MANAGING INTERNAL MERGERS IN THE HEALTH CARE SECTOR

by

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ABSTRACT

Many mergers fail to realize their target objectives due to a lack of management attention to human resource issues. This project examines the conditions for change existing prior to the relocation and internal merger of two units of a hospital and makes recommendations to manage the merger successfully.

Our survey and interviews of hospital care givers confirmed that they had a very high commitment to resident well-being but this commitment was transferred to the organization only when employees perceived that they had influence over patient care and working conditions. We applied standard principles of change management and recommended that managers communicate a vision of the future, model Clear Leadership principles, and apply discipline and support to the achievement of goals. In this way the managers could harness the strong pre-existing sense of purpose and commitment displayed by the staff to create a new identity and a successful merged organization.

Keywords: Healthcare mergers
DEDICATION

"No man is an island, entire of itself..." – John Donne

This MBA Project is dedicated to the Norton-Archibald clan. They have tolerated my re-entry into the academic world with slightly puzzled yet unreserved support and encouragement over the last 16 months. Without such generous acceptance and truly loving understanding of my aspirations, this mid-life adventure simply would not have been possible. In particular:

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1 INTRODUCTION

1.1 Background

In November of 2004, in partnership with the Lark Corporation, the Fraser Health Authority (FHA) initiated the construction of a new building at Ridge Meadows Hospital (RMH) to provide space for two separate Extended Care Units (ECU's), Home Care Services and a 10 bed Palliative Care Unit. The Fraser Health Authority struck a steering committee, including an internal organizational development consultant and two internal project resource managers, to manage this change project. Three MBA students from Simon Fraser University (the “SFU MBA team”) were contracted to assist in the merger of the two ECU’s to the new facility, due to open in May of 2006.

The two ECU’s at RMH called Creekside Manor and Alouette Manor currently operate in separate building wings and will be merged into three adjacent floors in the new building, currently under construction. Concurrent with this merger, many aspects of ECU operations will change:

1. The current care delivery model is being changed;
2. The building layout is being changed to fit this new model, requiring changes to existing processes and operating procedures;
3. Staff will have to adapt to:
   o a new care delivery model;
   o new processes and operating procedures;
   o new performance expectations associated with changes to job designs, staff configurations, floor configurations, and linked business processes; and
new team compositions consisting of employees from both ECU's, where different cultures, duties, and procedures previously existed.

1.2 Client Meetings

The Simon Fraser University MBA students’ original client contact was Pamela Theriault, Organizational Development consultant for Fraser Health. We met with her May 6, 2005 at Ridge Meadows Hospital to collect background information on the change initiative and schedule further meetings to meet the managers and project coordinator. At this meeting we learned from Pamela that two extended care units (ECU’s) were being moved and merged together. She stated that our goal was to conduct interviews and surveys with the staff of the two units, analyse the results and provide recommendations to overcome “resistance” from the staff to the move. She scheduled a further meeting for us to talk to other members of the project coordination committee and the managers of the two units on May 19.

On May 19 we met with the managers of the two ECU’s, Beverly Dixon, Manager of Alouette ECU, and Glenda Wonnacott, manager of Creekside ECU. At this meeting a number of concerns were raised related to the move and merger of the two ECU’s. Their stated goal was to make the move a positive change for both staff and residents. At this meeting the managers decided that focus groups would not be productive because staff might not be as candid in that setting. We agreed that the SFU researchers would conduct a “representative” set of 21 interviews with staff from both ECU’s and from our analysis of the interview data construct a survey which would be distributed to all ECU staff. We agreed to analyse the survey results and provide
recommendations to the project team on how to manage the move to help make a "smooth" transition to the new building.

1.3 Issue Identification

1.3.1 Original Issues Identified

Potential concerns and issues of the staff were raised by the managers at the May 19 meeting and formed the basis for the original design of our interview questions. These issues included:

- Rumours of job losses and layoffs that were circulating among the staff though none were planned;
- Lack of trust resulting from wage rollback imposed by the provincial government in 2004;
- Different professional staff working together with varying degrees of education;
- Fears that lesser qualified staff were taking over the duties of those more qualified;
- Concern that close relations between staff and residents would lead to high separation emotions and disruption of service during move;
- Changes to staffing configurations in new building; and
- Different processes, procedures and cultures existed in the two units because of the differences in "acuity" levels that each concentrated on.

That same day, following the meeting with the two managers, we met with the project steering committee that included Lottie Cox, Project Coordinator, two other managers whose staff were affected by the move, and two project managers from the Fraser Health corporate office. We introduced ourselves and explained the purpose of our visit and project. We were given information about the project team and were able to
witness a steering committee meeting in action. At this point the steering committee was almost wholly concerned with building design and specifications. We observed that various projects had been undertaken to involve ECU staff in the design of certain features of the new building.

1.3.2 Field Work Design

Following the two meetings on May 19 we drafted our Charter and agreed on a process to gather data which we would analyse in order to make recommendations to the Project Steering committee and ECU managers. We decided to interview a representative sample of staff in order to discover values and attitudes of the staff towards their work and the impending relocation. We planned to encourage them to discuss all their concerns in as open a manner as possible. From the results of the interview we would then construct a survey, no more than 2 pages, for all staff to complete. From our statistical analysis of these results and we were to make recommendations to the managers and project steering committee. In forming our recommendations, we planned to reference literature from the change management, human resources and organizational development fields on how to successfully manage organizational change.

1.3.3 Interview Questions

The purpose of the interviews was to discover as many issues as possible that were of concern to the staff. The interview questions were designed to cover the issues described by the managers but we were also determined to make the process as open-ended as possible to allow the maximum freedom of commentary from the staff we were interviewing. We planned to interview 21 staff or 7 for each SFU researcher, and we
requested that the interviewees be chosen so as to be as representative as possible in terms of shifts, units, and professional credentials. We designed interview questions to cover the following areas:

- Staff fears and concerns towards the relocation
- Changes in the staffing mix and team composition
- Changes in work processes and job descriptions
- Employee attitudes and values towards
  a. the organization (ECU’s, RMH)
  b. the relocation of the ECU’s
  c. staff configurations and working with other professions
  d. the residents
  e. management
- Management communication and leadership
- Differences in management styles and cultures between the units
- Management of two separate units into one organization

1.3.4 Design of Survey

We designed our survey to confirm that the issues identified in the interviews were important and statistically significant to all the staff in each ECU. We also hoped to be able correlate these concerns with other variables such as seniority, professional designation, ECU, and role. The survey consisted of 36 statements with a five-point Likert scale as the measure of agreement or disagreement with the statements plus two open-ended questions. The surveys were anonymous and returned in a sealed envelope to collection centres in both ECU’s.
1.4 Terms of Reference

The purpose of the SFU MBA team study and our report was to highlight important issues of RMH Creekside and Alouette staff related to the relocation to the new building. The SFU MBA team agreed to use interviews as a tool to provide a qualitative analysis of attitudes, feelings, concerns and expectations of the pre-merger situation, and provide a foundation to conduct a quantitative survey for later distribution to all employees.

The intent of the interviews was to identify significant issues that the employees associated with the merger of the two ECU's, what they valued the most about the hospital, their best work experiences and how they think this change process could be modified to make the transition to a new Care Facility more positive for them. It was agreed to develop open-ended interview questions, in conjunction with the managers, to allow interviewees as much latitude as possible in exploring their concerns and attitudes without limitation by the interviewer.

Based on the interview results, questions posed by RMH management, and other data needed by the SFU MBA team, we designed a quantitative survey for all staff. The purpose of the survey was to quantify attitudes, outlooks, and opinions, and measure those across job categories, seniority, the two ECUs, and work-shifts. Dr. Gervase Bushe of Simon Fraser University and RMH ECU management were required to review the survey prior to its release.

The SFU MBA team agreed to analyse the results of the interviews and the survey data using models and theory from a variety of disciplines including change management,
organizational development, and human resources management. A written report
summarizing our findings, analysis and recommendations was delivered to the RMH
New Building Committee in two meetings in September.

1.5 Summary of Deliverables

The SFU MBA team agreed to provide all of the following to management
stakeholders:

1. Summary and analysis of interviews
2. Summary and analysis of survey data
3. Recommendations to build acceptance and improve the success of the
   project
4. Post-merger audit survey to measure long term performance objectives
5. Data tools for use in other departments by the FHA and in the future
2 FIELDWORK RESULTS AND CLIENT REPORT

2.1 Analysis of Interviews

2.1.1 Interview Methodology

The interview questions were drafted and approved by the ECU managers after 10 drafts. See Appendix A. The managers scheduled our interviews and we conducted them the week of June 20, 2005 at RMH. In total, we completed 19 interviews over 5 days and evenings. On completion of the interviews we analysed the responses by completing a spreadsheet that grouped the replies, by question, into similar responses. We then totalled the number of similar answers in order to rank order the concern, value or response. See Appendix B. From these rankings were able to draw conclusions about which responses were more important and deserved to be included in the survey questions to all staff. For example, in answer to the question “What do you value the most about working at Alouette/Creekside?”, we received 12 replies stating that the interviewee’s relationship with the resident was highly valued, whereas only two interviewees replied that the opportunity for career advancement represented something they valued about working in the ECU.

2.1.2 Major Issues Identified from Interviews

2.1.2.1 Confirmation of Original Issues

The close relations between staff and residents were considered a concern by managers as the move would inevitably disrupt these relationships. The results of our
interviews showed that there was a very high value placed on the relationship between staff and residents by over 80% of interviewees. However, there was very little concern that staff and patient relationships be maintained after the move with 84% of those interviewed saying it was not a major issue, that some change was good, and they could be flexible. 52% said that whatever was in the best interests of the residents mattered most with 42% expressing some preference for remaining with their existing residents.

Another concern of the managers that did not appear to be an issue was the mixing of professional staff in the working environment. 47% of interviewees reported good working relations with staff and the same percentage reported that good team problem solving on complex care issues was one of the most rewarding aspects of their job. However, 21% said that sometimes solutions to care issues for patients overburdened one type of caregiver more than others. Only one respondent was concerned that more duties were being given to lower qualified care attendants and was a potential job threat.

Our interviews suggest that there is significant concern over job losses, and downsizing from efficiency and cost saving measures as predicted by the managers. More than two thirds of respondents raised this concern prompting 16% to look for work or examine other employment opportunities or education options. 32% understood that the plans allowed for the same number of beds and staff in the new facility, yet only 16% said they were not concerned about losing their jobs. Just over a quarter of those interviewed (26%) stated that they were afraid of the change in general. A lack of trust resulting from the wage rollback negotiated with the provincial government in 2004 was quite strong as suspected by the managers - 58% did not believe they were being told
everything about the move, 37% stated they did not trust management and 32% were extremely worried about the "political push" for efficiency by the provincial government. However, there was also a strong sense that managers worked very hard (32%), were trying hard to communicate, and were listening and asking for input (53%), but that shifts and scheduling made it difficult to communicate (42%) and 16% said they could see management's side. Our interpretation is that the fear of job losses is due to a distrust of senior levels of Fraser Health management and the government. A general respect for the efforts of the unit managers to communicate what they knew suggests that staff think the managers may not be told everything by senior managers or forced to withhold information.

Managers anticipated that staff would be concerned about changes to staffing configurations, meaning the number and composition of different professions on shifts or teams. We found that this did not surface as an issue in general. However, a large number of staff (90%) said that they had no information, and there was some worry (26%) that with the new building design there would be inadequate staffing and the same number (26%) were concerned about changes to job duties and responsibilities and needed more information on team composition. On the other hand 84% understood that changes would be needed to staffing arrangements and intended to remain positive. Significantly 42% were very concerned about increasing demands on staff without extra help or compensation and 37% said that greater access to specialized resources and training (palliative, pharmacy) was needed to improve care. We interpret these results to mean that while general staffing changes are expected and considered a part of the job
because of the relocation, there are specific on-going issues related to staffing that concerned those interviewed.

Another possible problem identified by the ECU managers was friction between the personnel in the Creekside and Alouette ECU's. The units are specialized to some degree in the level of care that is offered to residents resulting in the use of different processes, and procedures to treat the residents. The development of different cultures has resulted. Our interviews revealed that 53% of those interviewed believed that cultural friction could be a problem that different employee norms existed (47%) and there are different management styles and expectations (42%) in the two units. However, a majority (58%) did not think there were any major issues between the units and in discussing future job configurations 32% expressed no concern about working with team members from another unit against 21% who were worried about co-operation with the other unit. A very strong opinion emerged expressed by 37% of those interviewed, representing most of the Gardenview workers, that they were very happy in their current facility. It is possible that this could translate into resistance toward the relocation.

2.1.2.2 New Issues and Concerns raised during interviews

A number of staff fears and concerns not anticipated by the managers were raised by the interviewees such as fear of the privatization of the ECU's following relocation with 58% raising this issue and associating it with downsizing. 42% said that privatisation was a major worry when they were asked what they knew about the relocation and 37% expressed concern over privatisation when asked about what they believed would require careful planning during the move.
Another very significant matter for most employees, not anticipated in our original list of issues, was a perceived lack of information about the relocation. 95% of the staff was aware of the relocation and two thirds were aware that the new facilities would have 5 units over 3 floors with a completion date of March – May 2006. 90% said they would like to have more information, 74% said that employee concerns had not been answered by managers, 63% said there was a shortage of information, 31% said they had very little information and only 21% said that they knew enough at this point. 26% said that information had been provided “selectively” in that there had been a lot of discussion about the design of the building, but not enough on human resource issues. This view is reflected in the answers describing what kind of information was most important to staff – 74% said job duties and responsibilities (and the existence of their job), 58% replied that hours and shift information were most critical, followed by areas of coverage (32%), equipment location (32%), and team composition (26%). Only a quarter of the respondents (26%) said they were not worried about receiving information about working in the new building.

Our interview questions did not directly address the question of the employees’ view of management, however, at different points throughout the interviews attitudes towards the managers were expressed by the interviewees. A majority thought that employees’ concerns and questions had not been answered satisfactorily (74%), despite good efforts being made by the managers (53%), and although managers were trying to listen, and shifts and schedules interfered with communications (42%). Managers were perceived to be extremely busy (32%), and they did not understand the employees’ needs (42%). The most important factor requiring careful attention and planning during the
move was to support the staff. (68%) The most important factor in feeling their talents were utilized successfully was appreciation shown by managers and supervisors for a job well done (42%), and ranked ahead of appreciation by residents. (37%) More job autonomy and collaboration among staff would be ideal. (37%)

During the interviews we found that the overall attitude of the employees to the relocation was mixed with 37% optimistic and excited against 42% who were cynical. The same percentage (42%) said that they felt they had no control over the situation. 53% of the respondents said that they understood that there would be a transition and were hopeful that everyone was prepared to adapt to the changes and 42% understood that plans were changeable over time. When asked what they would like to see change in the new building there was a sense of optimism or potential opportunity to make such improvements as more collaboration and teamwork (26%), efficient building layout to maximize staff efficiency (21%), increase the staff to resident ratio (16%), and improve food quality and preparation (16%). A number of fears were expressed that the building design would not take into account proper and proximate equipment storage (26%), the importance of grouping residents according to “acuity” or degree of needs (16%), or that planners would not take into account the problems of having residents' facilities over 3 floors (16%). Gardenview employees expressed a very strong preference to remain where they were from the perspective of staff effectiveness and resident satisfaction.

A desire to participate in the planning, provide feedback on the relocation and brainstorm with other staff was expressed by 47% of those interviewed. The same percentage said that they had already participated but that they felt that their feedback was ignored or rejected (32%). Only 1 respondent (5%) stated they did not want to be
involved or provide feedback on the planning. Equal numbers of interviewees said that there was sufficient employee involvement or not enough (26%). We interpret these results to mean that there is considerable untapped potential to involve staff at the planning stage of the relocation.

Perhaps the most striking finding of our interviews was the very strong and consistent feelings of commitment to the residents and their families. When asked what they valued most about working in the ECU, 63% cited their relationship with the resident, the holistic approach to care that existed in the ECU's compared to acute care (53%), the opportunity to get to know the resident (26%), supporting families of residents (26%) and making life as pleasant as possible for the residents (16%). When asked to provide examples where the staff person felt most useful, feeling appreciated and receiving expressions of love and attachment by the resident (53%) and receiving positive comments from family members and the residents (47%) were most important. Throughout the survey concerns to minimize the impact of the relocation on the residents (42%) were raised including taking care to design systems that improve life for residents (21%), ensure resident care improves (11%), and worry about resident well being during and after the move (21%). Including residents and families in planning the relocation was considered important by (31%) of those interviewed.

2.1.3 Summary and Interpretation

Our interpretation of these interview findings suggests the following tendencies:

1. Caregivers have a strong sense of commitment to the resident.
2. There is a willingness to provide feedback and participate in the planning.
3. There were many ideas for opportunities to improve services in the new building.

4. A lack of trust of management exists that we believe is based on the view that the "political powers" do not share the same values as the ECU workers.

5. There is a general respect for the conscientious of the managers of the ECU's but managers were very busy and did not understand staff concerns.

6. Concerns over possible privatization, downsizing, and pressures for efficiency are pervasive.

7. There is a perceived lack of information from the managers about plans for the relocation particularly those aspects of the job most important to the staff.

8. The general attitude toward the move was ambivalent.

Job security appears to be a common source of uncertainty and worry. When such uncertainty is combined with a lack of trust of senior management it may create a serious obstacle to change and undermine the process of developing improved care and efficiency in the new facility. However, the willingness to participate in the planning process is supported by a very strong commitment of the staff to the well being of the residents. These are sources of strength for the ECU’s. Managers can potentially engage the staff in making a smooth transition to the new building by tapping into these sources of commitment.

2.2 Analysis of Survey

2.2.1 Survey Coverage

Our analysis and aggregation of the results of our interviews identified the following topics for inclusion in our survey questions to test the extent of the attitude or degree of concern among the staff:
Overall Attitude towards Relocation

- Overall attitude towards move (cynical/excited)
- Attitude toward changes to job and co-workers
- Satisfaction with existing facility

Post Combination Organization and Structure

Physical Layout of Facility
- Availability of equipment near to area of use
- Impact of design of units on efficiency and ability to serve residents
- Adequate space and configuration of equipment in new units

Work Processes
- Opinion about whether resident care will improve due to relocation
- Opinion about increase or decrease in workload and efficiency

Job Descriptions, Staff Configurations and Relationships
- Concern over increasing demands on staff and adequate staffing levels in new facility
- Know very little about staff reconfigurations
- Concern about change in residents cared for
- Need for more collaboration between staff on job
- Preference for more autonomy to make decisions

Staffing Mix and Team Composition
- Concern that new job mix will impact some jobs more than others
- Amount of worry about new team configurations

Staff Fears and Concerns
- Benefit to residents from having a new facility
- Fears of privatization
- Concern over downsizing from cost efficiency
- Concern about having a job

Organizational Cultures
- Extent of concern about management styles and personalities
- Ability of staff from the 2 Manors to work well together during the transition and after
- Whether some cultural "friction" is expected
Management Communication and Leadership

- Adequacy of information and type of information needed
- Opinion that management doing their best and making efforts
- Degree of trust of "political" or senior levels
- Degree of trust that information is being shared in full
- Need for staff support during transition
- Degree to which management understands employees' needs

Transition Issues

Input
- Desire to provide input on decisions and get involved in transition
- Desire to work with other co-workers to brainstorm solutions
- Concern that input is not seriously considered
- Whether the respondent has been involved and provided input into planning
- Whether input from residents and families would be useful

Planning
- Concern about minimizing impact on residents
- Impact on job design from changes to layout, equipment accessibility
- Concern over support resources (medical specialists) and equipment from hospital
- Amount of control, influence and input into relocation

2.2.2 Survey Methodology

Based on the thematic interview analysis, the SFU MBA team designed a quantitative survey to quantify attitudes, outlooks, and opinions, and measure those across job categories, seniority, the two care manors, and shifts. See Appendix C. The survey was approved by Dr. Gervase R. Bushe, and subsequently by Glenda Wonnacott, Lottie Cox, and Beverly Dixon. Survey forms were printed and distributed in the conference rooms of each ECU Manor, and an email was sent to all employees requesting them to complete one. Each survey contained a consent form for employee perusal, and required their signature in accordance with the research ethics guidelines set by the Fraser Health Authority.
The survey response rate was 15% of the total number provided to employees giving us a total sample size of 30. Staff were asked a number of questions concerning such issues as employee involvement, communication, facility privatization, their attitudes towards the relocation, patient care, teamwork, job changes, building designs, and perceptions of management. Responses to questions were provided on a 5 point Likert scale, where a ‘1’ = ‘Strongly Agree,’ and a ‘5’ = ‘Strongly Disagree.’ The raw survey data was analyzed using SPSS and MS Excel to generate a number of statistical tables, summaries, and highlight significant relationships.

2.2.3 Survey Results

2.2.3.1 General Results

Although our survey did not generate many statistically significant results, we can detect some possible tendencies arising from the general responses by examining the relative strength of the replies to most of the statements. We have done this by plotting the averages of the strong responses in the centre of the range of responses showing one standard deviation from the mean for each question. An average response of “agree strongly” or “agree somewhat” (between 1 – 2) or an average response of “disagree strongly” or “disagree somewhat” (between 4 -5) suggests tendencies compelling enough for this analysis but by no means conclusive. These tendencies must be interpreted with a cautious degree of scepticism. Those replies where there the average is close to 3 (neither agree nor disagree), and/or where one standard deviation widely spans both sides of agree and disagree, are ignored. We have grouped all the questions into major categories and ranked those issues with the greatest importance for staff at the top. See Appendix D.
Fears of privatization and job security issues ranked at the top of the list of concerns for staff. Workload in the new facility was also a very high concern to all staff. Communications and insufficient information about changes to their job resulting from the move were the next most important issues for the staff. Mixed results but relatively strong opinions were expressed about teamwork and culture. Staff agreed that they did not have difficulty working with members of other professional designations, but there was some concern that conflict would arise from the different work practices in the two Manors. Strong opinions were expressed that staff would like more involvement in decisions regarding the relocation and did not feel that they currently had sufficient influence over decisions about the new building. Employees did not believe that management understood their needs related to the relocation.

