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Exploring the emotional experience of organizational change over time: The case of introducing electronic care plans in hospitals

Preface and acknowledgements

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Abstract

This thesis aimed to explore employees' emotional change-experiences from a contextual, and bottom-up, point of view as they evolved over time, from anticipation to retrospection; as well as to explore specific negative emotional change-experiences in depth. This followed the identification of two limitations which pointed to the limited acknowledgement of context in the organizational, managerial and change literature. The two limitations were: "a one-sided and biased perspective on negative emotional experiences" and "emotional experiences portrayed as predictable reactions that occur in distinct stages over time". Furthermore, the present thesis also emerged out of the fact that there is a shortage of contributions in this literature that have empirically investigated the emotional anticipation of change and/or the evolving emotional change-experience from anticipation to retrospection.

A qualitative study, informed by the theoretical perspective of Lazarus (1991), was carried out to explore the emotional change-experiences of nursing staff facing the introduction of electronic care plans (ECPs), as well as some organizational re-structuring, at their ward. In addition to some participant observation at the ward, a selected group of nursing staff was interviewed one month prior to implementation (anticipation) and then re-interviewed twice: three months after implementation and one year after implementation (retrospection).

The findings of this study were presented in three papers that were guided by the following set of research questions:

1. "What kinds of emotional responses were reported in the context of anticipating organizational change, and what were the perceived causes of the emotional responses being reported?" (Paper 1);
2. "Which negative emotional experiences were reported in the context of experiencing organizational change, and what were the perceived causes of the negative emotional experiences being reported?" (Paper 2);
3. "How did the emotional experiences in the two contrasting perspectives of anticipating and retrospectively looking back on change compare, and how could the ways in which the emotional experiences evolved from anticipation to retrospection be explained in the local context of change?" (Paper 3).

The findings reported in the first paper indicated that the emotional experience of anticipating organizational change was highly multifaceted, involving positive, negative, ambivalent and hesitant emotional experiences, both between as well as within individuals. Furthermore, the respondents reported that they experienced their emotional experiences as very much an ongoing process. There was no indication of resistance, and the emotional experiences were found to revolve around different aspects of the envisioned change process, maintaining professional standards in the future, and their everyday work situation following the anticipated change.

The second paper presented the negative emotional experiences that were reported three months after the changes had been introduced. It was evident that, although a wide range of different and specific negative emotional experiences were reported (e.g. fear, hatred, and sadness), none of these seemed to indicate resistance to change, but related to poor managerial planning with regards to the changes and the ways in which the change process was handled. Furthermore, the respondents reported a range of negative emotional experiences in relation to struggling to maintain already established professional standards following change. In relation to this, it was also evident that the respondents adopted strategies, such as working unpaid overtime, in order to uphold professional standards, rather than overtly objecting to a difficult change situation.

The third paper found that, although a range of different emotional experiences were reported at the anticipative versus the retrospective point in time, there were also a range of similarities, indicating that no clear pattern could be detected from anticipation to retrospection. At the same time there was a continued, and to some extent increasing, presence of negative emotional experiences, as well as a sense of resignation, at the retrospective point in time. This could be explained by aspects of the local change process (e.g. feeling let down by management) as well as wider societal trends (e.g. the perception that technological innovations and change are inevitable).

In conclusion, the findings of the present thesis showed, firstly, that emotional change-experiences were highly multifaceted (e.g. positive, negative, ambivalent, and hesitant) both prior to (anticipation) and after (retrospection) change had been introduced; something which indicated that they did not evolve according to a fixed pattern over time. Secondly, it was found that negative emotional change-experiences, when explored in depth prior to, during

and after change had occurred, did not reveal a general unwillingness to change. Both of these findings were further supported by the fact that emotional change-experiences at all three points in time were found to relate to quite specific aspects of the particular change context, as well as to wider societal trends. Hence, it is suggested that both future change interventions and empirical studies should be more open to the potential range and complexity of emotional change-experiences, and focus more upon the particular change-context.

List of papers

Paper 1

Giæver, F. (2007). 'Understanding emotional responses to anticipated change: The case of introducing electronic care plans in hospitals', *International Journal of Work Organization and Emotion*, 2, pp. 49-70.

Paper 2

Giæver, F. & Hellesø, R. (submitted). 'Negative experiences of organizational change from an emotions perspective: A qualitative study of the Norwegian nursing sector'.

Paper 3

Giæver, F. (submitted). 'Looking forwards and back: The evolving emotional change-experience'.

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1 Introduction

Today's organizations increasingly seem to be characterized by ongoing, parallel and overlapping change to meet the challenges of globalization and to keep up with the constant development of technological innovations (Albert et al., 2000). It has, however, been claimed that up to only 30 per cent of major change projects are successful, and that most change projects do not proceed as planned (Beer & Nohria, 2000; Saksvik et al. 2007); something which has led to a recurring interest in trying to understand why. In relation to this, a great deal of attention has been paid to human factors, or the role played by the responses or actions of the employees in the organization (Burke, 2002). One example is the implementation of new technology in hospitals, where unsuccessful change projects have been understood to be caused by employees' inherent tendency either to fight or flight change (Lorenzi et al., 1997), their negative attitudes (Lowry, 1994; Murphy et al., 1994), misconceptions (Malato & Kim, 2004), or resistance to change (Lorenzi & Riley, 2000a; 2000b). Following the interest in trying to understand employees' responses and actions as the causes of unsuccessful change projects, there has in recent years been an increased focus on employees' affective or emotional experiences in particular. It has, for instance, been assumed that emotions surface more frequently, and that they are more intense, during change as opposed to non-change situations (Huy, 1999). As a consequence, managers have been warned that the mapping of 'emotional data' is as important as understanding operational and numerical variables in order to manage change in an effective way (Duck, 2001).

The present thesis emerged out of the assumption that the situation of continuous and ongoing organizational change in today's organizations has important consequences for employees' emotional experiences, not only in the present, but also as they both anticipate and look back on change(s) in retrospect; and that emotional change-experiences are likely to feed into one another over time. Furthermore, this thesis proceeds from the observation that there are at least two limitations to the ways in which employees' emotional change-experiences have been, directly or indirectly, dealt with and understood, and the assumptions that have been made in the organizational, managerial, and change literature. By 'indirectly', it is implied that the topic of emotions is still relatively new and developing in the organizational literature (Ashkanasy et al., 2002), and that many contributions within this literature still do not seem to demonstrate a full grasp of the psychology of emotion. Hence, emotional content is often only assumed or indirectly dealt with (please see section 2.1. for a definition of emotion).

The two identified limitations were:

1. A one-sided and biased perspective on negative emotional experiences;
2. Emotional experiences portrayed as predictable reactions that occur in distinct stages over time.

The first limitation has already been pointed out by Kiefer (2005; 2002a; 2002b). However, the focus of the present thesis is that both of these limitations point to the fact that the role played by context has not been properly acknowledged. Context has been defined in several ways (see e.g. Johns, 2006; 2001; Cappeli & Sherer, 1991; Mowday & Sutton, 1993), but the general idea is that human beings are assumed to relate intentionally and actively to external events, situations, and relationships (context). However, in this particular thesis, context is not viewed as some kind of external stimulus that has a separate identity from, and in turn affects, human experiences, responses, and behaviour from the outside in; but is rather seen as part and parcel of, and hence something that gives meaning to, individual experiences and responses (Jaeger & Rosnow, 1988; Bhaskar, 1983).

The two identified limitations, and the ways in which they point to the lacking or limited acknowledgement of context, will be elaborated in the following two sections. This will be followed by a presentation of the aims and intended contributions to the literature of the empirical study to be presented in the present thesis.

1.1 A one-sided and biased perspective on negative emotional experiences

This limitation is twofold. On the one hand, it points to the fact that the majority of the contributions to the organizational and change literature tend, directly or indirectly, to focus mainly on employees' negative emotional change-experiences, ignoring the occurrence and potential role of positive emotions. On the other hand, it also points to the concepts that are being adopted and the ways in which negative experiences are typically explored. These two issues are somewhat related, and the ways in which they point to the lacking or limited acknowledgement of context will be discussed below.

There are several examples from the literature, e.g. the concern with employee stress (Cartwright & Cooper, 1992), survivor sickness (Marks & Mirvis, 1992), and resistance (Kotter & Schlesinger, 1992; Oreg, 2003), which point to the one-sided focus on employees' negative experiences of, and responses to, organizational change. There may be several reasons why the role played by positive emotions has almost been ignored, but one explanation may be the somewhat simplistic but common assumption that negative emotions have more negative consequences for the organization during change than positive emotions (Kiefer, 2002b), and that they should therefore be particularly focused upon.

Another related explanation that appears when exploring popular concepts in the managerial and change literature in depth is that it is almost taken as a premise that employees are bound to feel negatively about change. This follows on from the assumption of most of the contributions to the resistance literature that resistance is to do with people's tendencies to react in a certain way, their biological dispositions, and/or their inherent personality type (Dent & Goldberg, 1999). In the managerial and change literature it has for instance been argued that "*it seems to be part of the human makeup to be most comfortable with the status quo unless it is actually inflicting discomfort*" (Lorenzi & Riley, 2000b, p. 165); and that resistance "*may be experienced internally within the individual for no obvious reason*" (Bovey & Hede, 2001, p. 536). Furthermore, it has been suggested that resistance is due to employees not understanding what the changes are about and/or that they have a low tolerance for change (Kotter & Schlesinger, 1992), and that the tendency to resist is due to an individual disposition (Oreg, 2003).

However, it is still seen as the job of the manager to guide and control employees' emotions from the top-down so that change can proceed as planned (Lorenzi & Riley, 2000a; 2000b; Grensing, 1991); something which appears rather contradictory considering that emotions are fundamentally understood not to be very susceptible to circumstantial influence following their intra-psychic nature. Inherent to this strand of thinking is the notion that emotional experiences in general are some kind of private and irrational phenomena, and hence that they represent a disturbance, and negative consequences, to the rational arena of work, where the main purpose is to obtain set goals and maximize profit (Fineman, 2000). Acting in a 'businesslike' manner is, for instance, very often equated with keeping emotions at bay.

Both of these explanations point to the fact that the role played by context or circumstantial factors has almost been ignored due to an overemphasis on the intra-psychic dimensions of the individual. Recent contributions have, however, argued that it may be more reasonable to expect that employees' emotional change-experiences will be mixed, as well as likely to unfold over time, depending upon the continuously changing circumstances of the local work situation and of the specific change process (Fineman, 2004). In some cases, such as when current work conditions are unfavourable and when change represents a hope for a better future, employees may feel positively about change at work. Furthermore, some empirical studies of employees' emotional change-experiences in particular have also found that employees experienced positive and negative as well as ambivalent emotions in the event of organizational change; and that negative emotions during change do not necessarily have negative consequences for the organization/individual (Kiefer, 2002a; 2002b).

In line with this, it has also been argued that the continuous adoption of a concept such as resistance can actually undermine potential insight into specific emotional experiences and the ways in which they can be explained in the context of change. This follows the argument that concepts such as resistance are too broad and general, and hence not specific enough to capture the richness and complexity of employees' actual experiences and how they link to specific occurrences in their work environment:

> *"Resistance can encompass anything and everything that workers do which managers do not want them to do, and that workers do not do that managers wish them to do. It can take in both collective and individual actions; it can embrace actions that are specifically designed to thwart management, and those which may not be"* (O'Connell Davidson, 1994, p. 69).

This issue becomes particularly prevalent when considering that, in the wider psychological literature, where more specific conceptualizations of negative emotions have been adopted, it has been found that the nature and consequences of negative emotional experiences are possibly more complex than is assumed in the managerial and change literature. It has, for instance, been maintained that negative emotions have some important functions because they can tell us a lot about what individuals care about, their concerns, and what they consider to be important (Landman, 1996). Empirical studies have also found that negative moods can lead to more attentive, careful and analytic processing (Alloy & Abramson, 1979), and hence

represent some positive consequences. Furthermore, although there are not many empirical studies from an organizational change context, the studies of Kiefer (2005; 2002a; 2002b) indicated that negative emotional experiences did not express resistance, or represent an obstruction to change, but emerged as a consequence of not being able to do one's job properly, and the extra hassle involved in maintaining already established standards for work following organizational change.

With regards to the top-down managerial perspective typically adopted in the managerial and change literature, and the undermining of the role played by context, it has recently also been argued that the persistent adoption of intra-psychic explanations (e.g. the understanding that it is part of human nature to resist change) may also be seen as the reflection of some kind of managerial agenda, where the general idea is that management needs someone (employees) to blame when change projects fail, or do not proceed as planned (Piderit, 2000); something which obscures the role that managerial actions play in initiating changes that may not be constructive or in creating a problematic change process. In relation to this, recent accounts have argued that the reciprocal relationship between employees and managers should not be ignored, as management may themselves provoke experiences, responses, and actions in employees (Smollan, 2006). It is possible that employees who were initially positive about change, but are blamed by managers for problems occurring during its implementation, turn against the change project as a strategy to get even with management. In this way, managers may provoke resistance that was not there in the first place, and that is not about the change initiatives themselves.

1.2 Emotional experiences portrayed as predictable reactions that occur in distinct stages over time.

When it comes to the ways in which emotional experiences have been understood to occur over time, they have typically been depicted in rather predictable and distinct stages by the managerial and change literature. In this literature, emotional experiences and responses are, explicitly or implicitly, assumed to follow some kind of emotional curve; where the initial news of change is experienced negatively (e.g. resistance), followed by an additional 'dip' characterized by an increased frequency and intensity of negative experiences/reactions and decreased work performance, and finally a sense of normality, growth and increased

efficiency being resumed as change is eventually embraced by employees (Elrod & Tippett, 2002).

The notion of 'emotional curves', 'stage models' or 'change curves' is largely inspired by the literature on death and dying (Kübler-Ross, 1969; Fink, 1967), where it is assumed that individuals faced by organizational change go through very much the same emotional experiences as when facing some kind of crisis such as bereavement or the news of terminal illness. In the bereavement literature it is maintained that the grieving process involves the stages of shock/denial (as the news of loss is received), anger, bargaining/attempts to postpone the inevitable, depression, and acceptance (Kübler-Ross, 1969); or shock, defensive retreat, acknowledgement, and adaptation and change (Fink, 1967). Here a central notion is that each stage has to be worked through in order to reach the next stage(s), and that although the experience of death and dying may represent a profound crisis, associated with pain and anxiety, this experience may after a while, as the different stages are worked through, also represent an opportunity for growth and the chance of reaching a profound positive life experience.

There are several examples of the ways in which these ideas have been transferred to the context of organizational change. Deal and Kennedy (1982) suggested that managers should initiate certain rituals to recognize the loss involved in organizational change, and it was argued that that this was essential in order for employees to overcome the loss and to move forward and embrace the new situation. On the other hand, Bridges (1986; 2003) claimed that organizational change fails or succeeds on the basis of whether employees go through the different emotions associated with the stages or phases of ending and letting go, going through the 'neutral zone', and making a new beginning. Here the different stages are assumed to be associated with experiences and emotions such as denial, anger, disorientation, anxiety (ending and letting go); increased anxiety, decreased motivation, loss ('neutral zone'); and a sense of new understanding/identity, relief, and ambivalence (new beginning).

It can be argued that these models or curves show lacking or limited attention to the role played by context in at least four ways. Firstly, one may ask whether it is really feasible to draw a comparison between experiences of bereavement, loss of a loved one, or dying and the experience of organizational change. Although work may be very important to people, and fill their lives with meaning and a sense of purpose, it can after all be expected that the frequency

and intensity of negative emotions is higher in the event of, say, the death of a spouse or facing incurable cancer compared to the event of organizational change. Hence, the experience of death and dying may not necessarily be transferred directly to other contexts, such as the context of work.

Secondly, it can be argued that, in the real world, consisting of messy and complex relationships, emotional experiences do not emerge as 'one-off' phenomena, consisting of neat and clear-cut reactions that follow an almost recipe-based predictable curve. Negative emotional experiences may take on an accelerating nature and become toxic (Frost, 2007) depending on the ways in which they are handled by management throughout a change process.

Thirdly, stage models also seem to adopt a very narrow perspective on change, where change is depicted to be an objective phenomenon with a clear beginning and end that employees are affected by or respond to in rather passive ways. This ignores the fact that employees may also be seen as active creators of the work environment they inhabit, as well as of change processes, through their interpretations and actions (Isabella, 1990; Wrzesniewski & Dutton, 2001). The anticipation of change, and the expectations involved, may have some important consequences for how the actual change process is experienced. According to Fineman (2004), emotions may not only be seen as the outcome of organizational change, but will also "*shape the anticipation, the experience and the aftermath of change*" (p. 120).

Fourthly, stage models can also be criticized for being too simplistic and optimistic (Jick, 1990; Burke, 2002). These models or curves seem to assume, implicitly or explicitly, progress where change is generally viewed as being for the better. Here employees' emotions are assumed to change from negative to positive as they understand the inherent possibilities in the change and embrace it, regardless of what this change really is and/or what it involves under the specific local circumstances.

Finally, it is also worth mentioning that there are very few studies that have actually investigated employees' emotional change-experiences over time empirically. Furthermore, empirical studies have typically focused attention on employees' emotional experiences after change has already occurred (e.g. Kiefer, 2002a; 2002b), not explicitly accounting for the emotional anticipation of organizational change and the ways in which this emotional

anticipation may affect the change process and feed into subsequent emotional experiences. One exception is Fugate et al. (2002), who examined how employees were coping over the four stages of a merger: at an anticipatory stage (where no changes had yet taken place), at the initial change stage, at the final change stage, and at an aftershock stage. The research took place over a period of approximately one year. Here it was hypothesized that the frequency and intensity of negative emotions would increase throughout the change process, but this hypothesis was not supported, as there were no significant changes in negative emotions over the four investigated stages of change.

1.3 Aims and contributions of the study

The empirical study of the present thesis intended to contribute to the literature outlined above, and, following the two identified limitations, had two aims. The first aim was to explore employees' emotional experiences of organizational change through adopting a theoretical perspective and a methodological approach that allowed for the exploration of specific emotional experiences and the ways in which they relate to the context surrounding the individual experiencing the emotion. This followed from the fact that the concepts that have typically been employed in the literature to explore employees' emotional change-experiences, e.g. resistance, have tended to be very broad and general, with emotional content only being allowed to appear somewhat indirectly; meaning that specific emotional experiences have not been fully explored. Furthermore, these concepts have seemed to focus mainly on the inherent features of the individual, underemphasizing the role played by specific events, situations and relationships (context). Through adopting a more contextually-oriented perspective, the study intended to open up to the fact that organizational change might be experienced positively as well as negatively, and to explore the content of negative emotional change-experiences in depth (please see also section 2.3). Finally, it was intended for the present study to build on the studies of Kiefer (2002a; 2002b), as these studies represent relatively rare contributions to the literature when it comes to exploring employees' specific emotions, as well as their causes and potential consequences from the bottom-up in a particular change context. Considering that the specific emotional change-experiences of employees from a contextual point of view has not been the subject of much research, it is both important, and interesting to see whether the findings of existing studies transfer to other contexts of work and organizational change, and to explore potential similarities and differences.

The second aim was to adopt a theoretical and methodological approach that allowed for a contextually-oriented exploration of specific emotional experiences as they evolve over time throughout a change process from anticipation (prior to a shift in actual circumstances) to retrospection (after changes have occurred). Here the aim was to explore potential differences and similarities between the different perspectives of emotionally anticipating and retrospectively looking back on change, as well as the ways in which anticipative and retrospective emotional change-experiences feed into one another over time (please see also section 2.4). This aim develops the studies of Kiefer (2002a; 200b), which adopted a retrospective perspective where employees' emotional change-experiences were explored after change had occurred. It also flows on from the fact that 'stage models', or the notion of 'emotional change curves' have neither acknowledged the role played by context (taking into account both past and anticipated events and the ways in which these are bound to affect emotional experiences in the present at any point in time) nor been the subject of much empirical research.

2 Terminology and theoretical perspective of the thesis

The following sections will provide a definition of the term 'emotional experiences', and the theoretical perspective that was adopted to explore employees' emotional change-experiences in the empirical study to be presented in this thesis. Furthermore, the concepts of positive versus negative and anticipative versus retrospective emotional change-experiences will be explored and defined, as these terms were central to the focus and research aims of the present thesis/study.

2.1 Emotional experiences defined

The term 'emotions', and what it implies, is familiar in everyday language; but is still very often only vaguely understood, and has been approached in several different ways (Callahan & McCollum, 2002). The following section is therefore an attempt to define what is meant by emotions, and to clarify the ways in which the phenomenon of emotions was understood and employed in this particular thesis/study through the adoption of the term 'emotional experiences'.

When it comes to understanding, exploring, and classifying emotions there are two main approaches: to focus on common underlying dimensions (e.g. positive versus negative emotions), or to focus on discrete emotions such as pride, anger, and joy (Pekrun & Frese, 1992). Both approaches are associated with certain advantages and disadvantages. It has, for instance, been argued that the dimensional approach provides conceptual economy, and hence provides more of an overview; while the discrete emotions approach remains closer to the factual emotional life of individuals.

The characteristics of discrete emotions may best be described through comparing discrete emotions to other related affect terms such as moods and emotionally-laden judgements, as there seems to be no universally agreed definition of what discrete emotions really are (Briner, 1999; 1997). Whereas moods are typically slow-changing, moderate in intensity, and do not necessarily relate to something in particular, discrete emotions are more intense, change more rapidly, and are directed at something specific, such as an event or situation (see Parkinson et al., 1996). Feeling mildly depressed or sad on a Monday morning at work, for

instance, one may be unable to link this experience to one particular happening or cause; however, this experience may still be seen as a backdrop which has the capacity to colour the ways in which work tasks are approached throughout the whole day. Hence, moods can provide information about the current state of the person experiencing the mood, but not necessarily about the current state of a situation, as discrete emotions can.

Furthermore, discrete emotions are assumed to hold a range of specific components (see e.g. Parkinson, 1995; Lazarus, 1991; Frijda, 1993; Pekrun & Frese, 1992), including: an immediate subjective experience, where the person becomes aware of feeling something; a physiological dimension (e.g. increased heart rate); a cognitive dimension or evaluation of the situation, involving finding a reason for the emotion; an emotional expression (e.g. a smile); and finally a tendency to react or behave in relation to the emotion. When referring to emotionally-laden judgements (Briner, 1997), the individual's thoughts, perceptions, evaluations or cognitions are assumed to stand out as more significant. One example may be to feel disrespected; an experience which does not indicate a specific mood or emotion as such, but which may better be seen as a relatively broad and general term that can be associated with a range of different and specific moods and emotions (e.g. anger, shame, and a gloomy mood).

The present thesis/empirical study adopted a combination of the two main approaches (dimensional and discrete) for understanding, exploring, and classifying emotions, following the focus, aims, and research questions. The adoption of a dimensional approach was relevant with regards to the exploration of positive versus negative and anticipative versus retrospective emotional change-experiences (for a detailed outline of what is meant by these terms, please see sections 2.3 and 2.4). The adoption of a discrete approach, on the other hand, was particularly relevant with regards to the argument that discrete emotions provide more in-depth insight into employees' emotional change-experiences, and their contextual circumstances, than earlier accounts in the literature have typically provided. However, the present study decided to adopt a broader conceptualization of emotions than the discrete approach indicates; hence the use of the term 'emotional experiences' rather than 'emotions'. Here the conceptualization of 'emotional experiences' included wider affect terms, such as moods and emotionally-laden judgements, in addition to discrete emotions.

There were at least two reasons for choosing to adopt a broad conceptualization. Firstly, the different terms, such as emotions and moods, share many similarities, and may partly be seen as overlapping phenomena (Gray & Watson, 2001). Secondly, in this particular study, a broad conceptualization was considered to have some methodological advantages (for a thorough elaboration, please see the methods chapter, particularly sections 4.5.1, 4.8.1 and 4.8.2). It has been pointed out that there is a common sense and intuitive understanding among laypeople that emotional experiences are internal, private and irrational psychological states (Parkinson, 1995; Fineman, 2000). As a consequence, potential respondents may feel unable to and/or uncomfortable with expressing their emotional experiences in a very explicit way. It may for instance be the case that, when it comes to certain aspects of change, employees have not really ruminated on what kinds of specific feelings are involved; or that they feel unwilling to express negative emotions in a very direct manner due to a fear of the consequences. Hence, a broad conceptualization, where general emotion terms are not omitted, but included in addition to discrete emotions, may help to capture a wider range of emotional experiences among potential respondents.

2.2 Theoretical perspective on emotional change-experiences

Following the aim of exploring specific emotional change-experiences from a contextual point of view, as outlined in section 1.3, the theoretical perspective of Lazarus and colleagues (e.g. Lazarus, 1999; 1991; Lazarus & Cohen-Charash, 2001; Lazarus & Folkman, 1984) was considered to be particularly appropriate.

A central feature of this perspective that appeared particularly applicable following the aims of this thesis is the notion of relatedness or transactions between the individual and surrounding events, situations, and social relationships (context). Lazarus and colleagues initially developed this idea to explain the phenomenon of psychological stress and coping (Lazarus & Folkman, 1984), but it was later also applied to explain the phenomenon of emotions (Lazarus, 1991). The fundamental idea of a relational or transactional theory is that the person and the environment are joined in such a way that they can no longer be considered individually, so that their co-joining results in an emergent condition on a different level of abstraction.

