a work situation, such as those who have been hurt by the trauma of enforce organisational change, she focuses her discussions on employee effectiveness, rather than demonstration of employee emotions as a result of the impact of organisational change. While Hochschild argues that feeling rules reflect social membership it must be considered that specific social groups have specific membership rules that are not universal. Therefore under the direction of Hochschild's (1983) claims, the constant demand to manage emotions in the workplace could result in emotional strain and burnout. Kemper (2006) suggests that social relationships result in emotions that are presented voluntarily.

5.3.1 Structural emotions

The following poems, developed from the transcripts of the interviews with executives, illustrate Kemper's suggestion that there is a correlation between position and power. They demonstrate structural emotions because they show instability within the worker/manager relationship. Some executives who had gained power and/or increased their status through new positions spoke positively about the changes and were grateful for the opportunity to advance their career. These executives clearly demonstrate the ideas put forward by Kemper (2006),who reviewed the works of Weber, and made reference to the 1946 reviewed edition of Weber's definition of power. Kemper claims that those who achieve power realise their will and their ability to coerce others against their will. Thus, to have power in a relationship is to be able to compel or force others to do what one wants them to do even if they do not want to do

it. Kim, a newly appointed executive, exemplified this with her unreserved enthusiasm about her role and resounding belief about the potential of the newly formed AHSs. She is talking about the power of the newly formed AHSs.

> Kim*: I believe the reforms have an opportunity to bring about a new way of providing an outcome for our community that hasn't been there before providing we look at it as an opportunity not just as restructuring of a position. I believe if it is taken as the way it is being looked at, as an opportunity to remodel the way we provide and to have a vision for providing that integrated approach, then we have the opportunity to do something really great for the people of the community.*

Of importance in this extract from Kim's interview is that she repeatedly states her belief that the changes will provide an opportunity for all to benefit. Kim's belief in the system could be questioned had she not been appointed to her new position which realised her power and the opportunity to be integral in instigating further change in her AHS.

Kim's poem portrays a positive person who has gained power and subsequently the capacity to direct others to perform particular roles and accept the changes, even if they exhibit some resistance. Kim is seen throughout the poem as a person who is happy with her own power and status (Kemper 2006 p.99) no matter how, or to whose detriment it was achieved, such as for those who would lose their positions throughout the mergers. Her primary emotion of satisfaction is a result of her expected, and achieved increased power and status in her current position. Kim's sense of personal achievement in securing her current position and her commitment to the change process permeates her story and allows her to present it with an air of optimism that outweighs any negative perceptions about change.

Kim's Poem (Optimism)

I would have liked to have seen it move faster
I think consultation is important
I always see there are opportunities
I am hopeful there will be more opportunity
I think it is really exciting

I am strongly committed
I believe there is an opportunity
I have supported the team

I keep a communication chain
I will make this work
I believe
I think there are opportunities

By comparison, the poems created from Bill and Tim's transcripts depict people who, according to Kemper's theory, portray the complexity of mixed emotions as a result of increased status (achievement of an executive position), but lost power (dictated roles and changed reporting framework). Bill was in a previous executive role and retained his position and Tim had been in a previous management role but was newly appointed to his position.

Bill's negative approach to the reform process was largely based on his prior experiences with mergers in the health care system that had been poorly planned and, by his admission, were unsuccessful. Bill claimed that the current merger also had been poorly planned with little regard for staff resulting in low morale *... morale is eroded to pretty much rock bottom*. Bill's bitterness and claims of inequity and lack of transparency in the appointment process reflect Kemper's (2006 p.98) concept of increased status but loss of power. While Bill had gained a high status position within the executive team he also claimed the need to *... sit there and take it because you need a job to feed the kids.* This statement clearly indicates his contempt with the decreased power in his new role. Not only was it the loss of power in his role it was also the increased power of other people in executive positions that contributed to Bill's negativity and despair in his new role.

Similar to Hochschild's (1983) notion of managed emotions, Bill's admission of feeling beaten, and his acceptance of the intolerable situation he was in, is also exemplary of Kemper's (1990b pp.226-7) concept of measuring emotions. Kemper suggests that while one's level of power will determine how one's reaction to loss is shown, such as those who fear retribution if they speak up about their anger, it is only the expression of their anger that is suppressed. Their emotion remains and does not change. Hochschild would see this as emotional labour. Bill was angry but he suppressed his expressions of anger and accepted the situation he was in. This did not detract from his original emotion of anger and despair as he simply suppressed the way he expressed that anger for fear of consequences.

It could be argued that in addition to Bill's poem portraying structural emotions it can also be read as presenting anticipatory emotions, particularly in the second verse which clearly demonstrates Kemper's (2006 p.102) concept of optimism-pessimism.

Bill uses negative wording such as *... you don't trust* and *... you don't know* which portray low levels of optimism for the future. Bill's poem has been written from the point of the power-status of workers and the ensuing triggering of emotions and is permeated with anxiety and at times contempt for the work situation which demonstrates Kemper's idea of secondary emotions. While Bill hints at foreseeable issues such as *... You don't trust them* and *... I am very concerned,* it is the present tense of the first verse and the threat to Bill's power and status within the second verse that allows this poem to illustrate structural emotions.

Bill's Poem (Coercion)

I didn't know whether I had a job
I was wrong
I would be embarrassed [to run a company in this manner]
You just have to sit there and take the beating
I have just shut up and accepted it
I have been threatened and harmed

You just do your job
You don't trust them
You don't know where you stand
You do what they want to fit in
I am very concerned

Tim's interview transcript and subsequent poem also concurred with Kemper's (1990b pp. 226-7) concept of measuring emotions as he described the way in which staff *hide in offices* to avoid the backlash from those who had lost their power and now were in a less powerful management role. Their primary emotion was fear and their secondary emotions are a combination of anxiety, sadness and hurt. In contrast to the previous poem that reflected coercion Tim presented his version of change as a continuous process that caused a constant unsettled environment where he fought for survival. While Tim had maintained his status in his new role he felt his power had been stripped because he could not guide or manage his staff without input from various layers of higher management. He displayed anger at the reform process and his employer, New South Wales Health. His anger was reflected in the way in which he spoke about NSWH and his lack of trust in specific areas such as recruitment.

> Tim: *... I dare say the people that are in the know understand that their jobs are threatened and that the appointment process is political. The*

process has been inappropriate and at times corrupted in all sorts of ways ... they have appointed people who are incompetent and did not even apply for the position they got.

At the same time, Tim suggested, in the extract below, that his power deficit exposed him to the bullying environment within which he now worked. This environment further stripped him of the power he previously had in his role to help staff and support them. While Tim, like Bill, speaks of doubt for the future (anticipation) the main concept portrayed within his poem is worker/manager relationship and structural emotions within that relationship.

> Tim*: ... so it has become a situation where to protect my tail from the higher levels of the organisation I have just shut up and accepted it no matter what is being done wrong. I try to pass on good information and I have been threatened and harmed by it so my answer to it at the moment is to get on with what I can with the job ... . You just do your job but you don't trust senior management because of the way things have gone. They say one thing in public and do another behind closed doors so you don't know where you stand so you proceed under the assumption that you do what they want to fit in and to protect your tale.*

Tim's Poem (Survival)

I feel I have come a complete circle
We were taking a step backward
We have had change before
I have had to restrict my expectations
I have to be very clear about the boundaries
I can't influence what happens

I sense a real fear in people
I find it quite patronising
I think her (newly appointed Chief Executive) position is absolutely powerless
I think her position is toothless
I don't think it is all her fault

I am not just speaking for myself
We knew that was going to happen
We knew it would impact

I hide in my office
I don't say a word to anyone

I don't know what's going to happen to me
I am going to apply for a position
I have no real choice
We have seen position descriptions

We [other staff affected negatively by the reforms] talk to one another
I think that we debrief one another
We are not getting adequate information
We are expected to know
I see it more as a survival technique

The poems of Tim and Bill portray anger and fear as their primary emotions. These emotions have been compounded by the anxiety and sense of hopelessness that they both allude to as they discuss their loss of status and power and ensuing powerlessness. Also evident within each poem is the fear sensed by each as they speak of the increase in power of others (managers and executive staff). This they claim, allows these people to exert that power without consequence to their position. Their anxiety with regard to the future in light of their current position also permeates their poems. However, it is their struggle with power and status that dominates the poems.

The next two poems were developed from the transcripts of Trevor and Ron, who both left the AHS. These powerful poems communicate their anger and a sense of depression due to loss of both power and status within their role prior to them both resigning from the AHS. Their loss was compounded by their perception of the increased power of the executive in the newly formed AHS prior to their own resignation. Trevor and Ron both explain that in their opinion the increased power and change of reporting structure for executives within the new framework had potential to further diminish the power of managers, which could result in a continuous process of power struggles.

Their poems reflect the writings of Kemper's (2006) theory on the impact that shifts in power and status have on social/work relationships. Kemper theorises that core group members have greater status stability and receive greater recognition and positional rewards while those considered peripheral receive little attention and are unable to improve their status. Throughout their poems Trevor and Ron express their anger and subsequent feelings of uncertainty and even despair. Finally, they explain how they managed their emotions by removing themselves from the cause of their anger.

Trevor originally viewed the reforms as good, with potential to benefit the AHS and its function as a health care provider. Early in the reform process he was exposed to power struggles with colleagues with whom he previously had a close professional relationship. Trevor described his experience eloquently in just one passage of text as follows:

> Trevor: *... they were out to disseminate anything we had done. ... There was a huge clash of cultures and it just deteriorated from the time the merger was announced in July – 12 months ago till the appointments were made and positions filled. It just deteriorated the relationship between us all, so that was the main factor for me to head for a redundancy*

Trevor's choice of words throughout his poem such as feeling *... completely paranoid* and believing that his work colleague had *... crucified* him indicate the intensity of his emotions about the impact of the changes within the organisation. While his colleagues had increased their power as his own power decreased he did not blame himself for this or feel guilt but rather felt fear and anxiety about his future within the AHS to the point that he suffered depressive thoughts. Trevor's experience of a change in 'power rituals' (Collins 1990 p.35) and the idea of 'respecting the order giving process' (Collins 1990 p.35) deepened his understanding of the use of coercive behaviour of power brokers within the group. While in his view these people used coercion in order to achieve work goals it was his subsequent emotions of that were evoked as a result of their coercive tactics that triggered him to leave the AHS and remove himself from his intolerable situation. At this time he felt relief and was able to speak about having happiness in his life again. Trevor's poem follows his experiences in a chronological form so one can almost feel his emotions as the poem is read.

Trevor (Emancipation)

> I originally was pleased
> I saw a lot of inefficiency
> I saw change as good
> I then took a different view
> I left
>
> I was floating
> I floated for several months
> I did absolutely nothing
> I turned up for work
> I had a good performance record

I had no contact with my manager
I could see our good work going out the door

I didn't know how I could adapt
I gave up a lot of money to leave
I gained something though
I gained me

I hardly think about the place
I was completely paranoid before
I left for positive and negative reasons

I actually think she crucified me
I used the Employee Access Centre for support
I'm sure the service wasn't advertised
I got money to retrain
I'm going to do a degree at university
I made the opportunity

I left that's how I dealt with it ... I left
I am just appalled
I now feel completely free
I can go anywhere
I have time to sit and reflect

Unlike Trevor's poem that concluded with his decision to leave his job with NSW Health, Ron's poem commenced with a definite statement that he was no longer involved in an intolerable situation. Ron then explained the events that led to his actions. Finally he reiterated his satisfaction with the decision to move on from an intolerable situation while still giving consideration to those who remained. Ron's concern may in part be because his partner remained working with the AHS.

The account of events that led to his decision to leave the AHS shows his determination to remain in his position. Only when he realised the changed nature of his role and subsequent loss of power did Ron take action and resign from the AHS. Leaving was a better option than to lose, not only his power and status, but also the opportunity for

personal input into a role he had held for a considerable time that was held in high esteem by the former executive team. Ron's emotional response to his decision to leave his job is framed purely in terms of his loss of power and status, unlike Trevor, Tim and Bill who struggled with issues of the way in which coercion was used against them.

Early in his interview Ron categorically claimed how the imbalance of power and status had affected him and his response to the reforms when he stated '... the rural areas will suffer as a result of the takeover because in this case it is more of a takeover than a merger. It will not enhance services'. Ron explained that as a result of the reforms his role would diminish and would be absorbed into another position. He explained throughout his interview that the incentive to achieve more power and increased status in the newly formed AHS had resulted in people 'plotting and scheming' to achieve powerful positions for their own gain. Ron suggested that this mindset of plotting and scheming to achieve positions of power would have a negative impact on the functioning of the AHS as personal power gains seemed to override commitment to the AHS.

Ron (Moving on)

> I am not in the health service now
> My job disappeared
> I realised I really didn't have a job anymore
> I took the opportunity for an outside job
>
> I think there has been no peer support
> I think the impact on people was negative
> I tried not to be negative
> I tried to be positive
> I got more positive when I was able to get out
>
> We had a good board
> We had good people to work with
> I think the community feel has gone
> We withdrew and protected our territory
>
> I am lucky not to be involved now
> I still feel for the people left

5.3.2 Anticipatory emotions

According to Kemper (2000 p.46) anticipatory emotions occur when an individual contemplates possible future dealings or contact with others. These emotions can be influenced by one's previous power-status experiences (optimism-pessimism) and subsequent opinion of their current and anticipated power-status (confidence-lack of confidence) (Kemper 2006). The three poems below, written to portray anticipatory emotions, are in keeping with Kemper's (2000; 2006) theory that suggests past relational (power-status) experiences affect the degree of optimism-pessimism by which past events are viewed and subsequently influence a person's judgment of their current relational (confidence-lack of confidence) position.

The following table, adapted from (Kemper 2006) sets out how the binary factors of optimism-pessimism (culmination of past experiences) and confidence-lack of confidence (personal appraisal of ability to deal with a situation) (Kemper 2006 p.101) interrelate to produce a range of anticipatory emotions. The final column of this table groups the participants according to their expressed emotions. The bracketed title for each of the following poems has a dual role in that it also links the poem to the range of secondary emotions presented in Table 5.3. The outcomes and anticipatory emotions presented in the table are well characterised in the following 'I' poems of Ros, Thel and Sue, who are clinicians, and Joe, a manager.

Table 5.3 Anticipatory emotions (by range of optimism and confidence)

Optimism	Confidence	Anticipatory emotion	Outcome	Emotion	Identified emotion
High	High	Confidence	Favourable Unfavourable	Satisfaction Dismay	
High	Low	Guarded optimism (Anxiety)	Favourable Unfavourable	Strong satisfaction Mild disappointment	Joe
Low	High High	Grudging optimism (Anxiety)	Favourable Unfavourable	Mild satisfaction Mild disappointment	Thel
Low	Low	Hopelessness (Anxiety)	Favourable Unfavourable	Astonishment Resignation	Ros/Sue

Adapted from Kemper (2006 p.102)

Kemper's concept of anticipatory emotions is well depicted in the poem created from the interview transcript with Ros, a clinician who had experienced previous mergers and times of change during her employment within the AHS. Ros reported them all as unsuccessful and unsettling. Her negativity and pessimistic viewpoint created a characteristic background for a low optimism/confidence approach and subsequent emotional response.

Throughout her interview Ros explained how her previous experiences of organisational change influenced her immediate reactions to the current restructure. Consequentially she viewed the process negatively and was pessimistic about its success. Ros' pessimistic viewpoint was reinforced by what she described as *the secrecy, miscommunication and lack of guidance from management* that she stated was evident during this merger. She was particularly fearful for the future of her role and the impact of its loss and the ability of the AHS to support the staff through the change process as their support for staff during previous changes had not been strong.

Ros' emotions, as she anticipated her future, are within the parameters set out by Kemper (2006) in his discussions of anticipatory emotions whereby a low level of optimism coupled with a low level of confidence results in anxiety presented as hopelessness. Ros' pessimistic attitude, due to her previous experience and low level of confidence in the reform process resulted in her anxiousness and lack of confidence for her professional future. The use of negative words such as *I am scared* and *I have concern for the longer future* depict her lack of confidence and uncertainty that was repeatedly presented throughout the interview. Ros's portrayal of a person who had lost all confidence and has little sense of their professional future presents a person who is resigned to her current situation and unable to foresee immediate potential to change or remove herself to a better situation.

Ros's Poem (Despair)

I heard through the grapevine
I had a letter ... it affected me quite a lot
I applied for positions
I wasn't given guidance from managers
I haven't coped with it professionally

I didn't get the position I wanted
I had one mental health day off
I am very loyal
I like to be seen as trustworthy

I don't have the same dedication
I have been let down by the organisation

I don't think I have been supported
I am not a valued team member
I am just a team member
I think it's like playing chicken
I won't baulk though
I worry

I am lucky that I fit into a team
I believe the change is slowly happening
I wasn't prepared for the extent of the reforms
I am very scared

I wonder who will actually do the work
I am concerned for the longer future
I am going to try to do my job
I will try to keep informed

The next three poems developed from the interviews with Thel and Sue, clinicians, and Joe, a manager, further reflect Kemper's (2006) concept of anticipatory emotions of hopelessness brought about by a low level of optimism seen as pessimism. These poems exemplify the anticipatory emotions of guarded optimism and hopelessness all of which reflect anxiety. While the poems of Thel and Sue exemplify hopelessness they are presented from the perspectives of sadness and shame, both of which have unfavourable emotional outcomes. Joe's poem exemplifies a high level of optimism for the future but low confidence with a resulting emotion of guarded optimism.

Throughout her interview Thel spoke with empathy for her immediate managers and in doing so put the blame on the more senior managers within NSW Health for the lack of support and guidance through the change process. According to Thel middle managers were only able to work within guidelines and under the direction of the senior managers so they had little control over the processes and the way they managed their staff, and ultimately this resulted in the their own staff having a lack of confidence in their leadership.

Use of analogies such as *a general feeling like depression* and a detailed account of her own and her colleague's prevailing sense of sadness were common throughout Thel's interview. The core of her discussion was the trauma experienced by staff during previous reforms that had been reignited during this current reform process. Thel explained that the overwhelming sadness she felt with regard to her work actually started during the last reform process some eight years previously and had for the most part not been resolved due to a lack of response from area and NSW Health management. According to Thel, during previous years staff had continually worked in a disgruntled atmosphere to implement change strategies that had been put before them while they tried to maintain some form of stability within the workplace. The lack of support from management was central to their concerns and now they anticipated that this again was the case.

The enormity of the current reform process and the anticipated lack of support from area management and NSW Health were, to a degree, overwhelming for staff. According to Thel, staff expected that they would again experience, instability and change of an even greater dimension. Of additional concern was both the lack of, and conflicting communication about position appointments, particularly within the management tiers. The possibility of position losses was paramount. In spite of Thel's resignation to potential loss of professional colleagues and subsequent corporate knowledge in addition to her acknowledgement of ongoing instability in the workplace she admitted to being *ever hopeful* that the workplace would right itself. She maintained that ongoing bullying by a frayed management team meant that managers who were uncertain about their role had limited capacity to support staff.

Thel and her colleagues anticipated concerns, in light of the poor communication about the reform process and direction, were so compelling they had become the basis of their emotions. Thel had a low level of optimism (pessimism) for her future and a slightly higher level of confidence in the reform process, admitted through her comment of being ever hopeful, hence her anticipatory emotion was one of anxiety. According to Kemper's Anticipatory Emotion Table (Table 5.3) a low level of optimism can lead to the emotion of disappointment which is certainly portrayed in the following poem developed from Thel's transcript

Thel's poem depicts Kemper's idea of disappointment presented as anxiety. Prior to her poem, the following extract from Thel's transcript succinctly presents her position.

> Thel: *I am hoping. I am ever hopeful that once this is over and there has been a clean out of positions that it starts to run properly then it will improve and all of the things that they say are going to happen will*

happen. ... In rural areas where nurses have filled positions for 20plus years, I don't think they can do it anymore, they are tired of being pushed around, they have just had enough.

Thel's Poem (Pessimism)

I am without leadership
I certainly have not received any support at all
I am a person who actually embraces change
I have done this before
I have always been an enthusiastic person
I have just lost the enthusiasm
I just don't feel I can stand up and be enthusiastic
I am just gone

I think a lot of damage has been done
I don't think we can go back now
They feel beaten
They don't know if they have their jobs
They don't have a clue

I am hoping
I am ever hopeful
I think the staff are tired
We are continually restructuring

Unlike Thel, Joe, a manager who had retained his position but had not gained a position with more seniority, presented his account of the personal impact of the reforms with guarded optimism. Joe was optimistic with regard to the success of the reforms, however, he had little confidence in the processes in place and the ability of senior management to implement them. At the time of his interview Joe was disappointed with the health system but hoped it could achieve its goals for the reform process in the future. He spoke of the reaction from staff to what he saw as the dogmatic approach taken by NSW Health with regard to the implementation of changes within the health system and the inflexibility for staff and the outcomes of this approach. Joe also spoke of the community consultation and engagement opportunities presented by NSW Health and the belief of staff that this measure was merely a political ploy to present a polished image and sell the process to the broader community with similar

opportunities not offered to them. This approach, according to Joe made both he and other staff wary of the processes in place and the intent behind them.

In accordance with Kemper's (2006) discussion of anticipatory emotions demonstrated in table 5.3 Joe portrays the anticipatory emotion of guarded optimism, and when the outcome of his emotions is considered he characterises mild disappointment. Joe had confidence in his immediate managers and suggested that *they did the best they could.* His anger was because he believed these managers were not helped to support their staff.

> Joe: *I think there was a plan but I don't think the processes were in place to manage it and I don't think there was a subsequent plan. It seems to me like it was a good idea so let's do it. The plan should have been in place as to how it would be managed at all levels.*

Joe's anger was not at his own loss of status but, by his own admission, it was the loss of power and status experienced by his colleagues who had worked so hard for the system over lengthy periods in many roles. In addition to his lack of confidence in the processes in place to implement the reforms Joe expressed fear at the way in which excessive and coercive power was used by those in senior management often with little regard for staff and their role within the system. Coercion has been discussed previously in the development of Trevor's poem.

Throughout his poem it is easy to follow Joe's explanation of why he chose not to be part of the reform process by way of applying for a senior position because he did not agree with, and could not be part of it, due to his concern for the due process and the lack of regard for colleagues.