2.2.3.2 Components of the Job

We included in our survey a separate question to identify what aspects of job changes were important to the staff. Employees expressed clear and strong opinions about what components of their jobs were important to them. This aspect of our survey stands largely on its own and our analysis contains few further comments on these components. Management can use this information as a guide for planning and communication purposes. We show the important job components below in rank order with the average response in brackets (1 – Strongly agree it is important, 2 – Agree somewhat it is important):

1. Number of residents under my care (1.33)
2. Duties and responsibilities (1.40)
3. Shift schedules (1.42)
4. Area of coverage (1.43)
5. Job configuration and processes (1.53)  
6. Equipment and supplies (1.68)  
7. Co-workers (1.77)

2.2.3.3 Correlations with Staff Characteristics

Prior to conducting a correlation analysis between the responses and the characteristics of the employees, we first proceeded with a factor loading analysis. Factor loading aggregates all responses that have a high correlation between themselves together as one variable. For example, questions 8, 9 and 10 all correlated very similarly with respondents and were combined into one mega-variable called “control over work life”. This factor extraction determined that there were only 11 separate “factors” or distinct variables against which to correlate different staff characteristics. See Appendix E for the groupings. These factors are listed below along with four staff characteristics: job type (RN, LPN, etc), years of experience, Manor, and age.

Table 1: Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Job Type (RCA, RN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Experience</td>
<td>0.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Manor</td>
<td>-0.24</td>
<td>0.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Age</td>
<td>0</td>
<td>0.33</td>
<td>0.42</td>
<td>*</td>
</tr>
<tr>
<td>5. Perception of Managers</td>
<td>-0.13</td>
<td>-0.11</td>
<td>-0.13</td>
<td>-0.15</td>
</tr>
<tr>
<td>6. Workload</td>
<td>-0.08</td>
<td>-0.29</td>
<td>0.05</td>
<td>-0.12</td>
</tr>
<tr>
<td>7. Work Control</td>
<td>0.2</td>
<td>0.33</td>
<td>-0.19</td>
<td>-0.02</td>
</tr>
<tr>
<td>8. Privatization</td>
<td>-0.24</td>
<td>-0.22</td>
<td>0.34</td>
<td>-0.13</td>
</tr>
<tr>
<td>9. Patient Well Being</td>
<td>0.29</td>
<td>0.35</td>
<td>0.24</td>
<td>0.26</td>
</tr>
<tr>
<td>10. Team/Job Assignment</td>
<td>-0.03</td>
<td>0.04</td>
<td>-0.35</td>
<td>-0.14</td>
</tr>
<tr>
<td>11. Building Layout</td>
<td>-0.25</td>
<td>0.29</td>
<td>-0.02</td>
<td>0</td>
</tr>
<tr>
<td>12. Working With New People</td>
<td>-.46 *</td>
<td>0.15</td>
<td>-0.13</td>
<td>0</td>
</tr>
<tr>
<td>13. Employee Involvement</td>
<td>-0.24</td>
<td>0.21</td>
<td>-0.17</td>
<td>0</td>
</tr>
<tr>
<td>14. Staffing Levels</td>
<td>-0.16</td>
<td>-0.1</td>
<td>.58 **</td>
<td>0</td>
</tr>
<tr>
<td>15. Job Tools</td>
<td>-0.08</td>
<td>0.37</td>
<td>0.41</td>
<td>0</td>
</tr>
</tbody>
</table>

* .05 Statistical Significance Level  ** .01 Statistical Significance Level
Three significant correlations are apparent in the data at .05 level or better — meaning, the responses only had a 5% chance of coming out like that by pure chance. These three are explained below:

1. \( .42^* \) Showed that Creekside and Gardenview contain older employees than Alouette.
2. \( -.46^* \) Showed that the higher the job level a person held (i.e. RN, RCC), the less concerned they were about working with people from other job classes (i.e. RCA's) or other manors.
3. \( .58^{**} \) Showed that employees from Creekside/Gardenview are far more concerned about staffing levels in the new facility than Alouette employees.

Most of the other correlations are very low and could easily be ascribed to chance alone.

2.2.3.4 One-Way ANOVA Mean Comparisons

One-way ANOVA mean comparisons analyze the responses given by the staff according to groupings of staff. These groupings can be based on information about the employee collected separately such as job level, age, manor, or seniority level, or upon sorted responses such as those staff who are optimistic about the relocation and those who are not. An ANOVA analysis compares the mean response for each group and determines whether the difference (if any) is statistically significant. This analysis highlights how different groups respond to each question and can provide information for managers on how to respond effectively to a variety of needs from different groups.

2.2.3.4.1 Staff Characteristics

For the analysis of staff characteristics, we have grouped the responses by factor. A one-way ANOVA mean comparison with Staff Characteristics is an analysis of the
responses given by each employee based on job level, age range, manor, or seniority level against the average total response and the mean of other groups for each factor load.

Table 2: ANOVA Mean Comparison with Staff Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Mean Differences</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workload</td>
<td>0.009 ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Well Being</td>
<td>0.055 *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Layout</td>
<td>0.042 **</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team/Job Assignment</td>
<td>0.009 ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Manor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team/Job Assignment</td>
<td>0.08 *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing Levels</td>
<td>0.01 ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control over Work</td>
<td>0.073 *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Job Assignment</td>
<td>0.099 *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*  .10 Statistical Significance Level  
** .05 Statistical Significance Level  
*** .01 Statistical Significance Level

The first observation to be made is that the coefficients of these differences are not very large, meaning that even though there are significant measurable differences in opinions and perceptions, the differences in opinions are not large. By referring to the list of characteristics on the survey, we can interpret these differences.

**Job Type** – Greater concern for workloads, patient well-being and building layout are correlated with declining levels of education and training

**Experience Level and Age** – Concern for Team/Job Assignments increases with experience and age, and older workers tend to desire more control over their work decisions

**Manor** – Creekside and Gardenview have a greater concern for Team/Job Assignments and Staffing Levels than Alouette
2.2.3.4.2 "Perceived Influence"

Table 3: ANOVA Mean Comparison with "Perceived Influence" (PI)

Likert Scale from 1 (Strongly Agree) to 5 (Strongly Disagree)

<table>
<thead>
<tr>
<th></th>
<th>PI</th>
<th>No PI</th>
<th>Diff</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOB SECURITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am anxious about possible required changes to my job</td>
<td>2.78</td>
<td>1.43</td>
<td>1.35</td>
<td>***</td>
</tr>
<tr>
<td><strong>WORKLOAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I currently have sufficient input into decisions that affect my workload</td>
<td>2.44</td>
<td>3.75</td>
<td>-1.31</td>
<td>**</td>
</tr>
<tr>
<td><strong>COMMUNICATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have received sufficient information to date about how the relocation will affect my job</td>
<td>3.11</td>
<td>4.71</td>
<td>-1.60</td>
<td>***</td>
</tr>
<tr>
<td>I have sufficient knowledge about how my job will be impacted by new staff configurations</td>
<td>3.22</td>
<td>4.64</td>
<td>-1.42</td>
<td>***</td>
</tr>
<tr>
<td><strong>TEAMWORK AND CULTURE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I currently have sufficient collaboration between myself and other staff members in my job</td>
<td>2.00</td>
<td>3.19</td>
<td>-1.19</td>
<td>**</td>
</tr>
<tr>
<td><strong>INPUT AND INVOLVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have sufficient influence over decisions that are made regarding the relocation to the new building</td>
<td>2.56</td>
<td>4.62</td>
<td>-2.06</td>
<td>***</td>
</tr>
<tr>
<td>My input is valued by my manager</td>
<td>2.78</td>
<td>3.90</td>
<td>-1.12</td>
<td>**</td>
</tr>
<tr>
<td><strong>MANAGEMENT PERCEPTIONS AND TRUST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My manager understands what I need to know about the relocation</td>
<td>3.22</td>
<td>4.19</td>
<td>-0.97</td>
<td>**</td>
</tr>
<tr>
<td>My manager is making sufficient efforts to plan the changes that will affect my job</td>
<td>2.67</td>
<td>3.90</td>
<td>-1.23</td>
<td>**</td>
</tr>
<tr>
<td>My manager is telling me everything she knows about the relocation to date</td>
<td>3.00</td>
<td>4.17</td>
<td>-1.17</td>
<td>***</td>
</tr>
<tr>
<td>Senior management shares my commitment to providing excellent resident care</td>
<td>2.11</td>
<td>3.50</td>
<td>-1.39</td>
<td>***</td>
</tr>
<tr>
<td>My manager is making her best efforts to share information with me</td>
<td>2.67</td>
<td>3.93</td>
<td>-1.26</td>
<td>***</td>
</tr>
<tr>
<td>The needs of our residents are being considered by my manager when planning the transition for the new building</td>
<td>2.44</td>
<td>3.67</td>
<td>-1.23</td>
<td>*</td>
</tr>
<tr>
<td><strong>JOB RESPONSIBILITIES AND TASKS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I currently have sufficient independence to make decisions related to my job</td>
<td>1.89</td>
<td>3.33</td>
<td>-1.44</td>
<td>**</td>
</tr>
</tbody>
</table>

* Difference in mean statistically significant at .10
** Difference in mean statistically significant at .05
*** Difference in mean statistically significant at .01

Our analysis is more insightful when we group together those respondents who feel they do have influence over the relocation process. When we analyze the data by separating those who do not believe they have influence from those that do, the outcome yields significant results that are highlighted in the table above:

Fourteen different variables display a statistically significant difference based upon the degree of "perceived influence" (PI) that the respondent feels they have over the relocation process. We postulate that this PI has 3 component parts, which include:
• a perception of involvement in the decision making process
• a belief that the respondent’s opinion is appreciated, understood and valued
• trust that good, practical ideas will be successfully incorporated into the plans for the new facility.

The strong correlations between PI and the sense of having input (10) and the independence (8) to make decisions about their workload and job, as well as a belief that their input is valued by managers (38) supports the view that PI has several component parts to it.

The most striking and powerful conclusion to draw from these results is the impact of employee perceptions of influence on trust and perceptions of management. The differences in attitude between those that have PI and those that do not are reliable to the 95 and 99% levels. Clearly, working to improve the sense of involvement, feeling of appreciation, and sense that action will occur, will dramatically improve employee attitudes. We can also conclude that communication is central to a sense of involvement as there is a very high correlation between PI and the opinion that receiving sufficient communication is important. Finally, it appears that a feeling of having influence over decisions decreases anxiety about changes to an employee’s job, and generates a strong sense of collaboration and teamwork.

By examining all of the general responses to the questions, we can see which concerns can be addressed by increasing employees’ perceived sense of influence over the relocation process. See Appendix F.
Issues related to job security concerned employees the most. However, only one facet of job security can be explained or managed by increasing the involvement and influence of staff – job changes resulting from the relocation (26). Job security concerns not related to PI include:

- the new facility may be privatized (13)
- downsizing might occur (14)
- the employee’s job will be eliminated (15)

These are general worries of the population as a whole regardless of how much influence an employee feels they have. It is logical to assume that increasing the sense of “influence” over the relocation process for staff will not address these concerns. This is also true for several other important issues:

- Staffing levels in the new facility (6)
- Possible conflict over different work practices in the Manors (18)

We can observe that of the 12 statements or questions that suggested a tendency by the staff, PI is a significant factor in only four:

- Job Changes (26)
- Communications (20, 25)
- Management’s understanding of my needs (19)

However, PI does explain much of the variance in 9 other responses. We conclude that there are two distinct groups in the aggregate population – those that have a high PI and those that feel a low PI – and this difference in attitude accounts for the wide variance and the lack of convergence in opinion in many of the responses when results are averaged across the total sample. Hence, it is very useful to look at those replies
where no strong opinion exists overall but a statistically significant relationship with PI exists. Examples include:

- Question 10 - Workload.
- Question 9 - Collaboration.
- Question 38 – Input valued by manager
- Questions 17, 21, 22, 23, 24, and 40 – Perceptions of management and trust
- Question 8 – Independence in job decisions

Based on these results we can conclude that by increasing PI the managers will address concerns about workload in the new facility, improve a sense of teamwork, enhance feelings of appreciation and improve trust levels. Perceptions of management and trust are greatly affected by increasing the feeling that staff perceive they have some influence over the relocation process.

Of the 32 questions or statements we posed to RMH ECU staff, we have indications of staff attitudes towards 21 of these. Can we draw any conclusions or propose any action with respect to the remaining 9 statements? These responses displayed a wide variance in attitudes. No clear agreement or disagreement with the statement was evident. Of these remaining 9 statements we find that 3 relate to teamwork and culture:

- Changes to team configurations (11)
- Working with staff from the other Manors (16)
- Opportunity to brainstorm with other staff (37)

The lack of consensus about these items suggests that a strong team identity is lacking in the units. Although there was a strong opinion that staff had no difficulty
working with other professions (Q 12, 1.80), there is concern about conflict between the staff from different work practices. While those that feel they have influence over decisions (high PI) “agree somewhat” that they currently collaborate sufficiently with other staff, those with low PI neither “agree nor disagree” with that statement. It is fair to say that an opportunity exists to increase involvement, and participative decision-making, thereby increasing PI, and improve teamwork and team identity.

We believe that it is also important to note that there is no clear consensus among the staff nor does the evidence suggest that increasing PI would have any effect on the following issues:

- Manager’s commitment to excellent resident care (22)
- New building will serve resident’s needs better (1)
- New building will improve the quality of resident’s life (4)
- Optimism toward the relocation (2)

The lack of consensus on these issues suggests that there is neither a great or unified enthusiasm for the change initiative, nor a deep-rooted cynicism. Such a situation provides an opportunity for the organization and the managers to demonstrate leadership and make a concerted effort towards creating and building a vision for the new building that gives meaning to the relocation for the ECU staff.

2.2.3.4.3 Manors, Job/Education, Seniority, and Age

The survey results were also analyzed according to four other sub-groups:

- employees working in each manor;
- employees with higher or lower levels of seniority;
- Registered Care Aids and all other employees; and
- employees based on age.
Some important distinctions can be drawn from the data in Appendix G.

2.2.3.4.3.1 Manors

Only five variables generated statistically significant differences in mean responses between manors. With regard to staffing levels in the new facility (6), Alouette employees responded with a higher degree of concern (1.08) than Creekside employees (1.53). Alouette employees are also far more concerned about conflict (18) with Creekside employees (1.42) in the new building than vice versa (2.40). A third difference arose in managerial understanding of employee needs of information for this project (19), with Alouette employees responding at 4.33 versus Creekside employees at 3.60.

These three key differences can be explained partially by differences in overall levels of anxiety between each manor in relation to this change initiative. Indeed, the survey question directly measuring employee anxiety levels (26) confirmed this to be true, showing that Alouette employees are more anxious (1.33) than their Creekside counterparts (2.20). However, in responding to a survey question regarding teamwork with employees from different jobs, such as RCA’s and LPN’s (12), Alouette indicated a higher strength here (1.25) than Creekside (2.07).

Interpreting these results, we propose the following conclusions:

1. Alouette employees may be less informed about this change initiative due to a difference in communication practices. Though not statistically significant, Creekside appears to have higher Perceived Influence (41) over this project (3.80) than Alouette (4.25), meaning that Alouette employees are less involved in this project, and/or that they are receiving less communication on its progress and planning;

2. Lower involvement or perceived communication is leading to higher anxiety levels, which contribute to differing perceptions in managerial
understanding, projected conflict with employees from the other manor, and concerns about staffing levels;

3. A more job-cooperative Alouette manor may fear losing their current level of cooperation in the new building, thereby creating anxieties about what will happen after the move with Creekside employees.

2.2.3.4.3.2 Seniority

Analyzing employee subgroups by seniority produced several statistically significant variables. For the purposes of this analysis, employees with more than seven years seniority in each ECU, henceforth called ‘senior,’ were separated from those with less than seven years seniority, henceforth called ‘junior.’

In perceiving the benefits of this new building, senior employees were more pessimistic than junior employees. Survey questions 1 and 4 discussed better patient care and quality of life, and senior employees weighed in respectively at 3.53 and 3.73. Junior employees slightly leaned towards optimism on the benefits of the new building, responding to questions 1 and 4 at 2.67 and 2.75, respectively. In performing their jobs more effectively with the new building layout (5), again, junior employees were more optimistic at 2.83 than senior employees, at 3.73. Junior employees perceive higher work autonomy (8) at 2.17 than senior employees at 3.13, and are less worried about changes to team members (11) at 2.50 than senior employees at 3.53. Junior employees are also less concerned about conflict with employees from a different manor (18) at 2.33 versus senior employees at 1.67.

Junior employees also perceive their managers in a better light than senior employees. Questions 22, 38, and 40 relate to how the manager shares commitment to patient care, values employee input, and considers patient needs with respect to this project. In all three cases, junior employees responded more positively than senior
employees, weighing in respectively at 2.04, 2.83, and 2.67 versus senior employee mean responses at 3.40, 4.00, and 3.87.

We suggest that because junior employees have not worked in health care as long, they have not experienced as much labour strife, organizational change, or broken promises from managers or politicians than senior employees. It could be reasonably inferred, then, that this lack of organizational history in their memories results in higher positive affectivity for change projects such as this, or as one interviewee noted, “I haven’t been broken yet.” Junior employees may also have more flexible and adaptable orientations towards employment. Older, more senior workers have known only one main job for many years, and as such, could fear to lose it because their seniority is only applicable to this cost centre within Fraser Health. Moving to another job elsewhere, or even to the new building, could result in a lost of that seniority, and possibly their jobs. These fears can manifest in most survey responses. A more flexible attitude towards employment is naturally inferred for junior employees, since they could restart at another cost centre with little consequence and have been experiencing the rigours of low seniority for some time now.

2.2.3.4.3.3 Job and Education

Eight statistically significant differences in mean responses appeared when subdividing respondents into two groups: those working as Registered Care Aids (RCA’s), and those working in all other positions. These groups were selected since most jobs outside of an RCA require a higher degree of training, and because a significant number of employees in Alouette and Creekside Manors are RCA’s.
From the survey, it appears that RCA's do not see the benefits of the new building or its layout as beneficial to the residents of Alouette and Creekside Manors. Their responses to Questions #1 and 4, respectively, average at 3.73 and 3.87, while all other jobs responded with respective means of 2.42 and 2.58. Neither side is sitting on the fence here: these are some of the most divergent results in all our analysis, and it is clear that while other occupations do see and believe in the medical and quality of life benefits from the new buildings, the RCA's do not.

RCA's also do not believe the new building will make their job easier (5), responding at 3.80, while other staff responded at 2.58. RCA's expressed a higher concern they will no longer work with their current assigned residents (7), at 1.93 versus other staff at 2.75. RCA's also perceive less independent work autonomy than other jobs (8), responding at 3.20 while other staff responded at 2.08, and also stressed a higher importance to their shift schedules and the number of residents under their care (31 and 32), respectively responding at 1.13 and 1.17 to the other staff's respective responses at 1.67 and 1.75. Finally, RCA's have expressed a greater desire for more participation and involvement in this change project (36), average a response of 1.47 while other staff averaged an even 2.00.

These results highlight some important steps for the future success of this project. The RCA's constitute the largest work group within the care manors, and that commitment to this project will undoubtedly determine its ultimate success or failure. The sheer size of this group would lead us to recommend that greater resources be expended to persuade them to commit to this project. The survey results may be explained by assuming that RCA's receive greater peer pressure from each other.
regarding their opinions and attitudes of the new building, and that they maintain a separate subculture.

Given these results, RCA's will require more targeted efforts not only selling the benefits of the new building and the Eden Philosophy, but also in allowing for more involvement opportunities in the near future. In addition, their greater concern for maintaining current staff/resident ties, also reflected in our interviews, shows that at least in the short term, to ease the transition, residents should keep the staff that currently serve them on a daily basis. Finally, RCA's will probably require greater communication regarding job security, shift schedules, and workloads, since they are the most vulnerable group to changes in jobs. When a recruitment pool as large as the RCA's exists, seniority is the only thing that protects them from anxieties surrounding layoffs, performance, and work changes.

2.2.3.4.3.4 Age

The survey results were analyzed for statistical significances according to the age of staff. Generation X and Y (ages 26 – 44) were grouped together to form one subgroup, while the Baby Boomer generation (ages 45 – 64) was separated into another subgroup. The raw results showed no discernable pattern in mean responses, nor did the SPSS results indicate any statistical significance existed in the mean responses between these groups.

2.2.3.5 Manager's Perceptions

The managers are very important players in the change process, and it is important that their perceptions of the situation are contrasted and compared to that of
their employees. For a manager, their own perceptions of situation can often be a source of conflict between themselves and their employees, particularly in the allocation of resources, allaying fears and concerns, and prioritizing issues. Comparing these results can allow a manager to understand where their staff currently sit in relation to their own views, make proper adjustments, prioritize areas of divergence, and align properly to employee needs, wants, and goals.

The table in Appendix H summarizes the managers’ responses against the responses of all employees. A quick analysis of the absolute difference between employees’ responses and what managers anticipated shows that the managers are somewhat self-critical but quite accurate in estimating their employees’ attitudes, opinions, and perceptions in all dimensions. This is encouraging, since no serious adjustments need to be made to attitudinal alignment by the managers in terms of their awareness of their employees’ needs, wants, and desires.

2.2.4 Summary and Interpretation

The survey supported many of the conclusions we drew from the interviews:

1. There are job security concerns regarding possible privatisation, downsizing, and fears that the employee’s job will be eliminated.
2. There is a perceived lack of information from the managers about plans for the relocation particularly those aspects of the job most important to the staff.
3. There is a desire for more involvement and participation in the planning process as well as more control over decisions related to their jobs.
4. While there was strong agreement that working with other professions was not a problem, the ECU’s lack a strong team identity

The survey results provided a further significant and useful insight. The staff appear to be divided into two groups distinguished by their perception of the amount
influence (PI) they exert over their jobs and the relocation process. We find a strong correlation between those that say they have sufficient independence and input over their job and workload (Q’s 8, 10), feel appreciated and valued by their managers (Q 38), and those that say they have sufficient influence over the relocation process. This “perception of influence” has a strong and statistically significant impact on:

1. increasing their sense of teamwork,
2. decreasing anxiety over changes to their job, and
3. greatly improving perceptions of management and trust.