> "*Transaction implies a newly created level of abstraction in which the separate person and environment elements are joined together to form a new relational meaning. In interaction, particularly in statistical analyses that fractionate the variances of cause-and-effect sequence (as in analysis of variance) the interacting variables retain their separate identities. From a transactional perspective, the characteristics of the separate variables are subsumed*" (Lazarus & Folkman, 1984, p. 294).

This entails that emotions can never be understood to occur solely as either the outcome of features of the individual (e.g. 'he is an angry person') or the surroundings from which they emerged (e.g. 'he is angry because X and Y happened'), but rather that both the individual's perspective and his/her surroundings have to be considered at the same time.

According to this theoretical perspective it is postulated that the link between the individual and his/her surroundings is established through cognitive appraisal. This entails that emotions are assumed to arise as a consequence of an evaluation of a current or impending transaction between the individual and his/her surroundings. Here Lazarus (1999; 1991) distinguished between two interdependent kinds of cognitive appraisal: primary and secondary. 'Primary appraisal' refers to whether a situation is perceived to be of relevance or significance to personal well-being. This entails that something has to be at stake for the individual in a given situation in order for an emotion to emerge. 'Secondary appraisal', on the other hand, refers to an evaluation of what, if anything, can be done to change an experienced situation (coping). Primary and secondary appraisal indicate that emotions are not only of motivational relevance through providing information about what the individual cares about, but also help to ensure adaptation and adjustment to a given situation.

Furthermore, the individual's cognitive evaluation of his/her surroundings is assumed to comprise a continuous and endless process, something which means that the emotional experiences are never the same. "*No two emotional encounters are ever identical, either between individuals or within an individual, under different environmental conditions and at different times*" (Lazarus & Cohen-Charash, 2001, p. 53). The fact that emotions are assumed to emerge as the outcome of a process also involves the assumption that the history (previous experiences) and anticipated future of an individual play a major part in the forming of emotions, in addition to the characteristics of the present emotional encounter. The

perspective of Lazarus and colleagues (Lazarus, 1999; 1991; Lazarus & Cohen-Charash, 2001) does however also indicate a theory of discrete emotions, where the distinctive pattern of primary and secondary appraisal is assumed to account for the range of different emotions; with the implication that emotions are presumed to follow, and emerge as the consequence of, a certain rationality and logic.

Primary appraisal is assumed to consist of two components particularly relevant in provoking and explaining different emotions: goal congruence/incongruence and type of ego involvement. 'Goal congruence/incongruence' refers to whether the conditions of a transaction either facilitate or hinder the person's wants or needs. 'Type of ego involvement' has to do with the role played by goals associated with social and self-esteem; moral values; ego ideals; meanings and ideas; other persons and their well-being; and life goals that may affect the shaping of an emotion. Pride may, for instance, emerge as a consequence of enhancing social and self-esteem.

In relation to secondary appraisal (coping), there are three components that are of particular importance: blame and credit, coping potential, and future expectations. 'Blame and credit' refers to a hot or emotional judgement about who, or what, is responsible for a harm, threat, challenge, or benefit (e.g. anger when blaming and pride when taking credit). 'Coping potential' relates to the conviction that something can or cannot be done to improve a situation or eliminate harm or threat, or to realize a challenge or benefit. Finally, 'future expectations' refer to the experience that something can be done to change a person-environment relationship for the better or for the worse.

Lazarus and colleagues also argued that the distinctive pattern of primary and secondary appraisal associated with each particular emotion could be summarized in terms of a prototypical core relational theme (e.g. sadness being represented by the theme of irrevocable loss or helplessness about such loss).

To conclude, the theoretical perspective of Lazarus and colleagues was considered to be particularly relevant for exploring employees' emotional change-experiences following the premise that emotional experiences relate to something in the surroundings of the individual experiencing the emotion(s); and hence that it is possible to link the emotional experiences experienced by the individual to various quite specific events, situations and social

relationships (e.g. relating to organizational change). In relation to the exploration of the context of organizational change in particular, it has also been argued that the activation of emotions actually hinges on interruption (Ben-Ze'ev, 2001; Cox, 1997), following the theory that emotions are assumed to be generated when something disturbs, or improves, a smoothly flowing situation. In other words, emotions are believed to be generated when there is a deviation in the level of stimulation that has been experienced for a long time, which signals that something needs to be attended to because of its novelty. However, in this particular thesis, this is not assumed to suggest that the event, situation, or social relationship represents interruption in itself (objectively), and hence provokes an emotional experience, but rather that it must be interpreted by the individual as interruptive in order for an emotional experience to emerge. This entails that emotional change-experiences are assumed to emerge only when an event is perceived to represent change or interruption, and is at the same time evaluated to be significant, critical, and/or substantial by the individual experiencing it.

2.3 Positive and negative emotional change-experiences

This thesis was concerned with positive versus negative emotional change-experiences, following the aim of exploring the diversity of ways in which organizational change might be experienced as well as examining the content of negative emotional change-experiences in depth.

In line with the perspective of Lazarus (1991), the difference between positive and negative emotions can be understood on the basis of goal congruence/incongruence. This implies that negative emotions are more likely to occur when the individual experiences that his/her values, needs, and goals are being put in danger; and that positive emotions are more likely to occur when his/her values, needs, and goals are experienced as being enhanced or facilitated. For instance, if conditions are favourable or beneficial to the individual, positively-charged emotions such as happiness/joy, pride, love/affection, and relief may occur; whereas if the individual's wants are obstructed following harmful or threatening events, negatively-charged emotions such as anger, fright/anxiety, guilt/shame, sadness, envy/jealousy, and disgust are more likely to follow.

However, it has also been pointed out that one should not make too much out of the contrast between positively and negatively toned emotions (Lazarus & Cohen-Charash, 2001).

Labelling an emotion as 'negative' may obscure the fact that positively-charged emotional experiences are often an integral feature of, and accompany, negatively-charged emotional experiences; and that affective tone in each individual case depends on the individual experiencing the emotion and the specific transaction between the individual and an event. Lazarus (1991) pointed out that there existed a common understanding that negative emotions have more powerful impacts upon subjective well-being and adaptation in general, and that this understanding was misleading. Kiefer (2005; 2002a; 2002b) similarly contradicted the assumption of a linear causal relationship between negative emotions and negative consequences for the individual as well as the organization in the context of organizational change, and emphasized that there are numerous factors in the individual's surroundings influencing the link between emotions and responses/behaviour.

Therefore, in this thesis, the intention was not to come up with a sharply distinguished categorization of negative emotional experiences as opposed to positive emotional experiences, but to explore the valence of emotional experiences from the point of view of the individual experiencing them and his/her evaluations of antecedent conditions.

2.4 Anticipative and retrospective emotional change-experiences

This thesis was also concerned with exploring anticipative versus retrospective emotional change-experiences, following the aim of exploring the ways in which the individual's present emotional experiences are formed by both his/her history and anticipated future in the event of organizational change. The notion of anticipation and retrospection is also maintained in the theoretical perspective of Lazarus (1991), where an individual's previous and expected experiences are assumed to play a major part when evaluating a situation in the present. For example, when experiencing positive expectations, such as looking forward to an event, one may be more likely to be disappointed when the event occurs, and vice versa for negative expectations. As a consequence, emotional retrospections and anticipations are closely intertwined with the actual experience of present and/or anticipated events and situations.

However, it may also be argued that, although the experience of anticipating an event is closely intertwined with the experience of that event and with the ways in which the event is viewed in retrospect, anticipations may also, hypothetically, be associated with a set of emotional experiences that are different to retrospective emotional experiences. Lazarus

(1991) argued that anxiety may be labelled as a typical anticipatory emotion because it emerges as a response to possible future harm, whereas relief typically occurs as a consequence of events that have already happened and that turned out better than expected. It has also been argued that anticipations adopt a more ongoing and inquiring nature, whereas in retrospections the sense-making process has had a chance to come to an end somewhat, with the consequence that global evaluations have been formed (Fredrickson, 2000).

This thesis has therefore been concerned with exploring potential differences/similarities between anticipative versus retrospective emotional change-experiences, as well as the ways in which they could be understood as interlinked following the ways in which emotional experiences evolve over time in relation to the circumstances of the change process. In this thesis/study, the term ‘anticipative emotional change-experiences’ was adopted to refer to the imagination of a future situation or scenario at work where a change event has occurred, and the present emotional experience being associated with the envisioning of how this event will impact upon one’s everyday work situation. The term ‘retrospective emotional change-experiences’, on the other hand, was adopted to refer to the emotional experience associated with the evaluation of how one’s present work situation is believed to be affected by a change event(s) that has already occurred.

3 Research questions

The research aims outlined in section 1.3 were developed into a set of research questions that were in turn responded to in the three respective papers.

The first paper focused particularly upon the emotional anticipation of organizational change. This followed on from the fact that the emotional experiences at the anticipatory stage of a change process have not been explored to a wide extent in the literature. Furthermore, this perspective was adopted in order to explore the ways in which employees will necessarily have to draw on their past experiences to make sense of circumstances that have yet to emerge. The following research questions were posed: what kinds of emotional responses were reported in the context of anticipating organizational change, and what were the perceived causes of the emotional responses being reported?

In the second paper, the major concern was to explore employees' negative emotional experiences in depth through adopting a contextually-informed theoretical and methodological approach in order to investigate specific emotional experiences from a contextual and bottom-up point of view. This followed on from the fact that the perspectives and concepts that have typically been adopted in the literature to explore negative emotional change-experiences were found to be prejudiced in assuming that employees generally do not want change, having explored emotional experiences only on a general and somewhat superficial level. Two research questions informed this paper: which negative emotional experiences were reported in the context of experiencing organizational change, and what were the perceived causes of the negative emotional experiences being reported?

The third paper intended to explore the emotional experience of anticipating versus retrospectively looking back on organizational change, and the ways in which the expectation of organizational change feeds into the evaluation of changes in retrospect as the change process evolves over time. This followed the assumption that employees inevitably, and at any point in time, hold histories and anticipated futures; something which has been ignored in previous contributions to the literature, where it has been assumed that employees' emotional change-experiences over time evolve according to a predetermined and relatively static emotional curve. The paper was guided by the following two research questions: how did the

emotional experiences in the two contrasting perspectives of anticipating and retrospectively looking back on organizational change compare, and how could the ways in which the emotional experiences evolved from anticipation to retrospection be explained in the local context of change?

4 Methods

This chapter outlines the methodological perspective of the present study. This will be followed by a description of the research context, and the ways in which the study was carried out, as well as an outline of ethical considerations. Finally, there will be a discussion of some of the methodological challenges experienced when conducting the study.

4.1 Methodological perspective

A general principle in research is that the methodological perspective should follow from the purpose of the study, the theoretical perspective that informs the study, and the research questions which one wants to answer (Manstead & Semin, 1988). Since the present study was concerned with exploring employees' emotional change-experiences from a contextual and bottom-up point of view, it was decided to employ a qualitative methodological approach; as this is particularly suited to obtaining an in-depth account of individuals' perspectives and unique experiences, and does more justice to the complexity of the phenomenon of emotions (Robson, 2002; Fineman, 2005). However, as qualitative methods may simply be understood as an umbrella term including a range of different frameworks and techniques that are grounded in different basic assumptions and premises (Flick, 2006), it was decided to adopt a research strategy that was compatible with the basic assumptions of a contextualist epistemology, or theory of knowledge (Madill et al., 2000). This was particularly relevant following the contextually-oriented theoretical position of the study. The methodological epistemology of contextualism assumes that all knowledge is local, situation-dependent, and adopts a temporary character (Jaeger & Rosnow, 1988). This entails that it is not only important to adopt a research strategy that does justice to the ways in which the individual being researched relates to context, but also to acknowledge the notion of researcher subjectivity; something which implies that the researcher is not seen as a disinterested observer of objective reality, but as an active participant in the construction of meaning.

4.1.1 Some implications for reliability and generalization

When adopting a contextualist epistemology, it is assumed that there are always multiple interpretations to be made of a phenomenon; and furthermore that interpretation inevitably depends on the position of the researcher, his/her analytic style, previous training, and research interests (Madill et al., 2000; Charmaz, 1995). Hence, a difference in interpretation, say between two researchers analyzing the same material, is not considered to represent bias or a threat to reliability; rather, both are seen as justifiable and as adding to a complete understanding of a phenomenon (Madill et al., 2000). It has, however, still been advised that the researcher should be explicit about his/her position, the research process, and the ways in which the data material was collected and analyzed, in order to obtain a high level of transparency (Fog, 2004).

When it comes to generalization the aim of research, from a contextualist point of view, is not to capture an objective reality 'out there'. This entails that, although there may be some regularity to a phenomenon, it is assumed that the outcome of research will always be relative and incomplete due to the complexity surrounding that phenomenon (Jaeger & Rosnow, 1988). However, following the notion of transferability as a replacement for the concept of generalization, it may still be argued that the findings and/or interpretations being made should be relevant and resonate with individuals or groups who are familiar with the phenomenon being researched or who belong to a similar context (Thagaard, 1988). In relation to this, it has been advised that the researcher should make a case for his/her research findings through "*persuading that it is reasonable for the results to generalize, with arguments that the group studied, or setting, or period is representative in that it shares certain essential characteristics with other groups, settings or periods*" (Robson, 2002, p. 72); something which can be obtained through providing a "thick description" of the context under study.

4.2 Research strategy

It has been maintained that when adopting a contextual epistemology no one method of inquiry is thoroughly adequate to deal with the complexities of human action (Jaeger & Rosnow, 1988). This follows the fact that approaches that may highlight the conditions that gave rise to an individual's experiences or action tend to be poorly suited to capture the individual's thoughts, reflections, and intentions, and vice versa. Hence, the present study

utilized a pluralism of methods. This involved carrying out a case study where different tools for data collection and analysis were employed throughout the different phases of the research project.

The term ‘case study’ has been understood and adopted in various ways (Stake, 2005), but for the purpose of the present study a case study is understood as a research strategy attempting to answer ‘how’ and ‘why’ questions (Yin, 2003); where the aim is to carry out a detailed investigation of a phenomenon within its context, through the adoption of data collected via multiple methods over a longer period of time (Hartley, 2004). In other words, the present study deliberately and actively applied insight into contextual circumstances in order to illuminate and provide a rich picture of the phenomenon being studied (emotional change-experiences); and a wide range of data collection techniques (e.g. participant observation, interviews, and the reading of official documents) were applied to obtain this insight.

As I entered the case study organization I did not have very clear propositions or hypotheses to be ‘tested’. This was particularly following the explorative and inductive nature of the research aims and questions and the fact that I, as a researcher, was not very familiar with the particular context being researched. In the first phase of the research project I was therefore particularly inspired by, and to some extent followed, the principles of grounded theory when collecting and analyzing data (please see section 4.5. below for a description of the different phases of the research project).

Grounded theory, initially developed by Glaser and Strauss (1967), attempts to provide new insight into phenomena through observing how these phenomena emerge in context, rather than by relying on already established theoretical frameworks to understand them. As there has been some controversy regarding grounded theory, arising from its basis in the two contrasting theoretical and methodological positions of positivism and symbolic interactionism (Heath & Cowley, 2004), the position of constructivist grounded theory developed by Charmaz (2005) was considered to sit more comfortably within a contextual epistemology, and hence represent a better fit to the methodological position of the present study. This is particularly following the fact that constructivist grounded theory does not assume the existence of a pre-existing reality ‘out there’, or of ‘pure’ data existing independently of the researcher, but assumes that reality is made real by and through the researcher. Hence, the researcher’s ideas, pre-knowledge, and to some extent also theoretical

knowledge are assumed to stimulate theoretical sensitivity and attune the researcher to the nuances and complexities of the world of the participants being researched. However, in this study the advice not to read too much about the phenomenon being studied was followed in the first phase of the research project in order to allow relevant themes and issues to emerge from the respondents, while at the same time attempting to avoid the pitfalls of 'naïve empiricism' (Alvesson & Sköldberg, 1994).

When it came to utilizing grounded theory in the present study, two of the distinguishing characteristics of grounded theory, following the summary provided by Charmaz (1995), were particularly emphasized: a simultaneous involvement in data collection and analysis, and the creation of analytic codes and categories developed from data, not from preconceived hypotheses (for a detailed description of data collection and analysis activities, please see sections 4.5. and 4.6.)

The principles of grounded theory were not directly utilized in the second phase of the research project. However, the outcome of a grounded theoretical-oriented research strategy continued to influence the research process overall in a somewhat indirect manner, following the fact that the data material and findings that emerged in the first phase of the research project informed the more focused data collection and analysis activities that were carried out in subsequent phases of the research project (please see sections 4.5 and 4.6).

4.3 The research context (case)

The research project took place in a large Norwegian hospital over a period of two years (2004-2006), and focused particularly on a major change project taking place in one of the wards (Ward A). This specific change project involved the introduction of electronic care plans (ECPs) in nursing.

However, the present study started out with a rather general and overarching perspective, focusing on one of the wider change projects going on at this hospital. This change project involved the gradual introduction of different modules of electronic patient records (EPRs) as a replacement for paper-based records. Here, one of the main targets of the hospital was to 'go paperless' by the end of 2007, and it was anticipated that the introduction of the EPR would imply numerous efficiency and quality improvements (please see section 4.4. for a detailed

description of the changes and their rationale). Each of the different modules of the EPR are to be utilized separately by the different professional groups performing independent medical treatment or examination (e.g. doctors, nurses, physiotherapists, etcetera). One of the modules in the EPR is the electronic care plan (ECP) that is designed specifically for the documentation of nursing work. In December 2004 it was decided by the nursing management at Ward A to introduce the ECP module, and this became the change project on which the present study particularly focused. Ward A is relatively large, employing 120 nurses and 40 nursing assistants, consists of five relatively independent sections, and was the first ward at this hospital to introduce the ECP module.

4.4 The changes at Ward A and their rationale

The adoption of ECPs involves the computer-mediated provision of structured and compressed nurse-related problems, combined with relevant measures, as a replacement for day-to-day unstructured pen and paper reports. Following ECP introduction some additional changes were also made in order to utilize the inherent qualities and benefits of the new ECP system. This involved some organizational re-structuring at the ward, where nurses and nursing staff had to collaborate more closely across professional boundaries in smaller work teams according to a more holistic system for care (primary care), and also meant that doctors' rounds had to be organized differently. In addition, the time spent on verbal reports was diminished in favour of reading and writing on the computer. Nursing staff received three hours of formal computer training, and due to a range of factors some of the staff experienced a gap of up to three months between training and implementation (please see section 5.1. for a more thorough elaboration of this issue).

Several reasons have been stated for developing and introducing tools such as the ECP in hospitals. According to many sources in the nursing literature and elsewhere, devices such as the ECP have emerged following the trend of new public management (Glouberman & Mintzberg, 2001), where they have been viewed as a way to improve the efficiency of everyday nursing work because they save time and paper (Lee et al., 2002); particularly given the potential for ECPs to diminish the necessary time needed for verbal shift reports, as well as for the reading and writing of written reports. As a consequence, the introduction of ECPs has resulted in many conflicts between nurses and managers as well as within the nursing profession, following the idea that managerialism distorts the professional ideals associated

with the nursing record, and that care plans in general are difficult to integrate with practical work on the wards (Allen, 2004; 1998). However, on the other hand, the introduction of care plans has also been seen as a way to improve the quality of documentation, and hence the quality of care (Allen, 1998). In addition, the development of new ways of documenting has been seen as a strategy for nurses to increase their general occupational status through making their unique contribution to the health care team more visible (Dingwall et al., 1998).

Finally, the decision to adopt technological devices as a replacement for pen and paper can also partly be explained on the basis of the general technological development in society, where it is often implicitly assumed that the adoption of technology in itself leads to improvements in quality and efficiency (see e.g. The National Health Plan, 2007-2010, for a detailed outline with regards to the situation in the Norwegian hospital sector).

As the change project at Ward A progressed, a range of other changes were introduced at the hospital overall, as well as at Ward A in particular; all of which were somewhat unrelated to ECP implementation, but still represented a contextual backdrop. These changes, which were more or less expected at the point in time at which it was decided to implement ECPs, included moving into new buildings following a major construction and refurbishment project at the hospital, the extended adoption of outpatient clinics as a replacement for traditional wards, and a range of cost-saving strategies following the ways in which the financial situation of the hospital developed over time.

4.5 Data collection methods

The collection of data proceeded in two phases, and a combination of methods was adopted for various purposes. As already outlined in section 4.2, the first phase was characterized by the adoption of principles of grounded theory; hence this phase could be characterized as more explorative and bottom-up compared to the second phase.

In the first phase of data collection, I first made contact with the EPR project group at the hospital in which constituted this research case. There were at least two reasons for this. Firstly, it was well known from the media and elsewhere that a range of different and overlapping changes were going on at this hospital, particularly related to the EPR project. Secondly, my participation in the research programme “Effective Introduction of Information

and Communication Technologies in Hospitals" gave me a unique opportunity to gain access to this particular change project as a research case. At an early stage I therefore started out focusing on the EPR project overall. This led to a range of preliminary data collection activities where I tried to familiarize myself with the hospital context in general, focusing on the changes that EPR introduction represented to the hospital overall and to clinical staff in particular.

Throughout this time I was also looking for a more specific change project where I could follow an implementation process from the planning stage onwards, as I wanted to explore employees' emotional anticipation of change as well as follow their experiences over time. The preliminary data collection activities involved various meetings with EPR project workers in the hospital, the reading of organizational documents in relation to the EPR project (e.g. minutes and memos), and one week of participant observation at a random ward (Ward B) at the hospital (see Table 1 below). Participant observation at Ward B involved following a group of newly-employed nurses throughout induction week, attending verbal nursing handovers between shifts and meetings between nurses and doctors, as well as socializing with staff during breaks.

Through my contact with the EPR project, I incidentally came across the ECP project that was planned at Ward A through my participation in meetings with the EPR project group. Following this I participated in a couple of meetings where the introduction of ECPs was discussed among nursing managers at Ward A. From then onwards, data collection activities became more focused and followed a more detailed plan as I decided to concentrate on the changes at Ward A in particular. However, the research outlook still remained relatively explorative and the principles of grounded theory, as outlined in section 4.2, were followed. It was formally agreed with management at Ward A that I was to participate as a researcher throughout the change process at their ward. This involved participation in information meetings for staff and in formal and informal meetings for nursing managers, as well as participation in some of the ECP training sessions being organized for staff at the ward.

In addition, a group of nursing staff (fourteen nurses and six nursing assistants) were interviewed one month prior to the implementation of ECPs at their ward. Prior to these interviews a local gatekeeper (Nurse X) had helped to identify and approached potential respondents, providing information about my research project and asking them to participate

in interviews (some of them declined to participate). The help of Nurse X was essential for several reasons (please see section 4.8.1 for a detailed elaboration). This person was part of nursing management at the ward and a central member of the ECP project group. In addition, Nurse X had worked at the ward for several years and held considerable rapport with nursing staff; something which meant that Nurse X knew the professional, and sometimes also personal, history of most of the staff at the ward (please see also section 5.1). On several occasions Nurse X shared this knowledge with me and provided valuable information that was somewhat 'off the record'.

Through actively applying the information provided by Nurse X, and thoroughly communicating the research aims of the present study to Nurse X, purposive sampling was attempted (Silverman, 2005). It was, for instance, ensured that a wide age group was represented, and that both nurses and nursing assistants were included in the sample in order to be able to capture a wide range of emotional change-experiences, both positive and negative, and to be able to explore negative experiences in depth. This particularly followed the fact that the nursing assistants were more likely to belong to the oldest age group (and hence were more likely to be computer illiterate), and that they were generally unfamiliar with documentation work and therefore more likely to experience ECP implementation in a negative way.

Finally, I did some participant observation at one section of Ward A throughout the first week of ECP implementation. This involved dressing in a nursing uniform and following several nurses around at different work shifts, helping out with practical work, where possible, as well as socialising with staff in coffee and lunch breaks. I also attended nursing report meetings between shifts and meetings between nurses and doctors.

In the second phase of data collection the same respondents, as identified above, were re-interviewed twice: first at three months and then at one year after the implementation of ECPs at their ward. Unfortunately, only eleven respondents were able to participate in the third and final interview due to a range of reasons outside my control, such as nurses having quit their job, moved to another ward, retired, or being on long-term sick leave. The sample of eleven respondents participating in the third interview consisted of eight nurses and three nursing assistants, and a wide age group was still represented.

During and after participation in meetings and observation field notes and/or brief summaries were written up; however the main intention was not to obtain ethnographic data, but to gain a thorough insight into the research context (Spradley, 1980), as well as to aid the construction of context-sensitive interview questions and analysis of the interview material. However, although field notes aided interpretation, only the interview material was formally analyzed. In the field notes I particularly emphasized practical information around the changes (e.g. how does the ECP work, what does this change imply for everyday work); information about the particular ward being studied (Ward A); how the changes appeared to be perceived, planned, and handled by nursing managers; and finally, and most importantly, the perceptions, experiences, and reactions of nursing staff in relation to these changes.