Joe's Poem (The guarded optimist)

> I think there was a plan
> I don't think processes were in place
> I don't think there was a subsequent plan
>
> I was supported
> I had every resource
> I was supported
> Everything I asked for I got
>
> I was in a unique position

I was right at the table
I had access to the CEO
I was in a privileged position

I could have gone to Newcastle
I could have achieved whatever I wanted
I wasn't prepared to move
I had taken it as far as I could

I thought managers tried
I think they did exceptionally

The concluding participant whose transcript and subsequent poem demonstrates Kemper's (2006) concept of anticipatory emotions was Sue who, like Thel, was a clinician. Sue presented a position of shame and oppression. Her shame was to admit she still worked within the organisation that continued to treat staff badly. Sue explained that the confusing communication and the total lack of support from the management team, led her and her colleagues to believe they were actually being punished by those in higher positions who had not achieved their desired role. Sue and her colleague also felt they were being punished by those who had successfully gained new roles with increased power.

Sue revealed that she had received up to five contradictory letters from management with regard to the status of her position within a six month time frame. This caused her undue anxiety as she was constantly unsure of her position and if indeed she would maintain her job, which was a clinical role, and which was theoretically not to be challenged or removed during the mergers.

The following excerpt from Sue's interview transcript clearly demonstrates her fear for her future.

> Sue ... *I have seen so many devastated people ... we are being left in limbo not knowing what is going to happen to us. There is a real 'us' and 'them' culture*

Support from management, according to Sue, was full of platitudes and did not confirm her position or guide her. Sue felt she and her colleagues were constantly anticipating their future and wondering about their positions. Sue's low level of confidence in the reforms and her management team, in addition to her doubt about her future gave rise

to her anticipatory emotion of hopelessness. Ultimately Sue indicated that she was resigned to the fact that these reforms will be unfavourable for her and she will try to move on and out of employment with NSW Health.

Sue's Poem (Shame)

My role has changed
I have a letter saying my job is deleted
I had a call saying ignore that letter
I didn't know
I have fallen off the rails
I thought clinical jobs were protected

I had platitude support
I work with a fantastic team who make it work
I deserve better than a phone call
I am looking for jobs elsewhere
I have never experienced such an overwhelming sense of loss

5.3.3 Consequent emotions

Consequent emotions are those emotions that result from the immediate outcomes of interactions (Kemper 2006 p.97). These emotions can be influenced by a third party or intermediary such as a situation or change process. The immediacy of such emotions suggests that they would be the spontaneous response to specific significant happenings. While not longstanding, consequent emotions are moulded by both structural (power-status relationships) and anticipatory emotions (contemplating future outcomes that could be optimistic or pessimistic with or without a degree of confidence) of the participants, hence they can be unpredictable and intense.

The poems developed from the interviews with Jesse, a manager, and Marni, a clerical assistant present the immediacy of their reactions to the impact of change with vivid detail. While their immediacy is the focus of this discussion, the portrayal of structural and anticipatory emotions due to their loss of power and forbidding sense of hopelessness for the future with regard to their role cannot be overlooked.

The transcript of Jesse's interview began with negative 'I' statements that continued throughout its entirety. The immediacy of her 'attack' on her senior manager in the interview, as presented in the following extract, explain how her consequent emotions were bound by her anticipation for the future. Her anticipation was coupled with her fear of loss of power due to the actions of her immediate manager who had reduced

Jesses' power and subsequently her status to less than what she held prior to the reforms.

> Jesse: *I didn't apply for the new position because I had worked for this person [the Chief Executive] for more than a year when he was administrator and we just didn't see eye to eye on a lot of things and his rudeness telling lies and general manner of being a pig was ... I don't need this much stress in my life. I shed a lot of tears over him so I decided to wait and see how other positions in the area unfolded but I had been looking for another job for the past year.*

The escalation of Jesse's emotions in response to her loss of power within her role coupled with the increased exercise of power by her new manager invoked a series of consequent responses and derogatory remarks such *as I wouldn't trust him with my dog*. This revengeful response was exemplary of her immediacy and consequent emotions in response to hurt and loss of power. Jesse's decision to remove herself from her intolerable situation by resigning from her position also exemplifies her reaction to an immediately unfavourable situation. Jesse's consequent emotions demonstrate a positive perspective because she drew from her structural emotion of anger and her anticipatory emotion of grudging optimism to achieve her professional destiny. The conclusion of Jesse's poem leaves one thinking she has a favourable future and positive outlook.

Jesse's Poem (The sorrow poem)

> I resigned and left the old area
> I didn't apply for the new position
> I don't need this much stress in my life
> I shed a lot of tears
> I decided to wait
> I had been looking for another job
>
> I wouldn't trust him with my dog
> I know he didn't want me in that job
> I wasn't too worried in the beginning
> I have been the victim
> I applied in another area
> I felt I was lucky
> I chose to get out of it

Marni', a clerical assistant, presented her immediate reactions to change with descriptive negative language. While Marni refrained from naming a third party as the basis of her emotional reaction, unlike Jesse, she implied in her interview that this was the case. This is depicted in this excerpt from her interview.

> Marni: *My position no longer existed and I became displaced. Others didn't.*

Marni explained it was not the loss of her position that triggered her response; it was about the process including the lack of consultation and poor communication that was either misleading or frequently incorrect. This is captured in her poem with her 'I' statements describing her as feeling *null and void*. The length of Marni's poem allows her to present her journey through the change process: a journey of consequent emotions showing the cause and effect she experienced and how she reacted to this.

Marnie's Poem (It's about loss)

I wasn't consulted
I wasn't told anything
I was never told anything
I was null and void

I just floated
I lost my job
I became displaced
I was treated like crap
I had nothing, I was nobody

I didn't want to go to work
I found excuses not to go to work
I couldn't do it again
I was constantly miserable
I was very depressed
I didn't want to be there
I used to love my job

I went on leave to get my head together
I didn't get support

I applied for another position
I changed my job
I would have had a nervous breakdown
I had to get another job
I have a young family
I couldn't move away
I had to sit it out and wait for a position

By comparison to Jesse and Marni the poem developed for Jane, who held an executive role, tracks her positive approach to the changes and the way in which she embraced them with a desire to achieve. Jane embraced her new role and explained she had to change her work ethic so she could delegate and assume a position of power. In the following excerpt from Jane's interview transcript she reveals how she has assumed her power to achieve role satisfaction.

> Jane: *... the challenges that we face in providing services to rural areas certainly meant from my point of view that I had to operate differently because the breadth geographically that I was responsible for I have to delegate more effectively and work through other people more than I had previously done. When I have been in management roles I have always been able to be directly involved ... .*

Jane's consequent emotion could be described as driven by satisfaction in terms of her power/status position coupled with serene confidence due to high levels of optimism and confidence for her future.

The repeated use of strong words of positive action such as: *I believe; I can confidently say; I have an opportunity; I could make appropriate decisions; I had a future; I have supported them* are in stark contrast to those used by Jane's peers. The only other person who has used such confident words throughout was Kim, the newly appointed executive, who had secured one of the new positions within NSW Health. Jane presented as a person with the primary emotion of satisfaction.

Jane's Poem (The positive poem)

I had to learn
I had to operate differently
I had to delegate
I am now directly involved
I think workloads are challenged
I think we are working long hours
I feel
I feel frustrated
I think it is a big job
I think they are learning

I believe
I believe
I can confidently say
I believe

I think there was a political decision

I don't think there was lot of support
I had enough information
I could ensure scope and opportunity
I could make appropriate decisions
I think I felt supported
I felt I had an opportunity
I had a future

I have supported them
I have done the best I can for them
I would like more time with them

5.4 Conclusion

This section of the analysis has focused on the participants' reports of personal impact of the reforms and how those impacts affected them in the workplace. The chapter dealt with the second reading of the data with the purpose of building on the information presented from the previous chapter that reported on the initial impact of

enforced change as presented by each of the participants. This chapter was concerned with discussing the range of structural, anticipated and consequent emotions experienced by staff as they underwent enforced change within their workplace that continued over a considerable period of time.

The use of 'I' poems validated the issues raised by participants throughout their interviews and demonstrated their emotional responses to the enforced changes when they felt their power and status was threatened. The participants' emotional responses demonstrated how enforced change in the workplace has the potential to create emotions, some of which may have been repressed since the last experience of organisational change, while others are a direct response to this change process. The constant use of the words 'I' and 'we' throughout the poems brought focus to the personal impacts and emotional upheaval for staff. There was evidence in the poems that exposure to ongoing workplace change and previous poor experiences of change influences people's perception of change and indeed the way in which they reacted to the immediacy of change in addition to what they envisaged for their future.

The poems characterised Kemper's (2006) commanding and convincing argument that social relationships permeate emotions. Furthermore the poems explored emotions from a personal and professional relationship perspective to develop an appreciation of how these relationships moulded emotions for participants. Inherent in Kemper's (2006) theory is the notion that individual perception drives emotions and emotional responses to situations, making it impossible to predict how people will react to situations of change, particularly when social and environmental issues are forceful factors within that change. The idea of grouping the poems depicting structural (power-status relationships), anticipatory (contemplating future outcomes that could be optimistic or pessimistic) or consequent (result of ongoing Power-Status interactions) emotions helped portray these concepts and validate the message presented by the participants. The poems presented differing accounts of heightened emotions within each of the groups depending on the participants' accounts of the impact of the mergers on their own power and status with the workplace.

The next chapter will present the third reading of the data. This chapter will allow the reader to view the participants within their social framework and understand the emotional impact on their social structures that included both their workplace and their social system and networks as a result of the enforced changes. The concept of nostalgia is used throughout the following chapter to help portray the sense of loss felt by participants within their social worlds.

Chapter 6 Reading 3

Almost anything from our past can emerge as an object of nostalgia, provided we can somehow view it in a distant light (Davis 1979 p.viii)

6.1 Preamble

The previous chapter examined the 'I' and 'we' statements made by participants throughout their interviews. 'I' poems were developed using my adaptation of Brown and Gilligan's (1992a) Voice Centred Relational Method (VCRM) of data analysis to portray the personal impact of enforced change in the workplace. The 'I' poems were grounded by Kemper's (2006) Power-Status Theory of Emotions to demonstrate how participants identified their real or anticipated power and status during the reform process. Many of the poems revealed how previous experiences of workplace change shaped the participants' reactions to the reforms. The chapter presented examples of structural, anticipated, and consequent emotions portrayed through primary and secondary emotions demonstrated by staff as they experienced change within their workplace.

This chapter will continue to draw on the works of Brown and Gilligan (1992a) and Mauthner and Doucet's (1998) VCRM of data analysis to place participants in their broader social context and capture the impact of change on relationships within their social structures (working world), broader community and geographical location. The VCRM of data analysis is specifically helpful for recognising social contexts because it allows one to identify specific relational impacts (Phan 2003). Using this concept, this chapter will connect the participants with their professional and social worlds and explore the emotional impact of enforced workplace change on their relationships in order to address the research questions about what were the emotional impacts of enforced workplace change for staff working in rural NSW Area Health Services between 2004 – 2007 and what were the emotional responses employees t enforced change.

Kemper's Power-Status Theory of Emotions decrees that 'a large class of emotions results from real, imagined or anticipated outcomes in social relationships' (Kemper 1978 p.43). Therefore the chapter is concerned with understanding not only the emotions and relationships that occurred during the immediacy of the announcement of the workplace changes, but also as staff considered 'what might be or what might have been' (Kemper 2006 p.96) as they recall their past workplace interactions. The final component to be investigated here is what staff anticipated might happen as a result of the reforms. The real, imagined and anticipated and shifts in power and status

and impacts of that on relationships for the staff will be of prime concern throughout this chapter.

The chapter also focuses on aspects of professional and personal relationship costs associated with the issues of bullying and low morale and the range of emotions experienced by staff as a consequence of these relationships. The writings of Davis (1979), Gabriel (1993) and more recently Milligan (2003) and Ybema (2004) about nostalgia, outlined below, and Kemper's theory of the power of emotions are used to underpin this chapter.

Brown and Gilligan (1992a) and Mauthner and Doucet (1998) conducted four readings of the texts in their research. The third reading comprised listening for 'how respondents spoke about their interpersonal relationships with their partners, their relatives their children and their broader social networks within which they lived ...' (Mauthner and Doucet 1998 p.131). Reading 4 placed people within their broader social, cultural and political and structural contexts (Brown and Gilligan 1992a; Mauthner and Doucet 1998). Readings 3and 4 have been combined for this research study to better place the participants within their social structures and cultural worlds (workplace and community) and relationships within those structures and to examine their emotional from enforced workplace change within those contexts. Brown and Gilligan (1992a) explain in their writings that these two sections are frequently reported simultaneously. Collectively they examine personal and social relationships. Interview transcripts have been reviewed to consider the ways in which participants defined themselves within their workplace and social community, the restraints they identified as a result of the reform process and the impact of the reforms on relationships within their personal and social networks.

6.2 Nostalgia

Throughout this chapter I drew on the concept of nostalgia to support Kemper's Power-Status Theory of Emotions that proclaims emotions are real, imagined or anticipated as a result of relationships. Using nostalgia I examined the impact on relationships and ensuing emotional impact for staff as they reflected on their past working environment to help ease the pain of the current reforms. According to Gabriel (1993), the use of nostalgia during organisational change can help individuals to develop an understanding of the responses made by participants in relation to their reaction to change and if their responses are influenced by acceptance or lack of acceptance of past experiences of change. When staff are uncomfortable or anxious about change they become nostalgic about the workplace, particularly about past good experiences in the workplace Davis (1979). This concept is supported by Milligan (2003), who proposes

that nostalgia is evident amongst staff as they try to regain a sense of identity during change by redefining their past.

Organisational nostalgia is an all-encompassing concept and according to Gabriel (1993) it can be pervasive to the point that it can help deal with change. Gabriel also claims that organisational nostalgia is more often about dealing with the unacceptable present than wanting to remember the past. For this reason it reveals current discontent and unrest as emotions are heightened during times of change. This is especially so for those who have lost faith in the future direction of their current workplace. Within the progression of organisational nostalgia staff will dwell on their past experiences to help cope with change – even if their past was unacceptable, as they are only using it as a prop to support them through a time that they find unbearable. Staff can also use nostalgia to compare the past and entrenched ways of doing the work with their current and potential future and its uncertainties to help gauge how they will approach that future. Mindful of the fact that nostalgic memories are selective, highly emotional and 'infused with symbolism and meaning' (Gabriel 1993 p.121) the use of nostalgia to help interpret emotions that result from interactions and relationships within social structures, cultural contexts (workplace and community) was important for those who anticipated shifts in their power and status. This was so because these staff used their memories to comfort themselves as they anticipated their future to be less than optimal as others would gain the power they lost.

6.2.1 Power of nostalgia

The third reading of the transcripts revealed that many participants who were dissatisfied with the reform process reflected positively about their previous working worlds and relationships within those worlds. The positive reflections seemed to help them cope with what they claimed to be the unacceptable conditions they were now faced with in the workplace as a result of the reforms. They reflected on past work practices and previous workplace environments, teamwork and the support enlisted throughout the mergers from their longstanding colleagues with whom they shared a successful working relationship.

According to the interviewed participants vying for management positions caused the deterioration of previously good working relationships for some of their colleagues. This caused further unrest in their workplace in addition to the unrest from not knowing the actual process for the reforms. They felt the recruitment process was unfair and lacked transparency. Ron described the recruitment process as *... all-out war to secure positions*. The common message from participants was those who struggled with facing the uncertainty of the future relied on the comfort of their past working

world as they anticipated an uncertain future. Ron reported that his colleagues understood the possibility of losing workplace status previously enjoyed in a tolerable environment.

Gabriel (1993) cautions against the use of nostalgia to cope with change. She proposes that recollection of past experiences does not automatically imply acceptance but rather they can be used as a means to reject the present. According to Gabriel (1993 p.132) nostalgia is '... not a way of coming to terms with the past [as mourning and grief are], but an attempt to come to terms with the present'. While participants reflected about what they saw as a better working environment in the previous AHSs, they did not discuss unacceptable issues of the past. Their selective nostalgia was noted and understood to be used as a coping mechanism to deal with both imagined and anticipated outcomes of the uncertainty they were facing. The following excerpts from the transcribed interviews with Sally and Allison demonstrate the power of nostalgia and reflection of what was seen as lost and what has not been achieved during the reforms.

> Sally: *We had some administrative staff whose positions have been made redundant and they have gone. We then had people filling in for them who were vitally important to the functioning of the unit, now they have gone. Now there is nobody skilled enough.*

This is supported by the following extract from Allison who says:

> Allison: ... *the old faces are gone and the new people haven't established themselves in this huge time of upheaval and chaos ...*

Further on Allison continues:

> ... *I think it is tragic that we have lost the corporate knowledge when we have an ageing workforce and we are already losing staff by natural attrition anyway. When there is such a shortage of skilled workers in health, to have lost so much of a clinical expert memory bank is a great loss that will never be replaced. It is the loss of people and the impact on the people that is of greatest concern for me.*

These excerpts provide a foundation of the content of this chapter. Further excerpts will build upon this foundation and reveal the importance of nostalgia during times of loss and upheaval.

To complete the third phase of the participants' stories and consider the emotional impact of the reforms on work contexts, social structures and relationships and the

participants responses, I drew on the replies to the following prompting questions used during the interviews.

- What has been the impact of the reforms for you?
- Have you been supported through the change process? By whom?
- Was there adequate communication from management during the change process?
- Did you see any hidden opportunities within the change process?

Responses to these questions were extensive and have been reported under the following headings that encapsulate their answers.

6.3 Loss of professional identity

Participants likened their workplace to being in a time vacuum in terms of becoming a new entity and moving forward. They said progress seemed to stagnate after the appointment of Chief Executives in the first stage of the reforms. While they acknowledged change was not an instant process, most participants were concerned and unconvinced there had been sufficient directional planning prior to the announcement of the reforms. Participants reported that staff said lengthy union involvement and negotiation should have taken place prior to the announcement of each level of management. They also reported that they felt their professional identity was in limbo as the change planning had lacked strategic direction. The following comment from Kim clearly demonstrates this.

> Kim: *change does take some time if it is going to be done well but there are certain parts of it which could have been done faster and certainly that was around the people ... but we are now sitting at 17 months out and still not all of the structure is in place anywhere in NSW.*

The nostalgic reflections of participants did not follow a particular pattern but were selective. They were an 'idealised rendering of the historical facts, describing the past from a present day point of view'(Ybema 2004 p.827). Participants spoke about the complexities of unresolved issues from the previous AHSs such as accumulated financial debts, uncompleted capital works and lack of community transport. They felt these issues would prevent a smooth transition into a new entity. Managers felt there was potential for staff to carry the angst associated with these problems into the new structure. They feared that unless rectified during the rollout of the new areas this could escalate. They predicted this could compound anxieties and exacerbate the loss of identity already felt by staff as the struggled with the changed environment.

Participants claimed that power struggles were rife between staff from the merged AHSs as staff demonstrated fierce loyalty to their past entity and struggled to move forward in unity. Each entity claimed supremacy in what they offered the newly formed AHS they said and the power struggles revolved around perceived loss of identity for them within a newer, bigger AHS.

Plans to rollout broadband services to increase communication and access through new infrastructures were laughable, according to participants, because the computers in their clinical areas were so archaic. They claimed that the whole IT system needed reviewing. They also claimed that while a major overhaul of the IT system was inevitable they did not trust this would be rectified in the immediate future, due to the heavy financial debts within the AHSs pre-merger and the significant cost involved. The inability to communicate effectively within and between AHSs was considered by them as a form of inequality that compounded their sense of loss of identity within the reform planning.

The participants reported that staff reflected that in the pre-merger days, Information Technology (IT) was not such an issue because dealings with patients and co-workers was conducted on a more personal level, as the smaller sizes of the AHSs made them more accessible. The lack of IT and the plans to increase its access was mentioned by a range of participants. The promised improved IT resources throughout the reform process were seen by NSW Health as a way to alleviate lengthy and costly travel expenses associated with the larger AHSs and as a way to overcome the poor community transport system for patients they said. Interviewed nurses (Jess and Allison) explained this was rhetoric in many instances because numerous facilities, especially in the more remote areas of NSW, did not have suitable IT infrastructure. The following comment from David indicates the enormity of establishing a suitable IT service throughout the state.

> David: *... the cost of communication and computer technology and transport across this area health service is enormous ... you see this area health service extends from the Queensland border to the Victorian border and from Broken Hill to Bathurst. So you can understand when we are sitting in Dubbo and we have got issues in Bourke and Wilcannia and Mildura that you can only communicate with people via emails or phone or fly or drive to them so you can see the logic of putting local managers in place.*

This particular excerpt also highlights another issue in terms of cost that David alluded to in his interview that senior management realised the need to create another management tier to counteract the enormity of distance within some AHS.

David reported that nurses who had access to IT infrastructure still spoke with frustration about its continual use for meetings without consideration for any face-to-face meetings. While time saving, video conferencing, he said, was not always the most appropriate way to conduct meetings as it isolated people professionally and effectively stopped valuable resource sharing and the face to face networking previously experienced. This undermined their professional identity. Ros spoke with concern about the issue of travel for AHS executives. What was previously a four-hour road trip to attend executive meetings now involved two days of air travel via another state.

The following lengthy excerpt from the interview with Ros clearly demonstrates this concern

> Ros: *... our area is so big now someone at Broken Hill has got to travel what 800kilometres to Dubbo for meetings ... I will give you an example. Midwifery has a meeting every couple of months. All the midwifery Nurse Unit Managers get together and have a meeting but unfortunately because we are so far away, you teleconference or videoconference these meetings. To put somebody in front of a camera ... you don't really have that physical impact into the meeting and this is happening in a lot of areas. ... We are not allowed to travel because most of that would be air travel ... it would take two to three days to put somebody in a car. You've got to pay the petrol and pay for three to four days just for one meeting which may take two hours.*

Ros explained that some nurses in the older age bracket and approaching retirement reflected on the delivery of care that they were used to. They had told her that they were concerned about their future employment in an increasingly IT world she said. They were concerned their lack of IT knowledge would make them redundant. This was significant for them as they needed to continue to work to contribute to the family income because their family farm was not sustainable without their supplementary income.

