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

Thesis for the degree of Philosophiae Doctor

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Norwegian University of Science and Technology
Faculty of Social Sciences and Technology Management
Department of Psychology



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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'.

Table of contents

Preface and acknowledgements	I
Abstract	II
List of papers	V
Table of contents.....	VI
Figures and tables.....	VIII
1 Introduction	1
1.1 A one-sided and biased perspective on negative emotional experiences.....	2
1.2 Emotional experiences portrayed as predictable reactions that occur in distinct stages over time.	5
1.3 Aims and contributions of the study	8
2 Terminology and theoretical perspective of the thesis.....	10
2.1 Emotional experiences defined	10
2.2 Theoretical perspective on emotional change-experiences	12
2.3 Positive and negative emotional change-experiences	15
2.4 Anticipative and retrospective emotional change-experiences	16
3 Research questions	18
4 Methods	20
4.1 Methodological perspective	20
4.1.1 Some implications for reliability and generalization	21
4.2 Research strategy.....	21
4.3 The research context (case)	23
4.4 The changes at Ward A and their rationale	24
4.5 Data collection methods	25
4.5.1 The interviews	29
4.6 Data material and analysis in the different papers	30
4.7 Ethical considerations	32
4.8 Methodological challenges.....	32
4.8.1 Sampling and the relationship with a local gatekeeper	33
4.8.2 Trust and expressing emotional experiences in the interview situation.....	36
5 Findings	40
5.1 Summary of field notes	40

5.2	Findings from paper I.....	43
5.3	Findings from paper II.....	44
5.4	Findings from paper III.....	44
6	General discussion.....	46
6.1	Discussion of the findings.....	46
6.1.1	Multifaceted emotional experiences over time.....	47
6.1.2	Negative emotional experiences over time and their content.....	50
6.2	Theoretical considerations.....	52
6.2.1	The concept of emotional experiences.....	52
6.2.2	The construct of appraisal.....	53
6.3	Implications and further research.....	54
	References.....	56
	Papers.....	67
	Paper I.....	67
	Paper II.....	91
	Paper III.....	113
	Appendix.....	137
	Letter from co-author.....	137

Figures and tables

Table 1 Summary of data collection activities	28
Table 2 Summary of data material that contributed to the three papers.....	31

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-psycho 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 & Sköldbberg, 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 (Helsepersonneloven, 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 restructuring. 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 Gensing (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

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.

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Paper II

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

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Paper III

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

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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


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