Table 1 Summary of data collection activities

	Timeframe	**Activities (preliminary)**
First phase of data collection	Aug.-Dec. 2004	Participation in meetings with EPR project workers + reading of organizational documents.
	Sept. 2004	Participant observation at Ward B.
	Nov.-Dec. 2004	Participation in meetings with nursing management in Ward A.
		Activities (Ward A)
	Jan.-June 2005	Participation in meetings with EPR project workers + reading of organizational documents.
	Jan. 05-June 06	Various informal conversations with Nurse X.
	Jan. 05-April 06	Participation in various information meetings for staff at Ward A.
	Jan. 05-April 06	Participation in various meetings for nursing managers at Ward A.
	Jan. 2005	Participation in a selection of training sessions being organized at Ward A.
	Jan.-Apr. 2005	First interview round.
	April 2005	Participant observation in one section of Ward A, one week into implementation.
Second phase of data collection	May-July 2006	Second interview round.
	May-June 2006	Third interview round.

4.5.1 The interviews

The interviews lasted between 30 and 60 minutes, depending upon the current work commitments of the respondent, particularly given the unpredictable nature of nursing work and the fact that interviews were carried out during work hours. As a consequence I had to be flexible when it came to the timing and duration of the interviews, especially considering that I wanted to interview the same respondents three times and had to rely on the respondents' goodwill. This meant that on some occasions the interview had to end a little earlier than initially planned due to the sudden worsening of the condition of a patient. All of the interviews were recorded and transcribed. After each interview a very brief summary was written up on the circumstances of the interview situation and how the responses of the interviewee were perceived overall by me as an interviewer (e.g. if the respondent appeared to hold something back, indirect expression of emotional experiences through body language, etcetera). This was to allow for a more in-depth interpretation of the interview data.

The first interview was particularly guided by the principles of simultaneous involvement in data collection and analysis, and the creation of analytic codes and categories from data rather than from preconceived hypotheses, following the notion of grounded theory (Charmaz, 1995). This involved the employment of an interview guide consisting of very few and general issues/questions, following the bottom-up methodological approach where I wanted to remain as open as possible to emerging emotional experiences and themes/issues relevant to the particular respondent/context being investigated. These issues/questions revolved around the respondents' previous career history; their previous and current work situation at the hospital/ward; previous and current situations of organizational and technological change and their experiences in association with these; and finally their present situation of anticipating the introduction of electronic care plans in particular, what the anticipated changes involved, and how they felt about them.

However, as data collection and analysis were parallel processes, the interview questions became increasingly specific and focused as the different interviews proceeded in the first interview round. This resulted from the fact that I transcribed the interviews, and thoroughly read through each interview transcript, making notes of emerging themes/issues and emotional experiences prior to conducting the next interview, and so on. For instance, I

actively questioned the fifth respondent about themes and emotional experiences that had appeared to be particularly prevalent in the first, second, third, and fourth interviews.

In the second interview I attempted to steer the interview questions more specifically in the direction of emotional experiences and to pick up on specific themes and issues that were particularly prevalent overall in the first interview round. This entailed that during this interview the respondents were presented with a list providing a summary of emotional experiences (both positive and negative) and recurring themes/issues expressed overall in the sample three months earlier. This was mainly adopted as a practical strategy to steer the conversation towards emotional experiences, and to give the respondents an opportunity to reflect more profoundly on their present experiences with regards to the changes that had been introduced at the ward in comparison with the experiences reported in the sample overall three months ago when the changes had yet to occur (please see also section 4.8).

In the third interview the respondents were asked to reflect on the changes that had already occurred at the ward, as well as at the hospital overall, and their emotional experiences in relation to these changes over time. They were also asked about their present, in comparison to their previous, situation/emotional experiences, both from a general and an individual point of view. This involved asking them about the general atmosphere at the ward as well as confronting them with their individual views and emotional experiences expressed in the first and the second interviews (e.g. asking “I remember you said X and Y one year ago; how do you feel about this now?”).

4.6 Data material and analysis in the different papers

A specification of the data material that was directly (interview material) and indirectly (field notes) applied to respond to the research questions in the three respective papers is provided in Table 2 below.

Table 2 Summary of data material that contributed to the three papers

	Timeframe	Activities (preliminary)	Paper 1	Paper 2	Paper 3
First phase of data collection	Aug.-Dec. 2004	Participation in meetings with EPR project workers + reading of organizational documents.	**X**	**X**	**X**
	Sept. 2004	Participant observation at Ward B.	**X**	**X**	**X**
	Nov.-Dec. 2004	Participation in meetings with nursing management in Ward A.	**X**	**X**	**X**
		Activities (Ward A)			
	Jan.-June 2005	Participation in meetings with EPR project workers + reading of organizational documents.	**X**	**X**	**X**
	Jan. 05-June 06	Various informal conversations with Nurse X.	**X**	**X**	**X**
	Jan. 05-April 06	Participation in various information meetings for staff at Ward A.	**X**	**X**	**X**
	Jan. 05-April 06	Participation in various meetings for nursing managers in Ward A.	**X**	**X**	**X**
	Jan. 2005	Participation in a selection of training sessions being organized at Ward A.	**X**	**X**	**X**
	Jan.-Apr. 2005	First interview round.	**X**		**X**
	April 2005	Participant observation in one section of Ward A one week into implementation.	**X**		**X**
Second phase of data collection	May-July 2006	Second interview round.		**X**	
	May-June 2006	Third interview round.			**X**

As outlined above, the principles of grounded theory were only adopted in the first phase of data collection and analysis as the research focus gradually became more specific. This meant that in the first paper the creation of analytic codes and categories was to a large extent developed from the data, although a formal grounded theoretical analysis was not conducted; whereas template analysis (King, 2004) was adopted in the second and third papers. Detailed descriptions of how the data was analyzed are given in the three respective papers.

4.7 Ethical considerations

Data access was granted through the research programme "Effective Introduction of Information and Communication Technologies in Hospitals" at NTNU, of which my PhD project was a part, as well as through the EPR project manager who worked as a gatekeeper in the very first stages of my project.

Prior to commencing any research activity the hospital's patient confidentiality form was signed, as a major concern for the hospital was to secure the absolute anonymity of the patients. Here it should also be emphasized that, although I 'moved around' in an environment occupied by patients, my research focus was always on staff and not patients. This entailed that in none of the field notes did I refer to the patients, their conditions and/or views, or to situations, but consistently focused on staff. Furthermore, when conducting participant observation at the ward, I always attempted to 'blend' into the environment in order not to make the patients uncomfortable. I always wore a nursing uniform, and was followed by another nurse who introduced me to patients as an assistant where this was necessary and/or appropriate. In situations where the nurses felt it was inappropriate that I followed them I would typically be asked to wait outside the patient's room.

Written approval to conduct research at Ward A was obtained from the medical superintendent at the ward, where anonymity and confidentiality of respondents and facilities were promised. Respondents were also, prior to interviews, assured of the anonymity of their responses, and it was stated that they could withdraw from the interview at any time, as well as refuse to be recorded. Any indications of the identity of respondents and facilities were eliminated from interview transcripts, and actual recordings were deleted as soon as they had been transcribed.

4.8 Methodological challenges

One way to make the researcher more 'visible' and to shed some light on the ways in which the position of the researcher affected the outcome of the research is to outline some of the challenges or problems that emerged in the research process. This section will therefore address and discuss some of these challenges, focusing upon the related issues of sampling and the relationship with a local gatekeeper, and trust and expressing emotional experiences

in the interview situation, as these two issues turned out to be particularly prevalent in the present study.

4.8.1 Sampling and the relationship with a local gatekeeper

As already outlined in section 4.5, I relied heavily on the help of a local gatekeeper (Nurse X) in the collection of data, and there were several reasons for this. Firstly, Nurse X helped me to gain access to the ward through helping to obtain permission from the medical superintendent to conduct research at the ward. Given that I was to 'move around' in a hospital environment, and the absolute anonymity of patients is a major concern, it would have been very difficult to be granted access to this environment unless going through an 'insider'. It was also absolutely essential to have Nurse X arrange for nursing staff to take time out of the ward to participate in interviews, as constant shortage of staff was a recurring issue.

Secondly, Nurse X had worked at the ward for several years, and hence knew the conditions and circumstances of the ward, as well as its staff, particularly well. As the ward consisted of a large number of nursing staff (160), and there were several departments where they were working in related but still quite different areas of nursing, it was necessary for me as a researcher to cooperate with a person who had a sufficient overview of the ward in order to find and recruit the 'right' respondents and ensure that the sample would be broad enough to capture a wide range of emotional change-experiences among staff. This was especially important considering the time limits of conducting a PhD project and the fact that I, as a researcher, was entirely new to the nursing context and unfamiliar with the issues and concerns that were typical of this context.

Thirdly, throughout the data collection process the necessity and importance of 'cooperating' with a person from the 'inside' was further confirmed, as I experienced some problems in my initial attempts to arrange and carry out interviews, and had to rely more heavily on the help of Nurse X than initially anticipated. For instance, it turned out that, for the individuals who were particularly anxious about the expected changes (e.g. older nursing staff who had not previously undertaken documentation work, and who were computer illiterate), the prospect of being interviewed was experienced as particularly stressful; and if they had not been aware of my relationship with Nurse X, they would have been more likely not to trust me, and hence to be unwilling to participate in interviews. This would have meant that their experiences

would not have been captured in the study. It was also evident that nursing staff were generally reluctant to interact with people from 'the outside' (e.g. people who were not staff members or who were not in the clinical profession), and sceptical of the prospect of 'being researched'. Furthermore, potential respondents appeared to be particularly concerned about the subject of my study (emotional experiences), as well as my psychology background; something which made them 'suspicious' that I was interested in revealing their inner emotional problems on a personal level.

Through my initial contact with the EPR project, through participation in meetings and training sessions in Ward A and through general observation of the relationship between Nurse X and staff in general, I had learnt that Nurse X was a trusted person on whom nursing staff relied. My relationship with Nurse X was therefore absolutely essential in order to build trust in the respondents and to help unravel potential misunderstandings. Despite the fact that Nurse X was a part of ward management and in the ECP project group, nursing staff did not seem to see this person, or management in general, as the 'real' initiator of ECP implementation, as the general perception at the ward seemed to be that ECP implementation was inevitable anyway. Moreover, some of the staff seemed to express genuine gratitude about the support and encouragement of Nurse X in an otherwise difficult time.

However, despite the fact that it was Nurse X who approached the respondents and made interview arrangements, although some of the nurses were keen to participate, there were also other members of staff who either declined to participate or who withdrew from the project on the day for which the interview was scheduled and I was to meet them at the ward. There was, for instance, one respondent who was absent on two occasions when the interview was scheduled, and who eventually withdrew from the study on the third appointment.

This is something that may have been to do with the fact that Nurse X also belonged to the management at the ward and was a central member of the project group that initiated, planned and implemented the ECP. As a consequence, some of the nursing staff may have been anxious about my role in relation to the ECP project and concerned that I, in one way or the other, had some kind of managerial interest in interviewing nursing staff about their views in relation to the change project; despite the fact that it was communicated on several occasions, by Nurse X and myself, that my role was that of an independent researcher.

It could also have something to do with the fact that the recruitment process and the conducting of interviews were carried out in parallel, whereby recruitment was followed by interviews and then further recruitment of new respondents, and so on. This could possibly have entailed that the recruitment process was negatively affected by the nature of the interview situation, as rumours about the interview setting and questions may have spread to those who were next to be recruited to participate in interviews, hence causing potential respondents to decide not to accept the invitation to participate in interviews for various reasons (please see also section 4.8.2. for a detailed discussion of the interview situation). On the other hand, the experience with the interview setting may also have had a positive effect on recruitment, as many of the interview participants said that they experienced that the interview went a lot better than expected, and that they were relieved about the ways in which it turned out considering their prejudices about psychologists.

It may also be the case that potential respondents felt so overwhelmed by the coming change process that they felt that participation in interviews represented an extra burden; or alternatively that information about the research topic (emotional change-experiences), as well as of the extent of the commitment involved in interview participation was inadequate. This was particularly given that it was Nurse X, and not I, who approached potential respondents, providing information about my project and asking them if they would volunteer to participate in interviews following the problems that were experienced in the recruitment process. It may be the case that Nurse X misinterpreted some of the information that I gave her, and hence communicated some misleading information to potential respondents that I was unaware of.

As a consequence, I decided to write a letter with information about myself and the research project that I would personally circulate to potential respondents who had already been approached by Nurse X, but prior to the scheduled interview. This was both in order for the respondents to be properly informed prior to participating in interviews and for them to get a chance to meet me personally prior to the scheduled interview; something in which was assumed to help build trust in the respondents. The letter was written with the help of Nurse X as well as another nurse (who did not work at the ward being researched) in order to make sure that the letter was written in a way that was easily understood by nurses through the adoption of ‘nursing language’, and to formulate the letter in ways that were believed to build trust in this particular group of professionals. This very much turned out to be a successful

strategy, as problems with recruitment drastically diminished after the letters had been circulated.

The reciprocal relationship between the sampling process and my relationship with Nurse X, and the interview setting, will be further elaborated in relation to the other problem area that was defined; namely the issue of trust and expressing emotional experiences in the interview situation.

4.8.2 Trust and expressing emotional experiences in the interview situation

During the first five to ten interviews in the first interview round I experienced some problems in relation to building rapport with the respondents; a phenomenon which has been labelled as 'non-contact' (Fog, 2004). This meant that the interviewees' responses were very brief, and it was difficult to get them go into any depth about their emotional experiences and the themes/issues that emerged in the interview situation. Sometimes the conversation came to a halt for a while, and it felt necessary to talk about something else (e.g. about trivial issues such as the weather) before returning to talk about the interview topics again. The respondents appeared somewhat withdrawn and there was a nervous atmosphere in the interview situation.

There may be several reasons why this was so. It could have been due to the fact that I, as a researcher, was very inexperienced when it came to conducting interviews, and that my own tension and nervousness transferred to the respondents. It was also the case that I often, in the beginning, felt overwhelmed by the scope and complexity of the research context and struggled to understand the present situation of the respondents, what the changes involved, and what their consequences were to the everyday work situation of nursing staff. This meant that I sometimes struggled to pose the 'right' questions, or to phrase them in a way which encouraged the respondents to discuss the issues I wished to address in a thorough manner. In relation to this it can be argued that an interviewer who was more confident as well as familiar with the nursing context would have been better able to deal with this situation and obtain more thorough and accurate information about the situation of the respondents through addressing the 'right' topics and asking the 'right' questions. On the other hand, it may also be argued that there are some advantages associated with being a 'stranger' or an 'outsider',

because one can adopt the role of a naive observer and adopt a less biased view of the situation and the respondents' responses.

However, the interview situation may also have been directly affected by the sampling process, where some of the respondents may have initially been unwilling to participate in the interview, but felt somewhat 'pressured' to take part as a consequence of being recruited by an 'insider' at the ward (Nurse X) rather than an 'outsider' whose invitation to participate would be more easily rejected. Hence, the reason why the respondents seemed somewhat withdrawn could have been that they were not so motivated to participate in the interview.

On the other hand, it seemed on several occasions that, rather than being bored or unmotivated in the interview setting, the respondents had some difficulty, or showed unwillingness, when it came to expressing their emotional experiences. This meant that the respondents appeared as if they did not know what they felt about a certain topic or issue, or that they were unable or unwilling to express their emotional experiences in a direct manner. For instance, when I asked them "what/how do you feel about this?" they sometimes appeared as if they did not really understand my question or did not know what to say. Statements about their emotional experiences such as "it made me feel really angry" were very rare, and the respondents would typically express their emotions in an indirect manner; for instance through referring to their emotional experiences on a collective level (e.g. by saying "we feel…" rather than "I feel") or by referring to themselves in third person (e.g. by saying "it makes you feel…"). It was also sometimes evident that the respondents revealed their own emotional experiences through the ways in which they described the situation and the emotional experiences of other people (e.g. indirectly expressing compassion and anger through the ways in which the situation of an employee who was struggling with the new system was described) as well as through body language (e.g. a shivering voice when discussing certain topics).

There could be several reasons for this. For instance, as pointed out earlier, it may be that they suspected that I in some way or other represented management, and was employed by them to evaluate the general atmosphere and mood at the ward for the purpose of identifying the most appropriate ways of implementing the changes. As a consequence, the respondents may have felt under surveillance and therefore refused to express their views in a very direct manner. I therefore tried to assert on independent occasions that my role was that of an independent

researcher and that I did not, in any way, stand in a direct relationship with management and/or have an influence on the change initiatives and the change process; although this did not always appear to help. On the other hand, the fact that I was sometimes viewed as an extension of management, despite efforts to repel this misconception, sometimes had a positive effect on the respondents' willingness to voice their concerns, as some respondents seemed to hope that I could do something about their situation and were therefore extremely open about the negative as well as positive aspects of their everyday work situation.

The respondents may also have been reluctant to express their emotional experiences owing to the misconception that I was a clinical psychologist who was interested in revealing their inner emotional problems and traumas on a personal level; and hence that my interest in the change process only served to disguise my real agenda. As this was experienced as a persistent problem I therefore decided to adopt several strategies to build trust in the respondents. As mentioned above, I wrote a letter to be circulated to the respondents prior to the interviews. However, as I intended to interview the same respondents three times, I also aimed to build trust in the respondents for the purpose of the second and third interviews. During participant observation one week into the implementation process, I attempted to become more familiar with the interview respondents in particular, joining lunch breaks etcetera. I also, on purpose, tried to be of as much help at the ward as possible (e.g. relieving nursing staff of practical tasks) and in this way communicate to staff that I respected and was interested in learning about and relating to their work situation; a strategy that certainly resulted in the respondents opening up more in the second and third interviews.

Furthermore, the fact that the respondents seemed reluctant or unable to express their emotional experiences in a direct manner may also have been due to a range of cultural factors. As pointed out earlier, work is traditionally not an arena where the presence of emotions are acknowledged or admitted to. On the other hand, it may be argued that emotions are likely to play a central part in the work role of nurses owing to the caring nature of nursing work; and hence that it could be expected that the group of nursing staff was particularly conscious of, and well-acquainted with, expressing their emotions.

However, the nursing culture is also very much a collective culture, where the individual nurse is typically not used to standing alone, but relies heavily on group membership (Hamran, 1992; Elstad & Hamran, 1995); something which may have caused the respondents

to feel somewhat threatened in an interview situation where they were required to express their experiences and views on an individual level. In relation to this it may be argued that a group interview (Steyaert & Bouwen, 2004) would have been better suited to capture a wide range of emotional experiences and to allow the exploration of these experiences in depth. On the other hand, this may have caused some of the more sensitive issues, which the respondents would have been unwilling to reveal in a group interview, to have remained unexplored. For instance, one of the respondents told me that she sometimes used to go down to the basement to cry, but that this was something which she did not tell anyone out of fear of revealing to staff and management that she was not handling the change situation very well; an issue that might not have been revealed in a group interview.

Finally, the respondents being somewhat unconscious of their emotions and/or not knowing exactly how they felt about certain issues could also be due to not having, or being acquainted with using, the language to express their emotional experiences. The list that was introduced in the second interview was therefore partly a strategy to alleviate this potential problem, and facilitated shifting the focus of the interview in a more emotional direction.

However, despite attempting several strategies to facilitate the more direct and explicit expression of emotional experiences, the problem persisted, and hence affected both data analysis and the categorization of emotion terms in the present study. This meant that I was very often unable to identify many clear and unambiguous emotional experiences, and often had to rely on implicit statements (e.g. irony) and to interpret the respondents' statements in association with body language. In relation to this it may, however, be argued that the endeavour to reveal authentic and 'real' emotions may after all be an illusion. The fact that emotions are closely intertwined with the social context in which they emerge means that it is very hard, even impossible, and possibly meaningless to distinguish between authentic and displayed emotion, and the emotions of an individual and those of a group in a social context (Sturdy, 2003; Fineman, 2000). Hence the identification of authentic individual emotions may be seen as merely an academic exercise. The theoretical and methodological implication of this is that one may rather focus on the different ways in which emotion or emotional experiences are brought alive (Sturdy, 2003). For example, the emotions expressed in an effort to 'look good' in front of the interviewer are not false, but are rather an authentic part of individuals in the construction of meaning, and bring to life something important about the respondents' emotional experiences to the interviewer.

5 Findings

In this section, a summary of field notes from participant observation will be provided in order to present the contextual information that aided and to some extent also informed the interpretation of the interview data. This will be followed by a brief presentation of the main findings being reported in the three respective papers. For a detailed presentation of the findings, please see the three respective papers.

5.1 Summary of field notes

As mentioned in section 4.3, the particular ward under study (Ward A) was the first ward at the hospital to introduce ECPs, and several reasons were provided by nursing managers, and the project group, when it came to justifying the somewhat hasty ECP implementation. Three aims were particularly emphasized, and two of these aims were clearly communicated to staff during information meetings. Firstly, there was the aim of 'going paperless', or of only documenting electronically; following the fact that the adoption of electronic tools for documentation (as a replacement of pen and paper) was considered to be part of an unavoidable technological development. It was therefore argued by nursing managers that being quick to implement the ECP (being the first ward) was a strategy to stay ahead of this (inevitable) development. This issue was further reinforced by the fact that some of the sections of the ward were expected to move into new buildings where there would be less room for the storage of papers following the construction and refurbishment project that was simultaneously going on, in concurrence with the EPR project, at the hospital. The second aim was to improve the quality and safety of work through making the availability and accuracy of information better.

Finally, there was also a third, somewhat unofficial, aim associated with a quick ECP implementation that was not so openly communicated to staff. Ward A had been known to receive limited attention and funding from the hospital as well as from elsewhere (e.g. from charitable organizations). It was therefore believed by nursing managers, and the ECP project group, that being the first ward to implement ECPs could somewhat ameliorate this situation, as being a pioneering ward was anticipated to be associated with considerable attention and prestige. Hence, partly due to limited funding to facilitate the change project and partly due to having to act quickly and introduce ECPs before any of the other wards decided to do the

same thing, there was not much time for pre-planning when it came to the actual changes (e.g. how the ECP should be adopted in relation to particular issues at the ward) and the implementation process. It was openly discussed and admitted at managerial meetings that this project was something which they "threw themselves into", and that potential problems would have to be dealt with on an ad hoc basis. As a consequence of this situation, three problems emerged.

Firstly, as implementation was about to commence, it became clear that some additional, and unanticipated, organizational re-structuring was necessary in order to facilitate ECP implementation; following the holistic system for care underlying the structure of the care plan as outlined in section 4.4 above. Since these additional changes involved the challenging of professional relationships (e.g. between nurses and nursing assistants and nurses and doctors) this led to some turbulence at the ward (e.g. doctors openly criticizing the new system).

Secondly, it turned out that many unanticipated flaws in the existing documentation system (on paper) became more visible and had to be dealt with as a consequence of ECP implementation. This led to increasing frustration among nursing staff as they perceived that there were no clear guidelines for how to utilize the new system, following the lack of managerial pre-planning, and felt left alone to deal with practical problems at the ward level.

Finally, it was planned that the whole group of 160 nursing staff were each to receive three hours of formal ECP training throughout a period of six weeks. However, due to many factors not being accounted for by nursing managers (e.g. absence and many nurses needing more training than predicted due to being computer illiterate or unfamiliar with documentation work in general), the allocated time for training turned out to be too short. This meant that the period of six weeks set aside for training was insufficient. As a consequence, due to problems of logistics, the experience of many of the staff was that training could not be followed directly by implementation in their section of the ward. Hence, some of the staff experienced a gap of up to three months between training and implementation; something which meant that most of what had been learned at the training session was forgotten by the time of implementation. As a result, many of the staff were frustrated as implementation finally commenced.

It was noted during observation that there was not much room for reflection and contemplation, as critical comments from nursing staff were typically ignored by managers and/or trainers. Instead, managers/trainers seemed to focus on communicating the positive aspects of the new system, as well as the inevitability of implementation following general technological development. However, conversations with Nurse X also revealed that the inevitability of the technological development was not only adopted as an argument in front of staff, or as a strategy to justify the changes and the somewhat rushed implementation process. It appeared that the nursing management themselves also seemed to feel victims of the inevitable, and therefore to some extent imposed, technological change; while at the same time also genuinely seeming to believe in the potential of the new technology with regards to increasing the quality and efficiency of nursing work. Furthermore, it was also noted that, despite nursing managers leaving it up to staff to solve many of the practical problems that emerged, and ignoring their critical comments, nursing managers in the change project group and many of the trainers also showed a lot of care and compassion for staff. For instance, two of the project group members (including Nurse X) worked up to eighteen hours a day (on both day and night shifts) two weeks into the implementation process in all the five different sections of the ward, in order to help out at the ward in this critical phase. This work was done in addition to taking care of their clerical work, and all the extra hours were unpaid overtime.