6.4 Professional cost

The participants were asked if their role had changed as a result of the reforms. Of the 21 participants, 12 indicated they had not changed their role by title of their position but their workload had broadened significantly post-merger. Nine participants said

they had changed their roles post-merger. Of these two had resigned from NSW Health and three had changed their role from management within the old AHS structure to an executive position within the new structure. Two staff acknowledged they had applied for different roles but were unsuccessful. They retained their previous management role which now had a different focus due to the AHS size. Like those who stated that their role had not changed but the workload had increased, these participants were concerned about the increased expectations within their current role as they felt they did not receive strong leadership in the new areas. Two participants had not worked within NSW Health prior to the reforms but had successfully been appointed to executive positions. While excited about their new roles, they did not offer comment about their role expectations. All participants had a change in their sense of power and status. This change was generally to a sense of loss of power and status because of the instability they were experiencing in their personal and professional world.

Participants revealed that as a result of the mergers there was a changed focus in their role that included broader scope and an increased workload. The most significant professional cost for them was the impact on relationships within the workplace as opportunity for new positions, role expectations and workloads increased. These changes came with significant emotional costs as relationships changed.

Managers and executives whose roles required increased travel post-merger agreed that the increased area size impacted greatly on them physically and emotionally. Tired and at times exhausted, they said they struggled with the uncertainty in their increased role as the implementation process dragged on. Lydia voiced the impact on prolonged absences from home.

> Lydia: *Where people have not had to relocate they have taken on jobs which means they travel more, working longer hours so they are often required to be away overnight sometimes two or three nights a week ... they are feeling stressed and tired and worry about the impact on their home life ...*

According to Lydia the lengthy periods spent driving to remote sites were an occupational health issue and wasted productive time. This view was shared by many participants, one of whom said it took 11 hours to travel by road across her newly formed AHS. Another described her three-hour drive on a busy highway to attend meetings at the area administration offices as tiring, non-productive and a careless management strategy that had not been considered by NSW Health.

The recruitment process for executive and senior management positions required applicants to lodge formal applications and attend an interview. Collectively participants claimed the process was flawed from the outset and despite the formal processes, there were blatant displays of favouritism evident in selection. They claimed this showed a lack of transparency. Participants in senior management positions from one particular AHS spoke with disgust of the appointment of their Chief Executive, who publicly stated of applying for the position in a different area. They felt his appointment delivered a mixed message about transparency. Bill spoke at length about the lack of transparency and the seemingly flawed interview and appointment process.

> Bill: ... *the process of appointment is political rather than on merit ... the appointment process is inappropriate and at times corrupted ... the Department of Health has been incapable of following its own processes when they have been documented they have appointed people who have, I am very confident, did not apply for jobs but they were thought to be the right person and so people who did apply did not get them ... There have been times when the interview process has been flawed. Had I set up an interview process and conducted it the way the department had done it and someone complained, I would not be expected to continue in my job ...*

Bill continued his allegations about the lack of transparency during the interview process and suggested that the appointment of senior positions was ritualistic and lacked the necessary rigour. His powerful comments were reiterated by other participants but not with the same eloquence.

> Bill: ... *to run an interview process you are going to make it fair and competitive and equal opportunity for people. It is normal to set up a standard set of questions and that is very fundamental to an interview process so everyone can be asked the same questions and they can display their abilities under the same system. That the Department of Health has not done that is a really fundamental problem. If you have got someone who is going to have a budget of a half billion dollars literally is it appropriate that the total interview process is guaranteed to be a maximum of 20 minutes? If I was interviewing someone for a half billion dollar business I would be embarrassed to say I could make a decision in 20 minutes, particularly when 10 minutes of that was a presentation. So 10 minutes of questions to decide someone who is looking after a half billion dollar business? If you look at that you would have to raise significant questions about the people who were running the process.*

Prendegast and Topel (1996) argue that favouritism can be beneficial to business if an appointment via favouritism is controlled by the business, but Bill believed that those managers' positions could be compromised due to the favouritism shown during their appointment. Bill's fear was that favouritism could become a pattern in appointment processes and the appointee would become a mere puppet of NSW Health.

The unfair appointment process through bias and lack of transparency that was directly identified by Bill and alluded to by other participants, such as David and Ros, in the course of their interviews had far-reaching ramifications and impacts on staff relationships. According to these participants there was loss of long-term personal and professional friendships as people vied for positions of power. There was a shift in professional relationships as previous loyalties were lost and staff anticipated changes in their working worlds. They were bitter about their losses. Staff anticipated their new working worlds and the impact of changes in personal and professional relationships such as loss of professional respect.

Participants described the recruitment process as 'all-out war to secure positions' and suggested while they had the necessary requirements for a particular position, others were appointed who did not address the requirements. They felt the appointment was largely made from a political rather than merit process. This approach, they said, was a good indication that relationships would forever be changed and would cause great emotional pain in the workplace as hierarchical order was redesigned.

> David: *I had to reapply for executive positions or be prepared to become a displaced person. I chose to apply for two positions but one position that I really wanted the Chief Executive told me he would not give me and that he wanted me to go into the same position that I was employed in. I was duly appointed into that position but the role had changed so much that I resigned after 10 months.*

One of the initial stated aims of the reforms was to reduce administrative positions and redirect savings into frontline clinical services while clinical positions were to be preserved (NSW Department of Health 2004). The ambiguous nature of some management positions, that incorporated a clinical role, raised concerns for staff who participants stated that they suggested they were inappropriate and not transparent. The majority of participants claimed that union involvement throughout the reforms process was largely welcomed by staff who saw this as a measure to protect their clinical roles, even though it delayed the appointment process. This issue had been taken up with the nursing union to ensure position safety for staff. Ros drew attention to a widespread occurrence that highlighted this strategy.

> Ros: *People are getting appointed into management positions but because they are clinicians they are still recorded as a clinician. It might appear that we have more clinicians in place but those clinicians aren't doing clinical work. They are doing basically the same work as those non clinicians that are no longer there. That's happening a lot ... I think the whole thing has been an attempt to get the stats up so somewhere along the line the Minister for Health might say we have achieved what we wanted to achieve. We have all clinicians and less administration but if you drill down on that you will find a lot of those clinicians doing the job administrative people used to do.*

Some participants initially thought there was potential for career advancement within the newly formed areas. At the time of their interview, the reality was that very few participants had changed their role and those who had, indicated their disappointment. They reflected on their previous role and described it as *better* because the health service was smaller, their role was more defined and their identity better acknowledged. Those who retained their previous role within the new and bigger AHSs reiterated a loss of role identity because their role had actually changed to accommodate the bigger AHS. There was less definition to their role but an increased workload. A different reporting structure left them with less power in the decision making process. Very few participants enjoyed this challenge and those who acknowledged that they did were cautious to commit to professional contentment within their new role as opposed to their previous role. Collectively these participants soon realised that what they thought were new opportunities were huge challenges. They questioned their own professional aspirations as relationships changed. Their status increased even though the power in their role was not what they had previously experienced. The following viewpoints about their professional roles show what their role meant to them only after they had lost it.

> Anna: *I am still being paid the same pay rate but I am doing a much larger role than I did before. My role is now area wide whereas before with the old New England Area it was smaller. I think the final step will be in confirming whether I still continue on with it.*

> Lydia: *I had to operate differently because of the breadth geographically in terms of services that I was responsible for. I now have to operate at a different level in terms of management because I have to delegate more effectively and work through other people more than I have previously*

> *done. It has also created some challenges in terms of how we are working with NSW Health.*

For some participants new opportunities meant moving away from the health service to find employment in another area. For others it meant retirement. Those who retired or resigned from NSW Health said their gain was NSW Health's loss as they would take years of professional knowledge with them. This gave them some sense of closure as they were both so dissatisfied with the reform process when they resigned. As suggested by Trevor who said of his leaving the employment of NSW Health *... although there were a lot of negative reasons for leaving I can now put that behind me because I found me*.

6.5 Organisational culture

Many participants realised the need to modify and potentially change work practices to accommodate a merged and larger workforce. It was the cause of much angst for a range of staff across many work areas. Participants recognised that each AHS had differing procedures and systems that were effective in their own areas. They recognised that merging and attempting to blend organisational cultures could be problematic. Staff could be protective of their known customs and practices and anxious about resource sharing, particularly from a clinical support perspective they said. An example of this was the lengthy process to purchase small items that previously had been done with petty cash.

The territorial nature of staff employed within each of the previous AHSs became evident as participants spoke of their desire to have people from their former AHS successfully apply for management positions within the new structure. They were familiar with their management style and trusted them. They also felt this could offer them a degree of security in their own role. This behaviour has been discussed by Sorenson (2002) who explains that when and where culture is deeply embedded within a workforce it can be destabilising during a merger process, particularly when the interests of the merging cohorts are not aligned. These participants are acting on what they knew and understood (even if it was not the most efficient practice) as this was all they knew. They were uncomfortable about change and the possibility of losing control. Those who were faced with losing power in their relationships struggled to express anything but anger and sadness as they anticipated their future. The few who gained power in their role were happy with their achievement but were also quietly concerned about their acceptance by others.

Participants also spoke of their desire to have the AHS administration offices located in a town within their old areas as this too would give a sense of security and greater

power to have the controlling hub for the AHS within their locale. They believed their AHS had brought greater corporate and clinical wealth to the merged entity. This mindset indicated the fear with which the participants worked as they went through the reform process. Nostalgia eased the pain of transition through stalling their mindset about what practices confronted them in the new entity.

Sinclair (1997) suggests that subcultures within public sector organisations possess their own goals, values and expected outcomes. Subcultures are central to the operation of cultural influences within and between AHSs. According to Sorenson (2002) factions within sectors, in this case the factions of the individual AHSs, have the potential to influence the process of organisational change, particularly where there is a deeply embedded culture within that faction. It is the merging of factions that creates cultural unrest and fear as relationships can change and emotions are heightened due to staff uncertainty and anticipation for the future.

The merging of cultures initially led to *sorting the pecking order* for staff who believed their work programs and *ways of doing* was the superior model. According to the participants staff realised that resource sharing was necessary in order to facilitate the merger process due to the way areas would be staffed. This was met with great resistance due to the fear of losing power and status. It was necessary to align and assimilate enforced workplace cultures to allow new ideas and ways of doing the work. Sinclair (1997) said organisational culture is a combination of a core of stable values and identities swathed in layers of unstable external influences of a transitory nature depending on the players involved in the organisation. Management teams knew the importance of promoting and embracing the core values of each AHS to successfully integrate them. Participants however questioned if they understood the difficulty of this and the importance of allowing staff to be involved in the processes necessary to promote a positive workplace culture.

Some participants viewed the merger as a takeover than an integration of workplace cultures. They expressed concerns about the lack of opportunity for assimilation of their current role within the new area structure. They were concerned about the losses and realignment of positions. Participants were also worried that access to management would be compromised if management was located in a town a considerable distance from them. Staff were accustomed to having closer access to their area administration.

6.6 Morale

Many participants spoke about the morale of staff and suggested that poor morale resulted in disparaging comments pre-empting lack of opportunity in the new

structures. Staff, they said, felt bullied by those who gained more power as the management structure unfolded and position losses became evident. Participants spoke of colleagues who had lost their enthusiasm and commitment to their work in a context that could equate with their death. According to participants, these staff had previously been enthusiastic with a dedicated approach for their work that went beyond their paid work hours. This included community and fundraising projects for the health service. A comment made by Sue about a colleague referred to the fact that *... she used to be so dedicated to her job ... she was always happy in her job* exemplifies the use of nostalgia described by Gabriel (1993 p.129) as suggesting sadness or a mourning process. The relationship between staff members and between staff and some community members that was previously strong was fractured as staff were robbed of their community status by the actions of those with more power as demonstrated by Sue who claimed that she often found it difficult in the early stages of the reforms to do a simple thing like grocery shopping because she was frequently questioned by community members about what was happening 'to their hospital' and why didn't they (staff) 'stand up for their hospital'. This had a profound effect her emotionally Sue said and the ensuing emotion for many staff was sadness at their loss of status in the community because people didn't understand, and they were not correctly informed about the processes of change.

Stress and depression related illnesses were rife among staff who feared the unknown and anticipated their future with little information to guide them according to Sue, Marnie and Julie.

> Sue: *Things like being left in limbo and not knowing what is going to happen us and the really depressed people, the stressed people, the extra work load. I am doing a job of 2 people because I haven't been able to get approval to fill the position because of money and so many people have taken voluntary redundancies. There are not enough staff around to get temporary staff so other staff too probably have got additional problems here in that their own problems have just compounded everything else*

> Marnie: *I think I would have got to the point where I would have had a nervous breakdown and done something is really stupid because it was just so depressing it was so frustrating. The morale you know it got the stage where people were back stabbing each because they were looking out for themselves because they were scared of what was going to happen to them so they got very possessive of their jobs they wouldn't share information with you which would make things hard.*

Working within a new management structure with extended roles and increased workloads was difficult they said. Other participants spoke of those staff who had initially embraced the change and had now lost their enthusiasm due to the continual feelings of despair because they were not being told what the future held and how the reform process would unfold. Most participants spoke of the emotional impact of loss as they pre-empted their future. This powerful segment of Julie's interview encapsulated many participants' thoughts.

> Julie: *Every morning you turn on your computer there is another email about another staff member leaving ... and you know it didn't have to be that way. If there had been better communication, open transparency and people were given some sort of vision of where we were going and how it is going to work, a lot of this could have been avoided.*

A comment from Kerry revealed the pressure for management to maintain morale in a situation where it was being eroded.

> Kerry: *We were constantly on the back foot, constantly being beaten about the ring by the media, by the public, by staff. There was a complete morale problem. It disintegrated. Any semblance of morale that was built up following the previous amalgamation in 1996 was stripped away.*

Segments of text from the interviews with Trevor, Sue and Julie clearly indicate how staff struggled to maintain morale during uncertain times.

> Trevor: *I am involved in the system where morale amongst management is gravely eroded and pretty much near rock bottom. By my count something like half of the service managers floating around that I have spoken to are in the process of either quitting or finding other jobs. Information that I used to have access to has dried up. Management that I work for have lost touch with what we are ... she has been unrecognised and dumped ... grossly disgruntled and is looking to leave the area ... wasn't even formally displaced. She was just dumped and has left the area.*

Sue and Julie had this to say:

> Sue: *I have seen so many devastated people.*

> Julie: *I have never ever been this low before.*

The overall picture presented by participants was one of demoralised staff who demonstrated loss of energy, work happiness and workplace passion. The emotional

impact from their losses in working relationships permeated their private lives according to them. For many it meant they needed to refocus their lives and redirect their energy from the workplace to home to maintain their own health and personal happiness at whatever cost. For some this meant leaving NSW Health such as Ron and Trevor. The ensuing cost of this was the loss of long-term professional relationships and loyalties. It caused another level of stress and an outpouring of emotions that would have consequential effects as well as the anticipatory impacts as they moved on with their lives.

Davis (1979) discusses how nostalgia can be used by people in times of change to realise their self-worth and gain comfort from previous successes that cannot be lost from one's past. For many participants this was the only option as they reminisced about their past and sought comfort from relationships formed over the years. The comment from Trevor, who said after leaving the AHS he found me, encapsulated this and exemplified what many participants needed to do to cope with the enormity of change. Other participants talked of their losses in terms of workplace relationships, and said their family situation and the long-term drought forced them to stay put to keep the family income supplemented. They explained that they could not escape from their horrible work situation but had lost what they regarded as their professional self esteem because they now worked in an organisation for which they had little or no regard. They told how their morale had plummeted and they relied on reminiscing about happier days in the workplace to get them through.

The limited and confusing information about appointment processes that was highlighted by many of the participants, course of action and slow progression in the early stages of the reforms had significant impacts on relationships and was seen as a catalyst for much emotional unrest according to them. Participants made reference to the letter that they, and many of their colleagues received. The letter contained generic information saying their position may be affected by the reforms. One participant spoke of preparing over 400 of these letters for distribution within her AHS, but none of the letters were specific about how or when positions may be changed. This left staff with lingering doubt that plagued them for many months. For some people this was over a year. One participant spoke of how she had received four letters at various stages of the reforms all with conflicting information about her role and the possibility that it may or may not be affected. Her main point was that despite this after two years she was still working within the same role. Her relationship with her manager was constantly in turmoil as she no longer trusted management and thought she was not being told the truth about her position.

Secrecy, withheld information and miscommunication resulted in staff listening to rumours and gossip to gather any information they could about the reforms said many of the participants. This caused professional damage and staff became less trusting of leadership and of their immediate colleagues as they vied for positions within the new structure. The ultimate impact of fear resulted in physical and stress related illnesses that became commonplace for staff who normally were robust people they claimed. Thel spoke of the devastating effect on some of her colleagues:

> Thel: *I have seen so many of my colleagues and other managers across the health service who are quite ill. Looking haggard, grey and drawn, melanomas flared up ... this particular office is not a healthy place.*

6.7 Personal health

Collegial concern and supportive workplace relationships were evident between some participants, particularly those who had worked as a team for many years and did not compete for positions. They spoke of watching out for each other and offering support because they realised the potential impacts of the merger. Many participants' stories were similar. Common factors such as lack of information and support from management helped them forge strong bonds with colleagues. Their support tactics included reminiscing about their previous working relationships under a different management structure where they felt they had more stability. Lydia gives an example of how staff reached out to each other.

> Lydia: ... *the damage that is being done to our staff overall is just horrendous. It just breaks my heart to see even people I can't stand, I mean my ex-boss, I couldn't stand the man ... He has been off on leave ... he is broken, he is a cracked man, he has been on stress leave for months as a result of this restructuring. He is being told something different every week and that is a very common story so I just wonder about our reforms. If we can't take care of our staff, how can we take care of our patients? Where is the philosophy?*

According to many of the participants workplace relationships were further strained due to additional workloads throughout the implementation process, jockeying for positions, corruption exposure, and the relocation of some positions within the area. They believed many of their stress-related health issues were exacerbated by the protracted merger process. Staff who were applying for new positions and those who acknowledged the biased appointment processes were the ones who more frequently reported stress-related illnesses..

Marni and Allison's statements are testament to this claim.

> Marni: *I think I would have got to the point where I would have had a nervous breakdown and done something. It is really stupid because it was just so depressing and so frustrating. The morale got to the stage where people were back-stabbing each other because they were looking out for themselves because they were scared of what was going to happen to them and got very possessive of their jobs. They wouldn't share information with you which made things hard. So yeah, it got to the stage for me where I had to leave. I was either going to resign or get another job. I had no choice, but if I didn't get the job I was going to resign anyway. I just couldn't be in there any more in that environment.*

> Allison: *I have seen so many people who look distraught and ill. They can't cope any more with the way their position has been altered.*

Participants spoke of strained relationships within their personal worlds. Confrontations with angry community members who laid blame on staff about changes to health care arrangements were not uncommon. Participants claimed they understood the community's concerns because they were probably ill-informed about the merger process and health service delivery arrangements. This however, did not help them cope with the abuse they received. There was meagre community consultation process at the outset of the reforms that was not always well supported. This didn't make it easier for staff as they struggled to be part of their community and part of a workforce in which they had little faith.

The following extract from Sue's interview explains the emotional impact the reforms had on families. Of particular interest was the concern by Sue for her colleague given that these two people were not socially connected but had forged a strong professional bond due to their traumatic experiences during the reform process.

> Sue: *I think the worst aspects of this is the personal and family devastation this has caused ... my husband and I were able to get up and move without kids to worry about ... There were plenty of people who I was really close to who had family ties and young children and this was a financial thing that was worrying them. Were they going to have a job? Were they going to be able to pay their mortgage if they were made redundant? So for some people the devastation has been quite huge as they had to up and move their family away from the wider family structure to keep their job. Because I don't live anywhere near my parents*

and I am older, that has had less impact, but certainly for some younger people, that has been a really significant factor ... I just don't think that they really had any idea of the personal devastation this would cause for a lot of people ... It has just made people even more bitter so the attitude as 'well if you want a job in the new structure you have got to move; if not, tough'. That is sort of how it comes across. I don't think they had any idea of the personal devastation this would cause for a lot of people.

6.8 Bullying

The emotional impact of ongoing personal confrontations and attempts to undermine professional competence during the application process was regarded by staff as unacceptable. Participants claimed that the lack of communication and professional dissent in the AHSs were catalysts for bullying as staff vied for positions and grappled with merging the cultures of two or more AHSs without the necessary support mechanisms in place. This bullying tactic was adopted by some staff in order to appear to be the most appropriate candidate for a position they claimed. Anna aptly described the issue of bullying.

> Anna: *I just think that there has been a lot of negativity about the reforms and I think to some extent it has put staff against staff ... everyone is competing for positions or roles.*

Staff who bullied often did not recognise their own bullying actions and said they were reacting to the bullying actions of others. This caused a chain reaction of bullying that participants claimed was ignited by the need to either retain a position in which they were incumbent or achieve a position of greater power. Kerry captured the bullying culture between colleagues.

> Kerry: ... *it was managed very badly. It pitted people against each other for positions. The good people, the really good people, who worked very hard and had the health service at heart. It was their life so it pitted them against other people so you suddenly had internal contests while still trying to maintain a stiff upper lip.*

The impact felt by staff from bullying by management was unacceptable but staff were unsure where to turn for help as it was their direct managers who were bullying them. She said staff felt unsupported and afraid. The following point made by Lydia explains how bullying also occurred at a higher level within the organisation.

> Lydia ... *the level of bullying from senior managers is just disgraceful. It is just disgraceful and that is what I am talking about, this intimidation. This*

scare tactic of 'don't say anything' ... I am a living example of it. I hide in my office. I don't say a word to anybody because you know you can't and yeah, after 30 years I am too scared to say anything. I was always one willing to put my hand up, now I say nothing. I don't know how they can change. I don't know I think they have just lost their way totally. It is awful. It seems to be a knee-jerk reaction. They talk about reform but I don't know if it's reform ... .