This correlation leads us to conclude that increasing the amount of influence employees feel they exert over their jobs would result in improved teamwork, a positive attitude toward job changes, confidence in management and enhanced trust in the leadership of the ECU’s. The results also support the idea that the perception of having “influence” consists of a combination of being involved, having one’s ideas being valued and the belief that plans exist to put these ideas into action.

Significantly, there is no evidence that such a correlation exists between the PI variable and job security issues. If this is true, no amount of increased influence will answer the problem of a deep rooted and pervasive lack of job security. Likewise, overall there was no belief that moving to the new building would either serve the resident’s needs better, nor improve their quality of life. Finally, there was no general optimism expressed towards the move, and there were mixed opinions about the managers’ commitment to excellent resident care. PI showed no relationship with any of these attitudes.
We observed during the interviews that many of the staff are highly motivated by a commitment to the well-being of the residents. This is a tremendous potential source of strength for the ECU's. If the managers can create a vision and provide the leadership that will convince employees that the relocation to the new facility will improve life for the residents, they will tap into a very powerful and meaningful form of employee commitment.

2.3 Applying a Framework – The Change Leadership Model

2.3.1 Introduction

In this section, the SMBA team will organize our observations, about the RMH change team’s efforts to merge the two ECU’s and relocate to a new Care facility, around several models of change management. The primary model we will use is a modified change management framework designed to audit change projects and is taken from Mackay (2005). We will use this tool as the main framework to diagnose the current state of the change project, identify the steps that have been taken so far, and outline areas where we believe further attention is required to ensure a smooth and successful transition to the new building.

The second model we will use is taken from Bridges (2003) - Managing Transitions. In this model, transitions are defined as the psychological processes people go through as changes are made to physical surroundings, job definitions, processes and systems. Consistent with Kurt Lewin’s model of unfreezing, changing and refreezing, Bridges examines the psychological processes of letting go of the old ways, proceeding through the neutral zone of uncertainty, and finally starting a new beginning. He
emphasizes the need for leaders to provide the 4 P’s – Purpose, Picture (Vision), Plans, and a Part (Role) for everyone. At various points in our analysis we will refer to his recommendations for managing each stage of the transition process.

A third model we will rely on for this analysis is based on Conner (1992). In this model Conner focuses on the psychological phenomenon of resistance, its causes and the management of those underlying forces to promote resilience. Resilience he defines as the ability to absorb change while remaining productive and fully functional. He stresses that we all proceed through the same emotional stages as we deal with change, but that individuals have different capacities and abilities to absorb change and adapt at different speeds. He suggests a variety of techniques to improve resilience through managing the speed of the change process, identifying roles for staff, encouraging commitment to the project, reducing resistance and promoting synergy in the organization.

Finally, we will borrow a few ideas from Marks and Mirvis (1998) who identify mergers as a specialized form of change – pre-combination, combination and post-combination – that generate specialized issues to be managed if the merger is to be successful. In particular, they stress the opportunity for innovation and learning, the importance of communications, the need for a clearly defined and accepted vision of the merged entity, and the need to measure progress and success. They emphasize that mergers do not often fail on the basis of technical issues, but more often falter because of politics, authority clashes, the loss of top talent, ineffective teamwork and the development of a “we versus them” syndrome.
Currently, the RMH change initiative is in a long transition state. In this phase, the organization has already disengaged from the status quo but has not yet materialized into the relocated, merged ECU. The transition phase is considered to be the most challenging stage to manage in the entire change process because it is normally characterized by instability, uncertainty, conflict, high stress and anxiety for the employees due to the ambiguity, and confusion that naturally arises from the chaotic nature of this stage. According to Marks and Mirvis (1998), however, the long transition stage leading up to the move is an auspicious time for creativity, innovation and organizational learning. If managed skilfully, it is a perfect time to focus on creating opportunities to transform current methods and practices into completely new procedures, by encouraging brainstorming and promoting a creative search for ideas.

2.3.2 What is Change Management?

According to Bridges (2003), “change management” refers to all those activities related to creating a vision of where you want to go, setting specific goals related to that vision, and determining how to achieve (strategy) these goals. It is the analytical process of evaluating needs, determining how to meet these needs, designing processes and applying resources to meet these needs. “Transition management”, on the other hand, relates to the management activities related to convincing people, stakeholders, to “let go” of the old ways and to embrace the “new” methods and processes. Reducing resistance to change and increasing resilience and commitment to the new organization is the central concept in this model. Transition management focuses on the emotional and human side of change. It recognizes the feelings and patterns of behaviour that can accompany any change and it incorporates plans to manage the psychological transition
into the overall change management plan. We have integrated these ideas into our framework.

2.3.3 Shared Mission and Vision – (Current State - “Unfreezing” and Visualizing Future)

2.3.3.1 Giving Meaning to the Relocation

Despite the fact that the primary motivation for the construction of the new building for the ECU’s in RMH was to provide space for the expansion of acute care facilities, the relocation represents an opportunity to make improvements in service and quality care that may not have been possible without the relocation.

The survey data showed no consensus that staff believe patients will be better off in the new building and revealed a mix of optimism and pessimism towards the move in general. From the interviews and the survey we observed that many employees are committed to the well being of residents. If managers can convince employees that the new building will serve the residents needs better then they will tap into a powerful motivating force for change. However, there is also a danger that this same commitment can turn to distrust and cynicism if the motives of the organization and management team are doubted. Such distrust will increase any resistance to change by causing the staff to feel that they have to “defend” the patients against planned changes. The potential to tap into this very positive force must be managed effectively.

Prior to the change initiative receiving board approval, the RMH ECU’s were striving to implement a progressive approach to resident care called the Eden Philosophy. The Eden Philosophy attempts to improve overall patient quality of life by removing the
‘feel’ of a hospital and replacing it with more of a ‘home-like’ atmosphere. To achieve this goal a number of new initiatives were undertaken including the addition of plants and pets to the units, more activities organized to engage the units’ residents, the encouragement of staff to wear normal street clothes to work instead of hospital scrubs and in the new building, and each patient will be given their own small room instead of sharing a room with one or three other residents.

Although the Eden Philosophy became the flagship of the Extended Care Units, our interviews revealed a considerable ambivalence towards it by the staff. The interviews revealed that some employees did not know exactly what the Eden concept was about; some did not understand it correctly and some had negative associations with it such as an increase in the workload with no extra pay. The prevalent sentiment was that staff had difficulty identifying with the concept and there was a limited implementation of its features. This experience highlights the difficulty of gaining commitment to a set of values or of enlisting the efforts of staff towards a particular strategy. The relocation does represent an opportunity to revisit the implementation of strategies to achieve the goals of the Eden philosophy but this requires an active effort on the part of managers to reinforce these values and to measure tangible outcomes that support those values.

Also prior to the decision to relocate, the provincial government commissioned a survey of residents and families to determine what services were important to residents and how they rated the two ECU’s. Both Alouette and Creekside fared well in the evaluation. The resident satisfaction survey, posted near the reception areas in the two units for all visitors and employees to see, forms the basis for determining what the units should focus on to improve service delivery. See Appendix I. It is an important tool in
objectively determining performance indicators and it is a useful tool to establish goals, make plans and prioritize for the new, merged ECU. By referring to the results of this survey and using it as a basis to design the new systems and processes for patient care in the new unit, the management team will reinforce their commitment to truly valuing customer satisfaction. This will go some way toward re-establishing the trust of the employees in their values.

We recommend the use of the resident survey as an objective tool to provide decision criteria when choosing between alternative methods of care.

2.3.3.1.1 Issues and Obstacles to Creating a Unified Sense of “Mission”

2.3.3.1.1.1 Patient Well-Being Issues

Our interviews revealed that some staff believe that assigning every patient to their own single room will actually increase loneliness, boredom, and dependency on staff for human interaction. In addition, in the case of the Special Care Unit residents, the shock associated with the new facility and personnel may result in a worsening of their condition, an increase in combative behaviour and even possible death.

Specifically, Gardenview Manor is currently designed with circular hallways, allowing patients with mental illnesses to wander the halls in circles for much of the day without finding an obstruction in their path and giving them some contentment with their movements. The proposed designs for the new building initially placed the Gardenview patients onto a floor with dead end hallways. Staff have seen and given feedback on the proposed site for their patients, and have been very dissatisfied with the designs and apparent lack of listening by managers to their concerns.
Research into the effects of contextual shocks such as moving to a new building on these types of residents reveals a mortality rate as high as 30% shortly following such moves (Smith, 2004). A number of staff are aware of this research and are very concerned that this could become a reality for their patients. The Gardenview patients have been moved recently already. The transition was a great success because the patients moved from a poorly designed facility to an optimally designed facility. As a result, no such shock took occurred. Gardenview staff feel that the proposed new location is a 'step down,' and could result in the referenced 30% direct shock mortality rate.

2.3.3.1.1.2 Repairing Trust – Do managers share our values?

Strengthening the belief that the ECU managers and senior management share a commitment to patient care is critical in aligning the efforts of the staff with the vision and goals of the management team. The situation is not one where the staff needs to be motivated to help their “customers” as is the case in many organizations. Here there is a strong desire to help the residents. The staff needs to believe that management’s plans are intended to help residents and have confidence that management’s plans will actually achieve that goal. This is vitally important during a change project of this magnitude. If employees trust their managers, they are willing to undertake and fully commit to a change despite their anxiety. If such trust is not present, a successful transition is much less likely to occur. The low level of trust in the care manors currently stems from past organizational experiences. Some of these experiences include the recent HEU pay cut, past budget restraints, fiscal limitations, and rumours that the executive sponsor of the relocation of the ECU’s was previously involved in another ECU privatization in Burnaby.
To repair and enhance trust and respect, managers and supervisors can keep in mind some basic rules:

1. Only make promises that can be kept. If, for any reason, it is not possible to follow through on a promise, warn staff as soon as possible to explain the circumstances;

2. Trust employees first because even slight mistrust is subtly communicated during interactions with subordinates;

3. Express feelings and emotions openly and constructively to enhance trust and respect;

4. Listen to employees in an active, reflective, and curious manner, and then carefully paraphrase an understanding of what has been said. This conveys understanding to the employees and they will trust managers who they believe understand them and are looking out for their best interests;

5. Ask employees for feedback and acknowledge spontaneous feedback on the subject of trustworthiness;

6. Address rumours directly and only when confronted first hand by clarifying actual events with as much detail as possible;

7. Disclose information whether it is negative or positive without fear of reactions. A manager who comes clean consistently with all available information may experience some negative feedback but such disclosure builds trustworthiness in the long run for their honesty and transparency.

We recommend that the managers and supervisors make a conscious effort to build trust by being careful about making promises, offer to trust employees, express emotions constructively, practice reflective listening, request feedback, confront rumours and disclose all information.

These actions applied consistently will help create an atmosphere of mutual respect and trust between the managers, supervisors and staff. However, there was also evidence from the interviews and the survey that employees distrust senior managers and believe that managers may not have all the available information. We think that only a trusted senior official of RMH or Fraser Health can address this issue.

We recommend having a trusted senior manager make a clear statement of purpose about the move in person to the employees to reinforce the “mission” and help remove their doubts. If there are examples of how
Senior managers have made sacrifices, kept promises, or made financial commitments to support this statement, this is an opportunity to share that information.

Further, our survey showed a strong correlation between those employees who have a sense of influence over the planning process and trusting management. This survey finding suggests that managers can also increase trust in the ECU’s by involving staff members during the planning process and giving them confidence that useful ideas will be incorporated into the relocation plans. All employees should be encouraged to participate on task groups or transition teams, and managers can openly express their desire for input at all levels of the ECU’s.

We recommend the encouragement of all employees to participate on the transition teams planning the relocation.

2.3.3.1.3 Job Security – Survey Results

Perhaps one of the greatest obstacles to change at this point is the indicated tendency of many employees to believe that their jobs are at risk. If true, it will fuel cynicism and resistance to collaborating in the planning of the relocation and merger. The ECU managers have no way of addressing this attitude. Our interviews, and to a certain extent our survey, support the view that the ECU managers are thought to work hard, communicate as best they can, and are committed to maintaining care levels. However, it will be senior management that will make the decisions regarding privatization and staff reductions. We believe that someone in a senior position whom the employees trust needs to speak directly to them. This senior manager needs to confront the privatization issue head-on and explain the exact position of the board, and senior management.
We recommend a strong statement by senior management acknowledging the need to maintain current care and staffing levels, to reinforce the “mission” and counterbalance the rumours now circulating. We further recommend fostering a constructive relationship with the union through face-to-face meetings to support this commitment.

2.3.3.1.4 Merger Syndrome “We vs. Them” – Focus on NEW

Marks and Mirvis (1998) suggest that one great danger in every merger is the development of a “we vs. them” attitude between the two merging organizations. They refer to this as “Merger Syndrome” and assert that when this attitude develops, plans deteriorate into attempts to protect favourites, maintain one’s own status quo and political infighting. Very early in the process the top managers of each organization can play a significant role in preventing the development of this attitude. By modelling “transformational” leadership for the employees of both organizations, they will set the tone for all discussions that take place during the transition stage. Transformational leadership is a commitment to higher principles that requires an acceptance by the leaders that they too will need to change, need to let-go of past methods and open their minds to a new way, not necessarily the way of either of the old organizations. There is some risk that the transition teams, set up to devise new methods, processes and work procedures, and made up of employees from both ECUs, will focus on choosing between one of the two old methods rather than creatively devising new systems. According to Mirvis and Marks (1998), the opportunity to improve on all the old systems occurs during the transition stage. The future success of the merger in creating value and improvements hinges on creating a culture of innovation at this stage.

The two units have already been collaborating successfully and meaningfully at a senior level through the regular meetings of the Resident Care Operations Team (RCOT)
and the Clinical Care Coordination Committee (CCCC). Members from both units make up both committees. The manner in which operations issues are currently handled sends a very clear signal to all staff about how to collaborate on issues of mutual concern with respect to the relocation. This is a very strong beginning and should be reinforced and maintained through the entire transition process to help avoid the most serious consequences of “Merger Syndrome”.

Perhaps of greater concern to managers would be the development of a “we vs. them” attitude between the employees and management in both units. If the employees believe that management does not share their values and they are a line of defence against changes that will in some way cause harm or discomfort to the residents this will create a major obstacle to finding creative solutions for the new location and inhibit the development of a “positive possibilities” attitude. As stated previously, management needs to focus on reinforcing the belief that all their actions are intended to be in the best interests of the residents.

2.3.3.1.1.5 Absenteeism and Workplace “Sabotage”

Sick days off, absenteeism and obvious actions to sabotage workplace efforts, such as filing WCB claims for minor incidents not normally documented, are increasing in the ECU’s. This dysfunctional behaviour is symptomatic of a possible growing lack of trust of management by the staff and a perceived loss of control over their work environment. “Negotiating” strategy can take three avenues: a resort to power, a declaration of and insistence on “rights”, or arguments and discussions based on common interests. The employees’ perceived lack of influence over their working conditions and the workplace changes now unfolding and expressed in these actions are meant to be
statements or assertions of power. By addressing the issue head-on, enlisting the help of the unions and listening to what the underlying concerns are, managers may uncover some possible answers to these problems.

_We recommend increasing employee involvement in planning for the relocation, listening to employee concerns, and implementing their ideas when they are useful and practical to increase the sense of influence they feel and the control they have over the changes taking place._

2.3.3.2 SWOT – An Analysis of Strengths, Weaknesses, Opportunities and Threats

We are not aware of a thorough evaluation by the management team of the ECU’s capabilities through a SWOT analysis of the two units. While the managers are keenly aware of the capabilities and limitations of their units, there is value in objectively identifying and discussing the strengths and weaknesses of the units and comparing these to the perceived opportunities and threats facing the ECU’s. Discussing and documenting where strengths and opportunities overlap, and where weaknesses may amplify threats, can provide powerful insights and lay a foundation on which to formulate goals. The results can also generate priorities and urgency for action plans. We understand the tremendous time constraints faced by the managers, but we also believe there is value in occasionally breaking away from the daily routine to recharge the “mission” and develop strategies for change through a SWOT process. To this end we have organized our observations about the current situation and the capabilities of the two units into our own SWOT analysis, below. Our recommendations follow from this analysis.

**Strengths**

- Strong sense of commitment to residents
• Professional competencies of all staff
• Willingness of all professions to work together
• Sense of achievement from helping residents
• Desire for more involvement and participation in planning
• Many ideas for opportunities to improve services in new facility
• Management committees – RCOT and CCCC

Weaknesses

• Job security and privatisation concerns
• Distrust of senior management motives and values
• Perceived lack of information about relocation
• Lack of team or organizational identity
• Absenteeism
• Lack of union collaboration and involvement
• No general enthusiasm for the relocation

Opportunities

• To give meaning to the move by linking to improved resident care
• Improve communications – 2 ways
• To create NEW organization with new processes, procedures and improved service
• To increase the PI of staff to enhance teamwork, perception and trust of management and reduce anxiety over job changes
• “Neutral zone” creativity and innovation
• Build on successes, acknowledge completion of stages and progress
• Measure progress
• Create transition teams to integrate ECU’s

Threats

• Job security and privatisation issues
• “We vs. Them” syndrome
• Loss of top talent
• Speed and size of changes and transition
• Culture clashes between ECU’s
• Failure to meet strategic objectives
• Politics, power issues and lack of teamwork undermine commitment and increase absenteeism and workplace “sabotage”

_We strongly recommend that the managers and key personnel set aside time to honestly and frankly perform a SWOT analysis of the ECU’s._

2.3.3.3 Vision and Urgency

Urgency is the sense of a possible lost opportunity or pending disaster that is created when a vision of the future is contrasted to a picture of the current situation. The “burning platform” sense of urgency arises from a sense of pending disaster unless action is taken. The “pot of gold” sense of urgency is created when a picture is painted of an opportunity with a limited time window. We believe that the opportunity for relocation is largely of the “pot of gold” variety, though there is some perceived risk associated with the safety and well-being of the patients during the move. The role of the manager or leader of an organization is to paint a picture of the discrepancy between the current state and the future state with as much detail and fact as possible, appeal to the meaning of the work and create a sense of urgency in the stakeholders affected. Having all the answers is not only unnecessary; it is not effective in enlisting support for the enterprise from the staff. Involvement, participation and confidence in a process that will produce results, are three perceptions that will provide a sense of group capability and engender empowerment in the staff. We believe that a greater investment in painting a positive vision of the future, informed by the concerns of the staff and by the real dangers
involved but inspired by the mission, is required to energize the employees and act as a counterbalance to any rumour of privatisation, downsizing and layoffs.

_We recommend that a trusted senior executive provide a clear vision of the future, reinforce the importance of the ECUs’ mission and allay fears of privatisation and massive layoffs at this time._

2.3.4 Strategic Planning— (“Unfreezing” - Current State Visualizing Future)

2.3.4.1 Corporate or Organizational Strategy – Merger

The relocation of the two ECU’s entails a re-engineering of most processes and an adaptation to new facilities and a new merged organization. While the transition related to these changes can be seen as overwhelming, it can also be viewed as an opportune time to innovate and build new cohesion into the organization. Marks and Mirvis describe five different outcomes from attempted mergers each with incrementally better results:

1. Disasters
   - Loss of top talent
   - Systems not synchronized
   - Culture clashes
   - “Political vs. Productive” objectives
   - Failure to meet strategic and financial objectives

2. Lowest Common Denominator
   - Tradeoffs and choices based on “getting on with things” vs. careful transition management

3. Sum of the Parts
   - Lack of vision and motivation to reach best possible solution

4. Best of Both
   - Productive objectives take precedence over political
   - Systems chosen from old organizations on an equal basis
5. Breakthrough Combinations
   - Focus is on NEW systems and ways – best of both with changes and improvements
   - Clear measurable goals aligned with strategy and a culture of choosing what is best to get results
   - Transformational leadership

It is unlikely that the merging of Creekside and Alouette will result in a disaster scenario since there are already processes in place for combined decision-making and the managers are highly motivated to do what is best for the new organization as opposed to being “politically” motivated. However, the following dangers still exist:

   - losing top talent that will require a strategy for retention
   - culture clashes that will require joint decision making at all levels, and
   - there are no clear specific objectives against which to measure performance.

We believe the management team needs to give immediate attention to this latter risk.

2.3.4.2 Goals – MBO (SMART)

Translating a mission and a vision into a clear set of specific, measurable, achievable, realistic and timely (SMART) goals is the challenge of all managers. Without tangible goals that have meaning for the staff, the rhetoric around a new vision becomes mere talk and quickly creates an atmosphere of cynicism. Translating the “mission” into measurable performance targets at every level and for every employee is a key first step to improving organizational performance. Obtaining the commitment of the staff to those goals, following up by measuring performance and analysing how to improve, are further steps that all follow from the establishment of tangible goals. The resident survey provides a very valuable tool to help define specific performance goals.
By knowing what is important to the residents the staff, managers can then determine what measurable outcomes will serve as proxies for these targets and design systems to achieve these outcomes. It is important to translate these needs into measurable targets that can be tracked and thereby serve as a key indicators of performance on a regular basis. An example might be related to food service, where the goal will be to serve all meals within a certain period following preparation in order to preserve their freshness or heat.

*We strongly recommend that the managers and transition teams define clearly what their tangible objectives will be and how they will be measured prior to establishing new procedures and processes.*

Likewise, we believe that the managers can set measurable targets related to the move that addresses the concerns staff have with respect to client medications or health and well being, such as accidental falls. The managers can set clear targets and goals that can be monitored and measured such as tracking the number of resident falls or the number of mistakes in medication that occur prior to, during and following the move. Setting realistic targets related to the timing and speed of the move and minimizing disruption will need some creative thinking. The specific goals derived from the resident survey can be adjusted and fine tuned over time, but they form a very important role in not only goal setting, but in creating a sense of accomplishment and team identity when successes that can be objectively measured are achieved and celebrated.