Nursing staff were generally not very explicit about their emotional experiences and reactions in relation to the changes (especially negative experiences/reactions), but to a large extent the respondents seemed to experience both positive and negative emotions in association with ECP implementation; and what the emotional experiences were and what they were about varied between groups of individuals. Here, the group of older nursing assistants particularly stood out as being more anxious about, and feeling threatened by, the changes. This group perceived their computer skills to be low and was particularly unfamiliar with documentation work, despite the Norwegian Health Legislation of 1999 (Helsepersonnelloven, 1999), where it was stated that every health worker is obliged to document their work. Traditionally, documentation work has been considered to be a typical nursing task because of the responsibility involved in documenting aspects of the patients' conditions (e.g. in the case of a law suit), and nursing assistants have typically continued to 'escape' this kind of work through communicating verbally to nurses who then documented in their name, despite the new legislation. However, with ECP implementation, the Health Legislation was further enforced, and nursing assistants were clearly instructed by managers to start documenting

their work. In addition, it had been decided at the hospital that they would no longer employ new nursing assistants in the future, making this group feel somewhat 'unwanted', and fearful for their future job situation. They were therefore particularly vulnerable at the prospect of organizational change, and felt a strong pressure to prove their indispensability and to handle the changes in a successful way.

While some of the staff were sceptical about the changes, there was overall a tendency to believe in the future through acknowledging that, although they might experience the situation in a negative way prior to, and throughout, implementation (for instance due to difficulties learning the new system), they expected to see the situation in a more positive light in the future. This especially related to the perception that the technological development was inevitable, while at the same time also representing progress; albeit they were sometimes uncertain in what ways. This meant that not only were they positive about the future, they also felt that they had no choice but try to stay positive and hope that the future might surprise them. The respondents also seemed to rely on management in assuming that they followed a well thought-through plan, and hence saw advantages with the new system that were still unclear to nursing staff, but that would eventually become clear in the future as they got into the new system.

Finally, as a consequence of the additional changes being introduced at the hospital overall alongside ECP implementation, as mentioned in section 4.4., there was an increasing fear of job loss not only in the group of nursing assistants, but among nursing staff in general, that somewhat affected the experience of ECP implementation as well.

5.2 Findings from paper I

This paper reported the emotional experiences of nursing staff as they were interviewed one month prior to the anticipated introduction of ECPs and the associated organizational re-structuring. It was evident that a wide range of positively and negatively toned emotional experiences could be identified, not only between but also within individuals. This entailed a tendency to express mixed or ambivalent emotional experiences. On the one hand, the respondents were unable to decide how they really felt, and experienced their emotional state to be very much an ongoing process as they acknowledged that future events or situations might make them feel differently. On the other hand, the respondents expressed different

emotional experiences (both positive and negative) in relation to different aspects or dimensions of the anticipated changes. In an attempt to explore what the emotional experiences were about, three overall themes were synthesized from the data: envisioning the change process, meeting professional standards in the future, and the everyday work situation following anticipated change. None of the respondents reported only negatively toned emotional experiences and there was no indication that the respondents were generally unwilling to change; they were mainly concerned with continuing to work according to high professional standards without too much of an extra burden to their everyday work situation following the anticipated changes.

5.3 Findings from paper II

This paper reported the emotional experiences of nursing staff three months after ECPs, and associated organizational re-structuring, had been introduced at the ward, and focused particularly on the negative emotional experiences being reported. This does not mean that only negatively-charged emotional experiences were being expressed at this point in time, but that the aim of the analysis was to explore negative emotional experiences in depth. A wide range of specific negative emotional experiences relating to the changes that had been implemented were reported (e.g. insecurity, fear, worry, sadness, and hatred). On one level, these emotional experiences related to poor managerial pre-planning, where the respondents felt that managers were not really in control of the changes and their implications, and that they had left it up to the respondents to sort out potential problems on the ward level, and not taken their share of responsibility with regards to these problems. On another level, the respondents experienced a range of negative emotional experiences in relation to struggling to maintain the professional quality of their work following change. However, despite this, the respondents did not resist the changes, but did their best to deal with them through adopting strategies, such as working unpaid overtime, to keep up with the changes and maintain professional standards at the same time.

5.4 Findings from paper III

In this paper the emotional experiences of anticipating versus retrospectively looking back on ECP implementation one year later were contrasted and compared to explore the process whereby the expectation of change(s) feeds into the evaluation of these changes in retrospect.

A wide range of different (positive and negative), ambivalent, and hesitant (e.g. uncertainty and ‘wait and see’) emotional experiences were reported at both points in time; something which indicates that there was no clear and systematic pattern from anticipation to retrospection. At the same time there was a continued, and to some extent increasing, presence of negative emotional experiences, as well as a sense of resignation, at the retrospective point in time. These emotional experiences related to quite specific and local aspects, situations, and relationships associated with the changes and the change process (e.g. the dynamic between the respondents’ expectations and managerial actions over time), as well as to wider societal trends relating to the specific change project (e.g. the experience of technological change being inevitable); and there was nothing to suggest that the respondents actively resisted or sabotaged the changes.

6 General discussion

This section discusses the main findings of this thesis. In addition, some theoretical considerations will be elaborated. Finally, there will be a section on the implications of the study as well as suggestions for future research. The main methodological issues that were particularly prevalent in the present thesis have already been discussed in sections 4.8.1 and 4.8.2.

6.1 Discussion of the findings

With regards to the two identified limitations of the literature: "a one-sided and biased perspective on negative emotional experiences" and "emotional experiences portrayed as predictable reactions that occur in distinct stages over time", and the aim of exploring employees' emotional change-experiences from a contextual point of view, at least two points arise when considering the findings of the present study. Firstly, emotional change-experiences were highly multifaceted (e.g. positive, negative, and ambivalent) both prior to (anticipation) and after (retrospection) change had been implemented; something which indicated that they did not evolve according to a clear pattern over time. Secondly, it was found that there was a persistent, and to some extent increasing, presence of negative emotional change-experiences over time.

However, when negative emotional change-experiences were explored in depth at all three points in time (prior to, during, and after implementation), they were not found to reveal a general unwillingness to change. In relation to both of these points, the study found that the respondents' emotional change-experiences were about, and evolved over time in relation to, quite specific contextual circumstances, and illuminated what these circumstances were. The two points will be discussed on a general level below. For a thorough elaboration of the different emotional experiences being reported in the study, and what they were found to revolve around, please see the three respective papers.

6.1.1 Multifaceted emotional experiences over time

The study showed that positive, negative, and mixed emotional experiences were being reported; not only between but also within individuals. Furthermore, this tendency was prevalent both prior to (anticipation) and after (retrospection) change had been implemented. The respondents in this study to a large extent looked forward to the changes, and expressed optimism, at an anticipative stage. Furthermore, negative emotional experiences were for the individual respondent typically balanced by positive emotional experiences as a consequence of feeling differently about different aspects of the changes/change process.

These findings are in line with Kiefer (2002a; 2002b), who also found that employees reported a range of positive emotional experiences in association with change. Hence, the present study contributes to strengthening further the argument that, although phenomena such as employees' stress (Cartwright & Cooper, 1992), negative attitudes (Lowry, 1994), and resistance (Kotter & Schlesinger, 1992) may be relevant to understanding employees' change-experiences, they only partially describe these experiences, since they follow the direct or indirect assumption that employees' change-experiences are mainly negative. This is especially true considering that not only did the respondents report positive emotional experiences after the changes had been introduced, when they had potentially had a chance to see the benefits of the changes, but they also expressed positive emotions at the mere prospect of change (anticipation). Quite contrary to what is assumed in relation to resistance for instance, where it is assumed that change is unwanted on a general level, the present study found that the respondents seemed to believe that change represented a better future, even prior to its introduction, following the notion of technological progress. Hence, on one level, change was viewed to be generally for the better, and was not seen as something unwanted.

However, the present study also showed, to a larger extent than the studies of Kiefer (2002a; 2002b), that the respondents took into account that their emotional experiences would evolve over time depending upon the future circumstances of their situation. In relation to this it was particularly conspicuous to note not only that the emotional change-experiences being reported at the anticipative and retrospective points in time were to a large extent similar, but also that the respondents seemed to put their emotional experiences on hold somewhat (e.g. uncertainty/'wait and see'); being unable to form global evaluations at both points in time. When exploring the reasons why the respondents to some extent seemed unable to form

global evaluations with regards to the changes, even one year after they had been introduced at the retrospective point in time, this could be explained on the basis of a range of contextual circumstances and the ways in which they evolved over time. It was, for instance, evident that their ambivalent and hesitant emotional change-experiences at the retrospective point in time could be tied to the poor managerial planning with regards to the actual changes which became evident during implementation; something which in turn led to a continued confusion among the respondents over time with regards to the ways in which the ECPs should be employed on an everyday basis.

However, the respondents' ambivalent and hesitant responses could also be explained on the basis of wider societal trends (e.g. the notion of technological progress) where change, for instance, was generally seen to be for the better; albeit the respondents remained uncertain as to in what ways. In relation to this, several contributors to the literature have pointed out that today's modern society, as well as organizations, are increasingly characterized by uncertainty, complexity, and diversity; something which leads to a pluralism of meanings and generates a sense of confusion and/or a situation whereby individuals typically are unable to tell whether something is this or that (ambiguity) and experience mixed feelings (ambivalence) (Karakas, 2009; Weigert, 1991). It can also be argued that this uncertainty, complexity, and diversity, coupled with the idea that change was inevitable, may have contributed to making the respondents somewhat passive, where they possibly felt that there was no point in making an effort to ruminate too much over their current situation and come up with very clear conclusions and statements with regards to how they really felt about it.

On the other hand, the persistent ambivalent and hesitant emotional change-experiences of the respondents may also have something to do with the nature of the specific change context of the present study. It has been argued that public organizations are inherently more complex than private organizations because they are the site of a continuous contestation of public purposes (Hoggett, 2006); something which may have made it difficult to come up with very clear-cut evaluations of the situation. Furthermore, and in relation to this, the hospital sector is increasingly facing the sometimes contradictory aims of simultaneously increasing both efficiency and quality of work following new public management policies (Pollitt & Bouckaert, 2000). In addition, it has also been claimed that improved information access, and the new information technology that supports it, is the driving force for the situation of

increased complexity in health care (Clancy & Delaney, 2005); something which may presumably also lead to an increased sense of uncertainty and confusion.

The expression of ambivalent and hesitant responses, even one year after the changes had been introduced, can also be explained by the fact that the respondents adopted learned responses that are particularly applicable to the nursing context (please see also section 4.8.2, where some of the methodological challenges associated with the expression of emotional responses were discussed). It is well known that hospital environments are typically characterized by unequal power relationships, where nurses are used to being told what to do and to follow orders from doctors and other individuals higher up in the hierarchy (Mantzoukas & Jasper, 2004), whilst simultaneously being part of a very collectively-oriented culture (Hamran, 1992; Elstad & Hamran, 1995); hence nurses are not acquainted with, or possibly fear the consequences of, voicing their individual concerns very clearly and explicitly. As a consequence, the respondents may have found it more sensible, or necessary, to communicate their concerns in somewhat unclear or concealed ways.

Since a wide range of different (positive and negative), ambivalent, and hesitant (uncertainty/'wait and see') emotions was reported at both the anticipative and retrospective points in time, it was evident that the respondents' emotional change-experiences did not evolve according to a very clear pattern over time. Hence, the present study did not support the assumptions being made in 'stage models' or 'emotional change curves' (e.g. Bridges, 2003), where it is maintained that emotional change-experiences occur in predictable and distinct stages, and that the initial news of change is experienced negatively, but that change will finally be embraced by employees as they understand that it is after all for the better. With regards to the present study, it can however be argued that there is a chance that the findings would have been different if the respondents had been followed over an even longer period of time, especially considering all the additional, and somewhat unexpected, changes that were introduced. The respondents may after all not have been ready to embrace the new changes fully given the present chaotic and unsettled situation. On the other hand, it may be argued that most change processes may be viewed as complex, and hence characterized by a range of uncertainties, following the increasing pace and scope of change in today's organizations (Albert et al., 2000); and hence that 'emotional change curves' show only limited applicability to the change context of today's organizations.

6.1.2 Negative emotional experiences over time and their content

When exploring the negative emotional experiences being reported in this study in depth, it was evident that they did not relate to the changes in themselves or reflect a general unwillingness to change; something which is explicitly or implicitly assumed in the resistance literature (e.g. Lorenzi & Riley, 2000a) and in 'stage models' or 'emotional change curves' (e.g. Bridges, 2003). This was not only evident in that negative emotional experiences were typically coupled with positive emotional experiences, as pointed out above. When explored from the respondents' point of view, negative emotional experiences were found to revolve around quite specific aspects of the change context, such as the ways in which the changes were planned and implemented, the respondents' everyday work situation following change, and the ways in which the professional quality of work was affected. These findings were very similar to the findings reported in Kiefer (2005; 2002a; 2002b), and resonated with the fact that negative emotional experiences were not irrational, but followed a certain reasonable logic (Lazarus, 1991).

However, it may also be argued that the lack of overt complaints or resistance in the present study could have been due to the particular aspects of the nursing context, such as typical power relationships in hospitals implying that nurses are used to following orders without questioning decisions that have already been made (Mantzoukas & Jasper, 2004). It can also be argued that the professional arguments being adopted by the respondents were intended as a covert strategy for indirectly expressing hostility to the changes (Timmons, 2003); something which may not have been captured in the present study. In relation to this it may also be pointed out that the adoption of professional rhetoric may possibly also be viewed as a more effective strategy for avoiding change than overt objection, considering the powerful nature of arguments involving the well-being of patients and the fact that managers would experience great problems with publicly justifying changes that could be potentially harmful to patients.

In the present study it was also striking to note that the respondents adopted rather 'extreme' strategies to uphold the level of professionalism over time throughout the change process. There were for instance examples of nurses who started working nightshifts only, as well as unpaid overtime, in order to be able to simultaneously keep up with the pace and scope of the changes and maintain professional quality. They did this rather than objecting to the

unreasonable change situation, despite the fact that this resulted in a rather unbearable situation for the respective employees. This is also something which may be interpreted to be specific to the particular context of nursing. First of all there is the nature of nursing work. The potential downgrading of professional standards are likely to have far more serious consequences for nurses compared to the consequences involved for employees in clerical jobs where the well-being of other individuals, who are in a vulnerable position following illness, is not at stake. It has also been pointed out that nurses typically tend to individualize organizational or structural problems (Hamran, 1992), something which may mean that nurses set their own needs and wants aside for the sake of the patient.

The lack of resistance may also be explained on the basis of the particular situation of the respondents in the present study. For instance, the respondents may have particularly feared the consequences of raising their concerns in negative ways considering that they were worried about the prospect of job loss following the ways in which the change situation had developed over time. It can also be argued that, given that change was perceived to be inevitable in the present study, it did not really make sense to object to the changes.

The present study also found that negative emotional change-experiences were not only present in the early phases of the change project, but persisted, and to some extent increased, as the change process progressed over time from anticipation to retrospection. This finding is contrary to what could be expected on the basis of ‘stage models’ or ‘emotional change curves’ (e.g. Bridges, 2003), where the emotional experience of change is assumed to go from negative to positive over time.

The ways in which the negative emotional change-experiences evolved over time could partly be explained on the basis of the continuous dynamic between managers and employees, in line with Smollan (2006); where the lack of managerial pre-planning with regards to the actual changes gradually became more apparent to the respondents, and where they increasingly felt let down by managers throughout the change process. In relation to this it may be argued that, when considering the nature of leadership, where managers are bound to reach unpopular decisions from time to time, employees will inevitably experience negative emotions without this being unusual or problematic. However, as was evident in the present study, it was not necessarily the negative emotions per se that were problematic, but the ways in which they were dealt with over time; or alternatively the fact that they were not dealt with

at all, but rather ignored. According to Frost (2007), negative emotions may actually prove toxic if not dealt with appropriately by 'toxin handlers'. In the present study, it was evident that the negative emotions were to some extent buffered or neutralized by the support from colleagues who turned out to be 'toxin handlers' at the anticipatory stage of the change project. However, as the change project progressed, it is not difficult to imagine that the support from colleagues was no longer sufficient and that attention, empathy, and understanding from managers were required.

On the other hand, the persistent tendency to experience negative emotions over time could also be tied to the fact that the respondents were facing a situation increasingly characterized by continuous and overlapping changes and change processes. In relation to this, Kiefer (2005) found that the more changes were experienced at work, the more negative emotions were reported. As elaborated in the previous section (section 6.1.1), it is not difficult to imagine that the respondents of the present study felt overwhelmed by the increasingly uncertain and complex nature of their current work situation, and that this not only led to ambiguous and ambivalent emotional experiences as argued above, but also to respondents being increasingly negatively affected by the strain and pressure that this situation represented over time.

6.2 Theoretical considerations

In this section the concept of emotional experiences and the theoretical construct of appraisal will be briefly discussed. This follows the adoption of the term 'emotional experiences' in the present study and the premise that people's emotional experiences are assumed to relate to something in their surroundings (e.g. organizational change), and hence emerge as the outcome of more or less conscious evaluations where appraisals cause emotions.

6.2.1 The concept of emotional experiences

To some extent the critique that was outlined in the introduction with regards to the general concepts being adopted in the existing literature, and their indirect coverage of specific emotions due to the adoption of global concepts with unclear relations to emotions as such (e.g. as in the case of the concept of resistance), also applies to the present study. This follows on from the adoption of a fairly broad conceptualization of emotional experiences, including

not only discrete emotions, but also other affect terms such as moods and emotion-laden judgements, due to a range of methodological considerations and challenges that have already been identified in the methods section (please see sections 4.8.1 and 4.8.2). In relation to this, it may be argued that an even deeper understanding of the emotional change-experience within the context of this study could have been obtained if a wider range of distinct and specific emotions, along with their perceived causes, had been allowed to be captured. Many of the experiences reported in this study can be seen as only reflecting somewhat neutral judgments (e.g. 'feeling ok' and 'positive feeling'), where it is not certain to what extent they really reveal emotional content; or alternatively that the level of emotional intensity remains unclear.

However, on the other hand, it may be argued that, although a broad conceptualization was adopted, an attempt was made at the same time to explore the respondents' emotional experiences from a contextual and bottom-up point of view; something which meant that the broader picture of the respondents' statements was considered. As outlined in the methods section, the respondents were not very explicit about their emotional experiences, but when taking the wider context of nursing into account, as well as methodological considerations (e.g. aspects of the sampling process and interview situation), a wide range of sometimes intense emotional experiences could be seen in the respondents, although they were implicitly or indirectly expressed. This meant that categories such as 'positive feeling' and 'feeling ok' were not drawn out of the data material unless they could be 'justified' as emotional based on contextual information (e.g. the observation of body language or information about the situation at the ward).

6.2.2 The construct of appraisal

There has been considerable debate in the literature with regards to the theoretical construct of appraisal (see e.g. Roseman & Smith, 2001, for a summary). A central issue which applies specifically to the premise of this thesis, that an individual's emotional experiences relate to something in his her/surroundings (e.g. organizational change), is whether emotions are really caused by appraisals, or if they may better be seen as components or consequences of emotional responses. According to the view of Parkinson (2001; 1997), the causal link between an event and an emotional experience as a response to that event is not necessarily that clear. It may be the case that an emotion emerges as a consequence of the actual

experience of the emotion, whereby the evaluation comes after the emotion has occurred. One example is when an individual's experience of anger prompts him/her to blame an event or incident, whereby the blaming of this event is caused by being angry and not vice versa. Furthermore, emotions may also be seen to emerge out of a social process where emotions are expressed as an act of communication (Parkinson, 2001; 1997). As already discussed in section 4.8.2, one may for instance say that one feels a certain way, or communicate an appraisal, in order to obtain something (e.g. comfort and understanding) from the person (e.g. the interviewer) to whom the emotion or appraisal is communicated, without there being a prior cognitive conclusion of something that has happened (e.g. an event) being involved.

According to this argument it may be impossible, or not even desirable or meaningful, to try to link emotional experiences to specific events and happenings (e.g. organizational change). However, it may still be argued that it is worthwhile to explore the different ways in which emotional experiences are 'brought alive' (Sturdy, 2003) within the specific context of organizational change. The present study did not intend to uncover causal links between emotional experiences and events and situations on an objective level, but to explore the different ways in which emotional experiences emerged within the specific change context; and therefore focused on the respondents' evaluations of what these emotional experiences were about. Hence the main intention was to explore what the respondents felt their emotional experiences were about, or alternatively what they wanted to communicate that they were about.

6.3 Implications and further research

Following the findings of the present study it is argued, in line with Kiefer (2002a; 2002b), that general assumptions and 'recipe-based' models are not applicable to, and unlikely to be helpful for, understanding and dealing with employees' emotional change-experiences. These assumptions/models do not account for the role played by specific contextual circumstances, and hence provide very simplified representations of reality which fail to take into account the complexity involved in the change process, as well as in the emergence of emotional experiences.

In relation to this, it may be argued that managers and practitioners should apply alternative, and more contextually- and 'bottom-up'-oriented perspectives in order to understand and deal

with employees' emotional change-experiences; and/or that already existing perspectives/approaches in the managerial and change literature should be reframed to fit the 'new reality' of the globalized, knowledge-intensive, and complex world of which today's organizations are a part.

This may involve not only the in-depth understanding of the 'reason' behind emotions, but also the fostering of a culture of emotional awareness in organizations in order to manage change in an emotionally intelligent way (Härtel & Zerbe, 2002). A culture of emotional awareness is suggested to ensure that managers should continuously pay as much attention to employees' emotional states as they do to their skills. This may be particularly important in today's organizations, which are presumably part of a more complex world, where it for instance can no longer be expected that managers automatically have the needed breadth of outlook on a situation, as was suggested by Grensing (1991). Furthermore, Härtel & Zerbe (2002) suggested that managers should attempt to help employees develop awareness of their emotional states, as well as of emotional processes in the organization, and suggest beneficial ways for employees to deal with these emotions.

Given that not many studies in the literature have adopted contextually-oriented and bottom-up approaches/perspectives in order to explore and understand employees' emotional change-experiences, particularly over time and taking the emotional anticipation of change into account, more empirical research is needed in this area. It would be particularly interesting to explore employees' emotional change-experiences in other contexts of change in order to see how they contrast and compare. When it comes to exploring emotional change-experiences over time, it is particularly suggested that future studies should rely more heavily on research methods that enable a closer observation of emotional encounters in real time, such as participant observation or a daily diary study, in order to be better able to capture the ebbs and flows of emotions than the present study, where the main data collection method consisted of repeated interviews at isolated points in time.

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Papers

Paper I

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Understanding emotional responses to anticipated change: the case of introducing electronic care plans in hospitals

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Abstract: This study aimed to address the range and complexity of emotions involved in the anticipation of change at work through adopting a contextual approach to understanding emotions and change. A qualitative study was conducted to explore nurses` emotional responses towards the anticipated introduction of electronic care plans. Emotional responses revolved around three issues in particular: Envisioning the change process, meeting professional standards in the future, and everyday work situation following anticipated change. None of the respondents reported only negative emotion terms, and they both experienced and expected that their emotional experiences would continuously evolve over time.

Keywords: anticipated change; emotion; context; nursing.

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1 Introduction

Employees in different areas of work are not only increasingly experiencing changes at work (Albert et al., 2000), but they are also anticipating changes that have not yet happened but that are expected to take place in the near future. One example of this is nurses in the Norwegian hospital sector anticipating the implementation of new technologies and work routines intended to increase quality and efficiency of work.

This paper will focus on the anticipation of electronic nursing care plans in particular and has two aims: firstly, to identify and describe emotional responses reported in the anticipation of change and, secondly, to explore the perceived causes of emotional responses expressed in the anticipation of change. A contextual framework will be

adopted. Context refers to past, present and (envisioned) future situations, events and relationships that are associated with and give emotional responses their meaning. In this paper, the nursing context will be drawn upon in order to understand and interpret emotional responses. The focus on change as anticipative and the perspective taken on emotions will be outlined and elaborated below.

1.1 Anticipated change and emotional responses

Organisational change is seen as constituted by individuals' perceptions, interpretations and actions (Isabella, 1990), rather than as an objective event with a clear beginning and end (such as conceptualised by, e.g., Lewin, 1958). This suggests that individuals are not merely being affected by organisational change; they continuously contribute to the process of change through their perceptions, interpretations and lastly their actions. One way that individuals may contribute to the forming of, as well as being formed by, organisational change is through their expectations and anticipations of change. Anticipated change refers to the imagination of a future situation or scenario at work where changes occur and the envisioning of how these changes will impact upon one's everyday work situation. Emotional experiences and expressions remain central to this imagination of the future, because emotions will be triggered when change is perceived to be substantial and critical (Cox, 1997).

Emotions reported in the anticipation of change are important to investigate because "emotions will shape the anticipation, the experience and the aftermath of change. They are not just the consequences of a change event" (Fineman, 2004, pp.120). In other words, emotions reported in the anticipation of change may prove an important indicator of how the change process will actually happen. This also has some important management implications, suggesting that managers may want to focus their time and energy on understanding employees' emotional responses prior to actually implementing organisational change, rather than trying deal with employee emotions after the change has been implemented. Finally, because individuals have histories and futures, at the same time (Briner et al., 2004), anticipative accounts of change may also prove to be useful at a more evaluative phase of the change process, because responses to an actual shift in material circumstances are better understood in the light of past experiences and events.

However, despite this insight, employees' emotional experiences of change have only been indirectly discussed in the literature, or a limited perspective has been adopted to address organisational change and/or emotions. When it comes to describing the emotional experience of anticipating change, two groups of literature seem to be prevalent.