Managers noted that bullying took on new forms the longer the reforms continued and as new positions were announced. Previously ignored activities in the workplace were exposed by whistle-blowers who would alert management to matters of corruption including pilfering of goods and cheating on hours of work. Corruption disclosures became common as staff vied for various positions, particularly in areas where there was competition for a position. Management felt staff resorted to desperate means to appear the best candidate. One manager noted the angry culture that was permeating her AHS. She claimed that corruption prevention studies indicated that angry people were more likely to report corrupt behaviour because they were unhappy with their own work circumstances therefore they retaliated by making situations difficult for co-workers. Jessie made the following comments:

> Jessie: *I think the angry culture is a lot worse in this AHS than the previous one I worked in. What this has done is it has, and this is a known factor in corruption prevention studies, it is when people are angry they come out and they lash out at people and things they see around them. There have been over 30 investigations of corrupt behaviour, not all substantiated, in this AHS in less than a year because people are willing to speak out. I think this is because people are all fighting for the same jobs.*

The emotional toll taken during the reform process has yet to be fully determined. The complex relationships between staff and management, and between staff members, resulted in significant power and status shifts when the new structure and positions were announced. Staff geared their emotions to cope with anticipated change and the constant strain on relationships due to poor communication coupled with lack of staff stability. The fear and anxiety compounded to the point that staff gave up and rendered themselves victims of the changes because they had little emotional energy left to fight.

6.9 Media impact

Throughout the interviews many participants alluded to the fact that emotions of people were heightened by the media reports that were, at times, quite emotionally charged. Participants also stated that due to lack of communication from the

Department of Heath the media was a constant source of information for them. An example of this is the excerpt from Julie's interview.

> Julie: *...that we know what is happening at all is ...when if you turn on the ABC and listen to the news you might find out what is happening. That is common communication. It is more rumour, more rumour everywhere that is really disappointing and unsettling for everyone involved*

Participants said the intense media focus that included much speculation and rumour about the course of action the reforms would take resulted in intense emotional responses from health service employees and community members and many rumours and much gossip between staff was a consequence even though there was often no substance to it.

The following excerpt from the interview with Kerry sums up the issues with media involvement gossip and morale.

> Kerry: *We were constantly on the back foot constantly being beaten about the ring by the media. There was a complete moral problem it. It disintegrated and morale any semblance of morale that was built up following the previous amalgamation in 1996 was stripped away*

Broader community members also gossiped about the mergers as rumours were rife about who would lose their jobs and where management would be situated according to the participants. All the innuendo for which there were no answers caused considerable strain for staff and put pressure on personal and professional relationships they said. The added pressure of intense media speculation and conjecture in the early stages of the reforms fed the poor morale. According to Kerry *deep divisions formed* within the health workforce as staff struggled to learn about the reform process and its impact on them. Participants claimed that they and other staff listened to any media reports to gather information which was not forthcoming through official channels. Hearsay, they said, was fuelled by intense and emotionally-charged speculation in all forms of the media, particularly the print media which was available in all small towns within each AHS. The following short comment from Julie sums up the views of many participants about the lack of formalised departmental communication about the reforms.

> Julie: ... *the only way to find out that these things are happening is via the news or the newspaper.*

The senseless part of much of the media reporting that was collected by me was that very little was reported about the process of the reforms, as NSW Health remained silent. Daily media reports focussed on sensitive issues in relation to the reforms such as encouraging staff to reflect on their health service, their current role and the impacts of anticipated losses. Speculation within the media reporting increased anticipation for staff. To clarify the extent to which the media impacted on people's emotional standing and their relationships I gathered the print media from towns within each of the newly formed AHSs over the six-month period from the time the announcement of the reforms was made to the time the newly formed areas became operational. During this time the media was flooded daily with personal accounts about the reforms with headlines mostly written using emotive words that heralded doom and gloom. Headlines such as 'D–Day for Health Headquarters' (Grimson 2004); 'Join Fight to Stop Merger' (Jones 2004); 'The future of hundreds of health jobs in NSW still in doubt' (Wood 2005) presented a such negative view of the mergers that created speculation and angst for health service employees and community members. The lack of information from NSW Health in the initial stages of the reforms allowed this opportunistic reporting to capture emotions and caused tremendous strain for staff who could not get answers to their questions about the future claimed the participants. According to Nadler (1981) rumours during organisational change are not uncommon, however London (2001) suggests that it is only appropriate communication during the change process that dispels such rumours.

Media scrutiny was intense in the smaller townships that claimed their health service would be lost and current facilities, particularly any form of administration, would be lost to the bigger areas. Media claims of redundant positions exacerbated fear of position losses for staff. The passion of people in the smaller rural towns about their health services was demonstrated as they frequently approached staff with questions about the reforms which they could not answer. Participants said their communities constantly held fundraising events to support the health service so they felt cheated that services may be removed. Many participants claimed that sentiments of the community members were fuelled by the intense media reports. Such an example was the small red crosses that were on the top page of a local paper daily for six months with the words 'Save our Health Service'. Participants were alarmed that at this time of emotional reporting, there was little response from NSW Health to correct or nullify the speculative reporting. There were no positive reports to reassure the public or staff about the future. Participants all agreed that this encouraged staff to be caught in the media hype that ultimately resulted in increased uncertainty. They said that at least with the media they had a glimpse of what was happening within their AHS, however,

this same media continued to unsettle them as they were unsure of their validity. This was evident from Julie's comment.

> Julie: *... the only way we know what is happening at all is when you turn on the ABC and listen to the news, you might find out what is happening. That is common communication. It is more rumour ... more rumour everywhere. That is really disappointing and unsettling for everyone involved.*

6.10 Support

Support during the reforms was discussed in terms of collegial, personal family support systems and support from management. Collegial support was vital to participants to help them cope with the enforced changes. All participants who were not in management or executive roles claimed that the support offered by work colleagues was the only way they coped with the uncertainty for such a long period. The need for collegial support and the recollections of previous support reflect Gabriel's writings where she explains that during times of sad or poor organisational experiences, one may find comfort in the reverie of yesteryear (Gabriel 1993 p.133). This concept explains how the participants relied on relationships that developed in happy times to support them through this unsettling time and into a difficult period.

Collegial support was frequently quoted as being *strong and enduring* as colleagues were commonly faced with similar issues. This is highlighted by Marnie.

> Marnie: *The only real support has been amongst those that have been harmed and damaged that have tried looking after each other. The actual organisation has conspicuously failed to do anything – some contrite words now and then. If they had been genuine they would have had action but there was no action, just words.*

Sue explained how workplace relations were strained under the enormity of workloads and staff found it difficult to continue working without support to establish new workplace relationships.

> Sue: *Both financing and purchasing are going to the head office. That is a lot of people and there aren't enough other jobs for these people to be absorbed into. The other impact of this is that as people started leaving, obviously they didn't replace them, so the people that were left behind were picking up all the extra work. Our workload just kept getting bigger and bigger and there was no extra support. Some people just crashed under the strain.*

Collegial support is put into context from Thel as she explains the need to reassure people in like situations even though no-one was sure of their own future within their role or their AHS. Staff relied on their relationships with colleagues to ease their pain because these people were the only ones who knew exactly what they were experiencing.

> Thel: *I can tell you now there are a lot of very unhappy people, miserable people. There is a lot of talk about loss but there is a network of staff around the area where people are just leaning on each other for support. They put in the phone calls and just saying 'how are you going' and 'how are things affecting you?' A lot of those people are doing it tough when there are a lot who haven't got jobs. They haven't got a great deal of certainty about their future.*

Sally reported that as new systems were introduced with little or no support as the reforms progressed the unsettled workplace and frustration felt by staff was compounded. Sally constantly made reference to the way things were in the workplace prior to the reforms. She also said staff would always support each other and it was this support that had developed over time that was so important. While some relationships were strained throughout the reforms, others were strengthened as staff drew closer for support. Sally's interview was significant as she frequently burst into tears and asked for time to compose herself.

> Sally: *There doesn't seem to be any direction at the moment. We are without leadership. They [the executive] are without leadership and they are feeling it very much and because of that, I am feeling it too. It is really difficult to know exactly how my role has changed because it is just little things like trying to access HR and education and all of those sorts of things. Our phone book, for instance, became non-existent overnight. They are putting out bits and pieces but there isn't a phone book. There is an intranet site but it is very difficult to access anybody and they are still setting up individual websites for divisions and services. All of that is really unsettling. Because I am in charge of an actual department, my feelings of being unsupported flow right through my staff. It is very destabilising, like a depression feeling within the staff. You know that it is not our executive's fault because they are in exactly the same position. Their delegation has changed so you know we seem to be going through so many hands to get something done. It is really destabilising.*

Reflections of collegial support helped participants recognise the strength within the longstanding relationships they had forged throughout their years in the AHS. They discussed the importance of relationships to help understand their self worth at a time when their workplace was failing to offer any support. This emotional impact of realisation of self worth when they felt so forgotten by their employer gave them strength to continue in their role, even though they often felt beaten.

Staff, participants said, turned to their family for support, which was often limited due to a lack of understanding of workplace issues. Participants explained that family did not really understand their concerns about their immediate work situation and future employment. They did acknowledge that this support was vital as they felt inadequate in their personal lives for many reasons, mainly thoughts of inadequacy in their professional life. All participants acknowledged that the support of family was most important to them but was so different from the support of colleagues who lived and breathed the same worries about the reforms.

The majority of participants felt their immediate managers were beaten by the system and had little or no control over their portfolio, rendering them powerless to prevent disruption from the changes. Staff such as Kerry, who spoke about her manager, felt her pain.

> Kerry: *The best part about the health service of course is the people. It is the system which is the problem, so the managers, in terms of managing the change process, did the best they could with the information and resources they had. They tried their very best but they were operating with a blindfold a lot of the time and with one hand tied behind their back. With the information they were given, they did an exceptional job. Most of them, on the greater part, did an exceptional job. They tried to get on with business as usual, they tried to accept change, they tried to make it work, but they found it very difficult because of the lack of information. It's not the people, it's the system.*

Some participants suggested managers did the best they could in terms of supporting staff, especially when they had little access to information or support. They suggested it was the length of time taken to implement each stage of the reforms that eventually beat managers in their effort to support staff. As time went on they could see the administration slipping away and they did not have control of their future, so according to Sue, a lot of them threw their hands up in the air and said ...

Sue: *I am not going to try anymore because you can't beat the system and the system won't let us be innovative with this change because it is all about them controlling us.*

Staff knew that relationships with managers would change within the newly formed entities because they would have to work within different structures and learn new ways of doing business under a different management system. This worried them but they understood it was inevitable.

Managers unanimously declared they supported their staff to the best of their ability with the resources they had. They said the lack of support they received from their senior management and NSW Health prevented them from providing the information their staff needed for reassurance. Some managers said they needed to secure their own position in the restructured AHS management team before they could support their staff. They understood that their relationships with staff had suffered and that often staff had a poor opinion of them. They found this difficult but were powerless to change it as they were busy trying to work in an ill-informed system that offered them minimal support.

A larger group of participants said colleagues were quite cynical about managers. The higher the management role, the less pleasant were the comments about them from staff. They suggested management were invisible in their roles because of the endless meetings they attended. Staff felt cheated by these managers, especially when they were not receiving the communication and information they so badly wanted about the reforms and the implementation processes. In the eyes of these participants the managers were too focused on portraying themselves positively to secure a position within the new structure to care for their staff. The impact of this was staff felt they were unsupported within the new structure. The strained relationships between staff and immediate managers did little to alleviate the highly emotional state of many staff, particularly those who believed their positions would be lost.

The lengthy process of appointing senior executive positions meant the AHSs were without leadership and lines of management for lengthy periods, so support systems were not established. Kim, an executive, explained that the length of time taken to appoint even the most senior positions had a direct impact on the relationships between all levels of management. This filtered down to staff, resulting in unrest and lack of trust as there was no directional figurehead, apart from the Chief Executives of the areas to guide the early stages of implementation. According to Kim, even when these positions were announced they had little support to guide them in their role. The lack of trust moved from level to level and the erosion of working relationships gained

momentum from level to level as staff waited for information that was not forthcoming. Reflection on their past working environment was the only way staff could gain some sense that they were good at their job and it was a system failure not a personal failure that confronted them now.

> Kim: *... the primary support you would normally build into a change program sometimes gets sidetracked so it is about providing good support from the leaders. Unfortunately, because we don't have a lot of our senior positions in place yet, support hasn't been as good as it could have been.*

In their defence, managers said they did not have information to pass onto their staff and were uncomfortable that they could not provide any information about workforce recruitment that staff so desperately wanted to hear. They realised staff had lost respect for them. Few managers such as Lydia and Kim were aware that they were not supporting their staff as well as they knew they should have. The interview with Lydia exemplified the concerns expressed by management regarding support for their staff. Lydia knew her staff depended on her for direction and to give them answers but she too was in a situation where she did not know what her role or position would be within the new structure so she was unable to support her staff.

> Lydia: *There is an expectation that directors will be able to identify support ... I don't know that we have necessarily done that as well as we could have ...*

6.11 Conclusion

This chapter has placed participants in their broader social contexts and captured the impact of change on relationships within their social structures (working world) and personal worlds. The concept of nostalgia has been used throughout this chapter to portray participant's reflections on their previous working worlds as a way to find some form of comfort throughout the change process. Reflection and cognitive reconstruction of their past working world helped them ponder their future as they considered their changed status. This process was seen by many as a coping strategy to help deal with their current working situation. Remembering their previous working world did not necessarily help them accept their current working world but gave them the chance to grieve the past.

The chapter highlighted the support networks that participants relied on to help them through change. The chapter further explored loss of morale specifically due to the lack of trust that had developed throughout the reform process. This resulted in the erosion of long-term working relationships between staff and between staff and senior

management. Lack of trust was noticed at all levels throughout the organisation and was significant because it paved the way for bullying that was evident in a range of circumstances, particularly as staff began to apply for new positions.

A concern for people who use nostalgia as a coping strategy is that they will not move forward into a situation where they accept change and their emotional state will continue to reflect this. For these people there has been little offered in the change process to give them comfort and encourage them to embrace change and move forward into a new entity. All participants reflected on their past working situation within their previous Area Health Service at some stage in their interview with the exception of those few who were newly employed by NSW health.

This chapter has continued to build on the previous two chapters. In those chapters the participants were introduced and their landscape developed as the overall plot of their story of the impact of enforced workplace change was unveiled. Their personal perceptions of the impact of change was demonstrated through the use of 'I' poems.

This is the final of three chapters that have discussed the stories of coping with enforced workplace change as presented by the interviewed participants. These chapters have presented an unfolding story of the participants and how they have dealt with the enforced workplace changes from a generic, personal and workplace perspective. The use of nostalgia in this chapter has highlighted the point that the participants often chose to embellish their previous working situation in order to come to terms with their current situation. The following chapter will present the data from the online questionnaire that was gathered from others not involved in the interview process. This chapter will act as a substantive chapter to support the discussions presented thus far in the thesis.

Chapter 7 Questionnaire

Words differently arranged have a different meaning and meanings differently arranged have different effects (Blaise Pascal).

7.1 Preamble

The preceding chapter was the last of three chapters that presented and profiled the interviewed participants, and explained how enforced change impacted on their professional and personal lives. The previous chapters have sequentially unveiled each participant's primary account of the impact of the reforms. Poetry and nostalgic reflection described the impact of enforced change on their personal, social, and working world, and their emotional responses to this. The way in which the participants' response to change was shaped by their reaction to their actual or perceived power and status achievements or losses during the reforms was examined.

The last of these chapters placed participants in their broader social contexts and captured the impact of change on relationships within their social structures and contexts and personal worlds. This chapter focused on nostalgic reflections and how participants viewed change by comparison to their previous working world. Most participants viewed their previous working situation as more tenable than the situation that resulted from the mergers and used reflection upon that as a mechanism to help them cope with the enforced workplace change. Collectively these chapters have addressed the first two research questions:

- What ere the emotional impacts of enforced workplace change for staff working within rural NSW Area Health Services between 2004 and 2007?
- What were the emotional responses of employees to enforced change?

7.2 Introduction

This chapter will present the data from the questionnaire (Appendix 8) that was developed using the main themes drawn from the first reading of the interview data. The chapter will act as a substantive chapter to support the discussions presented thus far in the thesis about opinions of the reforms, issues with communication and support throughout the reform process and the emotional responses of the participants. Data presented in this chapter is from a different group of participants. Interviewed participants presented thus far were not involved in this phase of the research, therefore this data is drawn from a wider audience.

Responses to the questionnaire produced both quantitative and qualitative data that has been analysed in a descriptive manner to support the information in the previous chapters. Quantitative data from the closed questions (yes and no

responses) was coded and analysed to report the frequency of responses. Qualitative data from the supportive questions was analysed descriptively and used to substantiate and qualify responses. Frequency tables have been used to show ranking of responses with supportive qualitative data to explain trends. Likert scales have been used to present responses for questions that asked for a rating of a particular topic. This approach to analysing the statistical data is described by Calder and Sapsford (2006. p.211) as descriptive and supportive. All data will be interwoven with discussion in a manner similar to that in the previous qualitative analysis chapters. While this is not regular practice for the presentation of quantitative data it complements the overall thesis presentation.

The analysis of data within this chapter continues to draw on concepts of Kemper's Power-Status Theory of Emotions. The focus of Kemper's works within the chapter is his prediction that 'arbitrary deprivation of status leads to anger' (1990a p.19).To complement this approach the chapter also draws from the works of Collins (1990 p.28), who predicts that emotions arise as a result of relationships where there are dominant, subservient and resentful players, portrayed as order givers and order takers. Collins' prediction is based on the premise that power and status rituals are the result of society or group dynamics whereby members of a specific group may be so aware of each other's responses or feelings that they become caught up in these moods and, in unity, present the same emotion. An example of this would be if the overarching emotion is sadness or anger then the group dynamics presents a powerful display of highly emotional people reacting to the trigger of that emotion. When linked with Kemper's Power-Status Theory of Emotions, this notion helps understand the group dynamics of workplace peers particularly as they discuss their support systems throughout the reforms. This is different to the Emotion Rules concept presented by Hochschild (Hochschild 1979) who suggests that emotions are managed so they are situational specific because the group were not coerced by the organisation or peers to express their collective emotions. Using Kemper's theory it is easy to understand that even though their situation was forced the emotions of those involved were personal and demonstrated in an autonomous manner.

As described in Chapter 3 the questionnaire was posted online in the year following the announcement of the mergers when the initial reformed structures were in place. Respondents were given a six month period to access the questionnaire. During this time a paper version of the questionnaire was also available upon request to prevent any bias in recruitment. This option was not utilised by any potential participants which made coding of the electronic data a streamlined process.

Sixty five (N=65) people responded to the questionnaire. The highest proportion of respondents were female (73.85%) and the largest group to respond to the questionnaire were females aged 46-55 years (44.6%) as demonstrated below in Table 7.1. This finding concurs with Humphries (1998) who advises that the age of health care employees in rural areas is older than in metropolitan. This older age of respondents is a considerable factor for staff should they need to seek alternative employment. Staff who responded to the questionnaire stated that they were concerned about their employment options which were limited by virtue of their location, and the perception that their older age could possibly be against them when seeking an alternative job.

Table 7.1 Demographic information

Age	Male (n=17)	% of total n	Female (n=48)	% of total n
26-35 years	0	0	3	4.62
36-45 years	7	10.77	25	27.70
46-55 years	7	10.77	29	33.82
56-65 years	3	4.62	8	7.7

Once completed online, I printed each individual questionnaire which allowed the flow of respondents' answers to be tracked so a landscape for them could be developed in a manner similar to reading the interview transcripts. This approach gave me the same sense of immersion in the data achieved as I conducted the three readings of the interview transcripts.

7.3 Role Change

At the outset of the questionnaire respondents were asked to nominate their role prior to and after the reforms. Response to this gave me an understanding of what role change meant to them. The data in Table 7.2 shows that less than half, (46.2%) of the 65 respondents had changed their roles. Nurses had a low incidence of role change (4.62%) primarily from clinical work to management roles. Allied Health had the most significant number of role changes (16.92%) due to expanded roles in the new structure. The data is reflective of the interviewed participants who claimed that while their role had not changed their workloads had changed considerably. This was due, in part, to lack of staff replacement and resulted in increased workloads within the newer and much larger areas.

Respondents were given a broad scope in which to acknowledge their role, yet 24.61% of the 65 respondents nominated 'other' but did not clarify what this meant. This group represented the largest group who experienced a change in role through the merger process.

Table 7.2 Role change since merger

Role change since	Yes		No		Total	
Post role	n=30	46.2	n=35	53.8	N=65	100%
Nurse	3	4.62	16	24.61	19	29.23
Manager	0	0	3	4.62	3	4.62
Clinician	0	0	2	3.08	2	3.08
Allied health	11	16.92	8	12.30	19	29.23
Administration	3	4.62	3	4.62	6	9.23
other	13	20.00	3	4.62	16	24.61

7.4 Opinion of the reforms

The opening question asked 'What is your basic view of the reforms?' A range of answer options allowed respondents to choose a pre-coded response. The following table indicates the response to the opening question. Respondents were able to choose more than one response for this question.

Table 7.3 Opinions of the merger

Opinion of Merger	Number of responses	% of the total responses (N=65)
Process has been too slow	54	83
Areas too big	53	81.5
Lack of communication	51	75.5
Sense of uncertainty	48	74
Lack of trust of organization	41	63
Not enough information–management	39	60
Has not been beneficial for clinical service	32	49.2
Fewer resources	22	34
Not enough information–NSW Health	23	35.4
New career opportunities	4	6.15
Has not affected me	4	6.15
Clinical governance education increased	3	5
More resources	1	1.54
Better approach to service delivery	1	1.54
Improved quality and safety of care	1	1.54

The 378 responses to the original question show that the respondents to the questionnaire (N=65) chose to provide more than one opinion (Table 7.3). The key opinions about the reforms show that 83% were of the opinion that the process of change was too slow while 81.5% of the total responses indicated that the AHS size was too big. Of the total number of respondents (N=65), 75.5% perceived a lack of communication, 74% indicated they had a sense of uncertainty about the reforms and 63% indicated they lacked trust in the organisation. This data supports the discussion

previously presented by the interviewed participants who identified the same issues during the reform process.

The opinion that the reform process had been too slow resonated with the views of those who were interviewed. The interviewed participants had previously claimed that the slowness of process created uncertainty for staff who grappled to make decisions about their future amid the length of time taken to organise the new tiers within the management structure. Lack of information and poor communication about the reforms exacerbated their uncertainty. The enormous size of the newly formed areas generated strong opinions from the respondents (81.5%), and 60.4% of these were provided by managers and nurses. This reflected the opinions of the interviewed participants who were concerned that the size of the newly formed areas was too big and unmanageable in terms of resources and personnel management. Opinions about lack of communication (75.5%), not enough information from management (60%), and not enough information from NSW Health (35.4%) collectively show a significant number of people were of the opinion that there were communication issues throughout the reforms. Lack of trust was a significant opinion particularly for managers and nurses of whom 56% indicated they lacked trust in the organisation. This reflects the arguments put forward by those interviewed who collectively agreed that communication was central to many problems.