*We strongly encourage the involvement of all employees or transition teams in the setting of targets related to the resident care survey results.*

We would also encourage the managers to be open and blunt about the costs surrounding absenteeism and frivolous WCB claims. The HR literature is consistent in
suggesting that absenteeism is a common reaction to the stress of change. Involvement and feeling some sense of control over the changes taking place should reduce absenteeism rates; however frank discussions with employees about why they need the time may also provide greater understanding. We will later be recommending a “transition monitoring team” (TMT) that could also provide insights into this behaviour.

_We recommended exploring with the union and the staff exactly what employee concerns are, the importance of meeting targeted attendance rates and why absenteeism is increasing is a first step toward finding a solution to the problem._

2.3.4.3 Structure and Culture – Post Merger

The planning committees (RTOC and CCCC) are pre-existing structures that work well, serve to set an example for other committees and will survive the merger following the relocation. Other roles and responsibilities and the post-merger organization chart will follow from the procedures, processes and reorganization planning undertaken by the transition committees. If some thought is given to the type of “culture” that best suits excellent resident care then the organization chart, job functions and procedures can be designed to support such a culture. From our survey we know that most employees would like more discretion over decisions in areas where they have training and competence. By delegating appropriately and allowing staff to have some “influence” over their jobs and work responsibilities, trust in management increases and job anxiety decreases. There exists, then, an opportunity to redefine supervisory responsibilities, assign duties according to training and professional capability and clearly choose the appropriate combination of autonomy or control based on resident needs. The current transition period is a good time to establish a new core culture to replace the older, negative, victim style culture that disempowers some staff.
We recommend that the managers reward innovative problem solving by assigning greater responsibilities, and acknowledging and recognizing the successes of the transition teams, thereby strengthening positive behaviour and isolating the negative.

2.3.5 Change Leadership – (Neutral Zone – Transition Management)

2.3.5.1 Communication

2.3.5.1.1 Mission, Vision and Urgency - Current – Transition – Future

A key aspect of every successful change initiative is an effective communication strategy. While employees readily admit their appreciation for the full disclosure and initial employee involvement in building designs and features, their sentiments in the interviews and the survey results reveal some degree of frustration and discontent towards management relating to many other issues. We previously recommended that a trusted senior RMH executive provide a clear statement of the “mission” and address staff concerns over privatisation and potential job losses.

We recommend creating a picture of the potential opportunities, a vision for improved resident care and communicating a desire to solicit innovative ideas from the staff to generate a sense of urgency for employees. It would also be helpful to make a statement of sympathy with the myriad changes and uncertainty that is bound to exist during the transition stage.

2.3.5.1.2 Strategy and Plans

To the extent that a sense of purpose and vision can be conveyed and it elicits a positive response from the staff then it is imperative to follow-up with the outline of a statement of the specific goals with supporting plans outlining how these goals will be achieved. This is currently missing from the project management scheme. Time deadlines, planning committees, issues to be tackled, and logistics of the move all need to be considered and laid out for all to see. By sharing this information, it will become
apparent, for example, that planning work shifts in the new location will need to wait until the end of the project after job processes, job configurations and teams have been considered by the transition teams. Staff will see that these things have not been forgotten nor are considered inconsequential but must be considered in sequence. We are not aware that the project management team has laid out a draft version of the major tasks through to the completion of the move in the charter document. Although such a plan will remain in flux through to the end of the project and is subject to constant adjustment, it does provide broad overview, a list of major tasks and timeframe from which to work. For example, by revealing when those important components of the job (Survey Q's 27 – 35) are to be discussed and designed, the staff will be reassured that issues important to them will ultimately be considered and not left to chance. Sharing the plan should also stimulate interest in becoming involved in the planning process.

*We recommend that the project management team plot out all the major phases of the project through to completion of the project and share these plans with the staff.*

2.3.5.1.3 Information Updates – Often

A key aspect of every successful organizational change effort is planning for, creating and emphasizing short-term wins. However, it does not appear that management at either of the ECU’s consciously celebrates successes. Employees have expressed their dissatisfaction with the lack of recognition for, and appreciation of, their efforts from management in both the survey and the interviews.

An example of some excellent teamwork recently involves the moving of the Special Care Unit to the Gardenview facility. The gradual transition from a poorly fitting facility to an optimally designed facility was a success with residents experiencing no
shock associated with the changed location. However, the successful employees’ efforts were not explicitly recognized or acknowledged at the time. Celebrating the achievement of short-term goals is critical to maintaining morale among employees, increasing their motivation for the change progress and helping form a team identity.

Communicating the decisions of the transition teams, success stories, milestones, achievements and a review of progress to date is important in building momentum, creating a sense of identity and building confidence that the organization has the capability to make progress and solve problems. Citing the success of the Gardenview staff on moving the Special Care Unit earlier in the year would be an example of acknowledging the teamwork and effort that goes into meeting goals. It reinforces the sense of group empowerment. Measuring progress by recognizing the completion of each stage of the plan as well as monitoring measures of performance during the transition period are important as objective measures of performance throughout the transition stage. Construct goals, measure them and convey the results on a regular basis.

We recommend that information updates on planning, progress to date, success stories, milestone, achievements and other issues related to the relocation be provided regularly and often.

2.3.5.2 Identify a Change Management Structure and Process

According to Marks and Mirvis (1998) and Bridges (2003), managers need to create temporary organization structures and procedures during the transition period for planning and problem solving during the process. Effectively identifying individuals to take leadership roles, and creating cross-functional teams to do this work is vital to surviving and maximizing the innovative opportunities that exist in the transition stage. It is a strength of the RMH transition management that the project steering committee is
extremely well organized and staffed. The managers have already created task groups or transition teams focused on specific aspects of the plan such as meals, bathing, transporting residents etc. whose mandate is to plan and oversee the changes to new processes, policies, and procedures.

An organization structure formally represented by the organization chart describes official power and reporting relationships. However, very often the dissemination of information, the path of influence, and the direction of trust does not follow these hierarchical lines. A trust network exists whereby employees will only go to certain other employees, supervisors, or managers to discuss problems or raise concerns. An information network is commonly known as ‘the grapevine,’ and exists between people seeking information. A technical network is one that exists between people seeking job related help or advice. Identifying these informal employee trust, information, and technical networks and managing them to the advantage of the organization such as counteracting the rumour mill is an important managerial task. (Richardson and Denton, 1996)

A number of staff noted during the interviews the presence of “big mouths” who command large employee audiences and can influence the thoughts and behaviours of other staff in the work units. Very often, a few individuals can have undue influence over an entire subculture in a work unit, and some staff admitted during their interviews that this was indeed the case where they worked. They could identify who these people were. They expressed concern that these ‘big mouths’ could influence the work climate and culture for better or for worse.
We recommend that influential people be identified and constructively managed, either through discipline or engagement. Positive influencers can be leveraged as employee 'champions,' who act as role models during difficult transitions such as this change initiative. Champions can be tasked to a number of different duties, such as facilitating task groups on building design, human resources planning, safety, or patient care. Those who model employee champions should be rewarded, even if only through verbal recognition by the managers.

Negative influencers need to be identified and made aware that their continued behaviour in promoting cynicism, ill will, and negativity could carry sanctions and that the costs will outweigh the benefits of their behaviour. These kinds of behaviours should be discouraged through the use of performance appraisals, and confronting the behaviour with verbal warnings. Team self-management can also be used to isolate these negative individuals from having influence by excluding them from transition teams if their behaviour is consistently counter-productive. Also, it is sometimes true that by listening to their concerns, adopting their useful ideas and making an effort to enlist their support these same "resistors" can become supporters.

Change management theory predicts a 20-60-20 rule of thumb that categorizes employees in most organizations as follows:

- 20% are resilient, generally supportive and enthusiastic about change,
- 60% are neutral will come around slowly over time once they have some idea how the change will affect them, and
- 20% are "resisters" by nature and generally negative towards any changes to their routines.

The top 20% represent the ECU's top talent. They are confident performers who will be studying the changes to the ECU's to determine whether they want to stay with the merged organization. Since retaining talent during after a merger is critical, Marks
and Mirvis (1998) recommend offering the top talent the opportunity to facilitate and lead transition teams, and creating opportunities for their career growth following the merger. By identifying those employees who are the resilient 20% and placing them among the transition teams, the managers will not only enlist their best performers in guiding the change, they will be ensuring that their involvement keeps them in the organization.

*We recommend that managers choose resilient employees to act as facilitators for transition teams, give them clear instructions about their mandates and provide guidance on how to facilitate discussions to create "new" solutions for the merged organization (avoiding "we vs. them").*

Bridges (2003) strongly recommends the creation of a transition monitoring team (TMT) whose sole purpose is to act as a conduit from the "rank and file" to the management team. The TMT keeps the management team informed of the rumours, concerns, feelings and opinions of the general staff. The TMT should be representative, but above all trusted by the employees as people who will share the true feelings of staff without compromising any individual or being too "cozy" with management. In turn, management can use this group to provide answers and feedback to staff about actual decisions, plans and their feelings during the transition period as a buffer to rumour mongering. This very valuable tool can be left intact throughout the transition well into the post-change "re-freezing" of the organization following the relocation and merger. (Bridges, 2003, p. 148 – 150, Appendix J).

*We strongly recommend the creation of a TMT to provide feedback to the project management team on transition issues.*
2.3.5.3 Building Stakeholder Commitment

Force field analysis is a method of identifying the pressures for and against change that exist in all organizations. In force field analysis the objective is to identify those forces driving for change and those forces resisting change, assess the strength and influence of these pressures and predict the position of stakeholders (those affected by the change) with respect to the proposed changes. Residents will represent a force for change on some issues (i.e. single rooms) but a tendency for resistance on other issues (retaining the same attendants as they currently have). The union may oppose changes to certain job descriptions but support training or other proposed changes to jobs. Employees will likewise be divided on what they support and what they do not at the outset. Disrupting the balance of these forces to engineer the change initiative is the goal of management. There are three possible approaches to managing these forces for change: increasing the drive for change (incentives, coercion), reducing resistance and converting the resistance to a drive for change. Transformational leadership focuses on the latter method by inviting and surfacing the resistance through participatory teamwork and principled transformational leadership by example (change the world by changing yourself).

The steering committee for the new facility started the planning process with a comprehensive stakeholders’ analysis. Major groups were identified:

- Internal: Senior management, Steering committee, ECU managers, OD Consultant, Unions: HAS, BCNU, HEU, BCGEU, ECU residents, ECU employees, and
- External: neighbourhood residents, families of ECU residents, Lark Corporation, other associated suppliers and companies working with the ECUs.

These stakeholders’ needs were determined and acted upon. For example, approval on building a new facility in the neighborhood was received first from the nearby residents. They were aware of the need to have an expanded medical acute care facility on the hospital premises because the room shortage at RMH had started to become a real problem for the patients. Hospital residents were interviewed and asked their opinion of the move to another building. Staff was also approached with similar questions.

To gain support from the employees a number of actions were taken early in the process all of which were intended to reduce resistance to the relocation:

- The staff was provided with the preliminary information about the upcoming change project in an attempt to reduce misunderstandings and quell rumours
- Staff meetings with Power Point presentations accompanied by Q & A sessions were held
- A few focus groups were employed to probe the idea of a new medical building development at RMH
- Facilitated conversations with other stakeholders impacted by the upcoming change were held to surface and address the hidden resistance issues such as the families of the employees

It helps managers to understand that all staff (including the managers) will pass through these stages with all the attendant emotional reactions – fear, anxiety, frustration, confusion. Effective change leaders recognize that only by investing in processes designed to overcome these obstacles will people and the organization finally accept, install, adopt, institutionalize and finally internalize the changes. A critical component of the acceptance phase is “letting go” of the past (Bridges, 2003). This will be particularly important to those employees who have worked in the ECU’s for a long time and may have limited options outside their current employment. Managers can be proactive in taking steps to encourage this “letting go” process. Participation by the staff in the planning and problem solving where objections can be aired openly and freely contributes to the “letting go” process and incrementally builds a vision of how the change will impact these employees as they move through the phases.
2.3.5.3.1 Managing the “Letting Go” Process

Helping people to let go of doing and thinking in the old ways is particularly challenging because the different work methods between the two ECUs have become a part of the unit members’ identities. According to our model above, the old methods have been “internalized” and employees need help in re-orienting and re-defining their identity in the new location. They need guidance and leadership in letting go of their old ways in order to allow them to accept reality and adjust their expectations of the future. This process of letting go is highly emotional. Logical explanations and simply exhorting people to simply get over it are not effective.

The following methods to help employees through the acceptance phase:

1. Address directly the losses in the open by identifying exactly what needs to be left behind, and outlining how their familiar roles, positions, shifts, salaries, promotions will likely be changed in the new care facility while expressing concern for everyone affected and listening to their worries. The research shows (Bridges, 2003) that people recover more quickly from losses that are openly discussed. Even if the details are not yet clear, it is still effective to admit that no more information is available at the moment, and provide a timetable for additional information. If information is not available later, we recommend that it is useful to communicate that fact openly to employees to show that the promise has not been forgotten.

2. Share true emotions constructively, even negative emotions, with staff and encourage them to express theirs. Suppressed emotions build a wall of misunderstanding between managers and employees and can lead to the symptoms discussed earlier decreasing motivation to perform their job. Reassuring employees that anxiety and disorientation is natural during transitions, and that the same emotions are shared, recognized and accepted, helps reduce the anxiety felt by staff. However, in
communicating understanding of the employees' situation, it is necessary to distinguish between acceptable feelings and unacceptable acting-out behavior.

3. Use the transition teams to mark the end of Alouette and Creekside as two separate units by creating and disseminating new rules for the merged Extended Care Unit. If the transition teams include representatives from both Alouette and Creekside and facilitators focus on the needs of the residents, the new facility and the resident survey to guide decision making, then gradually the new identity will take shape as the groups create new methods to deliver resident care. The process provides staff with a sense of control over their working conditions, engages them in the change and encourages their future commitment to the new procedures.

4. To facilitate the release of identity from the old ECU's a new identity needs to be forged by all staff and be omnipresent in the new building. Managers could encourage staff to submit ideas for a logo, list of values, mission statement, and a new extended ECU name. These symbols are important in constructing a new identity to "brand" the newly merged organization. The task of designing these symbols should be delegated to a coordinating committee and created with the consensus of staff members. Once created, the new identity should be widely used and promoted by managers and employee champions. The constant promotion of this "brand" itself will help all staff to let go of their old identity as Alouette or Creekside employees, and identify as members of a new organization within Ridge Meadows Hospital.

5. Celebrate the leaving of the old facilities. Plan activities like asking staff to put together a photo-album featuring the journey of each unit, have a ceremony and invite retired former employees, ask for descriptions of memorable occasions from the past, and look for newspaper clippings or other memorabilia to display at a closing ceremony. Honour the past for
what has been accomplished and the efforts of the staff and provide an opportunity for the staff to express their feelings about the past.

*We recommend that managers openly address the emotional losses of the staff related to the changes and encourage the constructive expression of these feelings by sharing their own feelings throughout the transition process. Use the transition teams to mark the end of the ties to the old ECU’s and build a common vision of work in the new facility. Take deliberate action to create or “brand” a new identity for the merged ECU by delegating this task to a committee. Finally, celebrate the success and traditions of the old ECU’s by honouring people, memories and the past.*

### 2.3.5.3.2 Participation – Employee Involvement and Input

It was our impression that the employees’ overall commitment to the change effort at the time of the interviews was quite low due to the lack of involvement of the employees in the decision making process. Transition teams had not yet been formed to deal with the job changes employees considered important according to the survey. Transition teams with trained facilitators whose mandate is to think ahead to the new building, plan the new procedures, job changes, policies and team configurations will serve to build commitment to the project. As ideas are exchanged and individual staff members contribute to solutions, they will begin to visualize how the changes will affect them individually. The perception of influence (PI) that we identified as a significant variable in our data is increased through participation, being heard and seeing the impact on decisions from contributions to the discussions. Understanding how issues and problems will be solved leads to a positive perception of the change initiative (and the process) and ultimately the adoption of “NEW” methods and procedures.

The transition teams will smooth the conversion to the new building since the staff is most knowledgeable about the day to day problems in their jobs. The teams are in the best position to offer improvements, efficiencies, ideas about creating a better
workplace and patient environment and deal efficiently with unforeseen events. Continued input not only increases their acceptance and ultimate commitment to the new systems as they evolve, but research has shown that continued influence (PI) increases job satisfaction, improves individual motivation and performance, facilitates a more productive organizational culture and improves labour-management relations. Our own survey reinforces that view. Research has also demonstrated that effective participation decreases absenteeism, sick leave, turnover, conflict, injuries, and overall costs. The overall culture and performance of the new extended care unit will be greatly improved if the practice of employee involvement in decision making is maintained. Hence, we believe that the ECU’s should retain at least some “transition” teams as permanent problem solving groups, in addition to the RTOC and CCCC, indefinitely into the future.

We recommend maintaining some transition teams as permanent committees to review practices, procedures and processes on an on-going basis in the spirit of “continuous improvement” after the relocation to the new building.

Employee involvement, as mentioned before, carries many positive benefits to both the current work environment and the future work environment. The ANOVA analysis already showed that higher levels of employee involvement resulted in better perceptions of managers, higher optimism, lower anxiety, greater cooperativeness, and better attitudes towards work.

There are many employees that may still choose to stay uninvolved, possibly out of cynicism, peer pressure, union coordination, or work/life balance issues such as children or time restrictions. We recommend that some employee participation forums and involvement groups be made mandatory for all employees unless serious scheduling
issues arise in the employee's life. Given the level of importance stressed by employees about privatization and HR planning issues, it is recommended that mandatory sessions take place as soon as possible regarding these issues, so that all employees receive the same message at the same time. In addition, it also advised that these forums increase their credibility through the use of high ranking Fraser Health directors, managers, or executive officers. Hopefully, those selected to deliver such messages on issues relating to privatization are highly respected individuals with no past histories of privatizing other facilities, such as the Burnaby Hospital ECU.

In addition, the act of holding a mandatory employee involvement forum may trigger further involvement behaviours in the future. At the very least, some employees will not pursue further involvement opportunities, but will be effectively stifled in ‘directing the subculture’ of opposition to this project because all employees will have received the same information in the mandatory session, and no longer listen to these ‘big mouths,’ as one interviewee noted. Rumours can then be managed at the employee level, whereas without the mandatory information sessions, employees in the dark but sitting on the fence would have had no one to listen to but someone voicing their opposition to this project.

_We recommend holding mandatory information and employee involvement forums periodically on important issues, such as privatization or HR planning, while making other forums voluntary._

2.3.5.3.3 **Union Collaboration**

Consistent with high employee involvement it is important to involve other important stakeholders that have significant influence with employees - their unions. The union has interests in the well-being, safety, and continued employment of its members,
as does RMH management, and managers can appeal to these interests as opposed to engaging in debates over rights or a struggle for power. Bringing the unions on board to assist in the change process will also send a strong signal to all employees to quell the rumour of privatization and relieve the tension of the dual commitment between their union and the Fraser Health Authority.

The research is very clear on the benefits of union collaboration. This strategy decreases labour-management conflict, allows for greater problem solving, increases performance, decreases unit costs, produces greater job satisfaction for employees, and results in better products and services than those companies with adversarial strategies (Webster, 1997).

As a stakeholder, the union also requires management across two dimensions: as a threat to the organization; and through its potential for cooperation in this change initiative (Savage, Nix, Whitehead, and Blair, 1991). For this change initiative, bringing the union on side moves them from being a ‘mixed blessing’ or ‘non-supportive’ stakeholder, to being a ‘supportive’ stakeholder as per their model. See Appendix I.

_We recommend that the unions be brought in as soon as possible to collaborate with management in an exercise of trust, problem solving, and mutual benefit._

### 2.3.5.4 Strategies to Counter Resistance and Increase Resilience and Synergy

#### 2.3.5.4.1 Promoting Functional Behaviour

According to Conner (1992) and Bridges (2003) the stress of coping with overwhelming change creates fear and anxiety that leads to dysfunctional behaviour diverting the attention of the staff away from providing quality service to the residents,
reducing productivity and interrupting creative problem solving. Irritability, distance or aloofness, preoccupation with their own issues, anger, absenteeism, apathy and even malicious behaviour are symptoms of the disorientation and confusion that can take hold unless efforts to communicate and involve staff are undertaken. These individual symptoms can thwart teamwork and ultimately impede the effectiveness of an entire organization. Returning to a fully functional organization requires that the root cause of the symptoms – the inability to assimilate the changes – be addressed directly. A clear statement of purpose and vision from senior management, improving communications, and increasing participation and involvement in the planning and decision-making, as previously discussed, are very important components in the overall plan to repair organizational functionality and build resilient individuals and teams. Other methods to ease the process of change and allow employees to assimilate the new ways include surfacing the resistance, managing the size and speed of the change, practicing appreciative inquiry, relating success stories and promoting synergy and teamwork.

2.3.5.4.2 Surfacing Resistance

Resilient individuals are those people who are positive, focused, flexible, organized, and proactive. They are confident of their ability to handle problems and change and they are empowered to take action within their sphere of responsibility. Individuals have different abilities to assimilate changes to their schedules, routines, responsibilities and roles. Some adapt quickly and others adapt more slowly, but everyone proceeds through similar emotional reactions. By accepting these differences, patiently working through employees' issues and listening to their concerns, managers can improve resilience improve, and find truly synergistic and creative solutions to
problems. Often the most positive and resilient individuals lose patience with those slower to adapt and thereby missing an opportunity to fine tune, amend and improve on original ideas. Indeed, it is by inviting criticism and encouraging discussion that constructive dialogue can take place and give rise to innovative ideas.

*We strongly recommend that managers, supervisors and facilitators practice clear leadership methods and consciously enhance skills such as active listening and conducting learning conversations.*

### 2.3.5.4.3 Size and Speed of Change Initiative

Relocating the ECU’s and merging their operations is a large, complex and ambitious task. The speed, complexity and size of this initiative have the potential to create enormous stress for the staff, the managers and the residents. In addition to transitioning staff and patients to a new building with a new layout and design, the hospital is also merging two separate and distinct Extended Care Units that have their own subcultures, permanent staff members, supervisors, and managers. To complicate matters further, the Extended Care Units will be spread vertically across three floors, whereas the two units are currently separated horizontally in different hospital wings and the new Eden care delivery model will be expanded.