Firstly, there is the literature in which emotional responses are assumed to occur in stages and escalate as organisational change proceeds. Here, a rather traditional understanding of change is being applied. Change is assumed to be markedly distinct from non-change and emotions are, therefore, believed to be more frequent and intense during change when comparing to non-change situations (Huy, 1999). Emotional reactions of individuals undergoing change have, for instance, been linked to the stages that people go through when they are faced with death and dying (Burke, 2002, Kübler-Ross, 1969). It is being argued that people go though a set of pre-defined and distinct stages and that each stage has to be worked through properly in order to reach the next stage(s). Kübler-Ross (1969) suggested five stages: shock/denial, anger,

bargaining/attempts to postpone the inevitable, depression and acceptance. Bridges (1986), on the other hand, developed a sequence framework directly applied to change. He distinguished between change and transition and argued that whereas change was something distinct with a clear beginning, end transition was an irrational psychological process. Bridges (1986) argued that transition during change involved moving through three phases: ending and letting go, going through the 'neutral' zone and making a new beginning.

Although an explicit distinction between the anticipation and actual experience of change is not being made, the emotional experience of anticipating change is indirectly assumed to differ from the experience of change. Furthermore, change is largely seen as being associated with emotional responses of a more intense and negative character when compared to non-change situations. However, it may not necessarily be the case that negative emotions appear more frequently in change compared to other phases, situations etc. (see Kiefer, 2005) such as in the anticipation of change. The anticipation of change may be as emotional as any other phase of the change process. Stage models have also been criticised for being too simplistic and optimistic in the sense that they work from the assumption that people will eventually embrace change (Jick, 1990; Burke, 2002). Another final point is that stage models do not allow for the fact that emotions are contextually embedded and unfold over time, as people are emotionally anticipating future events through looking backwards into their past experiences.

A second area of literature has dealt with managers' assumptions regarding employees' likely emotional responses to planned change (e.g., Armenakis et al., 1993; Kotter and Schlesinger, 1992), rather than looking into employees' own accounts of anticipating change. Typically, clusters of negative emotions and pre-defined emotion-laden constructs such as resistance to change are employed. From a managerial perspective, one is expecting employees to fear change in general, as if this is a biological disposition, or a dimension of their personalities (see Dent and Goldberg, 1999) and positive experiences of change are to a large extent ignored. However, when adopting this perspective, resistance among employees may become a self-fulfilling prophecy, whereby managers themselves are a major source of resistance (Smollan, 2006). Furthermore, this literature seems to be based on the idea that there exists an almost linear relationship between employees' experiences/expressions of negative emotions and detrimental consequences for the organisation and/or the individual (see Kiefer (2002a) for a similar argument). Hence, negative emotions are viewed as irrational elements within the organisation that need to be managed carefully (Fineman, 2000; Piderit, 2000) in order for change to be implemented successfully. It has, for instance, been claimed that employees' undesirable emotional responses may be held at bay by management through ambiguous communication about forthcoming change events (Conlon and Shapiro, 2002). Kiefer (2002a, 2002b) addressed the limitations of the traditional management and change literature and argued that employees' actual emotional experiences should be explored in a bottom-up approach, in order to avoid the pitfalls of stereotypical and simplistic assumptions. Through looking into concrete and specific emotions, their locally situated causes and consequences, she found that change was linked to diverse and positive emotional experiences. However, the anticipation of possible futures and their emotional connotations were not explicitly addressed because the framework was retrospective.

Only a few studies have empirically investigated employees' reactions, as they were awaiting change (e.g., Conlon and Shapiro, 2002; Fugate et al. 2002). Fugate et al. (2002), for example, examined how employees coped over four stages of a merger. In line with stage model for understanding reactions to change, it was hypothesised that a cluster of pre-defined negative emotions would increase from the anticipatory stage to the initial change stage following a merger. It was argued that this was due to the fact that the consequences of change would gradually sink in. Interestingly, negative emotions did not change across any of the stages of change. However, the authors did find that perceived control was lower at the anticipatory stage compared to later stages, where it increased. They argued that this was due to the uncertainty involved in awaiting change that had not happened yet. The employees had not yet learned how the merger affected them personally.

Because many of the theoretical positions adopted to understanding anticipated responses to organisational change are somewhat limited in their approach and because there are only a few empirical studies explicitly addressing the anticipation of change, we have little in-depth knowledge about employees' emotional experiences of anticipating change at work. Finally, we do not know a lot about how these emotional experiences can be explained in different and diverse contexts of change. After all, it is the context of change that underpins many of the emotional responses evoked during a change process (Smollan, 2006).

The present study, therefore, seeks to explore emotional experiences of anticipating change, within one particular change context, namely nurses anticipating the introduction of electronic care plans at work, in order to get a deeper understanding of emotional responses towards anticipated change.

1.2 A contextual approach for understanding emotional responses to anticipated change

In the present study, emotional responses are conceptualised as moods (Parkinson et al., 1996) and cognition-related affect terms, such as emotion-laden judgements (Briner, 1999), as well as discrete emotions (Lazarus and Cohen-Charash, 2001). Whereas discrete emotions may change rapidly, are intense and relate to specific occurrences, moods are relatively slow changing, are weak in intensity and do not necessarily relate to specific events or situations. Some cognition-related affect terms differ from discrete emotions and moods in the sense that cognitive elements stand out as more significant. These are not emotions as such but refer to perceptions and thoughts that may be associated with a range of discrete emotions. In this paper, all of these labels will be applied interchangeably, as they share many similarities and can be seen as overlapping phenomena (Gray and Watson, 2001). Furthermore, emotions, moods and cognition-related affect terms are seen as both being shaped by and shaping change, because affective phenomena inhabit action tendencies (Frijda, 1986).

In this study, it is assumed that emotional responses are contextually embedded and are a source for stakeholders to socially negotiate their own perspectives (Fineman, 2005). This means that emotions are not viewed as the result of individual characteristics alone but as closely interlinked with surrounding events, situations and social relationships.

Lazarus (1991) and Lazarus and Folkman (1984) offered a framework where the contextual dimensions of emotions were seen as essential. In their transactional approach, cognitive appraisal was seen as crucial to establish the emotional meaning of events and situations. However, the surrounding context and social relationships were seen as part and parcel of individual emotional responses. As a consequence, people can not be expected to respond emotionally in general and consistent ways across contexts and situations, rather they must be assumed to develop complex and changing representations of things around them through sophisticated sense-making (Briner et al., 2004).

Following a contextual approach to understanding emotional responses to the anticipated introduction of nursing care plans, two research questions were posed:

- What kind of emotional responses were reported in the context of anticipating the introduction of electronic nursing care plans?
- What were the perceived causes of emotional responses reported in the anticipated introduction of electronic nursing care plans?

2 Methods

I was made aware of the planned introduction of electronic care plans at a large Norwegian hospital and several key persons at one of the wards were contacted. It was agreed that I was to participate as a researcher throughout the change process.

2.1 Research context and background

Communicating information about patients across work shifts is essential in order for nurses to carry out their work properly. Traditionally, information about patients has been transferred across shifts verbally and in day-to-day unstructured written reports. Care plans, on the other hand, involve the provision of a more structured and compressed overview of probable nurse-related problems, combined with relevant measures.

Electronic care plans are being introduced in Norwegian hospitals for several reasons. One reason is the trend towards developing and implementing new modules for nursing documentation to be integrated into the already existing electronic patient records (Hellesø and Ruland, 2001). It is often emphasised within the Norwegian hospital context that the technological development in itself (on an abstract level) is inevitable. Therefore, being quick to implement technical solutions is generally seen as a way to stay ahead of the technological development. Furthermore, Norwegian hospitals are very hierarchical organisations, where decisions regarding the implementation of new technology are reached far away from the clinical context. This involves that managers, as well as nurses, referred to in this study are to some extent 'victims' of imposed change.

Finally, both the international nursing literature (e.g., Allen, 1998; Devers et al., 2003) and the Norwegian policy documents (KITH, 2003) have pointed at two potential benefits of adopting nursing care plans, both paper based and electronic: They improve efficiency as well as quality of nursing work.

This entails that, from a managerial perspective, care plans are believed to stimulate greater hospital competition and to reduce costs (Devers et al., 2003). For instance, it is assumed that electronic care planning will take up less time than traditional day-to-day documentation, reduce redundancy and simplify documentation work through quickly

providing more accessible and up-to-date information (Hellesø and Ruland, 2001). At the particular hospital in this research context, this was also coupled with strategies to treat patients faster and to avoid hospitalisation such as through an extended adoption of out-patients' clinics.

From a clinical perspective, care plans are expected to improve the quality of documentation work and hence the quality of care (Allen, 1998). In addition, the development of new ways of documenting can also be seen as a strategy to increase the general occupational status of nurses. One goal has been to make nurses' unique contribution to the healthcare team more visible and to establish a domain of autonomous practice (Dingwall et al., 1988). However, from a practical nursing perspective, it has been reported that care plans are difficult to integrate with everyday practical work at the wards (Allen, 2004).

The particular ward investigated in this study was the first ward at this hospital to implement electronic care plans.

2.2 The anticipated changes: the introduction of electronic care plans and organisational re-structuring

Nurses/nursing assistants were informed, through meetings arranged at their ward, that they were to undergo some major changes at work following the expected introduction of electronic care plans. During these meetings, the inevitability of the technological development in hospitals tended to be emphasised and it was stated by management and several nurses involved in this project at this ward that they could make sure that they stayed ahead of this development through being the first ward to implement electronic care plans. Furthermore, nurses/nursing assistants were also informed about the quality and efficiency benefits of the new system. Finally, they were told that they were to undergo some organisational re-structuring at their ward so that the efficiency and quality potential inherent in the new system could be enabled. This involved that nurses/nursing assistants would collaborate in new work arrangements and be responsible for fewer patients according to a more holistic system for care (primary care), as well as the undertaking of some new work tasks (e.g., nursing assistants taking on some traditional nursing tasks such as removing stitches).

The nurses received three hours of formal training prior to implementation, despite the fact that the changes were generally expected to be overwhelming. Computer illiteracy at the ward was prevalent, especially among older nurses/nursing assistants. Furthermore, nursing assistants were, to a large extent, unfamiliar with any documentation work (both paper and electronically based). However, a large group of nurses were already familiar with using the computer for documentation purposes, but not care plans.

2.3 Data-acquisition and sample

A qualitative approach was adopted because it is particularly suited to obtain an in-depth account of individuals' perspectives and unique experiences (Robson, 1993). Furthermore, interpretive approaches do more justice to the complexity of emotion (Fineman, 2005). Therefore, this research consisted of participant observation, the reading of organisational documents, such as e-mails and minutes, as well as semi-structured interviews.

Participant observation involved attending meetings between head nurses where the planned changes were discussed and taking part in five out of the 28 training sessions that were organised at the ward. On these occasions, I was introduced by a local gatekeeper (Nurse X) as a researcher interested in employees' experiences in relation to change at work. My role at the training sessions tended to be more active and participative (compared to the meetings), as I was allocated my own computer and attempted to learn the electronic care planning system alongside the other nurses/nursing assistants. My impression was that my presence at the training sessions was not experienced as problematic, except from one of the training sessions where only nursing assistants with particularly low computer skills were present. On this occasion, I left after one hour because I felt uncomfortable in the situation and perceived that my presence disturbed the performance of the nursing assistants. Training sessions also became an occasion to talk to Nurse X and to ask questions.

Although field notes were written up after meetings, training sessions and conversations with Nurse X, the main purpose of participant observation was not to obtain ethnographic data but to serve as a descriptive phase (Spradley, 1980). Participation helped me learn some of the relevant 'nursing language' and to get 'a feel' for what it means to be and work as a nurse. This further helped aid the construction of appropriate and context-sensitive interview questions and to communicate more easily with nurses/nursing assistants during interviews. Finally, participation at training sessions and conversations with Nurse X provided me with valuable information about nurses/nursing assistants' concerns and emotional responses that later steered interpretation of interview data. Therefore, a brief summary of what I learned from training sessions and conversations with Nurse X will be provided in the beginning of the results section.

Twenty interview respondents were selected and recruited to participate in my research project through the help of Nurse X. Nurse X's role at the ward cannot be revealed in order to grant the promised anonymity. My relationship with Nurse X was essential for three reasons: Firstly, it was evident from previous experiences and interaction with the nursing context that nursing staff in general were reluctant to interact with people (e.g., researchers) from 'the outside'. Secondly, the subject of my study turned out to be problematic, as potential respondents were worried that I was just a psychologist interested in revealing their inner emotional traumas and problems on a personal level. Nurse X helped unravel this misunderstanding. Finally, Nurse X arranged for nurses to take time out from the ward to participate in interviews, as this was a major problem due to constant shortage of staff at the wards.

However, I tried to ensure purposive sampling (Silverman, 2005) through thoroughly communicating the aims and methodological considerations of my project to Nurse X. The sample consisted of 14 nurses and six nursing assistants and a wide age group was represented. The youngest nurse was in early 1920s, whereas the oldest was 60 years old. Unfortunately, it was only possible to recruit one male nurse.

The interviews were conducted after information meetings and training sessions had taken place at the ward to ensure that nurses/nursing assistants had obtained an understanding of what the changes might imply. During the interviews, nurses/nursing assistants were asked to give prospective accounts of how they thought the introduction of electronic care plans and change of routines would affect them in their future (e.g., "How do you think electronic care plans will affect your everyday work situation in the future?"). Following a contextual approach to understanding emotional

responses towards anticipated change interview questions also revolved around the respondents' past (depending upon length of service) and present experiences and how they envisioned their future in light of these experiences (e.g., "how did you experience the situation before compared to now?" Or "how are your expectations for the future different from how you experience(d) the situation now (before) and why?"). This allowed for both a vertical and a horizontal level of analysis (Pettigrew, 1990), where organisational/contextual and individual dimensions of the respondents' experiences were allowed to emerge simultaneously, as well as the sequential interconnectedness among phenomena over time.

When adopting this approach, the respondents' emotional experiences very often emerged spontaneously; however, the respondents were also followed up with questions concerning their emotions where this was felt to be appropriate (e.g., "how do you feel about this?" or "how did this make you feel?"). Finally, after each interview, a summary was made on the respondents' emotional responses that were perceived, their non-verbal signs of emotion, etc. On an average, interviews lasted 30 minutes and were tape-recorded and transcribed by the author.

2.4 Data analysis

The study was, in its first stage, inspired by the principles of grounded theory established by Strauss and Corbin (1990). This was following the lack of theoretical frameworks for understanding emotional responses to anticipated change in the literature. Following a contextual approach, the aim of the study was to obtain an as open description as possible and to take into account a broad range of emotional responses and social/contextual factors specific to nursing. Field notes and transcripts of interviews were read through and a wide set of themes and issues were allowed to emerge. However, a formal grounded theoretical analysis of the data was not carried out; rather a hybrid between suggestions in Rubin and Rubin (1995) and grounded theory was adopted. This was mainly to do with the fact that coding throughout was informed and refined by continuous reading of existing theory and literature. The NVivo software (Richards, 2005) was applied to assist analysis.

Analysis of the interview material was conducted in three stages. In the first stage, paragraphs in the transcripts where the respondents related to and reflected upon their own perceptions and responses of the expected changes were isolated. In the second stage, emotional responses were identified as codes. As much as possible of the thoughts, perceptions, etc., surrounding the emotional responses were retained for the purpose of the third stage of the analysis. In the third stage, a selection of themes and concepts were drawn out to try to identify what the different emotional responses were about. I particularly looked for concepts and themes interviewees frequently mentioned, concepts and themes indirectly revealed and concepts and themes that emerged from comparing interviews (Rubin and Rubin, 2005, pp.210, 211). An attempt was made to understand the emotional responses from a nursing perspective, through integrating knowledge obtained through all the phases of the data collection and insights from the nursing literature.

3 Findings and discussion

In this section, I will first provide a summary of field notes from training sessions and conversations with Nurse X, in order to provide contextual information that aided my interpretation of the interview data and that may potentially help explain findings. Then I will present the interview data, firstly, by giving an overview of emotional responses reported in the anticipation of electronic care plans. Secondly, the perceived causes of emotional responses will be elaborated from a contextual point of view. The findings will be discussed throughout this section; however, this section will be followed by a general discussion where the main findings, limitations and possibilities for future research will be discussed.

3.1 Summary of field notes from training sessions and conversations with Nurse X

During training sessions, nurses'/nursing assistants' affective experiences largely revolved around the technical aspects of handling the computer/the new programme as well as issues related to the clinical principles behind the nursing care plan. To a large extent, nurses/nursing assistants were unfamiliar with the nursing care plan and perceived their computer skills to be low (particularly older nursing assistants). One of the older Nursing Assistants (NA2) did, for instance, claim that the assistant had been '*dreading*' the training session for days and was '*unable to sleep*' the night before training because of the lacking computer skills. The older assistant even admitted about considering to '*call in sick*' on the day of training but felt too '*committed*' in the work to do so. However, such overt expressions of negative attitudes and emotions were relatively rare. Generally, negative experiences tended to remain 'hidden' in the sense that negative emotional experiences could only be observed indirectly through nurses/nursing assistants' body language. There were, for instance, several occasions where I saw that nurses/nursing assistants' hands were shaking as they were working on the computer, they were unable to sit still or sat very still and they did not say a word and/or had a blank expression in their face.

Despite this, nurses/nursing assistants' emotional experiences overall were not exclusively or distinctly negative. A group of middle-aged nurses (not due to retire for several years) who were quite experienced with handling the computer, but not the care plan, did, for instance, seem particularly positive, enthusiastic and excited. However, I also noted that they appeared as if they wanted the implementation phase over and done with as quickly as possible, coming up with statements such as: "*there is nothing to wait for*" and "*better start right now*". They seemed to want the implementation out of the way and to avoid too much critical reflection and contemplating.

Furthermore, there were occasions when nurses/nursing assistants' emotional experiences appeared to shift from negative to positive throughout training sessions, because they had underestimated their own computer skills. One example was one of the older nurses (N12) who arrived at the training session appearing worried, nervous and overwhelmed. Looking at the course material in front the nurse said thing such as: "*Do we really have to learn all this? Is it that much?*" The nurse also avoided sitting in front of a computer after arriving and jokingly said about hoping that the nurse did not have to use it. However, after getting started, the nurse appeared to cope well with the

computer and the programme and after a while you could see that the nurse was smiling and appeared happy, enthusiastic and gradually more self-confident.

I also noted that teachers on training sessions tended to emphasise and seemed to believe in, the inevitability of the anticipated changes and to ignore critical comments. Typically, teachers would say things such as: "*It's natural to feel this way now, but in 2–3 months you probably will not even think about it*".

During conversations with Nurse X, it became evident that Nurse X was generally very concerned with the technological development in hospitals and how they did not have a choice about the introduction of electronic care plans at their ward because "*this is the future*". Nurse X genuinely seemed to believe that there was no other solution to but to implement electronic care plans at their ward, in order to stay ahead of the development and the sooner the better. Nurse X was optimistic about the potential of new technology, because even if they did not see the benefits of the new technology at present they would probably see them more clearly in the future.

However, conversations with Nurse X also revealed two other issues: the situation of nursing assistants in particular and the general situation at the ward. The first issue was related to the decision, taken by management, that new nursing assistants would no longer be employed at this particular hospital. However, it had been promised that none of the already employed nursing assistants would be made redundant. A major problem was according to Nurse X that the nursing assistants did not really trust this and were in a situation of not feeling needed at the hospital. Furthermore, nursing assistants do not have a lot of other employment alternatives that are as attractive and well paid as hospital work. Another problem was that computer illiteracy was particularly widespread within the nursing assistant group (particularly older nursing assistants). In addition, nursing assistants were generally unfamiliar with documentation work. This situation was further complicated by the fact that the relatively recent law regulating the behaviour of medical personnel (The Norwegian Health Legislation, 1999) states that every health worker (including nursing assistants) is now required by law to document their work. Nursing assistants were, therefore, facing a particularly demanding situation, at the same time as they felt a strong pressure to prove their indispensability and to show they could keep up with the anticipated changes (because of the fear of loosing their jobs).

The second issue was related to the constant issue of lacking resources and attention to this particular ward. Nurse X claimed that the situation at their ward was either ignored by management, the general media, etc. (their work was made '*invisible*') or focused on in a negative way. Changes to be implemented at the ward, therefore, evoked suspicion among staff in general and nurses/nursing assistants questioned whether the changes were introduced for their benefit. However, Nurse X claimed that after all she (and many others) remained optimistic about the prospect of being the first ward to introduce electronic care plans because Nurse X hoped that this could work as a strategy to make their ward and nursing work in general, more '*visible*' and to shed some positive light on their work.

3.2 Interview transcripts

In response to the second research question, "what kinds of emotional responses were reported in the context of anticipating the introduction of electronic nursing care plans?", a range of cognition-related affect terms, moods and emotions were reported during interviews. Emotion terms reported in the anticipation of nursing care plan

implementation included '*negative feelings*', '*positive feelings*', '*insecurity*', '*fear*', '*resignation*', '*dissatisfaction*', '*not feeling needed*', '*worry*', '*excitement*', '*compassion*', '*joy*', '*feeling cared for*', '*scepticism*', '*feeling of being a burden*', '*hope*', '*aversion*', '*wait and see*', '*pride*' and '*pessimism*'.

The anticipation of change was clearly a very emotional experience; however, this experience was highly multifaceted. Different individuals would often express different emotional responses. Furthermore, none of the respondents expressed emotional responses that were only negatively charged. The same individual would typically express emotional responses that were clearly mixed and ambivalent. This was evident in at least two ways: First of all, there was a tendency for the respondents to appear as if they were unable to make up their minds globally on how they felt about the expected changes.

> N1: "Well I think, think it's a good idea to try, hem … I always find new things exciting, so I enjoy being the first ward [to implement electronic care plans], although this means that we will not get the opportunity to learn from other wards … but well, it's part of the development, the technology, so really, it's only natural … so uh.. I'm not dreading it, I rather find it exciting. But at the same time, being a good nurse, using it as a tool as you were saying, maybe even becoming a better nurse, for the patients, that's what we want. So yes, I think it will be great … but we're a bit worried, what if the computer crashes? And things like that of course … we're kind of used to having our papers, signing everything and [laughter]. Yes I enjoy it, enjoy being a part of it. It's exciting. A bit like, yes we can be proud of what we're doing now, trying to do.. Hmm …"

This may be caused by the fact that the respondents struggled to create meaning and that their emotions were still experienced as ongoing, indicating that they held their global viewpoints somewhat tentatively (Fredrickson, 2000). When anticipating change, changes have not happened yet and therefore the future may still be perceived as open and uncertain. A lot of the respondents in this sample did, for instance, open up for the possibility that future events/situations might still surprise them, with the consequence that their emotions would evolve and change in different ways in the future. Secondly, emotional responses were mixed and ambivalent in the sense that the respondents felt differently about different elements/dimensions of their anticipated future at work following change. Both of these points, the evolving of emotions over time and feeling differently about different elements of change, will be addressed when responding to the second research question.

In response to the second research question, "what were the perceived causes of emotional responses reported in the anticipated introduction of electronic care plans?", three overall themes were synthesised from the data for the sake of clarity and simplicity:

- envisioning the change process
- meeting professional standards in the future
- everyday work situation following anticipated change.

A range of emotional responses concerned the actual process of changing. Furthermore, respondents' emotional responses also tended to revolve around how they believed their future at work would look like. There were two dimensions to this: One was how the anticipated changes were envisioned to affect the professional quality of their work;

the other was how nurses anticipated they would experience their everyday work situation following anticipated change. The three themes will be elaborated below.

3.2.1 Envisioning the change process

A lot of nurses/nursing assistants expressed a range of negative emotional responses in relation the anticipated change process, because they dreaded the prospect of having to confront their own and others' lacking computer skills. As a consequence of this, the implementation process was believed to be chaotic. Furthermore, the respondents were worried because they expected that learning how to use the new system would come on top of their everyday work tasks (such as 'hands on' patient care), because they anticipated that their work situation would not be adjusted to the additional demands associated with learning the new system. A few of the nurses were worried that the patients would suffer as a consequence of this. There was also a tendency for respondents to feel that changes were being imposed upon them at a too high speed and to fear that they would not be given the appropriate support at the ward throughout implementation.

> NA2: "I've been feeling a version against it [the computer]."
>
> N2: "I'm just afraid that it will take a long time until we get into it. I think it will turn out to be pretty chaotic in the beginning. Because nursing assistants, they're supposed to write reports and they've never had anything to do with computers before and some of them are quite old ..."
>
> NA1: "I'm afraid it will take up too much time in the beginning, that … if we spend too much time on this we might experience problems, in our relationship with the patients, taking care of the patients […] the way I see it now, the future looks grim, yes, but I still sleep at night, but the future looks grim, cause you could say, we only received training once and then months pass by [..] And what I learned months ago I've forgotten now."
>
> Interviewer: What do you think about the introduction of electronic care plans at your ward?
>
> NA3: "Well it's fair enough, as long as you get enough training, an opportunity to sit down and try, but you do not, it's a disgrace, the situation is way too bad, you get this 'forced down your throat' while the rest is …[…] there is no opportunity to sit down, you cannot just sit down, that's what they're saying, but it's not as simple as that. If you can not sit down and try for quite a long while there is no point in even trying …[…] then it's pretty hard to get this 'forced down your throat'."