Only one respondent presented a positive opinion about the reforms providing a better approach to service delivery while 6.15% were of the opinion that there would be new career opportunities. These low figures suggest that at the time of completing the questionnaire five of the 378 responses received provided a positive opinion about career opportunities and the delivery of services throughout the new structures. This information correlates well with the interview data whereby only one newly appointed executive, who was recruited from outside NSW Health, was completely optimistic about the reforms out of the 21 interviewed participants. She too had concerns about the slowness of process.

The opinions presented by respondents represent their views, judgement, beliefs and attitudes about the mergers. These are considered the personal issues of individual thought. According to Kemper (1990b) sociological enquiry is the nexus between the micro (feelings) and macro (opinions), therefore the personable issues of individual thought must be considered in addition to issues of the broader social context when considering the impact of enforced change. Collins (1990) works suggests that opinions can be seen as macro issues in line with social order. Kemper (1990a p.5) explains that conflict is the 'central processes of macro-sociology' and can also 'rest on the long

unappreciated micro-level foundation of emotion'. This would mean that the while the opinions of the respondents are based on broad social issues within the workplace they are fundamental to the emotional trauma that they claim to have experienced because those macro issues were so poorly managed.

7.5 Feelings about the mergers

Exploring the micro context (feelings) of sociological enquiry as a companion to exploring the macro context (opinions) allows us to ascertain a holistic picture of a social situation. Tracking the respondents in their micro and macro worlds allows a better understanding of the environment within which they live and the social implications of that environment and why they reacted to change in the way they did. Kemper (1990a) explains this concept in that viewing the world of people from a subjective perspective allows one to develop an understanding of another's actions to appreciate what it is that activates emotions. The following section demonstrates these subjective experiences by presenting the emotional reactions to the mergers of the respondents.

The questionnaire asked respondents to indicate their feelings about the mergers. They were also asked to qualify their response. Feeling is a term used within this research to encompass the emotion, sentiment, and reactions. The following figure (Figure 7.1) shows the respondents' answers to this searching question that was designed to gauge the depth of emotional involvement and sensitivity about the reforms. Respondents were able to nominate more than one feeling and were asked to explain why they chose a particular feeling.

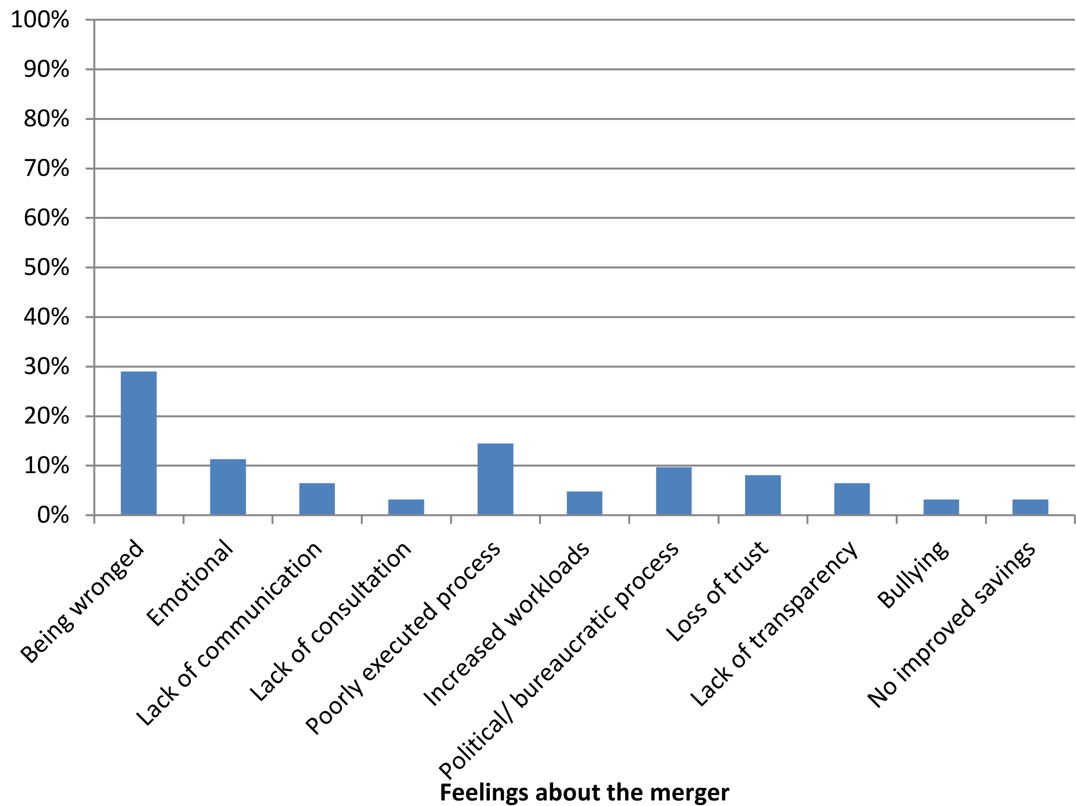


Figure 7.1 Feelings about the mergers

Data was coded into categories for the analysis of this question as depicted in the above figure (Figure 7.1). An example of this is the category 'being wronged' which by definition meant feelings of anger, frustration or disappointment as opposed to wronged in a legal context. These responses were then collapsed into the category of 'being wronged'. Responses show that it was the perception of 29% of the total number of respondents that they were wronged.

Respondents whose feelings were grouped in the 'being wronged' category who claimed they were disappointed, qualified their response with claims that early in the merger process they were led to believe that, through consultation processes, there may be opportunities to contribute ideas for service provision. This would result in what they termed 'new and better ways of doing' and new opportunities for staff to be engaged in a range of different positions. This did not happen they claimed. While consultation issues were frequently noted in response to this question, for many it was discussed in conjunction with other issues so it was coded in the 'being wronged' category. Disappointment turned to anger for these staff because they were not given this opportunity, as staff consultation sessions did not occur. They felt they had been overlooked in any consultation process since there had only been a small number of community consultation sessions held during the day when they were at work. Some respondents believed their managers had not

supported them in trying to present their ideas because they were largely following their own agenda of securing positions and not focusing on the needs of their staff.

Frustrated respondents who perceived they were 'wronged' claimed that they were tired of being ill informed about the reform processes, and the lack of staff consultation. Staff were told that they could make a difference in the new areas through being instrumental in the planning of workforce and quality projects and also have the opportunity to apply for new positions. They claimed they were angry that consultation forums focused on informing the community of the new NSW management framework and did not provide an avenue to discuss their issues.

Respondents who expressed their disappointment in the reform process said that the more remote areas of the state had been overlooked for management location and selection of managers for executive roles. This, they said was discriminatory and unequitable. This group also qualified their feelings by stating that the whole merger process showed a blatant disregard for the improvement of service delivery and staff in the more remote areas of the state. This was because management locations were taken further away from them in the newly enlarged AHSs. They believed the reforms were managed with an apparent lack of direction. This was demonstrated by the time taken to implement the tiers of management which staff were told were needed to be in place before any other positions could be confirmed they reported.

The following comments from questionnaire respondents exemplify these claims.

> Respondent #49: *No education was given regarding career paths at either the AHS or Health Technology [HT] meetings however, HT did hold a meeting and indicate that there would be many opportunities but they could not elaborate any further than that general statement. This has not progressed at all.*

The following comments exemplify how respondent believed they were being wronged.

> Respondent #7: *Minimal support, minimal consultation, nil talking about advice for those in the remote settings.*

> Respondent #42*: I am frustrated at the time taken to complete the restructure. I am angry at the treatment of staff generally throughout the area. I am disappointed in that the lack of consultation has resulted in some areas in the use of procedures and systems not being the most efficient use of resources.*

Staff who felt the reforms were 'poorly executed' supported their claim by reporting the lack of support from managers. This, they said came at a time when they were faced with significant overloads such as increased workload and expectations that they would accept workforce changes and workloads to accompany the increased size in their respective AHS. They also believed that managers and executive were so involved in the very slow reform process and streamlining of staff and services that they could not move the area forward. Frustration at the time taken to put the new system in place and the fact that the changes seemed to be taking so long created a sense of uncertainty and lack of stability in the workplace for many respondents. They were angry at the way staff were treated during this time. Treatment included the tacit expectation from management that staff would accept and not question change coupled with the inability to get answers to questions about the change process they claimed. This led to unrest between staff and management and created an environment where bullying and harassment flourished they noted. The following powerful supportive comments from respondents validate these claims

> Respondent #62: *As there is still no determined structure after almost two and a half years there is certainly been as limited information as you can get and advice on things you don't know about.*

> Respondent #12: *My manager relented at the second round of the fourth tier positions advertisements to allow me special dispensation to apply but only gave me 24 hours notice until the application closure. I was not a permanent staff member so I was originally restricted from applying.*

> Respondent #6: *My director keeps telling me I am valuable, but I get no other information. No other action to help is ever taken. As I am not a permanent employee (after nearly two years acting) I am not allowed to apply for any permanent positions.*

While reports of bullying were not extensive in number (3.2% of the total respondents) the supporting quotes were strong. Claims were made that unrest in the workplace that led to a culture of bullying stemmed from staff uncertainty. It was reported that this was due to the slowness of the change process coupled with inadequate and incorrect communication. The following quotations aptly describe how staff witnessed bullying throughout the reforms.

> Respondent #27: *There has been a callous lack of care for affected staff, brutal bullying of unwanted staff, a lack of objective measurement. Assessment of existing staff, self interest and huge increases in salary for*

senior staff while there is a lack of meaningful savings and beneficial impact on health service delivery.

Respondent #39: *There have been mixed responses from management including untruths. Gestapo style tactics used to unsettle staff and little or no meaningful communication. There is no empathy towards staff from executives and this has resulted in a culture of distrust and disgust.*

These claims exemplify the writings of Kemper who, in his 1990 works, discusses that emotions can be seen as a result of 'episodes of social interaction with family, friends, co-workers, organisational [sic] superiors and subordinates' (Kemper 1990b p.207). Kemper argues that the emotions felt from such interactions and the social relations within which they occur lead to loss of power and status for those involved. Those who indicated that they had been wronged also suggested they had lost the power and status they previously enjoyed. They were angry because this was the result of others achieving more power and higher status at their expense. Consequently they were fearful and angry. This fear has been demonstrated in the previous supporting quotes from the respondents.

7.6 Support

The health care workforce is highly labour intensive. It comprises staff across a range of employment groups and as such requires a range of supportive processes. It is not uncommon for staff to develop extensive and intricate relationships over time. In rural locations where staff frequently have social connections beyond the workplace these relationships are unique and staff can be fiercely loyal to their colleagues particularly when they see them being wronged. My personal experience, as rurally located health care worker, allows me to form the opinion that staff with strong social connections, in addition to strong work connections, will protect and support colleagues during times of personal and professional crisis. This opinion was espoused by the interviewed participants claimed that their colleagues rallied in support when management were judged to be failing staff. Respondents were asked to rate, on a Likert scale, the support they received from three sources: management, peers, family and personal networks.

7.6.1 Management support

The support that comes from management, particularly middle management, throughout any reform process is vital to not only the successful implementation of change through strategic planning but also for the emotional management of their staff (Wai-Kwong, Oriem et al. 2001; Huy 2002). Unstructured support from peers and individual personal networks, by comparison, is often seen within a workplace in an adhoc system without structure and occurring on an individual needs basis. The nature

of the support from management will vary depending on who and when the support is sought. This support is usually provided in response to the scope of change as seen by senior management. For this reason management and staff will frequently view support needs from different perspectives.

Communication throughout change is vital to ensure any support strategies are successfully conveyed, understood and implemented across all levels of staff. The respondents and interviewed participants made damning claims of lack of support provided for them by senior management. They did concede that there was some support from immediate managers at the beginning of the reforms but this diminished as time progressed.

Support received from management was rated as minimal by 38.5% of the respondents. This is demonstrated in Figure 7.2. None of participants indicated that they received maximum support. This data correlates with the information provided by the interviewed participants who claimed that the lack of day-to-day support by management throughout the reform process and the lack of communication about the progress for the reforms made it difficult for them to accept the changes and be positive about the newly formed entities.

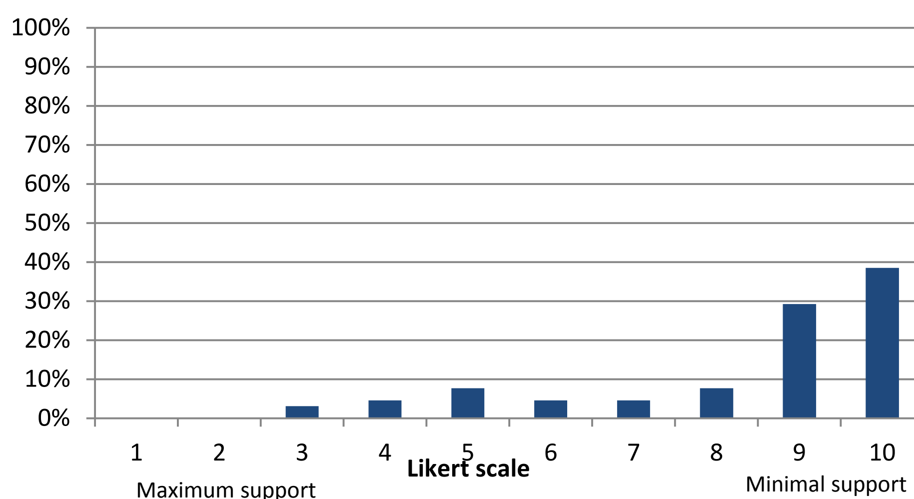


Figure 7.2 Scale of support from management

Participants were also asked to describe the support from management. In response to this question 45% of respondents reported that they did not receive any support from management however they still chose to make comment about management support. This response rates the lack of support as higher than that reported on the Likert scale in Figure 7.2. This higher response indicates that when asked to qualify their response

about management support, respondents considered minimal support as a lack of support.

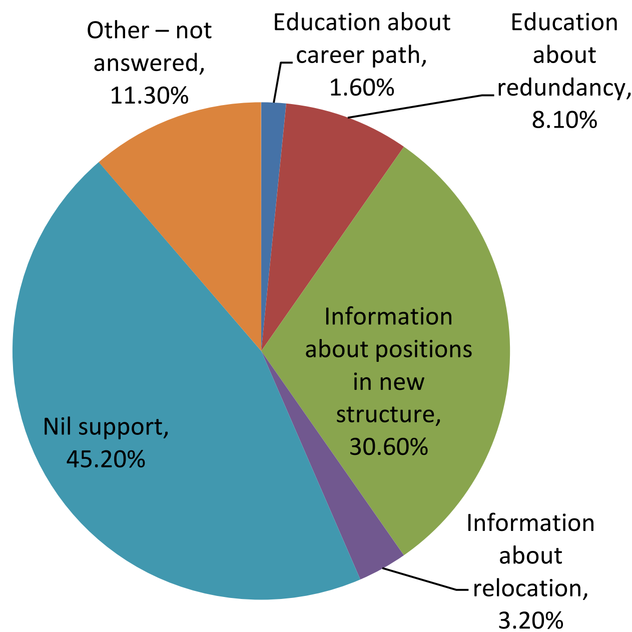


Figure 7.3 Description of support from management

The most damning claim of lack of management support was the following statement:

> Participant #27: *Support varied tremendously from wonderful support to overt and covert bullying and harassment stemming right from the Chief Executive Officer. One of the principal persons responsible for this behaviour has been named in parliament on more than one occasion and also in an internal management consultant's report – the release of which was refused by senior management.*

Managers who completed the questionnaire used this section to explain how they tried to support their staff but could only do so to the level of knowledge they had about the reforms which by their admission was not enough to be in a position to pass it on to their staff. The following supportive quotation exemplifies this:

> Participant #9: *We [the operational managers] have all had similar experiences and therefore have been able to support each other. We've also remained aware that our valuable junior team members have required support and we have tried to be there for them as well. The support given to them includes empathy, time to listen and encourage, verbalising positivity in order to steer away from the negativity of this*

merger that was forced upon us. The merger was not managed well a factor that we will remember at the next state election.

In his writings about interactional ritual chains and social class, Kemper (2000) maintains that group membership is maintained in one of two ways. Either people are coerced to remain in a group by those who have greater power than them, or they stay due to self interest. Questionnaire respondents, like their interviewed counterparts, largely identified themselves in the former category as people who needed to stay in their current role and experience the consequences of enforced change under the control of their management. Kemper (2000 p.48) drew on the works of Collins (Collins 1975; Collins 1981; Collins 1990) to explain group interaction and loyalty. Kemper suggests that group cohesion is in part due to shared emotions that result from ritualistic activities common to the group. According to Kemper (2000 p.48) Collin's concept of emotional energy developed through ritualistic activities provides an explanation for why people remain loyal to a group and why solidarity among group members is important when emotions are tested by outside forces. Using this reasoning one can understand the loyalty shown between staff when management did not seem to support them throughout the reform process. Qualifying statements from respondents reveal how management was seen to coerce people but the underlying group loyalty that developed through like emotions, helped group members remain united.

> Respondent # 40: *Our area is huge, too big to manage and as such we developed clusters which created another tier of management. Management is changing. Working structure is changing. Nothing is constant, except that we are in a constant state of flux. Department heads are still undecided and this means things stagnate so no decision or plans can be made. We are together on this against all management.*

7.6.2 Peer support

Peer support and workplace relationships were important for staff during workplace change as indicated in the following supportive comment from a questionnaire respondent.

> Respondent # 24: *We work well as a team. Support each other so we can express how we feel*

Peers, by definition, share a mutual understanding of what is required to help each other throughout organisational change especially when it is framed by periods of uncertainty. During an extensive change process the technicalities and outcomes of

change are frequently the focus of the process with little attention paid to the human element involved. Respondents in this study claimed that work colleagues/peers were the first to offer support, as many of them found themselves in similar situations. Questionnaire respondents and interviewed participants noted that the only time peer support waned was when staff started to vie with each other for positions within the new AHSs. When this occurred they noticed that collegial support was replaced with bullying and whistle blowing tactics. This was more common when people were applying for management positions or positions that increased their power.

Figure 7.4 shows how respondents rated the support offered by peers throughout the reforms.

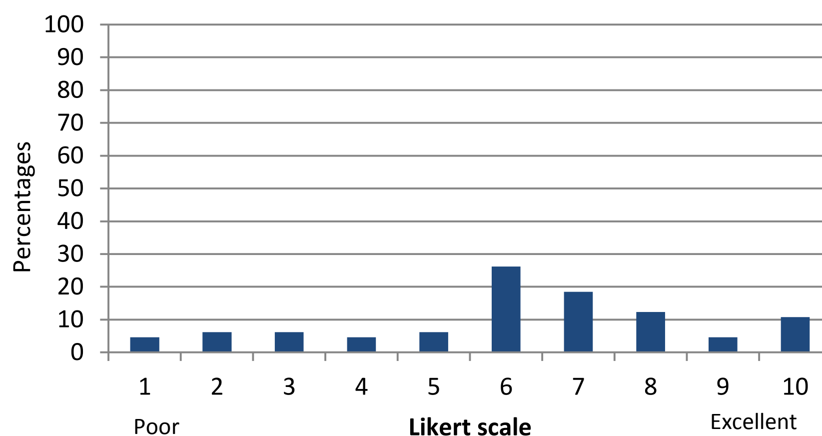


Figure 7.4 Scale of support from peers

72% of respondents indicated that they received better than average support from their peers. They explained that while they were not necessarily able to solve their colleagues problems the solid working relationships that had developed over time were important, as they were able to calm and comfort their mates. They mentored them where possible and listened when needed. The following comment indicates the wide ranging nature of peer support demonstrated throughout the reform process.

> Respondent #23: *We helped each other with debriefing time, reassurance, direction on how to approach role change with chocolates and red wine!*

Kemper (1987) suggests that the primary emotions of fear, anger and depression pave the way for the secondary emotions of anxiety and negativity to develop. Qualifying statements from respondents showed their anxiousness as they lacked formal management support and relied heavily on colleagues to support them. They also revealed that loss of position security and for some, loss of power in their role, frightened them.

> Respondent #7: *We have empathy for our mates, everyone is in the same boat. We all feel that something that has been working very well has nearly been destroyed.*

Questionnaire respondents noted that peer support was significant throughout the reforms as colleagues faced the challenges of working in different roles under a different management structure with little support or communication from management. Peers offered a range of support options for colleagues that coincided with emerging emotional needs. Figure 7.5 depicts the type of support offered by peers.

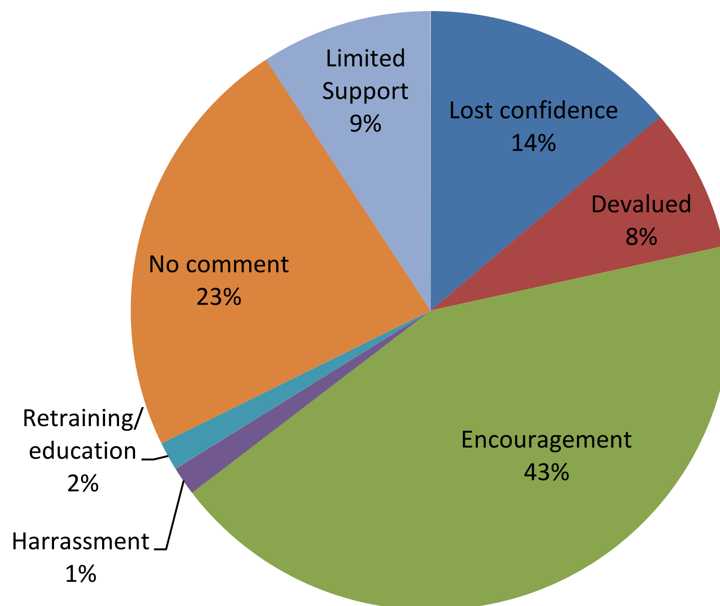


Figure 7.5 Description of support from peers

Encouragement was nominated as the most important form of peer support (43%). This ranged from individual support to more formal supportive processes such as formal networking. Networking provided a variety of support as it facilitated communication for staff. Some staff took on the supportive role, as suggested in the following excerpt, while others needed support to cope with their untenable working situations.