On the employee side, staff from both Alouette and Creekside Manors will be mixed together in the new building. Since staff from both manors operate within distinct subcultures, carry their own operational methods, and have different staff mixes, the merging of staff between these two units will require, at the very least, a frictional transition period. Staff may have to adapt to new co-workers, new supervisors, and a new manager.
The staffing mix will likely also change. Currently, the two manors are dominated in numbers by Registered Care Aids. The ECU’s contain smaller numbers of Licensed Practical Nurses, Registered Nurses, Occupational Therapists, Activity Workers, and a Registered Care Coordinator to supervise daily operations while one manager oversees the operation of the each ECU. In the new building, the management structure, the staffing mix required between different job occupations, the personnel required on each floor or across floors, the team composition, or the shift placements have not yet been determined, although the building design is now largely complete. Many business processes will fundamentally change due to the installation of new building features, new services (i.e. food delivery), the floor structure, the room layout, and the reduced office facilities.

Essentially, the sheer scope of this change initiative opens the possibility that high employee resistance, high resident and family resistance, a difficult staff transition period after the move, and a scope that outstrips the resources of managers and the coordinating committee could jeopardize the success of this project.

One model for stakeholder resistance (Harvey and Brown, 2005) is presented below. In this model, reducing the apparent size and speed of the project to allow stakeholders to assimilate the changes at a more comfortable pace will reduce employee resistance to change. As a result, the attendant symptoms and dysfunctional behaviour will be minimised. We suggest that both the apparent size and speed of this project can be “slowed” by carefully managing it in phases. The project management team needs to break the relocation and merger down into a series of major tasks and sub-steps laid out over the life of the project. Doing so will create a sense of control and a slower pace by
allowing managers and transition teams to focus on manageable stages. By designing a comprehensive plan encompassing all aspects of the relocation through to completion problems can be isolated, delegated and solved at the appropriate time. Knowing that such a plan exists, seeing stages completed and steady progress towards the goal, staff will come to trust that there will be a time and place to deal with all issues.

Figure 2: Employee Resistance Model

We strongly recommend that the project management team sketch out a comprehensive plan in its major components through to the completion of the move and beyond, and share this information with the transition teams and all staff.

We also believe that it is important to plan a phased relocation at the time of the move. As a preliminary stage, staff whose floor and neighbourhood assignments are already determined could have open access to the building. Mock shift runs could be encouraged, equipment tested, rooms inspected, and various systems practiced in order to increase familiarity. Staff could have an opportunity to ask questions of the transition
team, the coordinating committee or those most knowledgeable in the functions and
details of its design.

Practice runs with a few volunteer patients could also be conducted, perhaps only
on the scale of one neighbourhood or less per floor. Staff shifts should be overlapped to
allow for observation of those staff already working and for informal training and
orientation. Encouraging experimentation in a low risk manner results in optimal
operations, minimal injuries due to unfamiliar surroundings, and smoother logistics.
(Trinkoff, Johantgen, Muntaner, and Le, 2005). Research has shown that casual staff are
more likely to be injured on the job than full time staff, and to cause more accidents than
full time staff (Guadalupe, 2003).

Such processes as food delivery, medical rounds, activities, and bathing can be
practiced by more staff than are necessary and in greater frequency then gradually
reduced until the normal level of staff are familiar with all operations. Thereafter, the
staff can move patients in gradually to adapt to the new building without serious shocks
in their workloads, allow shifts to adapt, gain confidence, manage their time better, and
orient themselves efficiently and effectively until all patients have been moved into the
building.

_We recommend a planned, phased move to the new building to test
procedures and allow time for staff to adapt to the new systems._

The planning should also allow budget contingencies for extra staff during the
transition period, and for at least a month after the move to the new building. Casual
employees will need to become especially familiar with the new facility, since these types
of employees are shown to produce the highest numbers of workplace injuries and
accidents. This could heighten in unfamiliar surroundings. Extra staff during and immediately after the transition will help facilitate orientation, on-the-job training, reduce patient shock and anxiety, allow for observation, experimentation, and feedback, and forge a new organizational culture and identity. Senior management has already shown commitments to pieces of this project outside the budget, and has claimed the money will be found regardless, so this is a priority that should also be pursued vigorously.

_We recommend that the management of the ECU’s plan and budget for extra staff during the relocation phase and for a month following._

### 2.3.5.4.4 Appreciative Inquiry and Problem Solving

Appreciative inquiry is a method of approaching problem solving that focuses on what the organization does well, and what its strengths are in order to build confidence in the staff that they are capable of meeting the challenges they face. It is instructive for facilitators of problem solving groups such as the transition teams to lead the group in a frank and honest discussion about what successes the group believes they have had, what they feel most proud of, and what they believe the strengths of the units are. Drawing conclusions and distilling the themes of these discussions should provide useful insights in how to proceed in designing new procedures in the new building. Encouraging creative brainstorming sessions prior to, and separate from, an evaluation of alternatives which use the resident survey as criteria, is useful in developing a “positive possibilities” climate throughout the discussions. Managers and leaders can play a critical role in modelling these attitudes and behaviours, and it is important that facilitators of the transition teams understand and practice an open and positive approach to these meetings. Focussing on developing “NEW” solutions while retaining the same values and
reinforcing the organizations strengths will build confidence, commitment and a sense of identity and teamwork.

*We strongly recommend that facilitators proceed with a positive approach such as appreciative inquiry in leading the transition teams as they analyse the issues related to the relocation.*

### 2.3.5.4.5 Success Stories

Managers and leaders can play a large role in helping develop positive attitudes, team identity and confidence by sharing successes with the staff. We earlier mentioned the success of the Gardenview unit in relocating the critical care patients. That success was a powerful exercise in building a team identity among those staff but has not been recognized and reinforced in a formal way by the managers. Our survey revealed that employees lacked a strong team identity. Sharing successes, drawing lessons to be learned to apply to the future, and relating these successes to the “meaning” or purpose of the organization is an example of how effective leaders appeal to values, build confidence and create team identity. There will be many other examples of teamwork, resident care successes and problem solving innovation that the managers can point to throughout the transition process. Combined with regular updates on the overall progress on the project plan, the updates sessions can become more than simple informational sessions, they can be used as opportunities to build a steady, growing sense of momentum as the project progresses.

*We recommend that the managers share success stories, recognize accomplishments, and demonstrate progress in the project during their information sessions.*
2.3.5.4.6 Promoting Synergy

Synergy refers to the ability to utilise differences to develop creative new solutions to problems. It requires commitment to a common goal, teamwork, appreciation of differences, respect for others and an ability to constructively deal with disagreement. Synergy represents the creation of value beyond the sum of the parts. Developing groups to form synergistic teams capable of dealing with change in a resilient manner (focused, organized, flexible, positive, and proactive) is the ultimate challenge of a manager. Our recommendations to define a clear purpose for the relocation, paint a vision of the possibilities and give meaning to the efforts of the staff is an important first step in uniting all the staff toward a common goal. Clearly defining the mandate and responsibility of each transition team and giving them the autonomy and the responsibility to make recommendations and decisions provides a foundation on which to build collaborative teamwork into the organization as a permanent feature.

Figure 3: Three Circles Model of Team Needs

![Three Circles Model of Team Needs](image)

Source: (Kass, 2004, p. 165)
There are numerous theories of teams we can apply but we will focus on a generalized version illustrated above. Very briefly, according to this theory the productivity of a group revolves around the flow and building of different types of need levels in the group. Teams proceed through cycles that revolve around activities related to meeting these various needs. Team needs relate to the maintenance of relationships within the group, task needs to the requirement to accomplish the task and individual needs to the desires of the individual members of the group. Highly productive teams are those that are able to balance all of these needs in an ebb and flow over time. High levels of trust, appreciation of diversity as a potential strength, open acknowledgement of differences of opinion, and a strong common commitment to the task-at-hand are characteristics of successful teams. Another related model suggests that individual needs have three important dimensions - intimacy (openness, vulnerability, creativity), influence (ideas are offered, listened to, respected) and inclusion (acceptance by the members). As teams perform, driven by their commitment to the task-at-hand, and they experience success, individual, team and task needs are met and the cycle becomes self-reinforcing. Managers can influence these cycles by creating a climate and culture that values, models and encourages their development. There are number of actions managers can take to help bring the organization together as a team, develop the “new” identity and promote synergy building:

1. As previously recommended:
   a. Reinforce the common purpose and vision of the ECU’s often.
   b. Work at repairing the trust relationships with the staff

2. Model clear leadership as outlined in the next section.

3. Negotiate from the basis of interests and look for integrative solutions and rely on rights (contract) or power (rank) as a last resort
4. Monitor and coach the supervisors and transition team facilitators to adopt a collaborative communication style and practice clear leadership methods. Offer to send them to, or run workshops on supervision, facilitation and communications.

5. Organize informal retreats or a “get to know you” gatherings to bring all the employees together in a relaxed atmosphere conducive to building new friendships and promoting interaction among the members. Ideally, these events could be professionally facilitated and will include a lot of ice breaking activities.

6. Reward individual as well as team effort and performance with recognition, responsibility and “perks” as allowed under the collective agreements while disciplining dysfunctional behaviour by confronting it openly, uncovering and isolating the issues.

We recommend that managers embrace the clear leadership style, negotiate from a perspective of common interests, coach supervisors and facilitators on collaborative leadership methods, organize pre-relocation gatherings to allow staff to meet, and reward effort and accomplishments with recognition and responsibility.

2.3.5.5 Leader’s Skills and Tools

2.3.5.5.1 Clear Leadership

Clear leadership skills are designed to establish trusting, honest relationships between individuals by being curious about their perceptions and experiences – observations, feelings, thoughts and desires – thereby subjecting our assumptions and “stories” to the test. While the focus is on establishing a relationship of truth telling, the objective of managers in using these techniques is to direct everyone’s energy constructively toward accomplishing the goals of the organization. These skills model for others how to problem solve and establish a culture of respect, honesty and trust. Managers need to be very self-aware of the impact that their actions have on those around them, be open to inviting others to express opinions, listening to others’ perspectives and skilful at separating the facts from their stories about others. Sharing their own experiences (observations, thoughts, feelings and needs) in a constructive manner sets a
standard of intimacy and trust that encourages others to do the same. In periods of high stress, such as the transition periods during the relocation to the new facility, these skills become vital not only for the staff around them, but also for the managers own psychological well being.

*We recommend that the managers continue to practice and model clear leadership skills and review on a daily basis their success with interactions and any “learning conversations” they may have had.*

2.3.5.2.5 Understand and Accept the Stages of Transition – Emotions

Conner (1992) outlines the stages of responses to change. He states that even positive responses to change entail strong emotion reactions that can damage relationships and become obstacles to productive activity. Someone looking forward to a change – he uses getting married as an example – begins the endeavour with high hopes or “uninformed optimism” (the honeymoon). Relatively early, as reality takes hold, disappointed expectations convert this to “informed pessimism”. With acceptance of the situation, this feeling turns into hopeful realism and finally with adjusted expectations – informed optimism. At each stage, there are significant emotional adjustments to be made.

With negatively perceived change the emotional range is even greater and the potential for dysfunctional behaviour more potent. The cycles follow a pattern of initial immobilization, denial, anger, bargaining, depression, testing and finally acceptance. Everyone who encounters change will experience these cycles, though resilient individuals will adapt more quickly and have a greater ability to assimilate changes. Each person adapts at their own rate.
Recognizing these emotional cycles and knowing that they are natural and unavoidable provides the basis on which to plan the implementation of change in the organization. By investing in change leadership up front, the ultimate implementation is smoother, quicker, and more efficient. Transition planning that involves the employees leads to better solutions.

_We recommend that the managers remain aware of these emotional cycles and model their own behaviour to encourage constructive expressions of these emotions._

2.3.5.5.3 _Know Your Limits_

Managers who are self-aware and measure their own behaviour by the impact it has on others will need to monitor their own resilience. Staying aware of their own feelings and being able to express these feelings constructively requires considerable effort and energy by the manager. The stress of planning and implementing the relocation while maintaining high standards of service to the residents will take its toll over the next year. Burnout and depression are physical symptoms of such a heavy workload and can deplete a manager’s energy and reduce their effectiveness. Delegation, prioritization, finding time to look at the lighter side of events in the organization and self-monitoring are all means towards maintaining the manager’s resilience. It is also critical to understand clearly what problems are in the power of the manager to solve and what are not. Budget limitations, authority limits, regulatory constraints and contract clauses all serve to restrict a manager’s choices. Knowing clearly who to involve and how to deal with problems not in their control, and even letting the problem go if necessary can be essential to retaining a positive attitude in the face of overwhelming change.
We recommend that the manager’s carefully monitor their own resilience levels and take time to maintain their own health and well-being through the process.

2.3.5.4 Transformational Leadership

Living the change that you want others to make and embracing the experience along with the staff is leadership by example. Four approaches to bringing about change can be applied depending upon the nature and size of the change required. Telling others what is needed is entirely effective and even expected during emergencies, training situations and routine events requiring quick action. However, forcing people to change based on one’s authority evokes strong negative reactions, increases resistance and engenders resentment over the long term. The lost potential from not tapping into the power of voluntary agreement and acceptance of personal responsibility is profound.

Participative decision-making requires extensive communication, active listening and mutual respect as previously discussed. It is creative, synergistic and productive. A fourth method of bringing about change is to appeal to principles, and values. It challenges norms and old patterns of doing things by emphasizing “moral reasoning” and letting that guide decisions and actions. This implies opening oneself up to change as well. This commitment to higher purpose and “self-sacrifice” has a powerfully inspiring effect on others and is at the source of a great many revolutionary social changes. There is a great opportunity to demonstrate transformational leadership at RMH in the relocation of the ECU’s based on our analysis of the deep commitment of the staff to serving the residents.

“...to develop transformational capability...we need to go inside ourselves and ask who we are, what we stand for, and what impact we really want to have. Within ourselves we find principle, purpose, and courage. There we find the capacity not only to withstand the pressures of the external
system but to actually transform the external system. We change the world by changing ourselves.” (Quinn et. al., 2003, p. 328)

2.3.5.6 Project Planning -Steering Committee – (Neutral Zone – Transition Mgt.)

The project management team is well organized, has the support of senior management and the resources to carry out its mandate. The overall project structure for this change initiative appears to be clear and effective: a plan of actions has been designed, deadlines established, task roles and responsibilities identified and divided among stakeholders and costs and resources accounted for.

In the project documents, a clear executive sponsor, sustaining sponsors and clinical teams were identified. A steering committee was created to direct and oversee the project progress with executive support, a full time coordinator, and various contributors with specialized skills including organizational development and project management, and management representatives from both care manors. The project committee has planned employee involvement with town hall style meetings, impromptu conversations, posted bulletins, distributed information, and the most recent creation of seven specific employee task groups or transition teams, each assigned to manage one specific piece of the overall project. The steering committee has held regular progress update meetings and the tracking reports completed and discussed.

Despite this optimal design, however, certain project aspects have been overlooked. The change project would benefit from identifying specific performance measures prior to the execution of the change strategy. Meaningful measures are essential to be able to define the current status of the project and what needs to be done to achieve the desired state. It is especially important when the main goal of this change project is to
improve the quality of residents’ care. This is a qualitative standard and difficult to measure directly. However, this can be overcome by developing realistic proxies to measure the achievement of specified goals. Performance can also be measured indirectly by conducting a statistical examination of the residents’, their families’ and employees’ responses.

We did not see a comprehensive project charter with specified deliverables, scope, timeline and detailed work plans identifying the sub-goals broken into tasks and corresponding time-lines applied to this change project. Availability of such a tool is critical in planning and organizing the work effectively, and communicating plans to the staff and reporting on progress.

*We recommend completion of a comprehensive charter with specific goals, action plans, timelines and sub goals that cover all the major components of the relocation. We also recommend that the project committee and transition teams develop meaningful performance measures for both the pre- and post-relocation periods.*

### 2.3.6 Aligned Performance – Strategic HR– (New Beginning)

#### 2.3.6.1 Enriching the workplace

The task groups or transition teams are developing procedures and systems designed to adapt to the new facility. The resulting new staffing configurations and job responsibilities will result in a new organization structure. During the transition phase, the managers can plan how to align HR policies in this new structure to change and reinforce a new culture. The Hackman and Oldman job characteristics model emphasizes the importance of skill variety, task identity, task significance, autonomy and feedback in providing job satisfaction and increasing employee commitment to the goals of the
organization. Our survey and interviews suggest that there was a desire for more autonomy and influence over the working environment by most of the RMH ECU staff. The survey also indicated how perception by an employee of having influence (PI) over their working conditions improved attitudes towards the managers, trust levels, teamwork, and reduced anxiety over job changes. This is consistent with the theory that people respond positively when three psychological characteristics are present in the work environment: meaningfulness, responsibility, and knowledge of results. By using new job responsibilities and accountability mechanisms to delegate decision-making and to revise supervisor’s roles through the systems changes, the managers could engineer structural changes that encourage more teamwork, autonomy and collaboration on the job within the limits determined by professional qualifications and medical requirements.

We strongly recommend that managers re-design work procedures and job configurations to maximise, subject to regulatory and professional constraints, the meaningfulness, responsibility and knowledge of results using job enrichment, enlargement, and rotation techniques and ergonomic principles.

2.3.6.2 New Structure

Human resources planning needs to take place as soon as information becomes available and prerequisite events allow. The determination of staffing levels, staffing mix, team composition, patient assignments, floor assignments, shift placements, management structures, and organizational designs all needs to be disclosed, even if tentative, in order to allay anxieties and increase commitment. Trust issues should not reappear provided the planning carries visible stamps such as, “Preliminary,” or “Draft,” or “Tentative.” Many staff expressed the need to know such information fully six months in advance, if not sooner.
2.3.6.3 Training and Development

The task groups or transition teams currently engaged in planning the procedures for providing resident care in the new facility are, in effect, performing the task of job design. Their mandate is to deliver resident care according to the preferences determined in the resident survey. They are constrained by the design of the new facility as well as the professional, technical and medical requirements of patient care. However, it is also an opportunity, as described above, to design the jobs to provide job enrichment, enlargement and ergonomic streamlining which can improve staff job satisfaction and motivation. The new jobs that emerge from the process will be different from those in the old units and will require new employee competencies (i.e. new equipment, new responsibilities) and behaviour (i.e. communication and team skills) which need to be identified. Marks and Mirvis (1998) recommend that managers consult with their top talent and high performers to give them more responsibility, training and development opportunities as a method of retaining them through the transition phase.

We recommend that managers and the transition teams identify training and development needs and make plans to train for the required competencies in the post-relocation beginning phase.

2.3.6.4 Performance Management

Performance management in the new facility begins by defining performance standards and devising a means of measuring results. Tracking tangible outcomes, such as medication errors, that act as proxies for service levels will increase accountability, build teamwork and provide objective criteria for individual and team performance appraisals. To the extent that rewards and compensation are discretionary under the collective agreements, they need to be adapted to the new job configurations. If there is
no flexibility for compensation, we believe that other methods of rewarding staff such as individual and team recognition, and support for career development should be provided to those who demonstrate extra efforts or superior performance.

*We strongly recommend the development of reliable, measurable performance indicators throughout the ECU's wherever possible and that managers reward individual and team performance with recognition and training and development opportunities.*

2.3.6.5 Absenteeism

Absenteeism and abuse of sick leave are serious problems currently plaguing the ECU's. According to the change management literature – Conner and Bridges – this is a predictable negative reaction to the changes imposed on the employees by the relocation and the perceived threat of job losses and privatisation. Our recommendations to deal with resistance including participation in the planning and decision-making, improved communications, and addressing the job security issues are designed to relieve the underlying causes of this behaviour. Managers can use the same principles to control absenteeism and turnover after the move. The HRM literature is rich with research showing that absenteeism and turnover are related to the following factors: job satisfaction, management support, participation, individual motivation, union collaboration (improved relations reduces absenteeism), co-worker support, job enrichment, job responsibility, flexibility, involvement and sick leave policy (accumulation).

Fraser Health provides a budget allotment for sick leave hours. According to current Fraser Health finance guidelines, any sick leave taken by unionized employees must be accounted for by the cost centre in which it occurred. In addition, backfilling a
Staff member on sick leave with a casual employee must also come out of the cost centre’s budget. Sick leave has skyrocketed to levels that not only exceed the fiscal budget but threaten funding for other priorities in the manors, most likely due to anxieties surrounding the issue of privatization.

According to most collective agreements at Fraser Health, an employee accumulates sick leave which they are ‘entitled’ to take whenever the need arises. Many employees often build up a surplus of sick leave credits. Since our introduction to this change project in May, sick leave has steadily increased right through until today. One interviewee even hinted that ‘the union was coordinating employees to use up their sick leave based on the belief their jobs were being contracted out anyway, and that they best use it while they can because it won’t be paid out when a layoff occurs.’

Our observations and interviews have revealed that there is currently little consequence to an employee taking sick leave. Often protected by their union and seniority many manor employees can take sick leave without doctors’ notes or timely and fair notification to their manager with no repercussions from any performance management system, or punishment of any sort. Chasing down abusers of paid sick leave is often a costly endeavour to which current Health Services Managers do not have time to expend.

It is beyond the scope of this report to design a plan to create a post-merger culture that will decrease absenteeism and employee turnover. However, our change management recommendations, designed to enlist staff commitment to the change initiative, continue to apply once the relocation is complete.
We strongly recommend that one or more transition teams be converted to permanent job design, problem-solving committees to provide staff with an avenue to influence decisions over their jobs, have input into service delivery and provide a forum for listening to employee concerns.