However, negative experiences were balanced by the support they felt from colleagues and individual managers on the ward. They also acknowledged the role of their own efforts in trying to stay positive about the implementation phase.

> NA2: "I'm delighted I have Nurse X around me, because I'm not so afraid to ask for help."
>
> N3: "Speaking for myself I do not feel the future looks grim, even if I'm middle aged and did not grow up with computers, no I do not. […] I feel there is patience, understanding and encouragement at the ward. But you have to commit yourself, you cannot be afraid to try. You have to stay positive about this."

> NA4: "But, but at the same time, you have to try you know, it's not that I'm negative about this, because you just cannot sit down and say that you do not want to be a part of this, no I do not think so."

The respondents also believed that the change process was just a difficult phase that they would eventually 'get over'. They expected to see things differently in the future and were open to the idea that their emotional experiences would shift once they got over the chaotic implementation phase. This was partly explained by the fact that they eventually expected to improve their computer skills through practice.

> NA5: "Well a lot of people were stressed and they were saying things like: "oh this is never going to work out!" A lot of people expected something different, but after we did the training sessions I think they changed their minds […] I do not know, They imagined it was more difficult […] You change your opinions.. At least I thought it was a lot more difficult than what it turned out to be.. I thought "Oh my god I'm never going to make it!" But when we did the training and learned how to do it I was more like "yes this is going to turn out all right", I'll try for the first time at the ward today [laughter]."

> NA4: "I think that if I practice enough I will not be more stupid than the others [laughter]."

However, on another level, the respondents expected that the future would look better once implementation was complete, because of the potential for the technological development to enlighten their future. The respondents saw the technology as having to be 'good for something'; otherwise, it would not have been introduced. The nurses/nursing assistants acknowledged that they might not see the benefits of the anticipated changes in the present, but they expected to see this more clearly once the chaotic implementation phase was over. However, this was coupled with an understanding that the technological development was inevitable. As nothing could be done to stop the development, the respondents seemed to feel that they might as well try to stay positive about the future.

> N4: "I'm very excited by the fact that everything is going to get electronic now. I kind of imagine that it will be chaotic in the beginning, eh … that people will say things such as: "Ah it should have been the way it used to be, this is just a mess, it's never going to work out", but I think that if you give us a bit of time they will realise that we spend less time on papers and that kind of stuff and will get more time for patients and their relatives […] I think it will get chaotic in the beginning, but then things will calm down.. Well everything that's new is chaotic to start with."

> N5: "You cannot escape the writing, sitting in front of the machine, you have to, both in order to read and to find information, so the 'computer beast' is getting at you.[…] I think everything is going in that direction anyway, so that we just have to, you do not have a choice, no … So, but I think it will turn out to be good, yes.. Once we have gotten into it so …I'm thinking that, in the future, when we look back on the way we work now I'm sure we'll be like: 'wow amazing that we even managed before!'."

The rather open and optimistic attitude towards anticipated change (the respondents believed that their skills would improve and that the technological development represented something positive) is contrary to what one would expect if adopting stage models (e.g., Kübler-Ross, 1969) or managerial perspectives on change (e.g., Kotter and Schlesinger, 1992), where the idea is that people feel negatively about change almost on a general level across contexts and situations. However, optimism and positive feelings

about anticipated change within this particular context must also be seen in relation to the tendency to view the technological development as inevitable. If you think that there is nothing you can do to stop changes that are expected to take place at your work, there is little point in staying negative about and actively objecting to the changes. It rather makes sense to adjust in the best way possible.

Finally, at the same time, the technology was seen as embedding management goals for efficiency and rationality. As a consequence of this, nurses anticipated a heightened conflict between management ambitions for increasing efficiency and professional ideals of enhancing the quality of their work following the introduction of electronic care plans. This point will be further elaborated below.

3.2.2 Meeting professional standards in the future

Nurses were generally very concerned about doing a 'good job' according to established professional standards and about continuing to do so following anticipated change. To a large extent, documentation work was contrasted with 'hands on' care and practical work was considered most crucial to the nursing role. For some nurses, documentation work was not even considered to be a 'real' nursing task.

The respondents perceived that with the introduction of electronic care plans, they would have to shift more of their attention to administrative work and to spend more time and energy on documentation work. This can be explained by the fact that not only was electronic care plans introduced at this particular hospital to increase the efficiency of documentation work, but, at the same time, strategies were employed at the ward to treat more patients over a shorter duration of time. Hence, the administrative workload was expected to increase, as documentation and administrative work had to be carried out for each individual patient.

The respondents expressed negative emotional responses, such as fear, in relation to the prospect that already-established nursing standards for work would deteriorate as a consequence of introducing new technology as a means to increase efficiency.

> N6: "I think everyone will feel guilty, when you are on the computer right and the others are working. And you do not work! […] No we do not feel that writing is what our job is really about."

> NA4: "I do not really think we need more technology…Do you know what I'm afraid of? The nursing profession and the nursing assistant profession is about practical work, you are supposed to be there for the patient, the patient should be focussed on! I'm afraid that.. because it's becoming so much paperwork in the end so that you're stuck with it in order to manage everything and then … the patient receives surgery, this and that and then it's less and less time for the social aspect, yes for care."

> N5: "I'm a bit afraid of the computer world, that we'll be stuck in front of the screen, yes that more time will be spent on this than on our real job."

The respondents also expressed a range of negatively charged emotional responses in relation to more particular aspects of working professionally, following the introduction of electronic care plans. For example, nurses were worried that information about the patients would not be communicated properly through the new system because it was too sparse.

> N2: "I'm a bit afraid that … [Hesitating].. or you could say, the report we're supposed to write now is more like a care plan … and there is no guarantee that important things will necessarily be characterised as problems if you know what I mean? […] so where are we supposed to write that? […] I'm a bit worried that you waste your time on unimportant things while the things that you find important, but that cannot be characterised as problems, will be forgotten."

It was also speculated that the new computerised care plans would eventually replace verbal reports (as a strategy to improve efficiency) and the respondents were pondering over the potential consequences of this for patient care.

> N6: "We have the verbal report, from one shift to the other; it's being replaced by the computer, so it's not only positive … […] you communicate a lot when you sit like that compared to reading on the computer, it's very much about how things are said, how things are being perceived […] It can be positive too, the extra chatting, how things are written, how things are said, that you know that the person taking over on the next shift has understood, really understood the things that are important."
>
> Interviewer: So, are you saying you are worried that information will be lost?
>
> N7: "Yes we're groping a bit … […] I feel the situation is becoming a bit insecure, but it does not have to be … […]I kind of feel that we're able to communicate more during a verbal report compared to computer mediated information, there are lots of things to report that cannot necessarily be characterised as problems, it can be messages, things that have happened throughout the day, thing that we do not know where to put, they can be lost."

However, on the other hand, nurses were, to some degree, also optimistic as to how the introduction of new technology could contribute to improving the quality of their work, while still remaining sceptical about the management intentions behind introducing the electronic care plan.

> N8: "I'm only feeling positive about this. But I do not know, in the future … I have a few thoughts regarding how they [management] are planning to increase efficiency. I hope they do not think the computer can take care of the patients, we still have to be with the patients, I have a few thoughts regarding this. Well I have to put it like an elderly colleague of mine: 'As soon as the computer takes care of the bedpan and the patient, I'll take my hat and leave!' It [the computer] can never replace that. Can never replace care or anything, but I hope it's a tool, that can take care of information in a good way, that we can avoid a mess of paper, that's what I'm hoping, that the computer can be a tool, it's nothing but a tool, that's the way I see it, that's my opinion."

The aspect of meeting professional standards in the future was also closely linked to how they expected to experience their everyday work situation in the future. One example was that the nurses hoped and believed that the anticipated changes would improve the quality of work but also believed that their future everyday work situation would become more demanding, as a consequence of the new quality standards. The nurses expected that they would have to go through extra 'hassle' in their everyday work to obtain the quality improvements inherent to the new computer system.

> N9: "Well I think quality assurance is fantastic, but it requires more from the individual nurse […] you become aware of your own mistakes, you work more consciously, conscious with regards to the responsibility involved […] I think it will turn out to be really good, I've seen others doing mistakes, right, it's terrifying, I think it is very good that we control one another, but everything is very time consuming…you sign everything twice, medication, everything, everything takes up more time, but I would not be without it."

> N1: "Hmm …. I used to think about it a lot in my previous job, I worked as a public health nurse, where I started using a computer. I did not want to become one of those who did not look at the patients when they arrived. Because you know, there are lots of people who refer to doctors in a negative way because they're only looking into the computer screen, right, so I did not want to become like them, I remember I thought a lot about it then. So I tried to make a routine out of it so that I was able to operate the computer and looking at the patients simultaneously, yes I managed to do it.. it worked out, but I had to become more aware, sharper and remember more …[..] but we'd like to use it as a tool, maybe becoming even better as nurses, for the patients, that's what we want."

This potential source of conflict and ambivalence inherent in the potential for care planning to improve the quality of nursing work and the simultaneous pressure from management regarding efficiency, as well as the extra problems involved in obtaining the quality benefits of care planning, has previously been highlighted in the clinical nursing literature (see Allen, 1998). From an emotions and change perspective this shows that negative emotional experiences do not necessarily express unwillingness to change, but a wish to continue to do a good job according to already-established quality standards.

However, the nurses' everyday work situation was also considered independently of professional standards and the quality of nursing work. The actual experience of being at work was expected to change in different ways in the anticipated future and this evoked a range of different emotional responses among the respondents.

3.2.3 Everyday work situation following anticipated change

Several of the nurses and nursing assistants (particularly younger and middle-aged nurses) anticipated that their everyday work situation would improve as a consequence of the anticipated changes.

One example was one of the younger nursing assistants who, based on the previous experiences at work, looked forward to the anticipated changes because the assistant was expecting to be given more responsibility and a wider range of tasks at work. However, the emotional experience was mixed or ambivalent as the assistant worried that she might not be able to deal with the new tasks.

> NA5: "I really enjoy it, that we are given more responsibility […] we're used to washing patients, working in the kitchen and stuff like that and it was the same tasks almost all the time, but now it's going to get more varied […] I do find it a bit scary because I've never done it before, but at the same time I find it exciting. Fun. Because, the enjoyable part is when you know you're doing it well, you feel like" ah now I've done it!"."

The introduction of electronic care plans was also seen as a source of variation among some of the more middle-aged nurses. However, they emphasised how this depended on the general workload at the ward. Personality characteristics were also an element that

was seen as crucial when it came to how the anticipated changes were experienced emotionally.

> N8: "Well I enjoy it, I think it creates a bit of variation […] I think it's fun, because it means something is happening, it's not a boring routine, like it tended to be in previous years. Something new is happening. But this is a small unit and I think it's harder on larger units where they have more patients […] I can handle a bit of change, I find it exciting rather than… well I'm thinking…. doing the same routine for another 15–20 years, until I retire, doing the same things day in and day out, I think that would 'kill me', I'd rather be given some challenges."

This shows that in many cases people actually want change and see change as something positive that makes them feel more 'alive'. A boring routine with no change can actually be seen as more harmful for well-being than occasional change in work routines. Furthermore, the emotional experience of anticipating change is very much dependent on how the respondents have experienced their work situation in the past and previous change initiatives. In other words, the nurses generated views or emotional responses regarding their future on the basis of their histories (Briner et al., 2004).

N9 (quote below) did, for instance, experience the everyday workload at the unit to be too overwhelming when they first introduced computers at N9's ward two years ago. As a consequence of this, N9 decided to re-arrange work schedule to work nightshifts only. Nightshifts were generally quieter than the more busy dayshifts. N9 has continued to work nightshifts since and intend to continue to do so also in the future, considering the past experiences with change (the introduction of computers) and the changes that were anticipated to happen in the near future (the introduction of electronic care plans). N9 had made this decision despite the drawbacks of this work arrangement.

> N9: "I think I consciously chose to work at night because I feel that I do not handle the stress situation when it's really busy, I feel I need more time.
>
> Interviewer: Is this why you chose to work at night?
>
> N9: Yes it's my way of handling it I think, I hate being a burden to others, that the others are annoyed with me […] but there are a lot of negative aspects about working at night, you miss the social aspect, it's disadvantageous and you feel more weary […] but it's the computer thing that has made me choose to work at night, it has given me a bit more time, I need to feel that I can choose when I'm ready to work during the day again."

First of all, this shows that even in a situation that is felt to be restricted and made more difficult, by for instance change, people use the opportunity to actively shape the boundaries of their job through job crafting (Wresniewski and Dutton, 2001). For N9, switching work arrangements did, for instance, make it possible to maintain control over the situation (more time) and to retain a positive self-image (not being a burden to others). Secondly, the fact that N9 chose to switch to the more inconvenient night shifts as a strategy to deal with change, rather than, for instance, protesting or resisting the introduction of computers, also underlines the experienced inevitability of the introduction of new technology at work. There is nothing that can be done to stop the technological development; therefore, adjusting within the boundaries of the work situation (changing the personal work schedule) is a more rational strategy than, for instance, objecting the changes.

4 General discussion, limitations and future research

This study focussed on the emotional anticipation of change through investigating the nursing context in particular and had two aims: identifying nurses' different and specific emotional responses to the anticipated introduction of care plans and exploring the source of these responses. Contrary to what is normally assumed within the managerial change literature (e.g., Kotter and Schlesinger, 1992) and from the point of view of models depicting emotional reactions as occurring in stages throughout change (Kübler-Ross, 1969), an in-depth contextual approach showed that the nurses did not express general and global viewpoints or fixed and stable emotional responses. There were two dimensions to this: Firstly, the respondents expressed a range of different emotional responses, both positive and negative and they were clearly seen as caused by specific experiences, events, situations and social relationships. Secondly, the respondents typically experienced and/or expected that their emotional experiences would evolve and shift, not in neat stages, but continuously over time.

The first dimension was evident in that the same individual would often express positively and negatively charged emotions in relation to different elements of the anticipated change(s). For instance, negative emotions, such as '*fear*' in relation to lacking computer skills, were balanced by more positive emotional experiences as a result of feeling supported by colleagues. This entailed that none of the respondents expressed only negative emotion terms in relation to the anticipated changes and that a range of positively charged emotion terms (such as '*excitement*', '*compassion*', '*joy*', '*feeling cared for*' and '*pride*') were expressed. Furthermore, although the nurses in this study expressed a range of negatively charged feeling terms (such as '*insecurity*', '*fear*', '*resignation*', '*dissatisfaction*', '*not feeling needed*', '*worry*' and '*pessimism*'), none of these were about change in general or necessarily reflected the resistance that was assumed within a lot of the management-oriented change literature (see Dent and Goldberg, 1999). The respondents did not show an unwillingness to change, but were mainly concerned about continuing to work according to high professional standards following anticipated change and the extra burden involved in obtaining this goal. These findings correspond well with emotional accounts of change reported elsewhere in the literature (Kiefer, 2002a, 2002b) and show that negative emotional responses should not be seen as irrational elements within an organisation because from the individuals' point of view within a particular context they have their own logic (Lazarus, 1999). According to a transactional approach for understanding emotions (Lazarus, 1991; Lazarus and Folkman, 1984), emotions are formed by individual variables in conjunction with social and environmental events of importance. Lazarus (1999) pointed to the particular relevance of goals. If your personal goals are at stake in a particular context or situation, such as a wish to continue to fulfil professional standards following anticipated change, strong emotions are likely to occur. Furthermore, emotions, both positive and negative, may also be seen as a way of exerting control and power from the point of view of the position you are in at any time (Sturdy and Fineman, 2001). Through expressing, for instance, negative emotions in a situation of change, you are communicating some of the problems associated with change to members of management and others with power to do something about the situation. In other words, emotions and especially negative emotions, should not be viewed as an obstruction to change, but rather as enablers for dialogue. This is particularly relevant from the point of view of anticipating change, where the organisation still has time to undertake appropriate actions before it is too late.

The second dimension involved that the same individual often experienced and/or expected that their emotions towards anticipated changes at work would evolve and fluctuate continuously over time. Furthermore, through adopting a contextual approach, it was evident that the respondents employed their past as well as their imagined future as a way of emotionally making sense of their present reality. The problem with traditional stage models (e.g., Kübler-Ross, 1969) in this respect is that they typically isolate time and emotional responses as if they were fixed and stable units unrelated to the past and present. In other words, they focus on here and now without considering the past and future that are inevitably connected to the way we feel at any time (Briner et al., 2004). In reality, the distinction between before and after change is, therefore, not necessarily as neat and clear cut.

However, the strength of this study, that emotional responses towards anticipated change are looked at from a contextual and highly specific point of view, may also be seen as a limitation when trying to generalise findings to other contexts. For instance, in this study, imposed change and lack of resistance were found to be central issues. The nursing literature has previously pointed at the fact that this may have something to do with 'nursing culture' or power relationships within the medical hierarchy in particular (Mantzoukas and Jasper, 2004). The relationship between doctors/management and nurses typically remains an unequal one, where decisions flow from top to bottom. Research in other contexts may indicate different trends from what was suggested in this study. However, at the same time, this also underlines the importance of designing change management interventions according to the specific change situations and circumstances. Generalisations and stereotypical assumptions are unlikely to be unhelpful because peoples' emotions in relation to change are so contextually embedded.

Another shortcoming that may have made it difficult to explain the lack of resistance in this study is that it can take on a wide variety of more covert forms that were not captured because the particular focus was on the expression of emotions and not on resistance or other related areas of research. A study investigating nurses' resistance towards technology at work in particular found that nurses exerted their power through what was labelled as 'resistive compliance' (Timmons, 2003). It was argued that the most reasonable strategy for nurses unwilling to change was not to actively sabotage changes but to apply more indirect strategies such as employing a professional rhetoric to avoid changes (e.g., the computer entails working away from the patient; therefore, I avoid working on the computer because nursing is about care and not computer work). A similar rhetoric might have been adopted in this study when nurses argued that nursing was not about computer work. However, as this study was conducted before changes were actually implemented, it was impossible to conclude that this rhetoric led to behaviour that could be characterised as resistant where computer work was avoided.

The study does not provide a high level of insight into the ways in which emotions reported in the anticipation of change may potentially feed into and shape subsequent change-related emotional responses and behaviour – a further limitation. It can be argued that in the early stages of anticipating change people have not yet had a lot of opportunity to form their views and emotions in relation to others. After all, emotion may be viewed as social communication (Parkinson, 1995), whereby emotions are not understood as something internal to the individual but as continuously emerging through real-time encounters between people. In other words, we continuously over time learn about our feelings, what we feel and why, through interaction with other people. It is, therefore, likely that within a group, such as the nursing group of this study, an internal process of

social meaning creation and sense making (Weick, 1995) will continuously evolve throughout the change process and possibly contribute to the forming and re-forming of emotions. Describing and providing insight into the processes where individuals over time continuously look forwards through looking backwards in groups, as well as the emotions and behaviour implications of this, is certainly a relevant and interesting area for future research.

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Paper II

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Title:

"Negative experiences of organizational change from an emotions perspective: A qualitative study of the Norwegian nursing sector".

Abstract

This study aims to explore the negative experiences of employees following organizational change through adopting a contextual emotions perspective. Previous studies have tended to examine negative change experiences through the lens of general concepts, such as resistance, where it is often assumed that these experiences are irrational and should be ignored or managed. We therefore have limited knowledge about what kinds of specific negative emotions are actually experienced by individuals undergoing organizational change, and what the perceived causes of these experiences are. A qualitative study was conducted to explore the negative emotional experiences of a selected group of nursing staff following the introduction of a new electronic care planning system at their ward. A range of different and quite specific negative emotional experiences were identified, and they revolved around two themes in particular: managerial planning and actions; and the quality of professional work. None of the negative emotional experiences seemed to reflect a general unwillingness to change, but were related to issues considered to be of great importance to the respondents.

Introduction

This paper will focus on and explore the negative emotional experiences reported by a selected group of Norwegian hospital staff following organizational change. One of the reasons for exploring negative emotional experiences in particular is that organizational change is generally perceived to be associated with a range of negative experiences among employees (e.g. Marks & Mirvis, 1992). These reactions have typically been conceptualized as stress (e.g. Cartwright & Cooper, 1992), resistance (Kotter & Schlesinger, 1992), and unfairness (Conlon & Shapiro, 2002). However, it has been argued that there are many limitations to the ways in which concepts such as these address negative emotional experiences, and to the assumptions that are being made (Kiefer, 2005; 2002).

In the following section, we will examine some of these limitations and offer a critical perspective on the concept of resistance in particular. The resistance concept was chosen as an example because it has been widely adopted in the change literature when addressing employees' experiences and reactions. Furthermore, we will present an argument as to why it may be a better idea to explore negative emotions through introducing the contextual emotions perspective adopted in this study. By 'context', we imply the events, situations, and social relationships that give meaning to, and explain, emotional experiences.

It is first important to define how the term 'negative emotional experiences' is understood by this particular study. In the psychology literature, a typical conceptualization of emotions involves a differentiation between moods (Parkinson et al., 1996), discrete emotions (Lazarus & Cohen-Charash, 2001), and cognition-related affect-terms, such as emotion-laden judgements (Briner, 1999). In this study, all of these terms are applied interchangeably, because they share many similarities and may be seen as overlapping (Gray & Watson, 2001). Discrete emotions, however, are particularly relevant, as they provide insight into several dimensions of emotional experiences; such as the immediate affective experience, physiological and cognitive dimensions, emotional expressions, action tendencies, and goal structures (Frijda, 1993; Parkinson, 1995; Lazarus & Cohen-Charash, 2001). Negative emotions in particular are believed to be triggered when something of relevance or importance is perceived to be happening (e.g. a change at work), and/or when values, needs and goals are experienced as being put in danger (Lazarus, 1991). The valence (negative) of the emotional experiences being reported in this study is determined on the basis of their subjective feel, and

on the respondents' evaluation of the antecedent conditions which aroused these emotional experiences (Lazarus & Cohen-Charash, 2001).

Resistance to organizational change: A limited perspective?

Given the popularity of the concept of resistance, it is striking that there is no precise definition of the thoughts, emotions, and behaviour which are involved when referring to resistance. Resistance has, quite simply, been defined as:

> *"Any conduct that serves to maintain the status quo in the face of pressure to alter the status quo"* (Zaltman & Duncan, 1977, p. 63).

Here it remains unclear what is meant by "conduct" and "pressure", and how the nature of the relationship between the two is understood. In a similar vein, it has been pointed out that the resistance concept is too extensive and general to capture the richness and complexity of actual change experiences (O'Connell Davidson, 1994). When it comes to emotions in particular, it can be argued that resistance, like stress, does not reflect an emotion as such, but is rather an emotion-laden judgement (Briner, 1999); leaving us with little insight into the range of specific emotions being involved, their causes, and their potential consequences.

Furthermore, the resistance concept can be criticized for assuming that negative reactions are caused by employees' inherent biological dispositions or personalities (Dent & Goldberg, 1999). Lorenzi & Riley (2000), for instance, argued that:

> *"It seems to be part of the human makeup to be comfortable with the status quo unless it is actually inflicting discomfort"* (p. 165).

Here the role played by the surrounding context, or the events, situations, and social relationships that are associated with it and which give experiences and actions their meaning, seems to be largely underestimated or ignored.

In addition, Kiefer (2002) argued that organizational and change literature generally seems to adopt a perspective which views negative change reactions (such as resistance) as irrational and dysfunctional, with negative consequences for both the individual and the organization.

This perspective demonstrates another limitation of the existing literature, as it largely ignores the possibility that negative emotions may have some positive outcomes.

Finally, the concept of resistance can be criticized for assuming a top-down perspective on employees' experiences of and reactions to change. Given the internal perspective on negative reactions, it is rather paradoxically seen as the job of the manager to fix employees' negative experiences and behaviour so that change can proceed as planned (e.g. Lorenzi & Riley, 2000). The fact that resistance may become a self-fulfilling prophecy (Smollan, 2006) is largely ignored.

Why examine negative emotional experiences? A contextual perspective

As pointed out above, there are some limitations to the ways in which negative reactions to change have typically been addressed and conceptualized in the literature. Here we will argue that the adoption of an emotions perspective may provide more specific and in-depth knowledge about negative experiences with association to organizational change, and about their perceived causes. We are aware that there are several recent papers and studies that have stressed the fact that organizational change may also be associated with a range of positive emotional experiences (e.g. Kiefer, 2002; Giæver, 2007); and we certainly support the notion that people are likely to experience both positive and negative emotions during organizational change, and that positive emotions and their impact should not be neglected. However, we want to contribute to the argument that negative emotions, when understood in depth from a psychological point of view, cannot necessarily be seen as irrational elements having a destructive effect on the organization and the change process, and that insight into their causes may provide a valuable understanding of employees' concerns and the ways in which changes are best implemented (Sturdy & Fineman, 2001; Kiefer, 2002).