> Respondent #25: *I have probably been more involved in providing support than receiving it. There are those who have been more upset, threatened, and less able to cope and I have attempted to be sympathetic, supportive and give advice and encouragement where possible.*

Table 7.4 provides a snapshot of the range of supporting comments from respondents who encouraged their peers. Like their interviewed colleagues they explained that the lack of formal communication caused their greatest angst. This resulted in their loss of confidence in the reform process and ultimately their health service. A negative aspect of their collegial support was the ongoing negativity that constantly fuelled their doubt about their future.

Table 7.4 Types of peer support

Support Group	Personal support between individuals
Individuals	*Time together, in our own time, to share circumstances #12* *A shoulder to cry on #66*
Group	*Support with wading through upper management finding our who to contact for what and where they are #33* *Information sharing about what is happening with the restructure as we hear it* # 36 *Where someone has had an issue others have shown concern but we are powerless to do anything about the changes* # 49 *I have probably been more involved in giving support than receiving it. There are others who have been more upset, threatened and less able to cope so I have attempted be sympathetic, supportive and give them advice and encouragement #25*
Manager	*We [the operational managers] have all had similar experiences and therefore have been able to support each other. We have remained aware that our valued junior team members have required support and we have tried to be there for them as well. The support includes empathy, listening and encouraging them in an attempt to steer them away from the negativity of the merger that was forced upon us. The merger was not managed well at all* # 9

7.6.3 Personal support

Participants ranked personal support as fluctuating. They felt that family, friends and support networks outside the workplace did not understand the pain they experienced. Their personal support networks, who did not understand the daily workplace culture and the dramatic shifts in power and status, were supportive as best as they could. Their support was more passive and often driven by the moods of the participants.

Respondents claimed they could not always relate to family and friends, as, beyond the prospect of job losses, they felt they did not understand their losses. They explained that the loss of power and status in their role impacted on personal relationships, and their spontaneity within the groups that formed the nexus of their being was lost. This disruption resulted in depressive thoughts and sad emotions. At times self imposed exclusion potentiated further negative emotions that continually compounded their sense of loss. These staff exemplify Kemper's (1990) point that people who lose their power and status are so emotionally scarred and angry they retreat from all forms of personal support. Collins (1990) reaffirmed Kemper's explanation and suggests that the alienation of staff through their enforced changed status in the workplace may result in them alienating themselves from the social networks that bind them.

Respondents explained that outside their working world they needed people to give them space as they came to terms with significant changes in their world. At the same time they needed people to understand the difficulties they faced as work conditions changed to the extent that many of them either needed to change their position or leave the employment of the health service. The following supportive comment exemplifies this.

> Respondent #11: *Family and friends do not realise the implications. A unit going from 26 people to eight people is unacceptable.*

Figure 7.6 indicates the scale of personal support respondents claimed they received.

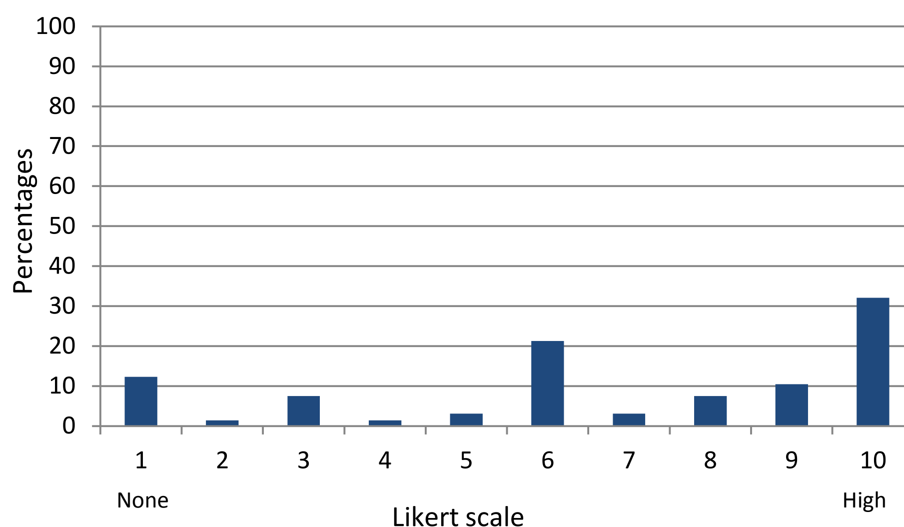


Figure 7.6 Scale of personal support

While 32% of respondents claimed that they received excellent personal support from family and friends outside the workplace, 52% of the respondents indicated they

received better than average personal support. This data correlates with the information from the interviewed participants who also claimed that the personal support received was different from that received from peers. Personal support was important as it was reactive to their ever-changing emotions.

The main form of personal support, as demonstrated in Figure 7.7 was described by respondents as 'support time'. By definition this included visiting, emotional and moral support, listening, offering encouragement and sharing common ground. 42% of respondents explained that they received support time from family and personal support networks.

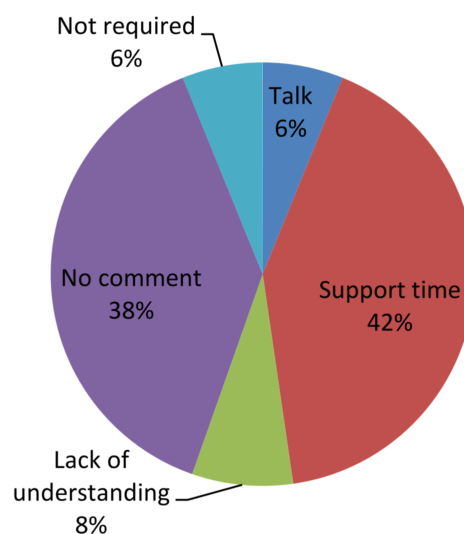


Figure 7.7 Description of personal support

7.7 Communication

Communication should be a fundamental component of any organisation. It must be the cornerstone of any change process to ensure information is readily available to staff even if it is given in small amounts as it becomes available (Appelbaum and Wohl 2000). Communication processes should not be seen as additional during a change process. Appelbaum and Wohl (2000 p.287) suggest that the withholding of information from staff is the origin of failed workplace change efforts.

Interviewed participants, and questionnaire respondents, when asked to provide supporting information for answers to quantitative questions, discussed communication at every possible opportunity. Their discussions were always about the poor communication from the outset of the reforms. Unanimously they claimed that communication had failed them. Questionnaire respondents claimed they were not given the opportunity to engage in communication with management either in groups or individually. They relied on the media to gather such information. The media reporting, particularly the print media, was so emotively written that it compounded

their fears. Their constant questioning of management and failure to receive the answers they needed did little to allay their fear for the future.

Table 7.5 clearly indicates the responses of participants when asked if they thought the communication had been adequate prior to and then during the mergers. More participants (78.5% of the total number of respondents) thought that communication during the mergers was inadequate than they did prior to the mergers (67.2% of the total number of respondents). Figure 7.8 shows the respondents' opinion of adequacy of communication throughout the mergers.

Table 7.5 Communication prior to and during merger

Communication prior to the merger	Response frequency	%
Adequate	21	32.8
Inadequate	44	67.2
Total	65	100
Communication during merger	Frequency	%
Adequate	14	21.5
Inadequate	51	78.5
Total	65	100

Claims of inadequate communication were endorsed by respondents who stated that communication was often misleading, inaccurate and confusing. These claims supported the information provided by the interviewed participants who unanimously said that there was a wide range of issues with communication, especially the lack of accurate and timely communication for all staff. The most alarming accusation made by participants and respondents was that communication about the merger processes was withheld from staff.

Respondents claimed that the lack of communication was like a chain reaction, commencing with the poor communication between NSW Health and the senior executive, then on to managers who were given little information about the reform processes to pass on to staff. Lack of opportunity for engagement in the reform process was a significant barrier for staff that caused them angst. Consequently staff lacked trust in the organisation as they claimed they were pawns in a game where there was no regard for their outcome. The following supporting comments depict how managers described the lack of communication and its impact.

> Respondent #67: *I just don't think they realised how mammoth the merging process was going to be and that communication was going to be*

so difficult. Executives underestimated this so they had to change plans numerous times so they were able to try to communicate effectively.

Respondent #25: *Information had to be dragged from the executive – we had meetings where nothing valuable was said, just lots of reassuring words with no data to back them up.*

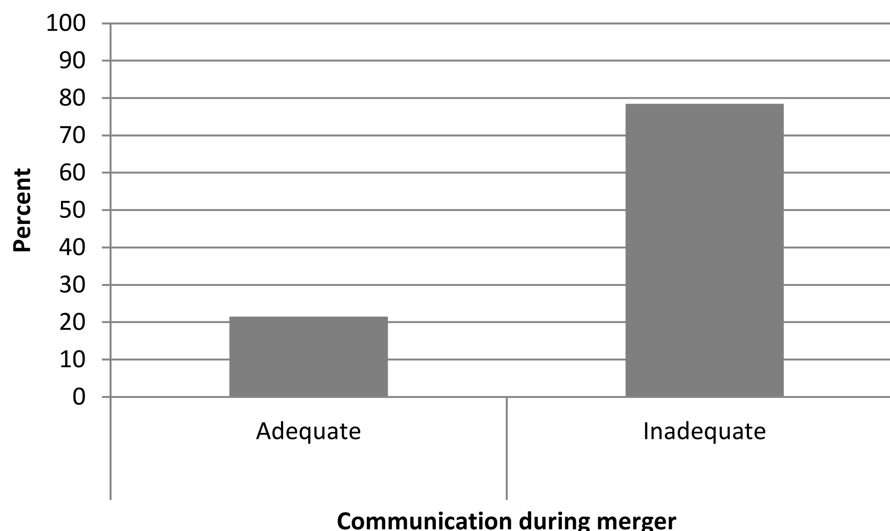


Figure 7.8 Adequacy of communication during the mergers

7.8 Final comments

All questionnaire respondents were given the opportunity to make final comments about the mergers. Figure 7.9 presents the responses to this question according to the age of the respondents. Of note in this data is that of the 83% of respondents who indicated their age as between 36 and 55 years, (which reaffirms the older age of staff in the rural areas), 72.8% commented that they had lost confidence in NSW Health since the mergers commenced. Of further significance is that 50% of the respondents within the 56-67 year age group also claimed they had lost confidence in NSW Health since the mergers commenced. The respondents in the 36-45 year age group showed the highest level of uncertainty for their future (12%). This is important data as people within this age group would be more likely to have young families and would be dependent on their role for income and stability. These staff are also the potential future workforce for the AHS.

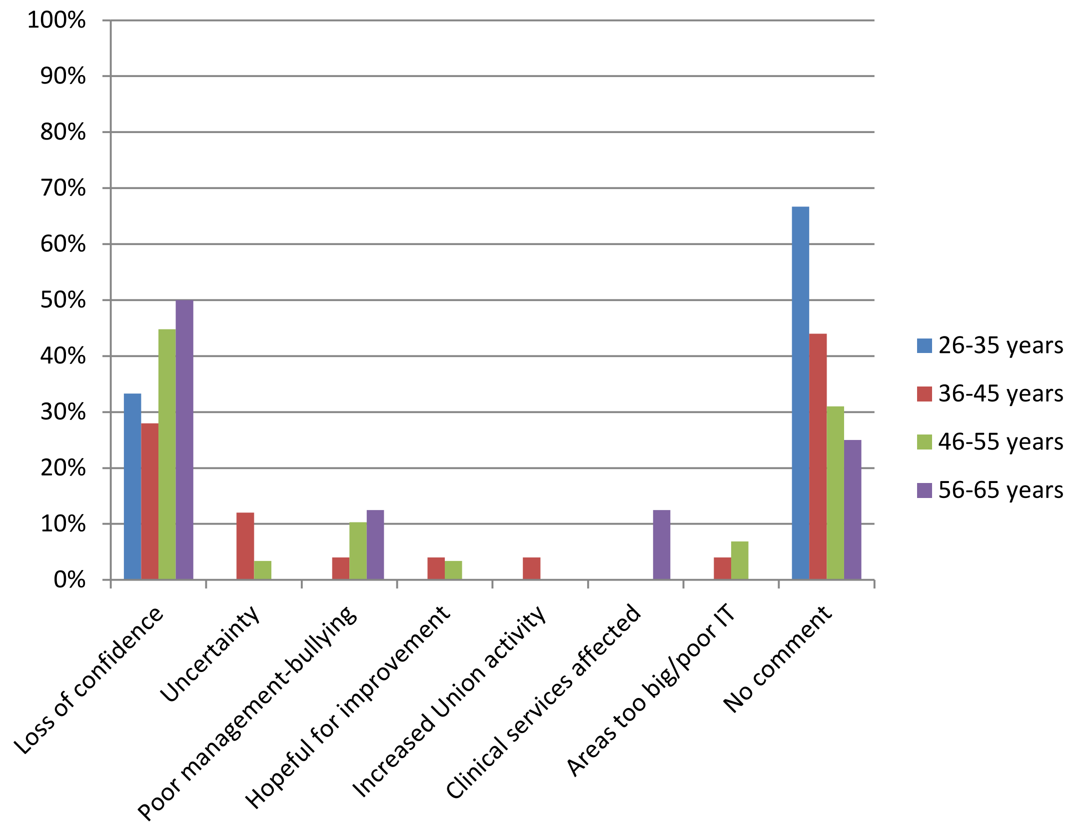


Figure 7.9 Comments about mergers (by age)

The associated comments from respondents to support the data in this figure are important and capture the very essence of the impact of the enforced changes for staff. Their comments reflect the writings of Kemper (1990a) and his social relational approach to emotions, whereby he suggests that emotional responses can be tested against a background of assumptions. The universality assumption, which is the cornerstone of his Power-Status Theory of Emotions, suggests that power and status outcomes of social interactions produce emotions. The emotional responses demonstrated in this chapter suggest that each respondent has, in some way, been affected by the enforced reforms with power-status shifts. Some respondents claimed that their emotions were the result of continual deprivation of information (knowledge) about what was happening in their working world. The following supporting statement is an example of this.

> Respondent #12: *Poorly managed in conjunction with poor communication. Reactive rather than proactive. It is now 18 months since amalgamation and they haven't advertised the fifth tier positions. Too much uncertainty which impacts on staff performance and this makes us look like fools because we cannot make decisions or proceed with initiatives. Tokenistic approach–senior management speak the language*

but don't appear to truly recognise the soul destroying impact of their decisions and the slowness of process.

The lack of information (knowledge), they claimed denied them of power. Following is a selection of the comments that clearly depict the anger, concern and frustration felt by the staff. Staff reflected on their previous working worlds and the way they dealt with change. They made reference to accepting their past and the world they worked in rather than cope with the uncertainties dealt to them within this reform.

> Respondent #19: *The bastardisation that has happened here needs to be known by everyone. The bullying and harassment is going through the roof. Yes, we are all bound by the code of conduct, but we are all human beings and enough is enough.*

> Respondent #23: *It [the reform] is not working – the ship is about sink – when will something be done to urgently review the mistakes of this system – it has been disastrous.*

> Respondent #67: *This was the first restructure that I can remember where frontline clinical staff felt it and were bewildered. Morale was stomped on and staff couldn't cope which in effect destabilised the whole hospital. I have been through three restructures and accepted change but with this one I felt we were drowning and may not recover and I couldn't jump any higher. I have never felt this with previous restructures.*

The final comment aptly epitomises the concerns portrayed by respondents across the range of questions asked of them and reflects the comments previously made by interviewed staff.

> Respondent #22: *The manner in which the mergers have been implemented has been badly organised, lacking in transparency and personally destructive to a large number of people. The goal of providing quality health care to the patient has been lost in the need to appear to be reacting to the 'crises' in health. The crisis will be that good employees with senior experience and well-developed corporate knowledge are lost because ethically and morally they can no longer work in the system.*

7.9 Conclusion

This chapter has presented the data from the questionnaire. The focus of the chapter was to present evidence to support the claims made in previous chapters about the

impact of enforced change for a range of personnel employed by NSW Health a during the process of merging Area Health Services.

Demographic data obtained from the questionnaire was important as it demonstrated the age groups and percentage of male and female staff employed in the rural areas. Tracked questionnaire responses, with a focus on the frequency of responses, enabled a profile of a typical questionnaire respondent to be developed in a manner similar to the interviewed participants.

A profile incorporated initial opinions and supporting responses offered about the support received from management, workplace peers and personal support systems throughout the reform process. The profile portrayed a respondent in whose opinion the size of the newly formed areas were too big and uncontrollable by a management team that could not physically be present in all areas. Coupled with the slowness of the reform process and multiple issues with communication there was uncertainty about their future.

Support for staff was primarily from peers who were in the same or similar situations with very little management support. Personal support was limited as family did not understand their concerns. The main form of support from families was to listen. The controversial issue of communication was highlighted as respondents qualified their claims of poor communication. Finally, respondents were given the opportunity to make a last comment about the reforms. The format of the questionnaire reflected the format of the interviews. This deliberate choice of questionnaire style allowed me to continue to gather data that would either support or refute the claims made by the interviewed participants.

This chapter has highlighted the importance of relationships for those involved in the enforced workplace change. Relationships and social relations, according to (Kemper 1990b) are the prime initiator of emotions as they generally are triggered in response to events and environmental influences. The actions of others such as executives and those in positions of power throughout the reforms, unequivocally initiated the emotional reactions of those who worked in lower order positions as their power and status was altered. Managers who claimed they were not well informed about the reform process still fit into this category as they were unable to support their staff. Many respondents claimed that their losses were compounded by the increase in power and status of others who then used this to their advantage in ways such as depriving others of information.

The emotional impact of the reforms was extensive for staff as they come to grips with workplace change that altered the direction for their employment. This ultimately altered their loyalty to their employer.

Collectively the four analysis chapters have presented an unquestionable view that the enforced changes in the workplace due to the mergers of the AHSs had an emotional impact on the staff. Changes in power and status were evident and those changes had an impact on workplace relationships. The impact also extended to the staff's broader social networks.

The following chapter will present a discussion of the findings from the interviewed participants and questionnaire respondents, and link them back to the three research questions. The chapter will draw the research findings together to present a story of the emotional impact of enforced change for staff, and the emotional responses of employees to that change. It will also present staff perspectives as to how change could be better managed, considering the emotional impact of enforced change.

Chapter 8 – Theoretical contribution

We must become the change we want to see... (Mahatma Ghandi)

8.1 Preamble

This chapter will discuss the research findings and link them to the theoretical and methodological frameworks that informed the study. The chapter will also link the research findings to the questions:

- What were the emotional impacts of enforced workplace change for staff working within rural New South Wales Area Health Services between 2004 and 2007?
- What were the emotional responses of employees to enforced change?
- How can this emotional impact of change be better managed from the perspective of the employees?

The thesis takes as its premise that large scale organisational change, in this case NSW Health reforms, will have an emotional impact on staff who are the fundamental component of that change. Communication is seen as integral to the success of change.

This thesis is the story of a particular change process within the NSW Health Department that was conducted in rural NSW, Australia. The process was long and protracted over five years and conducted with a poor communication strategy. As a result the change process was slow and painful for staff and resulted in much emotional trauma experienced personally/professionally, organisationally and throughout the community. The consequences of enforced change such as the emotional suffering, while inevitable, must be considered by change strategists in order to preserve the social capital of an organisation.

The analysed data from the three readings of the transcripts and the questionnaire presented in the previous chapters is represented in the following model, called a Person Centred Model for Organisational Change.

Diagram 2: Person Centred Model for Organisational Change

8.2 Personal professional Level

The data analysis was undertaken using a unique combination of Kemper's Power Status-Theory of Emotions as the theoretical lens of enquiry, coupled with the use of Voice Centred Relational Method (VCRM) to study the data. This combination of theory and method enabled me to explore the story of the participants through a lens that focused on the emotional impacts of enforced change from both personal and professional perspectives.

Kemper's Power -Status Theory of Emotions is an ideal theory against which to review the personal impact of enforced change for staff. This theory offered a unique opportunity to identify the way in which the participant's responses to change were driven by their perceptions of changes to their own, and others, power and status. It allowed me to explore the interactions of staff when their power and status was threatened by changes in social relations a result of enforced organisational change. Within his theory Kemper proposed that ' ...a very large class of human emotions results from real, imagined or anticipated outcomes of social relationships' (1978 p.43). Based on this premise I was able to examine the structural, anticipatory and consequent emotions of staff as the mergers unfolded and staff anticipated their future.

The research findings provide evidence of the emotions experienced by staff when real, imagined or perceived shifts in relationships altered their power and status when they or colleagues either gained a new position or lost their former position. An example of this is demonstrated in Chapter 4 when Trevor not only lost his position but also the comradeship he previously shared with the person who successfully gained the position that he had applied for. Trevor's experience highlights the shift in emotions as explained by Kemper (1978, 2006) and Putnam and Mumby (1993) when emotional

equilibrium is disturbed in the workplace. As suggested by Kemper (1978, 2006) and Putnam and Mumby (1993), emotions in the workplace expose much about the power and status of workers and when the equilibrium in the workplace is challenged then emotions will also alter to reflect the imbalance.

Imagined or anticipated shifts in relationships present as 'what if' moments: these moments were demonstrated by participants who pondered their future and anticipated how they would cope in the newly formed entities that were bigger and centrally controlled a great distance from their town. This was highlighted through the 'I' poem written to portray Ros's experience which was one of despair as she contemplated her uncertain future following the mergers. The emotions, demonstrated by these participants, are largely influenced by the immediacy of situations and how change is viewed and the subsequent judgement of the situation. Their emotional response to change gives meaning to their workplace and defines their position it at any given point.

The application of Kemper's theory to each reading encouraged me to read and listen to the participants' stories and focus on the first two research questions.

1. What was the emotional impact enforced workplace change for staff working within rural New South Wales Area Health Services between 2004 and 2007?
2. What were the emotional responses of employees to enforced change?

I focused on the emotions presented by each participant as they told their story of hurt and loss as a result of the enforced changes. This process helped unveil the delicate information about the suffering and defeat experienced by the participants during enforced organisational change. The three consecutive readings of the transcribed texts, and taking note of the voice, gave an insight into the participants' worlds and their emotional responses to enforced change through listening to inference through modulation in their conversations.