2.3.7 Building and Sustaining Resilient Teams—(New Beginning)

It is the ultimate goal of all managers to develop a resilient organization – flexible, proactive, positive, focused and organized. Team building models and studies of high performance teams (HPT’s) all stress that meeting individuals needs, recognizing and rewarding team efforts, fostering “membership”, and celebrating successes to create team identity are important elements in building and maintaining successful organizations. When an organization is focused on its mission through aligned goals and objective performance measures, and managers apply strategies to increase involvement and perceived influence then HPT’s can develop.

The ultimate level of team performance occurs when teams are capable of self-evaluation - examining and constructively critiquing their own behaviours, processes and culture to enhance performance. The Alouette, Creekside and Gardenview ECU’s have a unique opportunity to create just such an environment and culture. If the staff on the transition teams can foster a culture of positive problem-solving, experience some successes and build their confidence during a time of measurable change, then with effective management this culture can be preserved and carried forward as a permanent feature of the organization.

We recommend the adoption of the philosophy and application “continuous improvement” principles and the continued application of change management attitudes and methods into the future until they become institutionalized and internalized by the staff of the merged ECU.
2.4 Recommendations

2.4.1 Reinforce the Mission (Purpose) and Vision (Picture)

1. We recommend having a trusted senior manager, such as COO Kathy Kinloch, make a clear, strong statement in person to the employees:
   a. reinforcing the purpose for the move (the “mission”), and management’s commitment to the values of resident care supported by examples of how senior managers have made sacrifices, kept promises, or made financial commitments;
   b. firmly denying any plans to privatise the facility and acknowledging the need to maintain current care and staffing levels, to counterbalance the rumours now circulating;
   c. logically building arguments against privatization and for maintaining the new building as a direct cost centre of Fraser Health, such as the complexity of care and the size of the ECU’s;
   d. creating a picture, or “vision”, of the potential opportunities for improved resident care, to generate a sense of urgency for employees;
   e. communicating a desire to solicit innovative ideas from the staff, and
   f. expressing a statement of sympathy with the myriad changes and uncertainty that is bound to exist during the transition stage.

2. We further recommend fostering a constructive relationship with the union through face-to-face meetings to support these commitments.

2.4.2 Know Your Strengths and Opportunities

3. We strongly recommend that the managers and key personnel set aside time to honestly and frankly perform a SWOT analysis of the ECU’s.

2.4.3 Set Goals

4. We recommend the use of the resident survey as an objective tool to provide decision criteria when choosing between alternative methods of care.

5. We strongly recommend that the manager and transition teams define clearly what their tangible objectives will be and how they will be measured prior to establishing new procedures and processes.

2.4.4 Create a Change Management Structure

6. We recommend that managers form transition teams and:
a. use the transition teams to mark the end of the ties to the old ECU’s and build a common vision of work in the new facility;
b. choose resilient staff members as facilitators for the transition teams;
c. give the facilitators clear instructions about their mandates;
d. offer guidance on how to lead discussions to create “new” solutions for the merged organization (avoiding “we vs. them”), and
e. monitor and coach the facilitators of the transition teams in positive possibilities and appreciative inquiry methods.

7. We recommend the creation of two additional task groups:
   a. a committee or transition team to create or “brand” a new identity for the merged ECU, and
   b. a transition monitoring team (TMT).

2.4.5 Communicate

8. We recommend that the managers and supervisors make a conscious effort to repair and build trust being careful about making promises, offer to trust employees, express emotions constructively, practice reflective listening, request feedback, confront rumours and disclose all information.

9. We recommend that information updates on planning, progress to date, success stories, milestones, achievements and other issues related to the relocation be provided regularly and often.

2.4.6 Build Common Commitment

10. We recommend the encouragement of all employees to participate on the transition teams planning the relocation.

11. We recommend increasing employee involvement in the planning for the relocation, listening to employee concerns, and implementing their ideas when they are useful and practical to increase the sense of influence they feel and the control they have over the changes taking place.

12. We recommend that the managers reward innovative problem solving by assigning greater responsibilities, and acknowledging and recognizing the successes of the transition teams, thereby strengthening positive behaviour and isolating the negative.

13. We recommend that the managers:
   a. openly address the emotional losses of the staff related to the changes;
   b. encourage the constructive expression of these feelings by sharing their own feelings through the transition process;
c. celebrate the success and traditions of the old ECU's by honouring people, memories and the past;
d. use "branding" techniques to build a new identity for the merged ECU's in the new location;
e. organize pre-relocation gatherings to allow staff to meet, and
f. reward effort and accomplishments with recognition and responsibility.

14. We recommend that the unions be brought in as soon as possible to collaborate with management in an exercise of trust, problem solving, and mutual benefit.

2.4.7 Project Planning

15. We strongly recommend that the project steering committee:
   a. complete a comprehensive charter that covers all the major components of the relocation through to completion with specific goals, action plans, timelines and sub goals;
   b. publicly display and share this information with the transition teams and all staff;
   c. develop meaningful performance measures for both the pre and post relocation periods with the transition teams;
   d. plan to phase in the move to the new building to allow time to test procedures, and for staff to adapt to the new systems;
   e. budget for extra staffing during the move;
   f. use Appreciative Inquiry to study in detail the last Gardenview move and apply lessons learned to the upcoming transition to the new building; and
   g. update staff or publicly display any new information or plans that have been drawn up.

2.4.8 Building and Sustaining a Resilient Organization

16. We recommend the adoption of the philosophy and application "continuous improvement" principles and the on-going application of change management attitudes and methods into the future until they become institutionalized and internalized by the staff of the merged ECU.

17. We strongly recommend that managers re-design work procedures and job configurations to maximise, subject to regulatory and professional constraints, the meaningfulness, responsibility and knowledge of results using job enrichment, enlargement, and rotation techniques and ergonomic principles.
18. We recommend maintaining some transition teams after the relocation to the new building as permanent committees to:

a. review practices, procedures, processes, and job design on an on-going basis in the spirit of “continuous improvement”;

b. provide staff with an avenue to influence decisions over their jobs and have input into service delivery, and

c. provide a forum for listening to employee concerns.

19. We recommend that managers coach supervisors and facilitators on collaborative leadership methods.

20. We recommend that managers and the transition teams identify training and development needs and make plans to train for the required competencies in the post-relocation beginning phase.

21. We strongly recommend the development of reliable, measurable performance indicators throughout the ECU’s wherever possible and that managers reward individual and team performance with recognition, training and development opportunities or compensation as allowed under the collective agreements.

22. To reduce sick leave usage, we recommend a multi-pronged approach:

a. Meet with the unions with high ranking Fraser Health directors or the COO, and explain the current situation with respect to the privatization issue, rumoured union coordination of employee sick leave, and current budget restraints;

b. Create a ‘cost’ to the behaviour of abusing sick leave, charting historic individual sick leave usage and identifying ‘problem’ employees. These employees should be approached with these charts and explanations demanded. Discipline should be used more frequently in accordance with the collective agreements;

c. Use Fraser Health’s HR consultants to help interpret the collective agreements and map out the courses of action that can be taken to discipline exceptionally problematic employees.

d. Publicly display sick leave usage, budgeted sick leave allotment, and map out a ‘consequence’ to collective sick leave levels among departments or wings;

e. Investigate options to allow teams, wings, or manors to ‘self manage’ sick leave in some capacity, either through benefits to reduced sick leave usage in a fiscal year (i.e. with more FTE’s for Activity Workers or other staff), or consequences for overused sick leave (i.e. reduced FTE’s for the manor in some job).
2.4.9 Manager's Self-Awareness and Self-Management

23. We recommend that the managers remain aware of and understand the emotional cycles during the transition period and model their own behaviour to encourage constructive expressions of these emotions always negotiating from a perspective of common interests.

24. We recommend that the managers continue to practice and model clear leadership skills and reflect on the effectiveness of their interactions, conversations and actions in order to consciously enhance their active listening skills and ability to conduct learning conversations.

25. We recommend that the managers carefully monitor their own resilience levels and take time to maintain their own health and well-being through the process.

26. Finally, we recommend that the managers consider their own capacity for change; their willingness to develop transformational leadership capability to withstand the pressures of the external system and transform it by:

   a. asking who they are, what they stand for, what impact they really want to have;
   
   b. finding principle, purpose, courage, and
   
   c. ultimately changing themselves and thereby changing the world.

(Quinn et. al., 2003, p. 328)
3 MANAGING MERGERS: THEORY AND PRACTICE

3.1 Introduction

The literature on mergers is consistent in its assessment that the majority of corporate mergers and acquisitions fail to meet their objectives. Merger outcomes range on a scale from disasters, lowest common denominator, a sum of the parts, and best of both through to transformational breakthrough combinations. (Marks and Mirvis, 1998) Estimates of the actual percentage of combinations that under perform expectations and never achieve even “best of both” results range from 50% to 83% (Cartwright, 2005; Krell, 2001; Marks and Mirvis, 1998; Schmidt, 2002) and some studies claim that most mergers may actually “destroy rather than enhance corporate value”. (Cartwright, 2005; Schmidt, 2002). While strategic and financial factors play a significant role in determining the success or failure of corporate combinations, “human factors” such as “management attitudes, cultural differences, and lack of post-acquisition integration planning” are most commonly cited as reasons for many failures. (Cartwright, 2005; Harper and Cormeraie, 1995; Krell, 2001; Marks and Mirvis, 1998)

Mergers are a specialized form of change initiative. The size and scope of such change initiatives offer tremendous potential for creating value through the development of new systems, the design of a new organization, the cultivation of a new culture and the hiring of new people. However, the sheer magnitude of the change means that potential risks are also very large. The urgency and the high profile of this type of change initiative often cause senior management to push hard for completion causing “merger
stress” evidenced by such symptoms as culture clash, employee turnover and burnout. These dysfunctional side effects can destroy the very potential for value creation that was the original intent of the combination. (Marks and Mirvis, 1998, Cartwright, 2005)

Methods of managing mergers matter and there is evidence to support the claim that cultural differences can be minimized if managers take time to create a “positive atmosphere” prior to the combination. (Chatterjee et al., 1992) If managers show more patience for “the human factors”, engage in intense, continuous two-way communication with staff and use a clear sense of priorities to phase in the changes required, they can effectively reduce “the size, speed and timing of the change” and increase the likelihood of merger success. (Cartwright, 2005; Conner, 1992; Krell, 2001; Marks and Mirvis, 1998; Schmidt, 2002).

Consistent with Kurt Lewin’s model of “unfreezing, changing and refreezing”, and Bridges’ model of “letting go, transition and beginning new”, the merger literature refers to “pre-combination, combination and post-combination” phases of an amalgamation. (Marks and Mirvis, 1998; Cartwright, 2005) In this chapter, I will organize the discussion into the three phases of a combination and examine the human factors influencing merger success, as well as the causes of merger failure cited in the merger literature. I will compare our experience and observations from Ridge Meadows Hospital (RMH) to what the literature would predict.
3.2 General Principles and Issues in Merging Organizations

3.2.1 Pre-Combination Success Factors

3.2.1.1 Strategic Reasons for Merging

Many mergers and acquisitions fail because the motives for merging or acquiring another organization are "non-value maximizing" reasons such as managerial prestige or market confidence and generate no financial synergies. (Cartwright, 2005) The value maximizing strategic reasons for acquiring another firm or merging two organizations include market expansion and consolidation, vertical integration, access to technological or managerial expertise, economies of scale and operational efficiencies. (Marks and Mirvis, 1998; Schmidt, 2002) The non-profit sector operates under different constraints and with different pressures than the for-profit sector and there are critical differences in how non-profits manage mergers (La Piana and Hayes, 2005):

1. Market related factors are the major economic factors driving for-profit organizations to merge. These do not exist for non-profits. While "advancing the mission" of a non-profit may be critical, the economic stimulus for most non-profit mergers is related to cost savings through increased scale, efficiency and reduced overheads.

2. Non-profit mergers are generally treated as a "merger of equals" even where there are marked differences in the size of the merging organizations.

3. The process of merging is generally collaborative in nature.

4. Non-profits have many more diverse stakeholders to manage such as donors, members, funders, volunteers, the local community, and government decision makers.

5. Non-profits have far fewer resources to devote to the integration process.

6. Non-profit mergers typically do not result in staff layoffs because the organizations are already understaffed.

7. The process of eliminating surplus board positions will be quite different than that of for-profit organizations with shareholders.
However, “[m]any best practices in the for-profit sector’s integration phase can be adapted to the non-profit sector. The success factors and challenges are similar in both sectors.” (La Piana and Hayes, 2005, p.13; Magel, 1999, p. 27)

The intense pressure of rising health care costs in the UK has forced hospitals into trying to balance the competing demands of:

- Patient needs and government policy
- Public service tradition and private sector imperatives
- Professional vs. management interests
- Local political forces

(Shield et al., 2002, p. 360)

In the US, UK and Canada, hospitals have responded to these pressures by consolidating and merging with other hospitals and joining larger health care systems. (Armstrong-Stassen et al., 2001; Fink, 1988; Greenglass and Burke, 2002; Shield et al., 2002) Unlike other non-profit organizations the motivation has been to reduce costs by achieving economies of scale and efficiencies in operations. However, the resulting organizations show mixed results in terms of efficiencies from economies. (Magel, 1999, p. 26) Merged hospitals were shown to have lower marginal costs in the expensive categories of care – acute and intensive care – but higher costs in providing sub-acute and outpatient visits (Sinay and Campbell, 1995) while other studies have shown significant cost reductions from consolidation 2 – 4 years after merging as a result of better capacity utilization when operations are fully integrated. (Dranove and Lindrooth, 2003; Sinay, 1998)

M&A activity in the health care sector in the US has been considerable in the 1990’s. The impact of this activity on prices, costs and quality of care has been subject to considerable
debate and investigation in the US. Where hospitals rely on “Medicare” or fixed price
reimbursements (such as in the UK and Canada) “hospitals may attempt to lower quality
in order to maximize profits” by attempting to increase efficiency. Actions to increase
efficiency could include: “reductions in nursing staff, a shift towards employment of
lower-paid employees, and reductions in expenditures on hospital supplies” resulting in
lower quality patient care. (Ho and Hamilton, 2000, p. 768) In the health care sector it is
common for mergers to result in restructuring, downsizing and the “delayering” of
management as hospitals struggle for greater efficiency. (Fink, 1988) In the UK
“politically driven, ‘top down’ reforms have transformed public sector organizations
through the way they are managed... by adopting private sector concepts and practices
and the] development of a ‘management of change’ culture...Despite these changes,
those involved in the Health Service remain as committed as ever to the ethos of public
service provision.” (Shield et al., 2002, p. 358) “[F]inancial cutbacks in public funding to
the Canadian healthcare system have resulted in widespread bed closures and significant
staff reductions through widespread downsizing and restructuring with hospitals.”
(Greenglass and Burke, 2002, p. 90) However, cost cutting is the most difficult form of
synergy to take advantage of because there is no value creation from a service,
technology or product perspective (Marks and Mirvis, 1998) and anxiety over job losses
is often transformed into anger over increased workload - post-merger - for many
employees. (Cartwright, 2005) Hospitals in the UK that have undergone restructuring,
downsizing and mergers have experienced a breakdown of the traditional “psychological
contract” that existed between employee and employer resulting in many symptoms of
“merger stress” that ‘drive down staff participation, satisfaction and motivation. (Shield
et al., 2002, p. 363) and employee turnover, absenteeism, stress and related illnesses are relatively high in the UK health system. (Shield et al., 2002, p.358) Economic theory predicts that in markets where consolidation is occurring wages will be driven downwards due to reduced competition for workers, but that where wages are “sticky”, as in highly unionized industries, “increases in market power increase the effort demanded of employees but have ambiguous effects on the wage.” Survey results of nurses in California showed “hostility...toward hospital takeovers and large chains [because] they associate takeovers with increases in workload rather than with reductions in wages.” (Carrie et al., 2005, p. 472) A study of the impact on the quality of patient care in California hospital mergers in the 1990’s found “robust” statistical support for the detrimental effect of mergers on the quality of care, particularly with Medicare patients and in markets where hospital care was “highly concentrated”. (Ho and Hamilton, 2000, p. 784, 787)

The BC health care system is undergoing a consolidation into large regional administrative areas in order to reduce costs. However, the strategic reasons for the merger of Alouette and Creekside extended care units (ECU’s) in Ridge Meadows Hospital (RMH) were not motivated by cost reductions. The hospital was under pressure to expand its acute care services and had contracted with private developers to purchase land owned by the hospital, construct and then lease back new facilities for the ECU’s. The money raised would be used to finance the expansion of the needed acute care units. There was no intention to reduce ECU services or staffing. However, the managers did see an opportunity to change the existing culture and improve the customer care model in the new facilities through more privacy, beautification, a reorganization of duties,
application of the “Eden Philosophy” and by addressing areas of need identified in the 2004 customer care survey. The managers were optimistic (Cox, et al., 2005) that these “value creation” opportunities could be implemented upon moving into the new facilities. This is consistent with “advancing the mission” in terms of improved resident care.

We found that the staff did not universally share these optimistic views. Despite very strong feelings of commitment to the patients, consistent with the studies of California nurses RMH staff were universally very concerned about job security and workload issues. Also prevalent but not universal was a lack of trust in senior management. This lack of trust was associated with stories told by relocated staff of downsizing in other areas of the healthcare system and negotiations with the Ministry of Health in 2004 that resulted in a wage reduction for many employees. These reactions are consistent with a weakening of the “psychological contract” and reduction in perceived organizational support (POS) cited in the literature.

3.2.1.2 Leadership

Developing a clear rationale for a merger with a focus on external or market value creation is the role of leadership in the pre-combination or planning stage. (Krell, 2001) A sense of mission or purpose, a vision of the future, and a strategy including the necessary broad organizational and cultural design to get there, are the elements of successful merger plans. (Marks and Mirvis, 1998) This is consistent with Bridge’s (2003) 4P’s of leadership – purpose, picture, plans and part (role). Converting a strategy into tangible plans supported by specific, measurable goals and targets for each function translates the grand vision into “critical success factors” that are used by transition teams to guide their decision making during the combination phase of a merger. (Marks and
Senior executives and the board should be involved in the pre-merger planning and work out in advance the governance and management issues such as the role of each CEO and key senior executives. (Marks and Mirvis, 1998; Worrell, 2003)

The implementation of a client service model in a New Jersey hospital (Kirby, 2005) that successfully improved patient care emphasized the following factors:

- Clear specific measurable goals
- Clear description of the components of the “cultural initiative”
- Thorough “due diligence” of issues and problems
- Importance of creating awareness and “line of sight” linking behaviour changes, achievement of goals and mission both for managers and employees
- Involvement of line managers in the training of staff and implementation of service improvements
- Application of the fundamentals of strategic HRM
- Power of involving the positive, resilient staff early (20/60/20 rule)
- Impact of objectively measured targets and timely feedback on results
- Vital importance of involving of leaders in the planning, design, persistent monitoring and reinforcement of the plan

Consistent with the literature for non-profit ventures RMH had engaged in extensive stakeholder discussions with community interest groups early in the planning phase. However, in contrast to the recommended visibility and involvement of senior executives at the planning stage, at RMH senior executives had relied on the managers of the manors to develop most of the merging planning. While there was evidence of senior executive commitment to the project such as:

- the concept of sale leaseback to build the new facility had originated at the senior executive levels,
• operating budget money was allocated to cover additional costs anticipated from recommended but out of budget capital improvements, and
• senior management had agreed to provide corporate support services in the form of an OD consultant and specialized project managers.

However, senior management had not performed a SWOT analysis nor had they developed critical success factors by department or unit consistent with overall strategic objectives. Also, despite statements by the managers that the culture in the manors needed to change, no desired culture had been explicitly defined for the newly merged organization nor modelled in a visible fashion by senior administrators. We believe that the lack of senior executive involvement at the planning stage points to an assumption that linking the relocation plans to the mission of the hospital and conveying that message to the staff is not important. In our interviews and surveys we uncovered a lack of trust in senior management by the staff and a lack of consensus on whether the new facility would be better for the patients. These perceptions are consistent with what the literature would predict when there is a need for leadership to provide a line of sight between plans and mission, and there are low levels of "perceived organizational support" or caring by senior managers.

3.2.1.3 Due Diligence

Thorough due diligence of the "pre-existing organizational characteristics" by the combining organizations with regard to strategic fit, market related practices, culture, managerial style and operating processes is often overlooked in the enthusiasm for a deal. Although much has been written about the importance of "cultural compatibility, organizational resistance, and acculturation processes" in determining the success of
combinations, there are “no instruments which have been specifically designed to assess cultural compatibility in the context of M&A’s”. In addition, there is little research which has directly linked “cultural elements to performance outcomes”. (Cartwright, 2005, p. 10) It is not surprising then to find that the “psychological aspects” or human factors are most commonly ignored in the due diligence process leading up to a merger. (Cartwright, 2005; Marks and Mirvis, 1998; Schmidt, 2002)

We would not expect the merger of two internal departments in the same organization to require much, if any, due diligence by the managers of the units. We would expect that there would be extensive common knowledge of the operations of both units. In the case of the merger of Alouette and Creekside ECU’s even less would be expected due to the very close proximity and the combined management that currently exists. The units share an existing management structure in the form of two working groups – the RCOT or Resident Care Operations Team and the CCCC or Client Care Coordinating Committee. These groups consist of the two unit managers, shift supervisors and specialized professionals who meet weekly to discuss and find solutions to problems dealing with client care, clinical treatments, systems and processes. The existing shared knowledge of processes and systems is significant. By engaging the SFU team to investigate the psychological preparedness of the units for a change, the managers are showing an awareness of the need to inform themselves of the concerns and attitudes of the staff prior to designing a management plan to merge.
3.2.2 Success Factors during Combination

3.2.2.1 Leadership

"Creating dissatisfaction with the status quo and a sense of urgency for change are two basic principles of change management." (Marks and Mirvis, 1998, p. 186)

There appears to be consensus in the merger literature that effective change leadership is a vital component of successful combinations. According to Conner (1992), leading change is a matter of managing the perceptions of employees and allowing them enough time to adapt to the changes. Resilient staff adapt quickly to the changes while those who are slower to adapt will resist changes until they understand and can exert some control over the changes affecting them. Commitment to change grows over time as employees:

- begin to understand how the opportunity benefits them,
- perceive that they have the ability to achieve success and influence outcomes,
- sense a shared purpose and interdependence with other staff, and
- perceive the benefits as greater than the risks and costs of attaining their goals.