This approach is in line with the fact that, contrary to much of the change literature, which assumes that emotions are individual and irrational phenomena, many contributors to the psychologically-oriented theory of emotions suggest that emotional experiences have their own logic and may be viewed as rule-based (Lazarus, 1991). A central feature of this perspective is that there is a clear link between emotional experiences and the context in which these emotions occur. In other words, emotions are not understood as the outcome of individual or structural characteristics by themselves, but as the result of transactions or

relationships between the individual and surrounding events, situations, or social relationships; where the meaning, or logic, of an emotion is established through cognitive appraisal. This also has implications as for how to understand employees' behaviours, as emotions have action tendencies (Frijda, 1986).

Hence, individuals respond, adapt and adjust to events, situations, and social relationships in rather functional ways based on their emotional experiences. Therefore, negative emotional experiences do not necessarily have negative consequences for the individual/organization, because this depends very much on the specific emotion being experienced and the situation in which it occurred. Some empirical studies have for instance shown that the negative emotions (e.g. fear and anger) experienced by employees during organizational change were caused by the fact that their sense of efficiency and professionalism was being challenged (Kiefer, 2002; Giæver, 2007). Furthermore, these emotions led to employees working a lot harder than usual to maintain the professional standards of their job, and not to the resistance which may have been anticipated.

Following this perspective on negative emotional experiences, the following two research questions guided our study: (1) which negative emotional experiences were experienced and reported? and (2) what were the perceived causes of the emotional experiences being reported?

Methods

The study followed a qualitative design, as this is particularly suited to obtaining an in-depth account of individuals' perspectives and unique experiences (Robson, 1993), and does more justice to the complexity of emotion (Fineman, 2005). Data reported in this paper consisted of participant observation and semi-structured interviews.

Research context

The research reported in this study took place in a Norwegian hospital ward where a new electronic care planning system (ECP) had been introduced. The system involved the computer-mediated provision of structured and compressed nurse-related problems, combined with relevant measures, as a replacement for day-to-day unstructured pen and paper reports.

This change was potentially overwhelming, as the communication of patient information across work shifts is considered to be a vital aspect of nursing work, in addition to seeing to patients' medical, physical and psychological needs (Strauss et al., 1997). According to many sources in the nursing literature, the development and introduction of tools such as the ECP in hospitals have emerged following the trend of new public management (Glouberman & Mintzberg, 2001), where ECPs in particular have been viewed as a management tool to improve the efficiency of everyday nursing work because they save time and paper (Lee et al., 2002). This has at one level conflicted with professional ideals, and it has been argued that the idea of managerialism has distorted the original ideas of the nursing record, and that care plans in general are difficult to integrate with practical work on the wards (Allen, 2004; 1998). On another level, however, care plans have been viewed as having the potential to improve the quality of documentation, and hence the quality of care (Allen, 1998). In addition, the development of new ways of documenting has also been seen as a strategy for nurses to increase their general occupational status through making their unique contribution to the health care team more visible (Dingwall et al., 1998).

The particular ward where this study took place was also undergoing a process whereby the time allocated for verbal reports was diminished. In addition, the introduction of ECPs was coupled with some organizational re-structuring, meaning that nurses and nursing assistants had to collaborate in unfamiliar work arrangements (resembling primary care) and to undertake some new work tasks (e.g. nursing assistants taking on some traditional nursing tasks and vice versa). Nursing staff received three hours of formal computer training prior to implementation. Computer illiteracy was prevalent, and nursing assistants were generally unfamiliar with documentation work.

Data acquisition and participants

Data collection was planned, organized and carried out by the first author. Participant observation involved attending meetings between head nurses where planned changes were discussed and information meetings for staff, as well as taking part in five out of the 28 training sessions that were organized at the ward prior to ECP implementation. Field notes were written up; however, the intention was not to obtain ethnographic data, but to gain insight into the research context (Spradley, 1980). Only the interview material underwent

formal analysis, but the field notes aided the construction of appropriate interview questions, and provided contextual information to support analysis of the interview material.

Interview participants were recruited with the help of Nurse X (a local gatekeeper). There were several reasons for this. It was, for instance, essential to have someone to arrange for respondents to take time out from the ward to participate in interviews, as constant shortage of staff was a recurring issue. However, purposive sampling (Silverman, 2005) was ensured through thoroughly communicating the aims and methodological considerations of the project to Nurse X. Fourteen nurses and six nursing assistants were recruited, and a wide age group was represented in order to attempt to capture a range of different emotional experiences. The youngest respondent was aged 21, and the oldest was 60 years old. Only one of the respondents was male.

Semi-structured interviews were carried out approximately three months after the implementation of the changes. The interview questions revolved around whether, and in what ways, the respondents had experienced the change process and the different changes in a negative way. Furthermore, they were asked to give examples of specific incidents and events, and to indicate how these made them feel. A list of emotion terms and experiences that were negatively charged was provided to stimulate a conversation that revolved around emotional experiences (e.g. negative feeling, dread, fear, and insecurity). The interviews lasted between 30 and 60 minutes and were transcribed. In addition, a summary was written up after each interview to describe the respondents' emotional experiences as they were perceived to be revealed, both directly (e.g. saying "it made me feel sad") and indirectly (e.g. a quivering voice, use of irony). This was to allow the exploration of the manifest as well as the latent content of their responses (Graneheim & Lundman, 2003).

Data analysis

In order to respond to the two research questions, a template analysis (King, 2004) was used to define codes in the interview transcripts. This method was chosen because it is particularly suited to addressing the role played by context, allowing for multiple interpretations of a phenomenon, and because it can comfortably handle large amounts of data. The analysis proceeded in three steps. A key feature of template analysis is hierarchical coding, and the analysis often starts with organizing the data material according to some pre-defined higher

order code (e.g. based on insights from the literature). Firstly, the code "negative emotional experiences" (based on the definition above) was applied to isolate relatively large chunks of text in the transcripts. Here we looked for both emotional experiences that were reported to be experienced in the past (throughout the change process) and those reported in the present (three months after the change); as well as for emotional experiences as they were directly and indirectly revealed. Secondly, the isolated paragraphs and passages were read through again, and emotion terms were identified as lower order codes. When identifying emotion codes based on paragraphs/passages where emotional content was indirectly revealed, our interpretation relied heavily on the summaries written up after interviews as well as on the field notes. Finally, the themes and issues that these emotional experiences revolved around were looked at in depth and identified. Here it was particularly helpful to look for concepts and themes mentioned frequently by the respondents: concepts and themes that emerged from comparing interviews, and concepts and themes that were indirectly revealed (Rubin & Rubin, 2005, pp. 210-211). The NVivo software (Richards, 2005) was applied to support the analysis.

Findings

In response to the first research question, "which negative emotional experiences were experienced and reported?" the respondents reported many different negative emotional experiences, ranging from the general (e.g. feeling negatively about the situation) to the specific (e.g. feeling fear and sadness). Some of the emotion terms that we came up with were only indirectly revealed, and these included *"disbelief"*, *"not feeling needed"*, *"feeling overwhelmed"*, *"resignation"*, *"anger/rage"*, *"guilt"*, and *"feeling incompetent"*. In addition, the respondents also reported a range of experiences that could be interpreted as the body-related outcomes of different emotional experiences, e.g. *"crying"*, *"sweating"*, *"increased heart rate"*, and *"feeling exhausted"*. However, most of the emotion terms that were indirectly revealed in the data material were also explicitly addressed by the respondents, and these included *"negative/bad feeling"*, *"insecurity"*, *"fear"*, *"worry"*, *"feeling of loss"*, *"frustration"*, *"feeling sorry for/compassion"*, *"panic"*, *"annoyance"*, *"sadness"*, *"hatred"*, and *"dread"*.

In response to the second research question, "what were the perceived causes of the emotional experiences being reported?" the negative emotional experiences identified above were found

to revolve around two themes in particular: managerial planning and actions; and the quality of professional work. These two themes will be outlined below.

1. *Managerial pre-planning and actions*

A range of the negative emotional experiences revolved around the ways in which the changes had been planned and carried out by the organization or ward management. There were two dimensions to this. Firstly, the negative emotional experiences revolved around poor planning and preparation in relation to the actual changes; secondly, they revolved around poor planning of and carrying out of the change process.

As regards the first dimension of this theme, the poor managerial planning and preparation for the actual changes, the respondents reported a range of negative emotional experiences related to the fact that there were still a lot of unanswered questions regarding the employment of the new ECP system, and that those in charge of the change project did not seem to have the answers to these questions. The respondents felt very much left to themselves to work out how to solve practical problems in relation to the employment of the new system:

> N1: *"It is still a mess! It is not very systematic because we are all doing it* [writing in the ECPs] *differently. We are insecure when it comes to how we are really supposed to do it; what kinds of information are we supposed to emphasize?"*

> N2: *"We became frustrated, because how much are we supposed to write? What should we write? You know, sorting out the information you have to document, and the information you do not have to document…"*

> N3: *"What is frustrating, I think, for everyone, is the way in which we document...it is still confusing…we are all documenting differently…and if you ask me, this is really tragic! […] Really poor planning, really, really poor…it seems as if they* [those in charge of the project] *do not really know how we are supposed to do it either. […] They* [those in charge of the project/management] *have not been properly prepared […] and then they leave the responsibility to us, even though we are supposed to learn from them, and then it is not even clear how things are supposed to be done once and for all, so it is really, really bad!"*

This may also partly explain why the actual change process was experienced in such a negative way; the second dimension of this theme. The respondents felt that the changes were

being implemented too quickly, that they were not properly informed and prepared prior to implementation, and that they did not receive sufficient training. The situation was experienced as particularly difficult by the nursing assistants, who were generally unfamiliar with computers and documentation work, and there was a lot of frustration and anger at the ward because this group had not been properly taken care of.

> N5: *"I feel that everything has been thrown at us, everything was supposed to happen so quickly, and the situation was not an easy one […] they expect things to happen overnight, but that is not the way things work out [...] we are just being told that this is a transition phase, but that is an insufficient explanation I think, but I guess they do not have any other plan, except that they expect things will eventually get better, over time, but that does not really help when you are in the middle of a situation, that is simply not good enough, that does not help us next week, or the week after that.[…] I feel sorry for the nursing assistants, lots of them have not even been near a computer before."*

> NA1: *"And you know I have been working for 40 years, really making an effort for this organization, I have worked hard and struggled, and then, all of a sudden, I go home with the feeling that I am not skilled to do anything anymore! […] It happens that I get thrown in my face how stupid I am with computers, then I go down to the basement and cry…*[tears welling up in her eyes, unable to speak for a while] *so… hmm…"[…] I hate computers…"*

> N3: *"The implementation has been way too bad, the information we were given beforehand was really limited, we did not know anything about the system, we did not know anything; all we knew was that we were to document on the computer, and that is it! And we only had one training session, and there we only learned where to click and stuff like that, and nothing about the new documentation model and the new way of thinking. It has been so f…. bad! I think they have done a really bad project, simply terribly bad! […] They* [nursing assistants] *have been trying to say something, but they have not strongly objected, because you know, a lot of them have got the response that: "if you are not able to deal with it, then you can just start looking for a new job" […] that is completely wrong! Because there are lots of people who have not even been near a computer before, imagine what it feels like for them…. It must be a terrible situation for them, and some of them have had trouble sleeping at night you know, they have found it dreadful going to work every day, and that is really bad I think."*

However, the respondents also seemed to acknowledge that the problems associated with poor planning and preparation in relation to the actual changes and the carrying out of the change process were partly caused by the fact that management, as well as themselves, were the victims of a general trend where they were somewhat 'forced' to introduce new technology as quickly as possible to stay ahead of what was perceived to be an inevitable development. This

meant that the respondents felt that they just had to make the best of the situation, because there was nothing they could do to stop or slow down this process.

> N4: *"We just have to find a way to use the new system, find out if we are writing too much or too little etc., after a while you find a way to deal with it, this is the future, there is nothing we can do to escape this, we just have to accept it."*

2. *The quality of professional work*

The respondents' negative emotional experiences also revolved around a second theme; namely, the ways in which they experienced that the quality of their work, as well as their identity as professional nurses, was being affected. This theme was on one level related to the first theme, as the respondents felt that struggling to adapt to the new system had a negative impact upon the quality of hands-on patient care in the first implementation phase. The respondents kept hoping the situation would improve over time:

> NA1: *"There are things that are not done, because the new report system is too difficult […] I very often see that the writing takes up so much time that patients who are supposed to be taken care of in the morning are not attended to until two in the afternoon […] I guess that makes me a bit more negative."*

> N6: *"We cannot continue to entrench ourselves in front of the computer; I am afraid something may happen to the patients, at least in this transition phase."*

Furthermore, the respondents reported that they felt they had to make an extra effort to uphold the quality of patient care, despite the difficult situation, and this caused a range of negative emotional experiences:

> N7: *"I have noticed that some people stay at work after three* [end of shift] *without charging overtime, because they feel it is their own fault that they did not make it. But it is not their fault because I know they have been working hard the whole day […] I feel sorry for them […] in some situations it is either you or the patient who is suffering."*

> N8: *"But then the patient is not supposed to notice, you cannot show him that you are stressed […] I try to be very conscious about this all the time, I try to be perfectly all right, but you feel the pulse right, you are sweating, you spend a lot of extra energy, and you feel worn out once you have finally finished*

everything right, it is at the max, max, all the time, you do not have any extra energy left, and when you go home you are exhausted, you do not really have anything left."

On another level, the respondents also questioned whether the new ECP system was really such a good idea for the future of nursing. The respondents were uncertain whether, and in what ways, the quality of patient care as well as their sense of being professional nurses would really be enhanced as a consequence of ECPs replacing the traditional way of communicating information across work shifts (unstructured reports containing more information, and verbal reports):

N6: *"Sometimes I feel that…ah…that something is lost, but I do not know whether that feeling will go away […] after a while the verbal report is expected to by replaced by the ECP; you have to rely on the computer screen, right […] things are becoming a bit quiet in the end […] You know, the clinical outlook, I am afraid it will drown in the middle of this, that is what I am afraid of […] Sometimes a small comment may communicate a lot of information… you do not have to write it down, but you said it… you kind of put a thought into the other nurse's mind, and then she can keep your comment in mind […] Will the quality really improve? That is the big question. I cannot tell, I do not know, I have a few questions…"*

N9: *"Well the thing is, we write less, and in one way this is easier for us, but then we are thinking, what if something happens, and the case goes to court, did we document well enough then? We feel insecure."*

NA2: *"There is a bit of uncertainty as to what is appropriate to document on the computer, because what you write down will be saved in the system; that is what I am still insecure about. […] Let us say you have patients who are difficult, they do not want to cooperate, you cannot write down everything they say, it sort of feels like a fight between you and the patient, and the patient refuses to…but you have to treat him […] Because it* [the information] *can be misunderstood, if the patient reads his report or if there is a case […] We can say these things verbally, "the patient is like this and that", but we cannot write it down. We have to be careful about this, we have a few patients who refuse to cooperate, there has to be four of us to turn them around, fix their bed, mobilize and stuff like that."*

Discussion, limitations, and future research

In this study, a range of different and quite specific negative emotional experiences were found to emerge in the event of organizational change. In line with previous studies (e.g. Kiefer, 2002) none of these emotional experiences seemed to reflect a general unwillingness to change on the part of the respondents, but were mainly about the ways in which the

changes had been planned and carried out, and about the quality of their professional work following change. There are several ways to interpret this finding. As the sample of this study consisted of a group of nursing professionals, it may, for instance, be argued that the lack of resistance is due to the characteristics of this particular sample, as there is not much room for nurses to object in a culture characterized by unequal relationships where decisions usually flow from top (managers/doctors) to bottom (nurses) (Mantzoukas & Jasper, 2004). On the other hand, Timmons (2003), argued that resistance to change among nurses tends to take on more covert forms; something which may not have been captured in this particular study. However, it can still be argued that the negative emotional experiences and their perceived causes reported in this study provided a lot of in-depth insight into their experiences and the change process.

First of all, when it comes to the fact that a range of negative emotional experiences were found to relate to the ways in which the changes had been planned and handled, several recent contributions have made the same observation (e.g. Saksvik et al., 2007). However, what was particularly striking in this study was that the respondents perceived that those in charge of the project (or management) did not really know how the new system was supposed to be employed, and that, as a consequence of this, they felt left to themselves to work out how to resolve the practical problems that occurred in their everyday work. The respondents also perceived a sense of urgency in the introduction of ECPs at the ward, and the quick and unprepared-for implementation of changes was somewhat justified by management, as well as by the respondents, by a feeling that technological change was inevitable. This is in line with the work of Leonardi and Jackson (2004), who made the claim that the experience of technological progress and inevitability may not necessarily be rooted in reality, but that instead the idea of "technological determinism" is often a discourse that managers draw on tactically to justify changes that are contentious, as a strategy to hide their own role in creating a problematic change process.

In a similar vein, Fine (1996) claimed that individuals draw on external justifications and broader societal discourses when they do not know what is happening, are struggling to make sense of their work situation, and are concerned that things are changing. Following these contributions, it may be argued that the negative emotional experiences reported by the respondents in this study could not really be understood as irrational and dysfunctional reactions, but that these emotions and their perceived causes rather provided the respondents

with an accurate and appropriate understanding of the situation (Lazarus, 1991; Kiefer, 2002). Furthermore, it can also be pointed out that the negative emotional experiences being reported provided a lot of information about what could be done to alter this particular change situation (Sturdy & Fineman, 2001).

Secondly, another important source of negative emotional experiences among the respondents can be found in the problems associated with maintaining the quality of professional work following the changes that had been introduced. This clearly follows the logic of Lazarus (1991) who stated that strong negative emotional experiences occur when personal goals are at stake. As pointed out earlier, the threatening of professional goals may be due to the problematic nurse-management boundary, following trends towards new public management (Allen, 2004; 1998; Glouberman & Mintzberg, 2001). On the other hand, the fact that nursing staff claimed that the patients' safety and wellbeing was at stake following organizational change may also be viewed as the adoption of a professional rhetoric in order to avoid this change (Timmons, 2003).

However, the respondents in this study did also adopt strategies to uphold the quality of their work in a situation where changes had occurred (e.g. by working unpaid overtime) rather than trying to stage a revolt or protest, despite the extra burden that was involved in doing so. This resonates well with earlier empirical studies (Kiefer, 2002; Giæver, 2007) and is contrary to what is assumed in much of the resistance literature (e.g. Lorenzi & Riley, 2000). Finally, this also exemplifies that negative emotions may after all have some potential positive outcomes (Kiefer, 2002). In this case, there seemed to be some positive consequences for the organization (e.g. working unpaid overtime); however it is not difficult to imagine that these positive outcomes are only short-term. In the nursing literature it has, for instance, been pointed out that nurses typically individualize organizational or structural problems (Hamran, 1992), with the result that they feel personally inadequate rather than try to communicate problems to, or undertake actions towards, the organization/management who created the difficult situation in the first place. This situation is likely to be detrimental for both the individual nurses and the organization in the long term.

When it comes to the theoretical perspective of this paper, it can be argued that the focus on negative emotional experiences in particular is partially biased, as positively and negatively charged emotional experiences may not necessarily be viewed as polar opposites. Lazarus &

Cohen-Charash (2001) argued that positively charged emotional experiences are often an integral feature of, and accompany, negatively charged emotional experiences, and vice versa. Furthermore, they argued that affective tone is always uncertain depending on the individual experiencing the emotion and the specific transaction between the individual and an event. However, although we are aware that the distinction between negative and positive emotions is not necessarily that clear-cut, we still argue that the distinction can be justified, as the point of departure for this study was the respondents' subjective experiences and evaluations. Hence, our intention was not to come up with a sharply distinguished categorization of negative emotions as opposed to positive emotions. However, following the advice in Lazarus (2001), one may, in future research, want to focus more on exploring the interdependence of different clusters of emotions as well as on how discrete emotions relate to one another.

Finally, it can also be argued that both the narrow sample, consisting of a small group of nursing staff, and the exploratory nature of this research, led to problems of generalization. We therefore suggest that more research should be done in the future to determine to what extent the findings of this study can be applied to other work contexts. However, at the same time, through conducting an exploratory study in a specific work context (nursing), we also hope to underline the importance of understanding emotional experiences as they occur in specific change contexts or situations. This involves an understanding that generalizations and stereotypical assumptions regarding employees' negative emotional experiences are unlikely to be helpful, because the meaning of emotional experiences depends on the specific relationship between individuals and their surroundings.

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Paper III

Giæver, F. (submitted). ‘Looking forwards and back: The evolving emotional change-experience’.

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Title

"Looking forwards and back: The evolving emotional change-experience".

Abstract

This paper aims to explore the emotional experience of anticipating versus retrospectively looking back on organizational change over time. This follows the insight that employees inevitably, and at any point in time, hold histories and anticipated futures; and that hence, although the anticipation of organizational change may differ from its retrospective evaluation, these experiences are likely to feed into one another over time. It is argued that previous contributions in the managerial and change literature on employees' emotional experiences over time, such as stage models and emotional change curves, adopt a limited perspective through undermining the role played by context or person-situation interactions. A qualitative study from the Norwegian hospital environment is presented, where a selected group of nursing staff were interviewed regarding their emotional experiences of change at two points in time; one month prior to the anticipated implementation of a new electronic care planning system, and one year after. A wide range of different emotional experiences, both positive and negative, were reported at both points in time. These emotional experiences related to quite specific aspects, situations, and relationships associated with the changes and the change process, and did not evolve according to a clear and systematic pattern over time. Hence, from a managerial perspective, it is argued that the adoption of simple explanations and/or general models is unlikely to be helpful; rather, it is essential to understand emotional experiences on the basis of the particular change context of which they are a part.

Keywords: Emotion, organizational change, context, anticipation, retrospection.

Introduction

As employees increasingly find themselves in a work environment of ongoing organizational change (Albert et al., 2000; Kiefer, 2005), they not only experience change in the present, but also find themselves in a situation of simultaneously anticipating future change events as well as retrospectively looking back on change events that have happened in the past. Therefore, the insight that people inevitably, and at any point in time, hold histories and anticipated futures (Cox & Hassard, 2007) may be particularly applicable to understanding employees' experiences and actions in today's changing organizations.

In a work environment characterized by organizational change, it may be particularly relevant to explore employees' emotional experiences, as emotions are assumed to be triggered when something of personal significance is perceived to interrupt with or improve a smoothly flowing situation (Ben-Ze'ev, 2001); when a situation or event is experienced to be of relevance or importance to the individual, such as when values, needs and goals are affected (Lazarus, 1991); or when an event is seen as critical and/or substantial (Cox, 1997).

This paper is particularly concerned with anticipative versus retrospective emotional change-experiences, as it can be argued that organizational change is likely to be interpreted as more or less significant, important, or critical at different times in the change process; and hence that different emotional experiences may emerge at different times as change unfolds (Isabella, 1990; Fineman, 2004). It has, for instance, been argued that anticipations are associated with experiences that are still ongoing and enquiring, whereas retrospections entail that the sense-making process has somewhat come to an end, and that global evaluations of past situations and events have had a chance to be formed (Fredrickson, 2000). Contrasting anticipative and retrospective emotional change-experiences may therefore provide insight into, and explain, the ways in which these experiences potentially differ, as well as the process whereby the expectation of particular changes feeds into the evaluation of these changes in retrospect.

This paper presents a qualitative study from the Norwegian hospital environment, where a selected group of nursing staff were interviewed regarding their anticipative versus retrospective emotional change-experiences. The term 'anticipative emotional change-experiences' is adopted here to refer to the emotional experience associated with imagining a

future situation or scenario at work where a change event has occurred, and envisioning how this event will impact upon one's everyday work situation. The term 'retrospective emotional change-experiences', on the other hand, refers to the emotional experience associated with the evaluation of change events that have occurred in the past, and how these events are believed to affect one's everyday work situation.

The intention of the study was to provide in-depth insight into employees' emotional experiences over time, with the aim of indicating some implications for the management of organizational change processes. It will be argued that the existing literature on emotional change-experiences as they occur over time is limited in its lack of acknowledgement of context. 'Context' has been defined in many ways (Johns, 2006); but the central idea is that external events, situations, and relationships (context) are seen as being part and parcel of, and hence giving meaning to, individual experiences and responses (Jaeger & Rosnow, 1988).

The managerial and change literature on emotional change-experiences over time has typically emphasized universal explanations. It has been assumed that emotional responses occur in predictable and distinct stages, where the initial news of change is experienced negatively (e.g. resistance); that this experience is followed by an additional 'dip', characterized by an increased frequency and intensity of negative experiences/reactions and decreased work performance; and finally that a sense of normality, growth and increased efficiency will be resumed as change is eventually embraced by employees (Elrod & Tippett, 2002).

Such 'stage models' or 'change curves' are largely inspired by the literature on death and dying (e.g. Kübler-Ross, 1969; Fink, 1967); and it is proclaimed that the human experience of organizational change is very similar to the experience of a profound crisis in life such as terminal illness or bereavement. The bereavement literature maintains that the grieving process involves the stages of shock/denial (as the news of loss is received), anger, bargaining/attempts to postpone the inevitable, depression, and acceptance (Kübler-Ross, 1969); or shock, defensive retreat, acknowledgement, and adaptation and change (Fink, 1967). A central notion is that each stage has to be worked through in order to reach the next stage(s); and that, although the experience of death and dying may represent a profound crisis, associated with pain and anxiety, this experience may, after a while, as the different stages are

worked through, also represent an opportunity for growth and the chance of reaching a positive life experience.