The journey travelled by Thel exemplifies the benefits of using this method to analyse the stories told by participants. Thel's account of the reforms from a personal/professional, organisational and community perspective showed her concern at the loss of corporate knowledge compounded by the lack of communication that was again presented in her personal poem that I entitled 'Pessimism' as it presented her negative view of the whole reform process and the outcomes for her rural AHS. The final reading of the data showed Thel's concern for the welfare of her colleagues and their health. A validating point of tracking her narrative through three readings was my own sadness upon reflection of her story at the completion of the first reading of her transcript. As explained by Boje (2012) 'Modern managers can learn how a linear and

petrified sense-making narrative of the past can provide stability in stable equilibrium situations, but when the environment changes to far from equilibrium, there can be a need to look at non-linear, and non-cyclical ante narrative paths of transformation to the future'.

The fundamental aspect of Kemper's theory for this research is that the shift in power experienced during enforced organisational change is relational and occurs at the direction of one party in the relationship, while the shift in status is accorded from one person to another in recognition of their value or loss of value. As a result of the shifts in power and status certain emotions will arise that may have negative impacts on the desired change aim of increased productivity. Kemper's Power-Status Theory of Emotions is an important guide for change strategists to ensure all aspects of the process, that will, or potentially will, impact on employees, are communicated appropriately so staff are aware of the potential outcomes.

The real outcomes of the mergers for staff meant loss. That loss triggered a raft of emotions and emotional responses as predicted by Kemper in his Power-Status Theory of Emotions. Staff were angry about their loss. They were fearful as they anticipated their future and many reported that they were depressed as they knew their loss was a direct result of management changing their workplace and not giving them the opportunity to be involved in that change. The anticipated outcomes of such an extensive change process that continued for an extraordinary length of time also caused a range of secondary emotions that overshadowed staff and permeated their life. Staff reported that they were frustrated with the reform process, they were uncertain about their future and they were disappointed with the lack of consultation and communication to the point that they felt resigned to sadness about their situation in the workplace. Collectively, these emotional reactions to the enforced changes demonstrate the Kemper's fundamental theory that any change in social and structural conditions will result in emotional responses particularly when one's power and status is challenged.

The use of a VCRM of data analysis is different from many other research analysis methods. The method was a critical element specifically chosen for this study as it allowed me to immerse myself in the conversations I had with each participant, so I could listen to, and read, the way in which they told their story from a range of perspectives. This distinctive method complemented Kemper's Theory well as the three readings of the transcribed text allowed me to explore the world of the participants, their professional relationships, and their broader social networks throughout the

mergers. It enabled a unique understanding of the impact of the enforced reforms within these contexts.

As a result of this lack of support from management staff reported that they felt disempowered, stressed and alienated. Stress and anxiousness, coupled with the unsettled conditions associated with workplace change, can result in low self-esteem and deterioration of employee health. Personal suffering, such as anxiety, depression, and physical illness were described by staff who also despaired at witnessing their own health, and that of their colleagues plummet as a result of the impact of the mergers.

The use of poems was a particularly effective way to describe the personal sense of loss experienced by the participants. The poems allowed me to present the deep thoughts of participants in a poignant manner that portrayed their personal sense of loss, emotional impact and responses. The poems were grouped according to the structural, anticipatory or consequent emotions they expressed, and in those categories described in Kemper's 1987 works, demonstrated how excessive power in a relationship gives people the ability to compel or force others to go against their choice, while past relational experiences affect opinions and ability to cope with situations. The poem developed to portray the narrative presented by Trevor highlighted how the immediacy of change affected his world and why he resigned from his position. The poems of Jesse and Marnie exemplify anticipatory emotions as they pondered their future while engulfed by an incredible sense of loss. Ros's poem, which was one of despair as she contemplated her uncertain future following the mergers, showed consequent emotions that were the direct result of a relationship shift. These powerful poems personified Kemper's Power Status Theory of Emotions as they demonstrated the subjectiveness of change. Based on the premise of Kemper's theory the participants demonstrated their emotional responses to various stages of the change process.

Poems validated the impacts presented by participants throughout their interviews and further demonstrated their emotions triggered by the enforced change. This was particularly so when they felt their power and status was threatened. The constant use of the words 'I' and 'we' throughout the poems brought focus to the personal impacts and emotional upheaval for staff and exemplified Kemper's (2006) commanding and convincing argument that social relationships are at the basis of emotional reactions to events and situations. The poems also presented participants' views in relation to their perceptions of loss and how this impacted on their emotional states. Emotional responses are created in response to perceptions of power and status and the relationships involved power-status shifts which may impact on future work relationships.

8.3 Health organisational level

Organisational change within public health care has been a constant occurrence nationally and internationally for the last decade. This change has usually been associated with the desire, or need, to increase productivity and efficiency (Garside 1999; Fulop, Protopsaltis et al. 2002; NSW Department of Health 2004) and, in the last two years in Australia, to align the state system with reforms at the federal level. A more recent aim of change in health care settings in NSW, in addition to increasing productivity, has been to increase patient safety and accountability through better governance frameworks, and to address the increasing costs within the public health sector (NSW Department of Health 2004). In the NSW public health system, the reforms commenced within the last decade have seen a move towards centralised governance in an attempt to improve the quality of care and system efficiency. However the converse happened. For example, the changes reduced productivity when the overhaul of the IT system resulted in heavy financial debts prior to the merger and the inability to communicate effectively within and between health services.

This research has revealed consequences at the organisation level including a loss of corporate knowledge due to senior staff resignations. For example, both Ron and Trevor were competent managers who resigned. Thel explained how middle managers' leadership was eroded during the change process, rendering them powerless. The participants expected leadership in the form of a clear direction for the change; in its absence there was uncertainty and a loss of productivity. The analysis of data collected illustrated the emotional impact of enforced workplace change on the participants. The participants, regardless of their role, presented a clear message that throughout the reforms the workplace was characterised by uncertainty as a result of insufficient communication and poor leadership through the management of the reforms. This resulted in a shift in the equilibrium within the workplace and a range of emotional responses for staff.

The change process occurred over an extended period of time and had a damaging impact on staff. This triggered a range of negative emotions for staff who felt robbed of the power and status they had previously experienced in their roles. The poor change implementation process driven by NSW Health, coupled with the lack of leadership and transparency of processes within their own AHSs made their working world a place of uncertainty. As a consequence of this staff lost confidence in their employer and it would be naive to think this will be easily regained.

These reforms were conducted without any evaluation plan in place (van Gool 2005) and to date there has been little reported research into the effectiveness of the changes,

especially the impact of the reforms on staff productivity. Commissioner Garling undertook the most significant enquiry into NSW public health system in 2008 following incidents and deaths at two public health facilities (Garling 2008). This was the first enquiry since the Walker Report in 2004 which was conducted just prior to the commencement of this research (Walker 2004). The Garling Report makes a raft of recommendations about the governance of the NSW public health system in response to evidence given throughout his enquiry. Much of the evidence given during this enquiry is aligned with the data reported by participants involved in this study (Garling 2008, paragraph 31.23 - 31.74). The Garling Report's recommendations are a strong validation for the findings in this research.

Communication has been referred to throughout the literature as a key element of organisational change. Timely and accurate communication is essential throughout change processes in order to keep all involved aware of why it is occurring, how it is occurring and who is likely to be affected. Lack of communication has been cited by researchers such as Covin and Kilmann (1990), Tourish and Hargie (1998), Cote (1999), and Appelbaum and Wohl (2000) as the single most significant factor that impacts on staff during periods of organisational change. When there is a failure in communication between management and staff about the change processes there is likely to be significant impacts for them as they anticipate changes and perhaps even the loss of their job. This was clearly illustrated in this research when staff received many versions of 'the letter' that contained confusing and inaccurate communication about their position.

The uncertainty of change lends itself to the spread of rumour and gossip, which can have damaging consequences. Staff are more likely to listen to rumour and gossip when there is a lack of formal communication from management. The excitement of gossip was highlighted throughout this research through the speculative reporting in many local daily newspapers in the locations where there was much hearsay concerning many job losses and potential outcomes of the mergers. The lack of formal communication allowed the rumour and gossip to rise to extraordinary heights and staff were placed in a difficult position if they tried to defend their health service or clarify inaccurate information. As suggested within Kemper's Power Status Theory of Emotions 'a large class of emotions results from real, imagined or anticipated outcomes of social relationships' Kemper (1978 p.43), therefore the imagined outcomes of change coupled with anticipation caused emotional turmoil for staff.

Every participant, including executives, managers, clinicians, administrative assistants and even those who had resigned from their positions, stated that the huge size of the

newly formed AHSs, poor communication and the long drawn out implementation process were core issues that resulted in an overwhelming sense of loss, low morale, fear, and personal health issues for them and for others. The lack of support for staff by the NSW Health management teams within each AHSs increased the negative emotional responses. Collectively, the participants indicated that the emotional impact of the enforced change could have been better managed if attention had been paid to communication strategies throughout the entire reform process.

Communication is an essential component of any change strategy and is cornerstone to implementing change. Every participant in this study commented on the lack of adequate communication from all levels of management and the ensuing emotional impact as they struggled to understand when and how their working world would be affected. The extended timeframe of the reforms with poor communication meant that this permeated every aspect of their professional and personal lives. It was a central issue throughout the reform process. The issues with communication were varied but none the less significant and included: the lack of accurate and timely communication for staff; minimal, poor and confusing information delivered from area management and NSW Health; and the perception that communication about the progress of the reforms and the position appointment process was withheld. These factors resulted in a loss of morale and loyalty to the AHS which, until this time, had been an employer of choice. The personal impacts of loss associated with the poorly managed organisational change that were compounded by poor, inaccurate and untimely communication, resulted in staff listening to rumours and gossip to gather what information they could.

Previous research and literature presented throughout this thesis has revealed that communication is an important component of planned organisational change. Throughout the painful process of change the crucial factor if management are to successfully support staff, is to engage them in the process through communication and to give clear direction. In centralised organisations such as the NSW public health system decisions are made exclusively at the higher levels of the organisation and support such as adequate and appropriate communication is frequently lacking. This is often in opposition to a decentralised model where lower level engagement is encouraged and decisions can be made at the periphery.

Of course, communication alone will not ease the pain of losses experienced during change. When communication is delivered in a timely and accurate way it is empowering for staff as they have the necessary knowledge to make sense of change and manage their emotions accordingly.. Even where there is likely to be loss of jobs, knowledge is power and that power gives the opportunity to understand ones

emotional responses. Knowledge comes in many forms; however, consultation and communication with staff are key strategies to provide knowledge. This knowledge is vital for staff who will bear the burden of change as it helps them to cope emotionally with change.

This study reveals that communication is a key component of any change process and that effective communication will empower staff and enable them to cope better with change. Workplace change of any scale will be fraught with failure in terms of managing human capital if there is no consideration for staff and the potential emotional trauma they experience. Poor communication throughout change leads to painful emotions shown as anticipatory responses as described by Kemper (1978) that could be alleviated with timely, accurate and appropriate communication. Change will always mean a degree of emotional pain and stress for staff as they either lose their job or have to take up new ways of doing the work.

8.4. Community level: The rural context

The stories and poems in this thesis illustrate a rural workforce that faced losses in their positions as a result of change. These stories and poems revealed an older and non-transient workforce with deep seated connections in the rural areas, and professional friendships that went beyond the workplace. The strong social connections between participants resulted in sustained loyalty when support was lacking from management. This loyalty was challenged for some as they applied for a reduced number of roles to secure their future in a centralised workforce. When loyalties were challenged the result was intense to the point that former professional friendships were strained and allegations of corruption were made against colleagues. In other cases some staff resigned from NSW Health either in response to being overlooked for a position or rather than challenge a colleague for a management role.

The 'rurality' of the setting for this thesis has implications for changes that are unique. At the time of the study the rural areas of NSW were in the grip of a significant drought that had further repercussions for staff as they struggled to support their family. Loss of employment had momentous impacts for some of them who were supplementing farm incomes. Since the 1980s the pattern of rural health infrastructure and service delivery had changed as models of health care moved to a more centralised approach with a reduction in the number of health districts, and more recently, AHSs. The staff in this research are a stable population and have a strong sense of loyalty demonstrated by years of service with the one employer. The opportunity for alternative employment in some rural areas is limited. Instability and change of the proportion of these mergers in a rural area has significant impacts that permeate all areas of the workplace as

relationships are challenged and lifelong trust is broken. As a result loyalty to the workplace is challenged and confidence is lost.

The third reading, placed participants in their broader social contexts. Looking through the lens of nostalgia this reading demonstrated the impact of change on relationships within the working and personal worlds of the participants. Support systems were strained as staff tried to work through the change process and cope with the uncertainty in their world. Participants reflected on, and reconstructed, their past working world as a strategy to find some form of comfort for their loss during the change process. Throughout this process they reported that their past working worlds were better than what they now endured.

When change results in instability or uncertainty staff often turn to their past for comfort and they rely on nostalgic memories to give them comfort from their uncomfortable traumatic present. Selective nostalgia is understood to be used as a coping mechanism to deal with both imagined and anticipated outcomes of change as people retreat to the comfort of their known past to either mentally block out, or ease, the transition into the future. Anxious anticipation of the future was all encompassing for staff, as the lack of communication about the reforms and the slow appointment process left them guessing what their future held. Nostalgic references to the past were comforting for staff as they pondered their future and considered how they would cope with the loss of power and status they had previously enjoyed in the workplace.

The loss of power experienced by staff permeated their life. They relied on three vital support systems of management, peers, and personal social networks to help them cope with the mergers and the emotions they experienced as they negotiated change and anticipated their future. Support offered from peers and friends beyond the workplace was strong as they understood the issues that their friends faced and the emotional trauma they were experiencing as a result of loss and not knowing what the future held for them. Personal support networks provided passive comfort that was appreciated amid a world of chaos and despair. Management support failed them.

The loss, and anticipation of loss, experienced by staff and their emotional reaction to that loss highlights Kemper's theory, which explains how structural (power-status relationships), anticipatory (contemplating future outcomes that could be optimistic or pessimistic) and consequent (result of ongoing power-status interactions) emotions can reflect the subjectiveness of change. Based on the premise of Kemper's theory that primary and secondary emotions are a way in which people view themselves at a particular time, the thesis demonstrates the participants' emotions in response to outcomes of actions at various stages of the change process.

Health service change involving merging organisations that have strong existing workplace cultures can result in loss of trust between peers which in the long run will not only impact on productivity and efficiency but also on the viability and effectiveness of the health service in the wider community. Small rural health services are particularly vulnerable.

The passion of people in the smaller rural towns about their health services was evident. Participants explained that rural communities have a strong sense of ownership and commitment to the health service and they felt cheated that services may be removed. Participants claimed that intense media reports engendered emotionally charged reactions in the rural communities. Community networks are pivotal during change as they offer a range of necessary support systems for clinicians. Participants claimed these support systems helped them through the traumatic times of change. Although there were times when support networks comprising workplace colleagues and family struggled to provide the support staff required to help them cope with their challenges. An exception was Kim's poem which portrayed her optimism for the changes to provide better services for the community, as illustrated in the following quotation where Kim explained why she was optimistic about the mergers:

> Kim: ... [the reforms] *are an opportunity to remodel the way we provide and to have a vision for providing that integrated approach, then we have the opportunity to do something really great for the people of the community.*

The role of health professionals in rural communities has been described as social entrepreneurs (Farmer and Kilpatrick 2009). It is argued that engaging health professionals as social entrepreneurs through leadership in community activities can increase community resilience. The social impact of health services in rural communities cannot be underestimated and this study highlights the value of long-term relationships between the staff and their local communities.

Power is an important aspect of social interaction. Reading the interview transcripts from three perspectives suggested in the VCRM of data analysis enabled me to illustrate how each participant demonstrated Kemper's claim that when behaviour involves interactions between people then power and status are affected (Kemper 2006). Emotions are the result of social structures and changes to relationships within those structures can shape emotions (Kemper 1978).

The emotions demonstrated by the research participants are evidence that shifts in power and status will result in three types of emotions: real, imagined and anticipated.

These findings provide a new insight into the theory of Hochschild (1983) who suggests that emotions should be managed so players in society portray the emotion best suited for the situation. According to Hochschild emotions are a key component of the commodity transaction. Hochschild argues that emotions are managed, but if they are commoditised and managed then people become cynical. Her work is driven by the concept of emotional labour and contends that emotions are socially constructed and can be situationally managed to ensure the best productivity result. Kemper's Power-Status Theory of Emotions (1978) suggests that emotions are constructed by social situations and are the result of social interactions; however, as revealed in this study when given the opportunity in their interviews they revealed their deep emotions beyond the front stage work that Hochschild reports on. Hochschild's (1983) theory sits within the centralised bureaucratic management model of NSW Health who would have provided a model to manage the emotions of staff, and would have hoped that people behaved within this model as this would have presented a more harmonious approach to change rather than the vocal response presented by staff and the community. What this study achieved was to go beyond that model and reveal what people actually felt and provide an opportunity for them to vocalise their real emotional response to enforced change because this research allowed people to express their real emotions and use them as a coping mechanism during change.

Anchored in Kemper's theory, the overall picture presented by participants involved in this study was one of demoralised people. The emotional impact from their losses in working relationships permeated their workplace relationships and private lives. For many it meant they needed to refocus their lives and redirect their energy away from the workplace to home to maintain their health.

Many staff could not leave their employment due to the rurality of family life, including their partner's work in agriculture, and the lack of alternative work. Some staff did leave the employment of NSW Health but for those involved in this research this mostly meant retirement.

Organisational change impacts on feelings, attitudes, social networking, psychological responses and ability to cope. Staff involved in the study explained their sadness as they became prisoners within their community because there was a lack of information to those communities to explain the extent of the changes and the immediate and long-term impact. These staff also exemplified Kemper's (1990) view that people who lose their power and status are so emotionally scarred and angry they retreat from all forms of social support. Many staff withdrew from community involvement, which was demonstrated in the way they spoke of being ostracised by those community members

who did not understand the reform processes. At their worst, they withdrew from their families, as they struggled to cope with loss of positions and power in a role that previously had provided them with employment security.

8.5 Conclusion

This thesis addresses the gap in the literature about consideration of the emotional impact of enforced change for staff and the emotional responses of employees to change. It offers staff perspectives as to how change could be better managed considering the emotional impact of enforced change. The thesis does not propose that emotions of staff should be managed during change but rather it suggests that consideration be given to the impact on emotions on three levels: 1) personal professional, 2) organisational and 3) community.

This thesis contributes to the knowledge about organisational change through the way change is perceived using Kemper's Power-Status Theory of Emotions coupled with the use of VCRM of data analysis to highlight the emotional impact of change. Recommendations from this thesis are congruent with the literature about change and support and focus on the need for management to provide accurate and adequate communication to empower staff throughout workplace change. Empowerment through communication will help staff cope with the emotional trauma of the enforced component of change.

Communication should be at the forefront of every change management process, with the communication system established so that clear, concise and timely information is delivered to staff about the stages and their involvement in the change process. Lack of communication has the potential to result in losses for staff and the organisation, shown as decreased productivity associated with loss of morale, loss of confidence and personal suffering.

The unique body of knowledge about the pain caused throughout enforced workplace change generated from this research has been achieved through the combination of Kemper's Power- Status Theory of Emotions and the use of the VCRM. Together the theory and complex analysis methodology have illuminated the emotional impact and suffering that occurs when the implementation process for change is poor, fraught by poor communication and a lack of support, such as that witnessed throughout the enforced changes within the NSW public health system. The use of poetry has particularly demonstrated the personal pain endured by staff who experienced losses from relationships shifts that changed their workplace status and power.

Following Garling's (2008) report and the Federal Government's proposal to reform the Australian health system in 2009 (NSW Department of Health 2009), the NSW Premier announced that the current eight NSW AHSs would be restructured to form 18 Local Health Networks (NSW Department of Health 2010). This more than doubles the number of AHSs that were formed during the 2004 mergers and was implemented despite Commissioner Garling's warning of 'restructure fatigue' but in view of his concern about the vast size of the current AHSs and the need for more access to decision makers by staff the restructure went ahead (Garling 2008).

The aim of establishing Local Health Networks in 2010 was to decentralise public hospital management and increase local accountability and to provide a transparent and nationally consistent approach to public hospital funding. Furthermore, the concept of Local Health Networks was to allow a degree of flexibility to shape local service delivery according to local needs and provide an effective means of engaging with the local community and clinicians to incorporate their views into the day-to-day operation of hospitals. The same concept of community engagement was used during the implementation of AHS mergers during 2004 when the AHS Boards were replaced by AHS Advisory Councils. These new networks commenced operation on 1 January 2011 and to date their implementation has not been evaluated.

Through effective change management strategies, negative impacts can be minimised. Outcomes of change are rarely measured by the emotional impact on staff but rather by productivity gains. Organisational change is frequently met with employee resistance and lack of staff readiness for change particularly when redundancies are inevitable. Emotions are a vital part of coping with change and serve as a form of coping to deal with the personal and professional conflicts that are endured. This is directly related to previous experiences of change; perceptions of the change process in place; the unpredictable nature of change; and fear of losing power and status. The emotional impact of loss in the workplace invariably spills into one's broader social system.

The key message for change strategists is that communication and engagement through consultation are necessary to decrease the emotional impact of enforced workplace change for staff.

Research grants and Scholarship associated with this research

2007 $17,000

Funding Body: NSW Nurses & Midwives Board - Category 6 Scholarship

Research Title: Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies.

Investigator: Trish Thornberry

2007 $4942

Funding Body: University Department of Rural Health – PHCRED - Small grant

Title: Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies.

Investigator: Trish Thornberry

2006 $1500

Funding Body: University of New England - Faculty of EH&PS Internal Research Grant

Title: Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies.

Investigator: Trish Thornberry

2006 $40,000

Funding Body: University Department of Rural Health – PHCRED – Research Fellowship

Title: Coping with change: An analysis of the subjective meaning of enforced workplace rationalisation within rural New South Wales' public health agencies.

Investigator: Trish Thornberry

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Appendices

Appendix 1: Literature review concept map

Appendix 2: Schedule of interview questions for participants

Interview Questions

1. What do you think of the recent reforms within NSW Health?
   (This is to get a basic view of the reforms).

2. Did you think these reforms would impact on you?

3. What has the impact been for you?

4. Do you feel these reforms have been dealt with professionally?

5. Have you been supported through the change process?
   If so by whom? (Has the support been professionally or socially?)
   How was the support shown? Was it practical (retraining etc)?