The leader's job is to catalyze and accelerate this process.

Marks and Mirvis (1998) distinguish between change and transition by differentiating between change that is known and that which has an uncertain outcome. Bridges (2003) distinguishes change and transition by saying that transition represents the psychological impact of change on people in an organization. It is the human factor in change. We can then define "transition leadership" as the ability to lead people to take
advantage of opportunities with uncertain and risky outcomes. The elements of transition leadership are described in a variety of ways:

- Inspire, Inform, Involve and provide Insight - 4 I’s (Marks and Mirvis, 1998)
- Build Discipline, Support, Stretch Goals, and Trust (Ghoshal and Bartlett, 2000)
- Communicate Purpose, Picture, Plan, Part (Role) - 4 P’s (Bridges, 2003)
- Be Visible and Strategic (Krell, 2001)
- Modelling change: vision, self-awareness, personal transition (Quinn et al., 2003; Harper and Cormeraie, 1995; Richardson and Denton, 1996)

Transformational leaders are those who adapt and model the behaviour themselves that reflects the values of the new required culture. They will provide a powerful example for middle managers and employees to begin the process of acculturation. (Marks and Mirvis, 1998) “Transformational leadership is also recognized as a principal determinant of trust [in an organization]” (Ferres et al., 2005, p.80) and levels of trust in public sector management are not high.” (Ferres et al., 2005, p.79)

Based on our interviews and observations, the senior administrators at RMH had played a very minor role in the relocation and merger process. The lack of a strong connection and involvement of top level leadership to the project will create a lack of trust and our interviews and surveys confirmed this. There was almost no visibility of senior levels of management on the units, little communication and staff had never been addressed in a face to face meeting about the purpose and vision of the future. No expression of empathy, understanding of the uncertainties, or trust in the abilities of the employees had been directly forthcoming from the senior management. Predictable
reactions to low levels of "perceived organization support" were uncovered in our interviews and surveys which we examine in our discussion of merger stress.

3.2.2.1 Communications

"...extensive and realistic communication can significantly reduce resistance to change, influence the adoption of new practices and cultures, dispel rumours and minimize uncertainty and employee stress." (Cartwright, 2005, p. 21)

The need for timely, intense, continuous 2-way communication between leaders and their staff through all three phases of a combination is critical to successful mergers. (Cartwright, 2005; Dempsey and McKevitt, 2001; Fink, 1988; Krell, 2001; Marks and Mirvis, 1998; Richardson and Denton, 1996; Schmidt, 2002; and Worrell, 2003)

"Characteristically, employees involved in M&A's report dissatisfaction with the amount of communication they receive" (Cartwright, 2005, p. 21) The goal of communicating to the employees is two-fold; to provide impetus, direction and discipline and also to provide support and encouragement in order to build trust. It is most effective to convey important messages with "rich" or intense methods of communication such as face-to-face meetings while routine communications can be sent via "lean" methods such as newsletters or memos. (Richardson and Denton, 1996) Hearing the announcement of the merger plans directly from senior management within the organization increases trust in future communications. (Dempsey and McKevitt, 2001)

Effective communication begins with the psychological preparation for a change initiative by a clear statement of purpose. (Marks and Mirvis, 1998) Communicating a clear mission or purpose reinforces the shared goal and interdependence of all employees and managers, and rekindles an emotional commitment to the organization – the
inspiration. "Selling the problem" by creating a vision of the future in contrast to the "painful" current state generates a sense of urgency that propels the employees and the organization forward. (Conner, 1992; Bridges, 2003) Explaining the overall strategic goals and the critical success factors by function or department, grounds the planning in terms of tangible targets for middle managers and staff. "Sober selling" means clearly defining anticipated changes, providing insight into the issues, hardships and obstacles accompanying transitions while showing an understanding and empathy for the challenges ahead. Such straight talk begins to address employee resistance issues by communicating awareness by senior management of what the staff will experience. (Conner, 1992; Bridges, 2003) Other communications promoting the principles and values of collaboration and providing guidelines to find innovative approaches to problems sets the stage for the development of the desired culture to avoid "culture clash" or an "Us vs. Them" attitude. (Marks and Mirvis, 1998)

"Trust relates to the confident positive expectations that an individual has about the motives of another in regard to situations involving risk. Trust is at the core of successful relationships and an antecedent of cooperation." (Cartwright, 2005, p. 22)

In Schutz's model of group development (Kass, 2004, p. 164), openness represents the final stage of team development where a "new level of trust and openness releases the group's creative functional resources and unique abilities, paying the way for productive problem solving." Many studies of combinations link trust in management directly to the effectiveness and honesty of management communication efforts. (Cartwright, 2005; Conner, 1992; Krell, 2001; Marks and Mirvis, 1998; and Richardson and Denton, 1996) The essence of creating trust is the development of an "open
environment” where employees feel comfortable airing their concerns and “telling truth to power”. Different methods of listening to employee concerns include telephone hotlines, regular face to face meetings, or simply “being available” informally. A successful manager training program using transactional analysis to improve communications was found to increase employee and manager trust. (Harper and Coimeraie, 1995) If management engages in “sober selling”, by telling the truth and candidly disclosing bad news, it will develop employees’ “perceptions of honesty and trustworthiness of the organization”. (Cartwright, 2005, p.22) and “shocking information is better delivered face to face.” (Dempsey and McKeivitt, 2001, p. 9)

“[T]he symbolic value of such communications may be as important as their actual content. Organizations that communicate caring and concern to employees, whatever the communication’s informational content, may be able to expect increased employee commitment.” (Schweiger and Denisi, 1991, p. 110)

A study of 27 M&A transactions in Greece found a significant positive correlation between the independent variables - frequency and usefulness of communications, and employee relations - and the dependent variable - trust in management. (Cartwright, 2005, p. 22) Open communication between employees and management was found to be a “major contributor” to improving and maintaining employee morale, promoting shared values and overcoming cultural barriers. (Cartwright, 2005, p. 22) Employees will fill in gaps in communications with their own rumours so it is important to discuss what is not known and always be honest in order to increase the credibility of the communications. (Davy et al., 1989) It is important to devote enough resources and management time to a planned communications strategy. Despite communications assuring staff protection measures during a merger of trade unions, there was tremendous uncertainty and concern
about severance issues because a lack of resources and time lead to piecemeal communications from senior management. (Dempsey and McKevitt, 2001) Trust, perceptions of organizational support, and procedural fairness were found to be empirically linked to organizational citizen behaviour (OCB) and affective employee commitment in a study of two Australian hospitals. (Ferres et.al, 2005) A study of a Swedish hospital merger found that “lack of trust in management was a significant predictor of employee commitment and involvement”. (Cartwright, 2005, p. 23) A longitudinal study of two plants each entering into a merger but with different communication strategies one very “rich” and one almost non-existent, found measurable and significant differences in trust, perceptions of management and employee commitment. (Schweiger and Denisi, 1991)

A program of communication that encompasses the following actions will go a long way to ensuring the success of any organizational change initiative:

1. Wholehearted and visible support from the leadership
2. Provide as much information as early as possible about what is known and be open about what is not known
3. Communicate throughout the entire change initiative
4. Use “rich” methods of communication
5. Use supervisors, middle managers and informal networks to cascade the information
6. Engage in open discussions of emotional issues – content is less important than the effort
7. Involve employees in the change process and decisions as much as possible
8. Use formal communications to monitor progress and direct information
9. Be consistent in word and deed

(Richardson and Denton, 1996, p. 212)
Employees universally expressed dissatisfaction with the amount and content of communication they had received about the relocation. It surprised the managers to learn that the employees were demanding to know details about their jobs that had not yet been addressed in the planning. The ECU managers were careful to convey what they knew at weekly update sessions, but they did not address the issue of discussing what was not yet known and when it would be known. With no supporting statement from a senior manager “selling the problem”, showing empathy for the uncertainty and outlining critical success factors for the units, the unit managers were left with the job of attempting to motivate staff who were distrustful of the organization. We found that employees respected their unit managers, but did not believe universally that the move would be good for the residents. In addition there had been no real opportunity for the staff to “vent” their feelings in open discussions of emotional issues with managers or senior administrators. Time pressure on managers and senior administrators was intense and it appeared that little value was placed even on the “symbolic value” of executive efforts at communication nor on the importance of visibility and 2-way communication. Our results which found low levels of trust – a belief that the organization was more interested in efficiencies than the interests of the patients, mixed perceptions of management – unit managers were respected but did not understand staff needs – and a lack of commitment by the staff to the relocation, are entirely consistent with what the literature would predict as a result of ineffective communication.

3.2.2.1.2 Discipline

“[I]n successful combinations...CEO’s play an active role in the integration process” (Marks and Mirvis, 1998, p. 129)
Staying involved and visible throughout the combination process, communicating carefully and consistently, being flexible yet persistent, and maintaining a focus on long term “external value creation” is important during the early phase of the combination while people are still in shock. (Krell, 2001) It is particularly important during the early stages of a merger to be perceived to apply HR practices fairly in order to satisfy procedural justice (terminations and layoffs) and distributive justice concerns (promotions and rewards). This will impact the psychological contract between the company and the employees by promoting “organizational citizen behaviour” (OCB). (Cartwright, 2005)

Applying the principles of HRM to establish accountability and responsibility by carefully selecting the managers who will survive the merger, obtaining a consensus on the strategy with them, defining critical success factors and establishing performance measures is vital in successful mergers. (Marks and Mirvis, 1998) Monitoring and reinforcing performance results with rewards, promotions, appointments and prospects of career development without regard to politics or favouritism will set a standard for expected results that will stretch managers to achieve. (Bridges, 2003; Ghoshal and Bartlett, 2000; Marks and Mirvis, 1998; Schmidt, 2002)

Finding suitable measures of performance for the health care sector can be difficult because of the “idiosyncratic nature” of the health care industry. (Meyer Goldstein et al., 2002, p. 64) Particularly in Canada where there is a single payer system and market forces do not apply, many measures of institutional performance are not relevant. Also, there are high levels of regulation circumscribing managers’ options for care delivery from a clinical perspective due to the licensing restrictions applied to the variety of professions and the high unionization rates of employees. This makes inter-
industry service comparisons irrelevant. Measures of efficiency could include occupancy rate, and total cost per patient discharge. Clinical measures include length of patient stay, and mortality rates while financial measures include operating costs and margins. (Goldstein et al., 2002, p. 67) Measuring quality of care is restricted to follow-up surveys or exit interviews with patients however these can be used successfully to construct effective “specific and concrete service standards”. (Kirby, 2005, p. 66)

The Alouette and Creekside ECU’s are highly unionized, regulated work places that only recently conducted a client survey to rate performance across a variety of indicators. See Appendix I. The culture is not a performance oriented culture in the sense that specific measurable targets and goals derived from a broader organizational strategy focused on “external value creation” are evident on a daily basis. The managers tracked and measured a few statistics that included the frequency of resident injuries, and errors in the application of medication, but no objective measures of performance or “concrete service standards” had been created in a comprehensive sense to align performance with strategic goals. Performance reviews for feedback and development purposes were not conducted and there was little opportunity to provide financial incentives in the unionized environment. A large component of the performance measurement of the unit managers was their ability to operate within budget even though they had no input into the establishment of operating budgets that had very little flexibility. One financial item very closely watched by senior management was absenteeism and sick leave.

We found mixed survey results in employees’ expression of achievement and job satisfaction. In our interviews we found employees relating anecdotal instances of times when they had experienced a sense of accomplishment. However, our survey results
showed no sense of team identity or overall sense of accomplishment. The managers admitted that they did not provide formal recognition of "successes" to reinforce team performance. One example of unrecognized teamwork was the excellent job done by the specialized Gardenview unit of Creekside in relocating residents to allow demolition their old wing and construction of the new facilities. The move was completed without incident and most residents were unaware that a change had occurred. The manager was quite proud of this accomplishment but had not conveyed this to the staff. Our interviews and surveys identified a lack of team identity which is consistent with weak performance "discipline", few objective measures of team accomplishment and a lack of awareness of the value of reinforcement and recognition by the managers.

3.2.2.1.3 Support

Simultaneous with the establishment of discipline in the organization managers need to establish an atmosphere of openness and trust. Being involved, providing resources, listening to what operating managers and employees are saying, showing empathy, attending face-to-face meetings and being patient with the process of adaptation helps employees overcome the merger stress that most will experience. (Bridges, 2003) Modelling the behaviours consistent with the new culture provides insight to managers and employees as to how to communicate and problem solve with others. (Marks and Mirvis, 1998)

A majority of RMH employees expressed the view that unit managers did not understand their needs. They did not have confidence that their concerns would be considered in the design of the new facility and the development of new procedures. While our interviews and surveys were conducted prior to the formation of transition
teams to work on these issues, their concerns highlight an opportunity for the unit managers to do more to build trust and openness among the staff. This finding is further highlighted by the significant difference in attitudes that we found in our survey results between those employees who felt appreciated and believed that they had input over decisions that affected their job. This “perceived influence” (PI) was strongly positively associated with involvement in decisions about their job and workload. We found a statistically significant relationship with PI and trust, positive perceptions of unit managers, a sense of teamwork and less anxiety about job changes. Those who felt supported or listened to by their managers had a more positive attitude towards their work, consistent with predictions in the literature.

We observed that the unit managers were extremely busy. The unit manager for Alouette was responsible for managing 150 staff and residents, the planning for the relocation of her unit and she was also participating on a committee in charge of the reorganization of an acute care department. It was difficult to book meetings with the managers and we were able to witness firsthand on several occasions the frantic pace at which they operated. We also observed in all of our meetings that while the managers understood the need for listening and communicating with their employees, and expressed a desire to do so, they felt they had little time to do so. One manager became very concerned when a trusted and normally loyal unit supervisor began to display dysfunctional behaviour – being very “quiet”, brusque in manner and not opening up to the manager. These frontline supervisors were considered vital to the manager’s effectiveness, and the manager resolved to meet one on one with the supervisor to debrief and re-establish communication. We can conclude from our observations, interviews and
survey that the unit managers did not invest the time to develop the kind of trusting, open
environment needed to create a “perceived organizational support”. Whether this is due
to an inability to prioritize, the “delaying” of management, higher expectations and
increased workload for the unit managers is difficult to determine. The lack of visibility
of senior administrators may reflect the priorities at the senior executive level and suggest
that senior managers believe that no tangible benefit will arise from improved 2 way
communications with employees. Our interviews with the managers revealed that a very
well respected executive acted in the capacity of a “toxic handler”. She acted as a buffer
between top management and the line managers in terms of translating broad initiatives
and strategies into manageable tasks that allowed for the human factors. This implies that
a conflict of values may exist between top management and the rest of the organization
and may explain why “levels of trust [by employees] in public sector management are not
high.” (Ferres et al., 2005, p.79)

3.2.2.2 Transition Structure

“Extracting the real synergy in a combination, that is, moving from the
conceptual to the true benefits of combining complex organizations,
comes only after careful examination and deliberation...” (Marks and
Mirvis, 1998, p. 130)

The transition structure required to merge two organizations will vary according
to the size of the combination. The transition team may merely consist of increasing the
duties of some executive members, a single project manager, a steering committee, or a
complete transition organization. (Bridges, 2003) Large combinations will need a
complete transition structure organized with individual task forces responsible for
integrating specific functions or managing transition issues such as training. In this
scenario, the individual task forces report to a transition manager who is a member of the steering committee. The steering committee provides individual teams with clear goals, provides support and guidance on developing synergistic solutions and monitors progress and will typically consist of executive members, a transition manager, and possibly outside consultants. In a merger of Nebraska hospitals, a nursing practice steering committee consisting of a representative group of employees and management developed new patient care delivery models, short and long-term infrastructure requirements, documentation and training requirements after jointly developing a new nursing mission, philosophy and core set of values. (Boardman, 2003, p. 47)

Each transition team will be made up of a representative and diverse mix of employees from both organizations. With clear objectives and operating guidelines each team acts as a forum to develop problem solving skills, and build relationships. This is where the real work of creating synergy through new systems is accomplished. If managed carefully, transition teams become the means by which new processes are identified, developed, and tested, and also where a new collaborative culture is first established. (Marks and Mirvis, 1998) Obtaining information for the steering committee on the thoughts, feelings and needs of the staff during combination period through the creation of a “transition monitoring team” (Bridges, 2003; Davy et al., 1989) or through interviews and questionnaires (Dempsey and McKevitt, 2001) is important in identifying issues that need attention.

RMH had established a steering committee consisting of a committee chair, a senior executive, the unit managers, an OD consultant and project management specialists. The steering committee met regularly and had authority to make decisions
about building design, client care systems and staffing. The steering committee had a clear charter and we witnessed a collaborative decision making process among the group. Prior to the completion of our fieldwork but after we had completed our interviews and the survey, the RMH management team established transition teams to design and recommend new practices and processes in the new facility. The steering committee had instructed each task force to use the resident care survey to guide their decisions about procedures and systems. The task groups were made up of an equal number of representatives from each unit and their tasks covered the areas of: documentation, equipment and supplies, resident care (flow), nurse call systems, meals, bathing and medications. We recommended the establishment of a transition monitoring team to communicate staff concerns throughout the transition to the managers.

The steering committee was managed in a manner that attempted to include employees in decision making. One example was the construction of a prototype resident room in the general meeting room of the Creekside manor. Employees and residents were given an opportunity to provide feedback on the design and layout of the new individualized rooms. While this was acknowledged by the employees in our interviews, employees said that the committee was not addressing the issues that were important to them, namely details about how their job would be affected. Neither did the committee have a plan as to when those issues would be dealt with.

The steering committee did not develop a set of critical success factors, specific goals for each unit or department, nor did they create measurable service standards for performance monitoring. The managers expressed concern over the interruption of client care during the move, the conflicting requirements of efficiency and customer
satisfaction. They had access to the resident survey which indicated resident preferences and priorities, but these had not been grounded in specific measurable goals for the nursing staff. Also, there was no grand plan through to the completion of the relocation outlining the sequence and logic of decisions. Such a plan would have given managers the ability to inform employees about when decisions about job details such as staffing configurations, and shifts, would be made. We found that employee anxiety about their jobs was universal and very high as a result. This is consistent with what the literature would predict and would also explain the survey result where managers were perceived not to understand the needs of the employees.

3.2.2.3 Managing Merger Stress

"M&A’s have long been associated with a range of negative emotional and behavioural outcomes, including lowered morale, job dissatisfaction, increased stress, unproductive behaviour...increased staff turnover and absenteeism" (Cartwright, 2005, p. 23)

The two basic tasks of a manager involved in a merger are to minimize employee stress and maximize commitment to the organization’s goals. Even after a clear vision has been communicated and understood, “all employees retain a constant concern for self-preservation and an equally constant craving for information” (Marks and Mirvis, 1998). Employee stress is universal and is highest early in the combination process when uncertainty is greatest. M&A’s are particularly stressful because the change “impacts such a wide range of work issues” and employees feel little control over events particularly those who have had no previous experience with such a major change. (Cartwright, 2005) It is the “expectancy of change and fears for future survival rather than the change itself” which triggers merger stress although a study of nurses in a
hospital merger suggested that “self-efficacy may play a role in the appraisal of a threat”. (Cartwright, 2005, p. 24) In addition to regular duties, extra “merger work and planning” is expected of staff even while the “Me Issues” pre-occupy their minds. (Krell, 2001) A merger of two Nebraska hospitals gave rise to concerns over “the potential loss of history, identity,...institutional trust,...compensation, leadership levels, practice changes, relationships, and job security [as well as] the work necessary to accomplish a blended system.” (Boardman, 2003, p. 46)

Our findings would verify the need to provide information that helps answer the employee’s self-preservation instincts. We found very high levels of employee concern over privatisation, downsizing, job security, pressures for efficiency, workload and job changes. This anxiety was universal and not related to levels of education or professional designation or “self efficacy”. We found that this anxiety was expressed in the form of “Me Issues” through the demand to know what as many details about job changes as possible. The dissatisfaction with communication efforts by the managers was also universal across all employees regardless of education and experience.

Merger stress reduces commitment to organizational goals and breeds resistance to change whether the change is viewed positively or negatively. (Conner, 1992) Senior executives often react negatively when they encounter resistance, (Cartwright and Cooper, 1993) often because “they are impatient to move on or because they have repressed the pain of their own transition.” (Marks and Mirvis, 1998, p. 236) However, resistance to change can be viewed as natural and necessary, and open resistance can be seen as a healthy first step towards internalizing the change. (Conner, 1992) Resilience is the ability to absorb and adapt to change. Resistance to change is the opposite. It is the
fear of change related to: loss of control, relationship changes, loss of status, lost opportunities, instability, the need to learn new skills and the threat of job loss. (Fink, 1988, p. 62) Managing resistance to change is the ability to manage the perceptions of employees so that they become ready, willing and able to commit to change and the goals of the organization. (Conner, 1992)

According to Conner (1992) if an employee perceives that they have the ability to achieve goals that are shared with others, and achieving these goals requires collaboration with others, then if the benefits derived from the change exceed the risks and costs of changing, the employee will commit to the change. If leaders have successfully communicated a vision, defined goals, and explained the roles of various departments or employees in achieving these goals then what remains is to convince staff they have the ability to achieve the goals. According to Conner (1992) this means creating a participative environment where employees believe they have influence, and nurturing empowerment in their staff where empowerment is “the creativity to frame a situation so success is possible, the capacity to face and make tough decisions, and the motivation to pay the price of success.” (Conner, 1992, p.198) Empowerment consists of some degree of autonomy or choice over one’s work, a belief in one’s technical competence, a line of sight from one’s efforts to outcomes and a sense of value in the mission or purpose. (Quinn, et. al. 2003, p. 227) Cartwright (2005) notes that the models describing employee resistance, resilience and patterns of denial, anger, and depression during M&A’s, are borrowed from clinical psychology. Bridges (2003) suggests that past experiences of employees both in their personal and professional lives plays a major role in influencing these variables. The challenge for the manager “is to develop methods of helping people
cope with uncertainty, loss and transition that catalyze action toward the desired objectives” (Marks and Mirvis, 1998, p. 186) by providing support and applying discipline.