There are several examples of the ways in which these ideas have been transferred to the context of organizational change. For instance, Deal and Kennedy (1982) suggest that managers should initiate certain rituals to recognize and overcome the loss involved in organizational change in order for employees to be able to move forward and embrace the new situation. On the other hand, Bridges (1986; 2003) argues that organizational change will fail or succeed on the basis of whether employees go through the different emotions associated with the psychological phases of ending and letting go, the 'neutral' zone and making a new beginning.

'Stage models' or 'change curves' pay a lack of or limited attention to the role played by context in at least four ways. Firstly, one may ask whether it is really feasible to draw a comparison between experiences of bereavement or dying, and the experience of organizational change. Although work may be very important to people, and give their lives meaning and a sense of purpose, it can after all be expected that the emotional experience associated with, for example, the death of a spouse or facing incurable cancer, is very different to, and may be experienced more strongly than, organizational change. Hence, the experience of death and dying may not necessarily be transferred directly to other contexts, such as the context of work.

Secondly, it can be argued that that, in the real world, consisting of messy and complex relationships, emotional experiences do not emerge as 'one-off' phenomena, consisting of neat and clear-cut reactions that follow an almost recipe-based predictable curve. Empirical studies have, for instance, reported that employees experience mixed (positive and negative) emotions in relation to organizational change events (Kiefer, 2002a; 2002b). Furthermore, it can be argued that an individual's experiences at one point in time build on previous emotional experiences, as well as continuously evolving in relation to external events, situations, or social relationships. One example is emotional experiences that take on an accelerating nature throughout a change project, following the experience of employees that their management has adopted a prejudiced opinion regarding their responses to the change initiative. As a consequence, employees may become resentful, which may in turn reinforce

managers' initial beliefs, further increasing the intensity of employees' responses, and so on (Smollan, 2006; Morrisen & Milliken, 2000).

Thirdly, stage models also seem to adopt a very narrow perspective on change, depicting it as an objective phenomenon with a clear beginning and end; something which employees are affected by or respond to in rather mechanical and passive ways. This ignores the fact that employees may also be seen as active creators, through their interpretations and actions, of the work environment which they inhabit (Isabella, 1990; Wrzesniewski & Dutton, 2001). Hence, organizational change cannot be viewed as a phenomenon that is clearly isolated and distinguishable from the employees who actually make this change happen.

Fourthly, stage models have also been criticized for being too simplistic and optimistic (Jick, 1990). For instance, these models or curves implicitly or explicitly assume that change is generally for the better or equals progress. Hence, employees' emotions are assumed to change from negative to positive as they understand and embrace the inherent possibilities in change, regardless of what this change is and/or what it involves.

Finally, it should also be pointed out that there are very few studies that have actually investigated employees' emotional change-experiences over time empirically. One exception is Fugate et al. (2002), who examined how employees coped over four stages of a merger. Here it was hypothesized that the frequency and intensity of negative emotions would increase throughout the change process; but this hypothesis was not supported, as there were no significant changes in negative emotions over the four investigated stages of change.

This study therefore aimed to explore emotional change-experiences as they occurred over time through adopting the contextually-informed emotions perspective of Lazarus and colleagues (Lazarus, 1999; 1991; Lazarus & Folkman, 1984) on employees' anticipative versus retrospective change-experiences. According to this perspective, emotions are understood as the outcome of transactions or relationships between the individual and his/her external environment. This transaction or relationship is established as individuals cognitively appraise, and give meaning to, events, situations, and social relationships; based on their perceived significance as well as on the individual's goals, beliefs, and values. One important implication is that cognitive appraisals are based not only on present circumstances, but also

on the history/background of an individual; as well as on his/her anticipated future contribution to forming the meaning of an experienced event or situation.

A fairly broad conceptualization of emotional experiences was employed, including moods (Parkinson et al., 1996), discrete emotions (Lazarus & Cohen-Charash, 2001), and affect terms such as emotion-laden judgements (Briner, 1999); in order to capture a wide range of emotional experiences among potential respondents, and because these terms share many similarities, and may be seen as overlapping phenomena (Gray & Watson, 2001).

The study was guided by the following research questions:

1. How did the emotional experiences in the two contrasting perspectives of anticipating and retrospectively looking back on change compare?
2. How could the ways in which the emotional experiences evolved from anticipation to retrospection be explained in the context of change?

Research context and methodology

The present study was part of a larger research project, and the research reported in this paper is a follow-up study of findings that have been reported elsewhere (present author, 2007).

Data reported in this particular paper consist of conversations with Nurse X, a local gatekeeper from the ward nursing management; participant observation; the reading of organizational documents (e.g. minutes of meetings); and semi-structured interviews with a selected group of nursing staff at two points in time. The first interview took place one month prior to the introduction of change (anticipation), and the second interview was conducted approximately one year after the changes had occurred (retrospection).

Participant observation involved attending meetings between head nurses where the planned changes were discussed; attending information meetings for staff; taking part in five out of the 28 training sessions that were organized at the ward one month prior to the implementation of changes; and participant observation at the ward one week into implementation. Field notes were written up after conversations with Nurse X and participant observation; however, the

main purpose was not to obtain ethnographic data, but to gain insight into the research context at a preparatory stage (Spradley, 1980), as well as to aid the construction of context-sensitive interview questions and the interpretation of the interview data.

The changes and their rationale

This research was carried out in a large hospital ward, consisting of five relatively independent sections, where a total of 160 nursing staff were facing the prospect of being the first ward at this particular hospital to implement a new electronic care planning system (ECP). The adoption of the ECP involves the computer-mediated provision of structured and compressed nurse-related problems, combined with relevant measures, as a replacement of day-to-day unstructured pen and paper reports; something which also involves the potential for diminishing the time spent on verbal reports in favour of reading and writing on the computer. There was also some organizational re-structuring at the ward, as this was necessary in order to utilize the benefits of the new ECP system. This meant that nurses and nursing assistants had to collaborate across professional boundaries in unfamiliar work arrangements according to a more holistic system for care (primary care). Nursing staff received three hours of formal ECP training prior to implementation.

Several reasons have been stated for developing and introducing tools such as the ECP in hospitals. In the nursing literature, and elsewhere, it has been argued that tools such as the ECP have emerged following the trend of new public management, where they have been viewed as instruments for management to improve the efficiency of everyday nursing work, because they save time and paper (Glouberman & Mintzberg, 2001; Lee et al., 2002). This has resulted in many conflicts between nurses and managers, as well as within the nursing profession. On one level, it has been argued that managerialism has distorted the professional ideals associated with the nursing record, and that care plans in general are difficult to integrate with practical work on the wards (Allen, 2004; 1998). On another level, however, the introduction of care plans has been seen as a way to improve the quality of documentation, and hence the quality of care (Allen, 1998). In addition, the development of new ways of documenting has also been seen as a strategy for nurses to increase their general occupational status through making their unique contribution to the health care team more visible (Dingwall et al., 1998). Finally, there is the notion of technological progress being reflected in national policy documents, where it seems to be implicitly assumed that technological development is not only inevitable, but also represents a better future for society and for the

quality and efficiency of hospital work (e.g. Nasjonal helseplan, 2007-2010; St. mld. nr. 25, 2005-2006).

Apart from the ECP implementation, it was also expected that some sections of the ward were to move into new buildings within the next year due to a major refurbishment project at the hospital. Hence, since nursing staff were re-interviewed one year after the ECP implementation and the associated organizational re-structuring, some of these staff had moved into new buildings. There had also been some additional and unexpected changes due to the ways in which the financial situation had developed at the hospital throughout the year. These changes, with various implications for the different departments of the ward, involved a range of cost-saving strategies at the ward level, and were associated with a certain fear of job loss. These additional and unexpected changes were not directly related to the introduction of the ECP, but did represent a contextual backdrop to the ECP implementation.

Sample

Twenty respondents were identified and recruited for the first interview (anticipation) with the help of Nurse X, a local gatekeeper from the ward management. There were several reasons why the help of a local gatekeeper was necessary. It was, for instance, essential to have someone to arrange for nursing staff to take time out of the ward to participate in interviews, as constant shortage of staff was a recurring issue. Nurse X also provided essential information about the project and the ward that was somewhat 'off the record'. It was, for instance, revealed that a group of older nursing assistants particularly struggled with the changes, as they were generally unfamiliar with documentation work, and practically computer illiterate. As a consequence of this information, an attempt was made to include both nurses and nursing assistants in the sample in order to be able to capture several perspectives on the changes and the change process. The identified respondents were then re-interviewed (retrospection) one year after implementation; but unfortunately only eleven respondents were able to participate, due to a range of reasons such as nurses having quit their job, moved to another ward, retired, or being on long-term sick leave. The overall group of twenty respondents consisted of fourteen nurses and six nursing assistants, selected from all the different sections of the ward, and representing a wide age group. The sample of eleven respondents participating in the retrospective interview consisted of eight nurses and three nursing assistants, and a wide age group was still represented.

The interviews

Both interviews consisted of relatively open-ended questions where the respondents were asked to reflect on the changes that were anticipated/had already taken place, and their emotional experiences in relation to these changes. The interviews revolved mainly around the ECP implementation and the associated organizational re-structuring; however, in the retrospective interviews, the other changes (e.g. moving into new buildings) were more prominent for some of the respondents, and therefore came up more frequently. The interviews lasted between 30 and 60 minutes, and were transcribed by the author.

Analysis

Template analysis (King, 2004) was adopted to analyse the interview material. As template analysis often starts with organizing the data material according to some pre-defined higher order descriptive categories, for instance, based on insights from the academic literature or research questions, the two terms (1) anticipative emotional change-experiences and (2) retrospective emotional change-experiences were adopted in order to draw out and isolate the most relevant parts of the interview material. As mentioned earlier, a range of emotional experiences associated with other changes not directly related to the ECP introduction came up in retrospective accounts. These experiences were distinguished in a third category ("other changes") in order to explore how they potentially related to the emotional experience of the ECP implementation.

The three identified categories were then analysed in depth in order to draw out emotional experiences as lower order codes (e.g. joy, not feeling needed, anger). Here, both the respondents' own reflections and explicit statements regarding their emotional experiences (e.g. saying "it makes me happy"), as well as interpretations of emotional displays made by the researcher (e.g. a quivering voice) were included. This was to allow for the exploration of the manifest as well as the latent content of the respondents' responses (Graneheim & Lundman, 2003).

Finally, the emotional experiences, identified as codes, were further explored to look for emergent themes that could describe what these emotional experiences were about. This was done in order to be able to compare the two datasets (anticipation versus retrospection), and to explore potential patterns over time that could describe the emotional experiences as they

evolved from anticipation to retrospection. The NVivo software (Richards, 2005) was applied to assist analysis.

Findings

In response to the first research question: *How did the emotional experiences in the two contrasting perspectives of anticipating and retrospectively looking back on change compare*?, a range of emotional experiences could be drawn out of the interview material (see Table 1 below).

Table 1.

Anticipative emotional change-experiences associated with ECP implementation	**Retrospective emotional change-experiences associated with ECP implementation**
Uncertainty/"wait and see"	Uncertainty/"wait and see"
Feeling like withdrawing/avoiding	Feeling like withdrawing/avoiding
Positive feeling	Positive feeling
Negative feeling	Negative feeling
Joy	Joy
Compassion	Compassion
Feeling motivated	Feeling motivated
Resignation	Resignation
Disbelief	Disbelief
Feeling of loss	Feeling relaxed
Confusion	Feeling annoyed
Insecurity	Feeling confident
Fear	Compassion
Feeling stressed	Feeling OK
Excitement	Feels strenuous
Feeling overwhelmed	Frustration
Feels difficult	
Worry	**Emotional change-experiences associated with other changes (from a retrospective point of view):**
Disinterest	
Aversion	
Pessimism	Negative feeling
Hope	Positive feeling
Feeling cared for	Resignation
Sceptical	Joy
Feeling of being a burden to others	Feels strenuous

Pride	Loss
Not feeling needed	Feeling surprised/disappointed
Looking forward to	Frustration
	Uncertainty/“wait and see”
	Feeling annoyed
	Anger

When comparing the respondents’ anticipative versus retrospective accounts, and exploring the similarities and differences between them in depth, two issues emerged. Firstly, it was evident that at both points in time a wide range of different emotional experiences, both positive and negative, were reported; and this was something which was manifested not only between but also within individuals. On one level, this implied that there was no clear pattern in which the respondents’ overall emotional experiences went, for instance, from being negative to positive over time. On another level, however, it was evident that there was a continued, and sometimes increasing, presence of negative emotional experiences among the respondents as the change project evolved over time. Furthermore, it was evident that these experiences did not only relate to the additional, and much more recent, changes that had been introduced at the hospital (e.g. moving into new buildings), but could also be tied directly to the ECP and the ways in which it had been implemented.

Secondly, the anticipative and retrospective emotional change-experiences were also similar in many respects (e.g. resignation and uncertainty/“wait and see”). Here it was particularly striking to note that the respondents somehow seemed to have resigned themselves to the changes, or that they experienced a feeling of having no choice but to give in to the changes even before they had been introduced (anticipation); and that this experience was associated with positively as well as negatively toned emotional experiences. Furthermore, it was also somewhat conspicuous to note that the process of meaning creation with regards to the changes had still not come to an end one year after the changes had been implemented, as the respondents still reported uncertainty and a tendency to “wait and see” at the retrospective stage.

The two issues identified above were to a large extent related, and were further explored in relation to the second research question: *How could the ways in which the emotional experiences evolved from anticipation to retrospection be explained in the context of change*?

It was evident that, in anticipating the ECP implementation, the respondents expressed different (both positive and negative), and sometimes ambivalent and hesitant, emotional experiences in relation to the envisioned change process and the professional and practical aspects of their work. Major concerns related to being able to continue to work according to, or even improve on, already established standards for nursing in the future, without too much of an extra burden in terms of everyday work; and for nursing management to take proper care of the weakest group of nursing assistants throughout the change process. With regards to the changes and their implications for work, there was a general conception among the respondents that change in general, and technological change in particular, was inevitable, while at the same time representing a better future; albeit the respondents did not always seem certain in what ways. This was associated with the simultaneous experience of resignation and uncertainty/tendency to "wait and see"; or with the feeling that nothing could be done to escape the changes, and that they were therefore somewhat better off trying to stay positive about them, and hope that the future that might surprise them in positive, albeit uncertain, ways. Here the respondents also relied on management, assuming that they followed a well-prepared and thought-through plan; and hence that the nursing management saw advantages with the new system that were still unclear to staff, but that would eventually become clear in the future as they got into the new system.

> N5 (anticipation): *"You cannot escape the writing, sitting in front of the machine; you have to, both in order to read and find information, so 'the computer beast' is getting at you* […] *I think everything is going in that direction anyway, so that we just have to, you don't have a choice, no* […] *But I'm sure it will work out OK, it's just that you're thinking, you know things may happen, I'm worried that the new system will turn out to be too vulnerable, but I'm sure it will work out OK, I'm sure they* [management] *have a back-up plan* […] *Well, as I said, I feel positively about it, but I'm afraid the system will turn out to be too vulnerable, but I'm sure it is well thought-through, I know they're using it in other countries.* […] *I'm excited to start* [using the new system] […] *I don't know exactly how it is going to turn out…So...but I think it will turn out to be good, yes…Once we have gotten into it so…I'm thinking that, in the future, when we look back on the way we work now, I'm sure we'll be like: "Wow, amazing that we even managed before!"*

The perception that the ECP implementation process was seen as inevitable could partly be explained by the fact that the ECP was eventually expected to be introduced throughout the hospital as a whole to fulfil the overall aim of 'going paperless'. For instance, the new hospital buildings had less room for paper storage; something which expedited the process of implementing the ECP at the ward under consideration; some sections of which were

expected to move to the new buildings within the next few months. As a consequence, it was not only the nursing staff that were to some extent victims of imposed change, but also the nursing managers at the ward. Furthermore, the nursing managers were facing a situation where the ECP had to be implemented rather quickly; something which was repeatedly communicated to staff through statements such as *"this is the future"*, *"we do not have a choice"*, and *"if it makes you feel any better, this* (the quick implementation of the ECP) *means we'll get a head start"*.

However, conversations with Nurse X also revealed that the nursing management was motivated by the somewhat unofficial, and under-communicated, aim of being the first ward at the hospital to introduce the ECP, as this was expected to be associated with considerable positive attention and prestige; hence the ECP had to be introduced as soon as possible, before any of the other wards decided to do the same thing. On the other hand, it was also revealed that the nursing management genuinely seemed to believe in the potential of this new technology, and that it would represent progress in terms of the quality and efficiency of nursing work. Hence the assertion of the inevitability of technological development was not merely adopted as a strategy by management to justify the changes, and the somewhat quick implementation process, to the staff.

From a retrospective point of view, the respondents reported that, one year after implementation, they were still not clear about how to utilize the new system professionally and practically in their everyday work; something which they blamed on poor managerial pre-planning with regards to the actual changes, and a rushed implementation process in which the weakest group of staff (the older nursing assistants) had not been properly supported by management. This led to the continued, and for some respondents escalating, presence of negative emotional experiences from anticipation to retrospection; as well as a persistent tendency to "wait and see" and experience uncertainty.

> N3 (retrospection): *"People are afraid, I think, of not documenting enough; we should have had more training throughout… I don't think we've been followed up properly* […] *It has been way too bad, they* [management] *do have a responsibility*; *if they are to introduce a new system, they have to set aside time for that, and it is not a new phenomenon, because you see lots of companies, they invest thousands, millions, in new technology, and then they forget about the people, well there's not really a point to new equipment then…and this is a mistake that is being made again and again, and I find it really, really*

strange that they don't see the importance of this […] *the situation has been horrible for many people; I think it is bad, really, really bad! I am really, really critical about that part!"*

N1 (retrospection): *"We document too little, because we don't know exactly how to do it; I think we should have had more training, because we still feel uncertain about what we should write and what we shouldn't write."*

In relation to this, it was particularly conspicuous to note that nursing managers were themselves not clear about the details regarding the practical utilization of the new system prior to implementation. Conversations with Nurse X and participant observation revealed that, as implementation was about to commence, nursing management discovered a range of unanticipated flaws in the existing paper documentation system that did not translate to the electronic version, and consequently had to be dealt with. However, as this turned out to be a very complex issue, and since it would be difficult to predict the best way of dealing with these flaws while at the same time keeping to the scheduled timetable for implementation, it was decided to deal with potential problems as they emerged throughout the implementation process. This turned out to be a strategy that meant that the nursing staff had to figure out potential problems by themselves, as they were the ones involved in the daily ward activities. It was decided to ignore critical comments and focus on the positive elements of the changes.

"Nursing staff have to realise that this is a process; we don't have all the answers either. 'The road is made while walking it'."(Nurse X, during conversation).

"It's natural to feel this way now, but in 2 to 3 months you probably will not even think about it" (teacher in training session).

"Any negative reaction that receives attention will be reinforced." (Nurse X during conversation).

This approach led to a lot of frustration among staff throughout the change process, but at the same time there also seemed to be a continued recognition among the respondents that the changes emerging out of the general technological development in society, such as the ECP implementation, had to be dealt with one way or the other, regardless of what management did or did not do. Furthermore, although the respondents experienced a range of negative emotional experiences, there was no indication that they openly criticized and/or actively sabotaged managerial actions and change initiatives.

NA1 (retrospection): *"Well, you just have to throw yourself into it, nothing else to do about that as far as I've understood…* […] *Well, it's something new every day, it's just the course of time* […] *what can I say…Does it get any better?* [work situation as a consequence of the changes] *well it's the ravages of time…"*

N3 (retrospection): *"Paradoxically we never say anything, why don't we? Why don't we, all of us, a massive group, object to this? Typical for a female work environment, I'd say. Nobody says anything, we just sit there and moan, accept everything; it could never have happened in a male work environment! They would not have tolerated this!* […] *It's sick! I've tried asking many of my colleagues, we have to do something! But I can't do it on my own! Well, people are afraid, but what are they afraid of?* […] *It's ridiculous!"*

In addition, the continued presence of negative emotional experiences from a retrospective point of view was also due to all of the other changes that had been introduced at the hospital (e.g. cost-saving strategies at the ward); something which directly or indirectly affected their emotional experience of the ECP implementation in a negative direction.

N3 (retrospective):"*There is always something additional, it means you never get on top of things. The turnover is very high, people quit, and then there are new people coming in, it's an eternal circle, very exhausting…* […] *It doesn't make you want to try something new. You're not inspired enough, because you feel that you get nothing in return for all the extra hassle you put into your daily routine. It makes people really frustrated."*

NA1 (retrospective):"*Well, there is a certain atmosphere at the ward...Is it you or is it not you? But they have promised that nobody will lose their jobs…* […] *You feel heavy inside; it doesn't directly affect your work, but you are affected, and your behaviour at work will be affected one way or the other, no doubt about that."*

Discussion

The emotional experiences reported in this study were found to be highly multifaceted at both points in time (anticipation and retrospection), and related to how the changes/change process were perceived to affect professional and practical aspects of everyday work; the ways in which the changes/the change process had been planned and handled by management; and finally to wider societal trends such as the situation of continuous change and technological

trends. Hence, the emotional experiences did not evolve according to a predetermined emotional curve independent of external events, situations, and relationships, as assumed in some of the management and change literature (e.g. Bridges, 2003). Here it can be pointed out that the original bereavement literature (e.g. Kübler-Ross, 1969) actually emphasized that people do not necessarily go through all of the stages; neither do their experiences/responses necessarily follow a particular order. In other words, it was acknowledged that people can experience a whole range of emotions at the same time and at any stage of the mourning process.

Contrary to what is assumed in stage models or emotional change curves, the respondents in this study reported a continued presence of negative, hesitant, and resigned emotional experiences over a long period of time, as these experiences did not seem to deteriorate even one year after the changes had been implemented. This is in line with the findings in Fugate et al. (2002), who suggested that the unchanging nature of negative emotions over time could be due to employees feeling exposed to threat, and as a consequence relying on well-learned or dominant responses. Research following the threat-rigidity thesis has found that threat prompts people to behave rigidly; something which leads to restricted responses and strategies (see e.g. Staw et al., 1981).

It can be argued that the respondents in the present study felt overwhelmed by the chaotic and somewhat uncertain situation, especially considering all the other changes that were being introduced at the hospital overall, and that they therefore relied more heavily on the norms and values of nursing culture. Several contributors to the nursing literature have pointed out that the culture of nursing is typically characterized by unequal power relationships where decisions flow from top to bottom (Mantzoukas & Jasper, 2004); that nurses, despite being part of a very collectively-oriented culture, tend to individualize organizational or structural problems (Hamran, 1992); and that overt resistance to change is very rare (Timmons, 2003); something which may explain the fact that, although negative responses in this study were persistent over time, they did not lead to any overt reactions.

Following the threat-rigidity thesis, it may be argued that the findings would have been different if the respondents of this study had been followed over an even longer period of time, and if the situation had been more settled at the time of the retrospective interview. On the other hand, it may be argued that most change processes are continuously chaotic and

characterized by a range of uncertainties; and that the present study, by taking into account the wider context of organizational change, paints a more realistic picture of the scope and complexity of change processes as they emerge over time; where neither the change process, nor the employees' emotional experiences throughout this process, can be expected to follow a clear and predetermined pattern.

The study does show that both managers and staff draw on external explanations and wider societal discourses (e.g. the discourse of technological progress) when trying to understand their current situation; something which is characteristic of individuals that are struggling to make sense of what is happening around them (Fine, 1996). In addition, the study also shows that managers to some extent actively applied the understanding that change was inevitable and/or represented progress in their communication to staff. Leonardi & Jackson (2004) make the related claim that the notion of 'technological determinism' does not necessarily represent reality, but may be seen as a discourse that managers draw upon as a strategy to justify technological innovations that are dubious and to hide their own role in creating a problematic change process.

Conclusion

The findings of this study contribute to underlining the point already been made by Kiefer (2002a; 2002b) that general "recipe based" models or simple explanations are not necessarily applicable, or even helpful, when it comes to understanding employees' emotional change-experiences as they occur over time, because they are inevitably part and parcel of the local change context. The study also suggested that although emotional change-experiences are bound to relate to quite concrete and specific aspects of employees' everyday work situation they can also be expected to revolve around wider societal trends that are comprehended on a more abstract level. Due to the inherent complexity of emotional change-experiences, and their perceived causes, over time managers should continuously attempt to understand and deal with these experiences on the basis of a bottom-up point of view where the logic of emotional change-experiences are seen from an employee' point of view. Furthermore, managers should continue to remain conscious about the ways in which they unavoidably operate as salient and powerful actors in their interaction with employees throughout the change process, and hence that they may be seen as the very causes of employees' emotional responses (Smollan, 2006).

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Appendix

Letter from co-author

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Declaration describing the independent research contribution of the candidate

The work of writing the paper "Negative experiences of organizational change from an emotions perspective: A qualitative study from the Norwegian nursing sector" was carried out by Fay Giæver. Associate professor Ragnhild Hellesø contributed in discussions and provided feedback on the different versions.

Yours sincerely

Ragnhild Hellesø
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