6. Did you see any hidden opportunities within this change?
   If so what were they?

7. What have been the negative aspects of the reform process?
   How did you deal with this?
   How did you view your immediate and more senior managers as a result of this?
   Was there adequate communication from management during the change process?

8. Do you think that there have been any aspects of clinical care affected as a result of the reforms?
   Has the quality of care and patient safety has been affected by the recent reforms?

9. Do you have any other comments to make?

Appendix 3: Call for Participants

Workplace Change: Has it affected you?

Expressions of interest are sought from Nurses, Clinicians, Managers and Administrative Assistants from rural area health services to participate in a research project designed to evaluate the subjective and emotional impact of the enforced workplace changes across rural area health services due to the current reforms within the New South Wales public health system.

The project will also analyse the changes, if any, to the quality and safety aspects of care as a result of the reforms.

Staff who have been affected by these reforms and would like to be part of the first phase of this research project, which will involve participation in an interview of approximately 45 minutes duration, are urged to contact Ms. Patricia Thornberry, PhD Candidate, University of New England, Armidale, 2351.

This research project has UNE ethics approval.

For further information please contact:

Ms. P. Thornberry
University of New England
P.O. Box 961
Tamworth
Mob: 0429 979757
Email: pthornbe@une.edu.au

Appendix 4: Newspaper article

Mailbox Shopper. Dubbo, 30 August 2006

›st theatre fund

ıos," Mr Cole

ı concert was
› showcase the
nent. This year
ıgain gathering
ıb piano played
nists.
of Macquarie
› will be heard
irstly as Rachel
Mozart's lovely
ınd again with
iolin, piano and
ı Haydn - Dubbo
ıel Gaffney (vio-
heridan (piano)
sts.
ng, chaplain at

Macquarie Anglican Grammar School, will sing music by Schubert, Mozart, Cornelius and Vaughan Williams. Sebastian Dunn, accompanied by his father Paul Dunn, will play the first movement of Beethoven's spectacular Sonata in F for French horn and piano.

"Piano soloists David Crosby, Henri and Corey Sutton, Amanda Petersen, Sophie Evans and Katy Sheridan will play pieces by JS Bach, Mozart, Krebs, Gershwin, Sibelius and Chopin."

Tickets ($25 adults, $20 pensioners and children) will be available at the door.

ıtest eyewear

YLE SHOW

10% OFF any purchase at the show

ı, FENDI
s, Nike & more!

Brennan
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September

vailable to
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bblies will be
door prizes.

Burgun & Brennan
OPTOMETRISTS
130 Macquarie Street, Dubbo
2830 - Ph: 6884 3088

Survey targets health mergers' 'survivors'

Survivors and casualties of the Greater Western Area Health Service merger are among the NSW workers being asked to fill out an online questionnaire set up by University of New England academic and PhD student Trish Thornberry.

■ PhD student Trish Thornberry.

Ms Thornberry is appealing to "nurses, clinicians, allied health management and administrative staff" to assist her in investigating the subjective impact of rural NSW area health service mergers.

Her call follows recent allegations of job shifting and bullying at Greater Western Area Health.

"Many people in rural NSW were concerned about the amalgamations because they felt their positions within the health service would be affected," Ms Thornberry said.

"I would like to know how the mergers actually affected them."

Ms Thornberry has "broadly speaking" categorised the workers affected by the mergers.

"These groups include people who have moved areas to maintain their position, those who have not moved but have changed their position, those who have retained their position but have had a significant increase in their workload and those who have actually left NSW Health," she said.

"I have already conducted several interviews with people throughout rural NSW who have been impacted upon as a result of the mergers and now I have developed a questionnaire about the impact of the reforms that can be accessed online.

"This research has University of New England ethics approval."

Ms Thornberry, clinical co-ordinator of the university's Bachelor of Nursing Studies, can be contacted at pthornbe@une.edu.au or by calling 0429 979757.

The questionnaire is at http://tlc.une.edu.au/rahs/

Do you want Fresh, Healthy and Tasty?

Sounds of Africa to ring out

The sounds of Africa will fill the Dubbo Christian School auditorium with a free concert on Wednesday, September 6 presented

Appendix 5: Information sheet and consent form for Participants

School of Social Science
Armidale NSW 2351 Australia
Phone and voicemail (02) 6773 2614 Fax (02) 6773 3748

Title of Project

Coping with change: An analysis of the subjective meaning of enforced workplace rationalization within rural New South Wales' public health agencies

Details of the project:

1. Purpose of the research:

I am currently involved in a research project for my PhD studies with the School of Social Sciences with the University of New England. The aim of this project is to evaluate the changes, if any, to the quality and safety aspects of care and also to ascertain the subjective and emotional impact of the enforced workplace rationalization for personnel across rural area health services due to the current reforms within the New South Wales public health system. These personnel will include clinicians, managers, nurses and administrative assistants. The New South Wales public health system is currently undergoing the most significant reforms since the 1980's. These reforms include changes to area boundaries and management structures and are intended to minimize management duplication and redirect resources to frontline clinical services.

2. Your participation in the project:

As a member, or former member, of the New South Wales public health system you are invited to be involved in this research project. The project has two phases. If you agree to be part of phase one of this project you will be asked to take part in an individual interview that will be conducted away from your work setting at a mutually agreed time and location. You will be asked a series of broad questions about your understanding of the reforms within the New South Wales public health system and how the reforms have affected you and your work. It is expected that the interview will last about 45 minutes and with your permission, the interview will be audio-taped and subsequently transcribed. All transcribed data will be de identified so your information will remain anonymous. If you agree to be part of phase two of the project you will be asked to complete a questionnaire comprising short answer questions. This will be available early in 2006 both on-line and in a paper version. Further information about phase two will be available late in 2005 and will be advertised in discipline specific journals or your area health service bulletins. Completion of the questionnaire will be seen as your consent to be involved in this phase of the project. All information given in the questionnaire will be coded to ensure anonymity.

3. My responsibility to you during and after the project:

If, after reading this information sheet you are willing to participate in phase one, please fill in the attached (duplicate) consent forms with your contact details and return one copy to Ms. P. Thornberry in the supplied postage paid envelope and one is

for your records. Ms. P. Thornberry will contact you to set up an interview at a mutually convenient place and time.

Participation in this project is entirely your choice and only those people who freely give informed consent will be included in the project. If you do initially agree to participate but later have a change of mind, you may withdraw at any time without explanation. If you decide to withdraw from the project you have the option of withdrawing all data relating to you. You can request the tape to be stopped, edited or erased at any time during the interview and you will be given the opportunity to read and edit the transcript of your interview should you wish to do so.

4. What will be done with the information:

The transcripts of all interviews will be analysed for recurrent themes that will provide insights into the quality and safety aspects of care and the professional and personal impact of the current reforms and enforced workplace change and rationalization for staff across rural area health services. Information gained from the study will help to provide valuable information for workforce planners and policy makers for future direction and changes. The information will also provide an insight into the personal impact of workplace rationalisation. The results of the project will be presented at conferences throughout Australia and overseas and will also be published in journals. The results will also be presented in my PhD thesis.

5. Privacy and confidentiality:

Individual participants will not be identified in any materials arising from this project. All audiotapes, transcripts and questionnaires collected will be de-identified to ensure your anonymity. All audiotapes, transcripts, consent forms and questionnaires will be kept in a locked cupboard in the office of Ms. Thornberry at the UNE Clinical Nursing Centre, 24 Fitzroy St, Tamworth in accordance with the UNE Code of Conduct for Research for a period of five years. Five years after the completion of the study the tapes will be erased and the transcripts and consent forms shredded in accordance with the NH&MRC guidelines (1999).

It is unlikely that this research project will cause any personal or upsetting issues. However, if it does then you may wish to contact your local Community Health Centre to access support. Contact details may be found in your local telephone directory.

6. Contacts for further information:

If there is anything you do not understand or if you have any questions or concerns about this research project please do not hesitate to contact me or my research supervisor, Dr. G. Hawkes.

Patricia Thornberry
PhD student
School of Social Science
University of New England
Phone: (02) 67667258, Mobile 0429979757,
Fax: (02) 6766 9974
E-mail: pthornbe@une.edu.au

Dr. Gail Hawkes
Senior Lecturer
School of social science
PhD Principal Supervisor
UNE Extension: (02) 67 732277
Email:ghawkes@une.edu.au

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. 05/154, Valid to 15/09/2006). Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at the following address:

Research Services, University of New England Armidale, NSW 2351
Telephone: (02) 6773 3343; Fascimile: (02) 67733543
Email: Ethics@pobox.une.edu.au

Thank you for considering my invitation to be part of this research project.

UNE
THE UNIVERSITY OF NEW ENGLAND

School of Social Science
Armidale NSW 2351 Australia
Phone and voicemail (02) 6773 2614 Fax (02) 6773 3748

Title of Project:

Coping with change: An analysis of the subjective meaning of enforced workplace rationalization within rural New South Wales' public health agencies

Principle Investigator:
Dr. Gail Hawkes
Senior Lecturer
School of social science
UNE Extension: 02 67 732277
E-mail: ghawkes@une.edu.au

PhD Student/Investigator:
Patricia Thornberry
PhD student
Email: pthornbe@une.edu.au
Student Number: 8884729
Phone: 02 67 667258
Mobile: 0429979757

I (the participant)_______________________________(print name) have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time. I understand the information given to me and give permission for the interview to be taped. I agree that research data gathered for the study may be published, provided my name is not used.

....

Participant Date

....

Investigator Date

Contact details:

Name: ______________________________

Address: ______________________________

Phone: ______________________________

Mobile: ______________________________

Email: ______________________________

Please sign both forms retain one and return one to the researcher

Return address: P.O. Box 961, Tamworth. 2340

UNE celebrating 50 years of excellence

Appendix 6: Sample of field notes

~~[illegible]~~ 10/10/08

From NH. Sydney Health

January 2004 CEO NH Syd [illegible] appointed as CEO of Central Coast.

→ Advantage of 6 mths over other Areas

↓

This was also disadvantageous - July 2004 Merger

→ period of uncertainty until other areas caught up

NOW sees a huge consultative process b/w all industrial associations & dept of Hlth

• There is now an ↑'d element of control control requiring more resources to pull ~~reforms~~ & bring together → this is coupled with reforms from IPART Reviews & the restructures within the department.

Deep Sight / Strong statement.

* The whole reform process could have been better planned. eg. with industrial relations.

Concurrent Events — loud voice

1. Amalgamation was based on savings to be achieved through all non frontline services which would be redirected to frontline services

2. All other frontline clinical services have changed to 'fit in' with reforms of amalgamation of services across areas

Pay. Pauses — emphasis

→ These have impacted on (every) position in every area Hlth service. eg.

loud voice → (All) Area cultures have changed due to changes in policies → There has even been transformational change & also change in leadership styles

Health has been entangled in transactional leadership style while the bottom line is!

Standardised efficiency & cost savings

EMPHATIC ABOUT STATS

* Challenge (now) is getting a (new culture) and consolidation of policies.

Requires significant consultation process b/w bodies such as AHACs, senior clinicians, managers & all staff.

Emphatic – Loud voice

* Need to ask what sort of leaders/leadership did we want to drive this change – challenge new process? Were the current leaders picked for the right reasons? → He sounded unsure.

– Important objective now is to build a new culture within each area. – In doing this there is a need to ask have the leaders got the capability to help the transformational process.

Keen on culture

– Consultation process during reforms has been good at the higher levels but there has not been enough consultation lower down ∴ people are not sure what is going on. Key Point

* There is the opportunity to share ideas & innovative practices as a result of the amalgamation eg. New IT programs & benefits of shared corporate services

* It is (important) to build a (new leadership style) & [put policies of reforms aside] → Loud

– New area over the exciting & good to

Reiterate work with 14,000 staff

10,200 STEL.

130,000 sq km

840,000 ppl.

22% of Ab pop.

greater pop is in Newcastle

Appendix 7: List of Conference Papers Associated with the Thesis

Thornberry, T. 2007 Does Reform Mean Loss of Social Capital? *Australian New Zealand Academy of Management (ANZAM) 21st Conference,* Sydney Dec 4-7

Thornberry, T. 2007 The Voice of a Rural Health *Workforce General Practice & Primary Health Care Research Conference.* Sydney, May 23-25

Thornberry, T. 2007 Navigating employee reactions to change. *Rural Health Research Colloquium* Tamworth New South Wales. May 15-17

Thornberry. T, Fisher, K, 2007 Increasing Rural Participation in Research. Conference Workshop. *Rural Health Research* Tamworth, New South Wales. May 15-17

Thornberry, T. 2006 Critical Social Theory: Applying a theoretical approach to enable a methodology. *Australian Consortium for Social and Political Research Incorporated (ASCPRI) Social Science Methodology Conference.* Sydney, Dec 10-13.

Thornberry. T, Fisher, K, McParlane, J. 2006 Qualitative research: The challenges presented to rural nursing researchers in New South Wales, Australia. *Nurse Education Tomorrow 2006 Conference.* University of Durham, United Kingdom, September 5-7. (I was a convenor for the duration of this prestigious nursing education conference in 2006)

Fisher, K & Thornberry,T. 2006 Wanted: Support mechanisms for NVivo in rural areas. *Strategies in Qualitative Research: Using QSR Software Conference.* University of Durham, United Kingdom, September 13-15 Peer reviewed

Thornberry,T &.Fisher, K. 2005Qualitative research: The opportunities and challenges presented to rural researchers in Australia. *7th International Interdisciplinary Conference: Advances in Qualitative Methods.* Surfers Paradise. July 13-15.

Appendix 8: Online Questionnaire

Title of Project

Coping with change: An analysis of the subjective meaning of enforced workplace rationalization within rural New South Wales' public health agencies

Details of the project:

1. Purpose of the research:

I am currently involved in a research project for my PhD studies with the School of Social Sciences at the University of New England. The aim of this project is to evaluate the changes, if any, to the quality and safety aspects of care and also to identify the impact of workplace change for people across rural area health services due to the current reforms (mergers) within the New South Wales public health system. These personnel will include clinicians, managers, nurses, administrative assistants and those who have left the health service.

The research is being conducted in two phases. Phase one comprised twenty semi-structured interviews. Phase two comprises an online questionnaire designed from qualitative information from the interview phase.

2. Your participation in the project:

As a member, or former member, of the New South Wales public health system you are invited to be involved in phase two of this research project. If you agree to be part of this phase you will be asked to complete the following questionnaire comprising: tick boxes, yes/no answers and short answer questions. Completion of the questionnaire will be seen as your consent to be involved in this phase of the project. All information given in the questionnaire will be coded to ensure anonymity.

3. My responsibility to you during and after the project:

If, after reading this information sheet you are willing to participate in phase two, please complete the following questionnaire. Participation in this project is entirely your choice and only those people who freely give informed consent will be included in the project.

It is unlikely that this research project will cause any personal or upsetting issues. However, if it does then you may wish to contact your local Community Health Centre to access support. Contact details may be found in your local telephone directory.

4. What will be done with the information:

Information gained from the study will help to provide valuable information for workforce planners and policy makers for future direction and changes. The information will also provide an insight into the personal impact of workplace change.

The results of the project will be presented at conferences throughout Australia and overseas and will also be published in journals. The results will also be presented in my PhD thesis.

5. Privacy and confidentiality:

Individual participants will not be identified in any materials arising from this project. All audiotapes, transcripts and questionnaires collected will be de-identified to ensure your anonymity. All audiotapes, transcripts, consent forms and questionnaires will be kept in a locked cupboard in the office of Ms.

Thornberry at the UNE Clinical Nursing Centre, 24 Fitzroy St, Tamworth in accordance with the UNE Code of Conduct for Research for a period of five years. Five years after the completion of the study the tapes will be erased and the transcripts and consent forms shredded in accordance with the NH&MRC guidelines (1999).

6. Contacts for further information:

If there is anything you do not understand or if you have any questions or concerns about this research project please do not hesitate to contact me or my research supervisor, Dr. G. Hawkes.

Patricia Thornberry
PhD student
School of Social Science
University of New England
Phone: (02) 67667258, Mobile 0429979757, 732277
Fax: (02) 6766 9974
E-mail: pthornbe@une.edu.au

Dr. Gail Hawkes
Senior Lecturer
School of social science
PhD Principal Supervisor
UNE Extension: (02) 67
Email:ghawkes@une.edu.au

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. 05/154, Valid to 15/09/2006). Should you have any complaints concerning the manner in which this research is conducted,please contact the Research Ethics Officer at the following address:

Research Services
University of New England
Armidale, NSW 2351
Telephone: (02) 6773 3343
(02) 6773 3439
Fascimile: (02) 67733543
Email: Ethics@pobox.une.edu.au

Thank you for considering my invitation to be part of this research project.

Questionnaire

Please answer each question as it appears on the screen. There will be a space at the conclusion for final comments should you wish to make them.

1. Which box best describes your role immediately prior to the mergers

Clinical nurse θ
Metropolitan based θ
Community health θ
Rural based θ
Clinician θ
Metropolitan based θ
Community health θ
Rural based θ
Allied Health θ
Metropolitan based θ
Community health θ
Rural based θ
Manager (may include nurse) θ
Metropolitan based θ
Community health θ
Rural based θ
Executive θ
Metropolitan based θ
Community health θ
Rural based θ
Administration assistant θ
Metropolitan based θ
Community health θ
Rural based θ
Not within health care system θ
Other θ

2. How many years did you work in this position prior to the mergers? (___)

3. Has your role changed as a result of the mergers?

Yes θ No θ
If no please go to question 5.

4. Which box best describes your role since the mergers

Clinical nurse θ
Metropolitan based θ
Community health θ
Rural based θ
Clinician θ
Metropolitan based θ

Community health θ
Rural based θ
Allied Health θ
Metropolitan based θ
Community health θ
Rural based θ
Manager (may include nurse) θ
Metropolitan based θ
Community health θ
Rural based θ
Executive θ
Metropolitan based θ
Community health θ
Rural based θ
Administration assistant θ
Metropolitan based θ
Community health θ
Rural based θ
Not within health care system θ
Other θ

5. Please tick the boxes that best describe your opinion of the recent merger process. (You may tick more than one box)

Good way to have a redirection of savings θ
Good for the future direction of workforce θ
New career opportunities θ
More resources θ
Better approach to service delivery θ
Fewer resources θ
Areas too big θ
Process has been too slow θ
Not enough information about reform process:
From management θ
From NSW Health θ
Sense of uncertainty within the workforce θ
Lack of communication about the process θ
No opinion θ
Has not affected me θ
Lack of trust of the organization θ
Has been beneficial for the delivery of clinical services θ
Has not been beneficial for the delivery of clinical services θ
Clinical governance education has been increased θ
Quality and safety of care has improved θ

6. a. What feelings come to mind when you think about the current mergers? (Please write on the lines below) e.g anger, opportunities

____

____

____

b. Could you explain why you have this response?

____

____

____

7. a. On the following scale of 1-10 please indicate the extent of the impact you have felt as a result of the mergers. This impact may be either professionally or personally

No Impact Moderate impact Extreme impact

1 2 3 4 5 6 7 8 9 10

b. please tick the boxes that best describe the way in which you have felt this impact.

θ I have changed location from one area health service to another to be in my current role
θ I have moved from one location to another within the same area health service to be in my current role
θ I have changed location within the same area health service to remain in the job I had prior to the reforms
θ I did not previously work within the NSW Health Service
θ I left my job and the NSW Health Service
θ I have remained in my same location but I travel extensively to complete my workload
θ θMy role has changed since the reforms and my workload has increased
θ My role has not changed but my workload has increasedθ
θ The emotional impact has affected my work performance in some manner

8. a. On the following scale of 1-10 please indicate the support you have been given from the management structure during the merger process.

Excellent support				Moderate support				Nil support	
1	2	3	4	5	6	7	8	9	10

If you indicated nil support please move to question 9.

b. Please tick the box that best describes the support you were given (You may tick more than one box)

Education about career path within the new health structure θ
Education about redundancy program θ
Information about available positions within new structure θ
Information about relocation opportunities θ
Nil support θ
Other θ
If ticked other please briefly describe:

____

____

9. a. On the following scale please rate the support you have been given from your work peers during the merger process.

Excellent support				Moderate support				Nil support	
1	2	3	4	5	6	7	8	9	10

b. Please briefly describe the manner of this support.

____

____

____

10. a. On the following scale please rate the support you have been given from your family and personal support networks during the merger process.

Excellent support				Moderate support				Nil support	
1	2	3	4	5	6	7	8	9	10

b. Please briefly describe the manner of this support.

____

____

____

11. Have you identified any hidden opportunities within the merger process?

Yes θ No θ

Please comment

____

____

12. a. What was your experience with communication about the mergers prior to the merger process?

Adequate θ
Inadequate θ

b. What was your experience with communication about the merger during to the merger process?

Adequate θ
Inadequate θ

If you have ticked inadequate for either 12 a or 12b please comment in the space below

____

____

____

13. Do you wish to make any further comments about the mergers? If so please utilise the space below

____

____

____

14. Please complete the following demographic data

Male θ
Female θ

15. Does your family rely on your income for the following resources?

Food θ
Education θ
Utilities θ
Mortgage θ
Social activities θ

16. In which age bracket do you belong?

18-25 θ
26-35 θ
36-45 θ
46-55 θ
56-65 θ
over 65 θ

Thank you for your participation in this research project.

Appendix 9: Media Release

Health Service Merger Research

University of New England PhD student Trish Thornberry is seeking people to assist with her research study that is designed to investigate the subjective impact of rural NSW Health Service mergers.

'Many people in rural NSW were concerned about the amalgamations because they felt their positions within the health service would be affected. I would like to know how the mergers actually affected them.' Ms Thornberry said. 'Broadly speaking, it appears that there are four groups of people who have been affected by the mergers. These groups include people who have moved areas to maintain their position, those who have not moved but have changed their position, those who have retained their position but have had a significant increase in their workload and those who have actually left NSW Health.'

Ms Thornberry said that the impact of the mergers within rural NSW is vastly different to the impact felt within metropolitan areas due to various reasons. 'I have already conducted several interviews with people throughout rural NSW who have been impacted upon as a result of the mergers and now I have developed a questionnaire about the impact of the reforms that can be accessed online.' Nurses, Clinicians, Allied Health, Management and Administrative staff are invited to participate in the research by accessing the online questionnaire at www.hhtp./tlc/une/au/rahs

This research has University of New England ethics approval. For further information about the research please contact Ms Thornberry on pthornbe@une.edu.au or 0429979757