We found a very strong desire to provide feedback on planning issues, be involved and participate in the decision making across all employees. From our interviews we found that the feedback was often negative or was perceived as resistance to change and criticism of the plans. However, many of the ideas offered during the interviews were presented in the spirit of wanting the relocation to succeed. The opportunity to participate in the transition planning teams and influence outcomes is a constructive method of handling these views. Our finding that perceived influence (PI) was a strong predictor of positive employee attitudes would support the theory that participative management is an effective tool to create commitment.

Leaders must also communicate a clear vision, outline specific shared goals and hold employees accountable for results. We found that not all staff were convinced that resident care would improve in the new facility. This is consistent with the low levels of trust in the organization and the lack of senior management visibility in the project. Is this inconsistent with the very high degree of commitment to patient care supported by the results of our survey? “[N]urses tend to be dedicated to their work, put the needs of their patients/clients first, and tend to regard their work as a life’s mission.” (Greenglass and Burke, 2002, p. 109) The more highly committed nurses are, the more they may adjust to restructuring by counter acting the reduction in services. (Ibid, p. 109) The combination, then, of a strong commitment to the patient, a lack of trust in senior management’s motives (cost savings vs. improved care) would suggest the need for a very strong
rationale and argument to convince them that the change was beneficial and motivated by the best instincts. RMH employees have received information about the relocation from middle managers not senior executives, increasing their fears of job losses and increased workload, distrust of management and protective attitudes towards the patient. This resistance was misinterpreted by one manager as showing how little commitment the staff really had to the patient when in fact, there may be no conflict.

Nurturing the confidence in the staff that they are capable of achieving the goals requires involvement, training and encouragement. Empowerment of the staff entails not only convincing employees that they are capable of doing the job, but also providing a “line of sight” between their job and the service mission. This clearly has not been done at RMH and would explain the lack of commitment we discovered in the interviews and had confirmed in the survey.

Showing support for staff by encouraging overt resistance, inviting comments, listening, empathizing, allowing time to adapt and being flexible with plans, allows employees to influence how things are done. It is an investment up front in the process of generating acceptance and commitment to goals which saves time and energy later in the implementation stage of change. (Conner, 1992, Marks and Mirvis, 1998) Facilitated “venting sessions” that validate what was good in the past, and celebrate past achievements build confidence for the future and are a pro-active method of accelerating the “letting go” process of employees. (Bridges, 2003; Marks and Mirvis, 1998) In a merger involving 775 health care professionals and nurses, 2 day retreats were organized "[b]ased on the theory that change isn’t effective unless transition occurs". Retreat participants discussed transition issues and brainstormed solutions. They completed
attitude surveys at the beginning and end of the session that showed improved confidence in the merger and signed a commitment to patient care that was hung in the hallway of their new building. (Boardman, 2003, p. 48) Professional counselling on health, personal issues, communications and the skills to manage change can also be employed to help staff cope with change. (Davy, 1989; Fink, 1998)

We are not aware of any programs such as counselling or training, sponsored by RMH to support the staff in its transition to the merged organization in the new facility. The unit managers met regularly to update the staff on issues related to the relocation and to solicit questions but attendance was not required and turnout was low.

In a study of 1363 Ontario nurses, Greenglass and Burke (2002) tested the model shown below in Figure 4 to explain nurse burnout. They found statistically significant relationships with the predicted signs between most of the predictor variables and variables measuring nurse burnout although high organizational commitment prior to the change was found to have a negative effect on cynicism, a relationship not predicted by the researchers. The multivariate regression analysis showed that the predictor variables explained 30% of the variation in cynicism, 31% of emotional exhaustion, and 17% of the professional efficacy measures. Particularly important were work overload, and job insecurity. Stressors accounted for about 24% of the total variation in burnout where individual factors and social support exerted a much smaller influences at 3% and 2% respectively.
Figure 4: Predictors of Nurse Burnout

One implication for change management is that although "emotional exhaustion can be lowered through the hospital’s efforts to build staff morale...the effects...were small despite their statistical significance." (Ibid, p. 107) In other words, a great deal of communication, training, emotional support and involvement needs to be applied during change initiatives in order to offset even the smallest amount of restructuring and workload increase. A 5 year longitudinal study of 4 Windsor area hospitals using a similar model found stressors having a slightly weaker impact on burnout and employee...
turnover intentions. However, this study showed a very strong positive relationship between stress and perceived organizational support variables (social support), resilience and professional efficacy measures. (Armstrong-Stassen et al., 2001)

Our findings support the conclusions of these studies. The lack of visibility and involvement by RMH senior executives in the change initiative is consistent with very high levels of stress – anxiety over downsizing, privatisation and concern over the “Me Issues” – and low levels of perceived organizational support – trust in management. Our strong results demonstrating a relationship between those who felt they had influence (PI) over decisions related to their job and felt listened to by unit managers, and positive attitudes toward the changes, management and teamwork is consistent with the researchers’ findings. In terms of personal efficacy, although we had no specific measures intended to measure this variable, we did find a range of attitudes that were related to the amount of education and years of training. Lower commitment to and belief in the benefits of the new building, and higher levels of anxiety related to increased workload were experienced by the RCA’s who had the lowest levels of education.

A manager can direct and guide the energies of the staff “toward the desired objectives” by applying discipline through the application of HRM principles. These methods include:

- selecting only those employees for the future organization that take responsibility for their choices, are confident of their abilities, understand their role and know what they want,
- remaining flexible on implementation decisions by allowing employees some choice in order to answer their need for influence and autonomy,
• providing training and development to improve skills and build confidence,
• recognizing and rewarding successful efforts to reinforce effort, and
• regularly relating small successes to the overall mission (building cathedrals) to improve line of sight.

We found that unit managers were very restricted in the choices available to them to manage the change initiative. Selecting employees for promotion can be very difficult in a unionized environment which places a lot of emphasis on seniority. Likewise, they were very limited in methods of showing recognition and rewarding staff not only because of union restrictions but because they had very little flexibility in their budget. However, they did not take advantage of opportunities to recognize team successes to build confidence and pride. Training and development opportunities were largely the responsibility of individual employees. What the unit managers did do was provide most employees with the opportunity to participate on one of the transition teams. These teams were not formed until after the SFU students had completed their interviews and surveys so we have no method of measuring their impact on employee attitudes.

With effective change initiatives, change will flow through the organization as middle managers model the methods and behaviour of senior executives. Conner (1992) discusses how the “sponsor” or senior executive needs to recognize that psychological adaptation will take time as it “cascades” through the organization via “agents” or the middle managers. Senior executives may well be working on a future project by the time that the “targets” or line employees are beginning to adapt to and test the new procedures and processes. While it is important to respect lines of authority by requesting the input of supervisors, (Marks and Mirvis, 1998) it is also important to recognize and utilise the
more resilient staff informally according to the 20/60/20 rule to bring about change. 
(Conner, 1992; Richardson and Denton, 1996)

The sponsor(s) of this change initiative played a very small role in the actual implementation of the relocation and merger. No leadership communication was evident and the unit managers – the agents – were left to manage the change largely on their own. Given the time constraints placed on them by their regular duties, they had to work hard to inform and influence the shift supervisors working for them. One advantage was that the two units shared a management structure – RCOT and CCCC – and they could exert influence for change through these meetings. The managers felt limited in their influence by the divide that they believed exists between the largest group of workers, the RCA’s, and the other professional staff, evidenced by the range of different attitudes revealed in the survey.

Employee turnover and absenteeism are very real risks of pushing a combination too hard. (Cartwright, 2005; Fink, 1988; Marks and Mirvis, 1998) The pressures of too much work, too little time, lack of control, and a lack of experience with combinations can cause key employees who are confident of their skills to look elsewhere for work. This is a reaction to their stress and declining commitment and makes the retention of high performance employees a special merger issue. Losses to the organization from employee turnover include: the loss of expertise and role models, demotivation resulting from dismissals and difficulty in future recruitment. Senior managers must be pro-active in “re-recruiting” these employees who may hold the key to achieving the transformational synergies that are expected. (Marks and Mirvis, 1998) Executive turnover after M&A’s is extremely high with up to 75% of executives leaving firms after
three years for a variety of reasons including acquirer arrogance, erosion of status, and relationship conflicts. The rate of other unplanned personnel losses throughout organizations following an M&A has been measured as high as 33% after 2 years. (Cartwright, 2005, p. 25) Strategies to retain key personnel during a merger include: involving them in the combination planning, targeting them with career development opportunities and training, offering prestigious responsibilities during the merger and recognizing and rewarding their successes. (Marks and Mirvis, 1998)

Our interviews did uncover different attitudes and reactions to anxiety over job security differentiated by type of worker and this was validated by the survey results. In our interviews a number of professional staff such as physiotherapists, and RN’s expressed concern over possible downsizing and were making plans to look for work based on rumours of privatisation and downsizing. The registered care aids we interviewed who had less education and more seniority were also very concerned about job security but were not looking for work. We did not find statistical validation of this difference in attitudes in our survey.

“[W]hen hospitals are undergoing restructuring, nurses are particularly prone to developing psychological burnout” which consists of three aspects: depersonalization of the patient, reduced sense of accomplishment and competence, and emotional exhaustion. (Greenglass and Burke, 2002, p. 90) Symptoms of burnout include: staff bickering, atmosphere of resignation, incompetence, low mutual trust, poor communication, and even overt aggressive actions by disgruntled staff. (Fink, 1988, p. 64)
After conducting our field work and while we were delivering our report to the RMH steering committee members, we learned that symptoms of merger stress had worsened. The managers discussed how difficult communications had become with the union, WCB claims (for suspected non-injuries) had risen sharply, absenteeism had doubled and communications had become very difficult even with some supervisors. The deterioration of relations is not inconsistent with the lack of senior level leadership, lack of time of unit managers to listen to employee concerns, lack of trust, and severe stress from fears of job losses and privatisation. Those with positive initial attitudes may have been experiencing Conner’s stage of “pessimistic realism”. There was noticeable frustration expressed by the unit managers and others on the steering committee suggesting that the managers had a resilience level and a limit for change that was being tested. For example the finding that employees were concerned about their personal workload despite a high commitment to patient care, was seen as hypocritical and a fundamental difference in values – employees were really only interested in themselves. It was not viewed as a variable that could be influenced by controllable factors.

Unit manager burnout should be a very real concern for RMH. Managers were given a lot of responsibility but very little flexibility and few management tools to do the job. The managers had very little time and were working long hours already. Budget constraints were severe, clinical, professional and union restriction added constraints to their ability to take action on issues. They had no experience with a major change initiative like the relocation and merger, and support at the senior levels of management was very limited.
3.2.2.4 Managing Culture Change

"the power of a shared and cohesive culture [is] an ‘invisible force’ that gives a group of people its drive...” (Marks and Mirvis, 1998, p. 189)

Corporate or organizational culture is commonly defined as “assumptions, values, and beliefs which are manifested in observable symbols, rituals, and normative patterns of behaviour, which influence the way an organization thinks and goes about its business” (Cartwright, 2005, p. 9) and its pervasive impact on “the way things get done in an organization”. (Marks and Mirvis, 1998, p. 187, Weber and Camerer, 2003, p. 401)

Culture filters and interprets actions and changes through value judgements (Conner, 1992) and the “power of values is that people care about them”. (Fink, 1988, p. 63)

A culture that is aligned with the strategic goals, organizational structure and the HR policies of an organization, fosters commitment, reinforces its identity, and facilitates communication. (Marks and Mirvis, 1998) Language, “coding”, shorthand and the nicknames used in interactions help speed communications and improve efficiency causing merging entities to struggle at the beginning with miscommunication and perception problems meaning that “culture is an efficiency-improving asset in which firms can invest.” (Weber and Camerer, 2003, p.402) It is, therefore, important to assess the degree of cultural similarity between two merging organizations (Chatterjee, et.al, 1992; Dempsey and McKeveitt, 2001) Good strategic fit creates the conditions for potential synergies, but it is a good cultural fit that releases that potential and translates it into actual performance (Cartwright, 2005, p. 9) with the result that “poor cultural fit has been the nemesis of many related mergers that appeared to make good strategic sense.” (Chatterjee, et.al, 1992, p. 321)
Surveys of executives consistently rank the integration of cultures as more important to successfully merging organizations than strategic and financial factors (Cartwright, 2005; Krell, 2001; Marks and Mirvis, 1998; and Schmidt, 2002), yet "in typical combinations, culture building is considered an afterthought." (Marks and Mirvis, 1998, p.187; Cartwright, 2005; Krell, 2001) Culture "creates stability and safety and functions mostly to protect against unwanted change." (Richardson and Denton, 1996, p. 206) and the time required to change culture is often underestimated. (Dempsey and McKeveit, 2001) These issues have received considerable attention in light of high profile mergers such as AOL – Time Warner and following the failure of Daimler-Benz and Chrysler to manage their culture differences successfully. (Weber and Camerer, 2003)

Studies investigating the impact of culture on merger success have focused on three components to managing cultural integration: culture compatibility, organizational resistance, and acculturation processes. (Cartwright, 2005) Few studies demonstrating a direct empirical link between culture fit and the financial performance of mergers have been undertaken. (Cartwright, 2005) One study of 30 mergers showed a significant and positive correlation between shareholder stock price and the variables of cultural similarity and cultural tolerance between the merging organizations. (Chatterjee et al., 1992) A study of bank mergers showed a statistically significant relationship between cultural and strategic similarity and return-on-assets over a 3 year period. (Ramaswamy, 1997) However, objectively measuring merger success requires a multi-dimensional long-term approach and should not be limited to short term financial measures. (Epstein, 2005)
There are a variety of instruments available to measure cultural compatibility, but few that identify the key aspects of culture that are important to M&A’s. (Cartwright, 2005; Chatterjee et al., 1992) Management style, HRM practices and degree of employee autonomy have been identified in some studies as critical factors to the success of mergers. The most important sub-culture is the culture of the top management group whose “dominant logic” has a major impact on resource allocation, firm performance and the culture of the rest of the organization (Ramaswamy, 1997) and cultural similarity can be estimated by the differences between top management. (Chatterjee et al., 1992) An index to measure differences in culture between merging organizations, the Merging Culture Evaluation Index (MCEI – Appendix L) has been developed by Marks and Mirvis (1998) to address this issue. They recommend that merging organizations undertake a survey of managers of both companies to identify similarities and determine where differences exist. With this information managers will be better informed to design an integration strategy that encourages acculturation because “the opportunity to proactively build a shared culture remains one of the great benefits of joining forces.” (Marks and Mirvis, 1998, p. 194)

Our discussion with the managers and our interviews with staff identified some differences in culture between the two ECU’s – Creekside and Alouette. Management styles and supervisory methods largely related to the degree of autonomy were cited as noticeable differences, although not all staff we interviewed believed the differences were significant. Our survey revealed a few statistically significant differences in attitudes based on manor: fear of increased workload, concerns about possible staff conflict and
perception of manager’s understanding of employees’ needs. These differences though perceptible are offset by the similarity of the two operations in numerous ways.

Despite operating in separate locations, with largely separate care delivery systems and different patient “acuity” needs, the shared management structure – RCOT and CCCC - has evolved the same language, methods, goals and values at the unit manager and professional clinician levels. We noticed that despite minor differences in styles there was significant agreement and a very constructive, positive working relationship between all of the members of the steering committee. All members of that committee shared a belief that employees needed to be managed respectfully. They were all eager to learn management methods to develop teamwork and collaborative working environment. These shared cultural dimensions at the manager level create an important "sub-culture" that will carry forward into the new merged entity. This is an important first step towards successful amalgamation. (Ramaswamy, 1997)

The managers believed that the greatest cultural divide existed not between the two units but between the different professions working together in both units. Our research identified a divide in attitudes between the RCA’s and the other professions. Based on several manager interviews, there was a belief that RCA’s had lower self-efficacy as a result of personal circumstances and that this attitude carried over into the work environment. Conner’s analysis of the difference between resilient employees and resistant employees includes a factor for empowerment, a component of which is the ability to take responsibility for decisions as opposed to perceiving oneself as a victim of circumstances. Individuals who have low self-efficacy have a chronic lack of confidence in their ability to deal with change. Several managers suggested that workplace attitudes
were affected by the personal lives of a number of influential RCA's. They hoped to take advantage of the relocation and merging of the units to break this sub-culture that the managers believed generally opposed change of any kind. Our research could only verify that there were significant differences in attitudes between the professions.

Acculturation is defined as the process by which changes occur in cultural systems as a result of contact and the diffusion of elements in both directions. (Cartwright, 2005) It is important that managers consciously plan culture change during the combination integration process. (Cartwright, 2005; Krell, 2001; Marks and Mirvis, 1998) Strategies for integration will vary according to factors such as the size of the merging parties, cultural relatedness, the dominance of one or the other in the transaction (purchaser/ee) and the strategic needs of the merged entity. (Cartwright, 2005; Marks and Mirvis, 1998) While in practice integration plans vary between absorption and assimilation at one end of the scale to independent operations at the other, collaborative processes that combine the strong points of both cultures and align norms and values to the new entity's strategic plans offer the greatest potential benefits. (Cartwright and Cooper, 1993; Marks and Mirvis, 1998) The imposition of one organization's culture over another would likely lead to significant employee turnover. (Dempsey and McKevitt, 2001)

Methods of managing cultural integration utilise task focused coordination activities such as transition teams and personnel exchanges as well as socialization activities such as retreats, informal gatherings, training, and initiation programs. A study of 50 international mergers found that both coordination and socialization activities were important to merger success when the desired merged culture decreased employee
autonomy, but that only socialization activities were needed when the degree of
employee autonomy was unchanged or increased. (Cartwright, 2005, p. 14) Cultural
learning and awareness of one's own culture can be assisted through counselling,
workshops and management development courses. (Dempsey and McKeivitt, 2001)

While the degree of similarity between cultures can have a big impact on the
speed at which acculturation occurs, culture clash or "merger syndrome" (We vs. Them,
Win/Lose) between dissimilar cultures can still be avoided by increasing the degree of
involvement of employees in the merger process, sharing best practices and displaying
mutual respect. (Cartwright, 2005; Krell, 2001, Marks and Mirvis; 1998) The
development of a new organizational culture is a long-term process (Dempsey and
McKeivitt, 2001; Weber and Camerer, 2003) requiring a commitment of resources long-
term to ensure success, (Worrell, 2003) though sharing the same space soon after the
completion of a merger can accelerate the acculturation process. (Krell, 2001)

According to Marks and Mirvis (1998) the principles of successful acculturation
are to maintain core values, be flexible in adapting strategy, culture or both to achieve an
alignment between them, prioritize issues, allow time for the process to take place, and
integrate function by function allowing supportive sub-cultures to develop. "In healthcare
combinations, back office functions may be consolidated and systems and procedures
standardized but the delivery of care is left to each of the providers." (Marks and Mirvis,
1998, p. 203) The steps in the process (Krell, 2001, Marks and Mirvis, 1998) are as
follows:

- Audit the cultures of the merging organizations to determine areas of
  conflict and similarities
• Define the new culture required for strategic alignment and explain the rationale behind the desired culture
• Obtain consensus on the new culture by involving employees in the alignment of processes, systems, and HRM to the strategy
• Reward, recognize and reinforce the new cultural behaviours
• Model the new values, norms and behaviours

It is not clear that the unit managers could use these techniques to transform and align a sub-culture that is embedded in both the ECU’s towards a new performance based culture in the new location. There seemed to be a reluctance and lack of confidence on the part of the managers to deal with the embedded, non-synergistic sub-culture of the RCA’s. It was beyond the scope of our research to provide assistance in doing this however, the transition teams offer an opportunity to establish a new way of doing things in the merged units. If the managers were careful to define the kind of culture they wanted, trained the supervisors, offered workshops or training to the staff, recognized those who adapted, and modelled the desired behaviours themselves, it is possible that they could be successful. These changes would require more involvement, time, socialization efforts and focus than the unit managers are currently devoting to this process. It would also require greater leadership on the part of senior management to dispel the lack of trust, inspire a vision and provide a line of sight that taps into the deep levels of commitment that already exist.

3.2.3 Success Factors following Combination

3.2.3.1 Team Building and Establishing Post-Merger Identity

“[H]igh levels of employee identification with the organization’s identity are beneficial and result in increased work motivation, performance and organizational citizenship behaviours...” (Cartwright, 2005, p. 15)
Building a new organizational identity, team building and generating actual synergies from the combination represent the final phase of a successful merger.

(Bridges, 2003; Cartwright, 2005; Conner, 1992; Marks and Mirvis, 1998) A merger can be considered a success when

"[G]roups are viewed as living systems capable of change and growth...in which members are perceived as colleagues to collaborate with...and in which the whole is experienced as greater than the sum of its parts." (Kass, 2004, p. 187)

3.2.3.2 Principles of Team Building

Fully functioning teams and organizations are characterized by:

- Persistence and focus on work with clarity of purpose and direction
- Full use of members skills and resources
- Significant increase in members' involvement and interdependence
- Collaborative and creative problem solving
- Balance between individual, team, and task needs

(Conner, 1992; Kass, 2004, p. 166)

There are a variety of models outlining stages an organization or team passes through to achieve a high level of commitment. Conner's (1992) model (Figure 1) describes how the process begins by receiving information about a planned change, an awakening awareness of how it affects the individual, an understanding of the purpose of the change, acceptance and a positive perception of the change, adaptation to the changes needed, an institutionalization of the procedures required and finally an internalization of the new systems, processes and values. Kass (2004, p. 168) describes an eight step process through which employees in an organization move towards genuine commitment:

10. Owning – Awareness that change is required
11. Letting Go – Willingness to accept that change is necessary
12. Shifting of paradigm – Perception of goals, individual needs, and attitudes change

13. Norm setting – norms for resolving conflict and maintenance issues are established

14. Structure develops – structure and procedures are agreed on

15. Consensual decision making – processes for making decisions agreed on

16. Acceptance of diversity – development of mutual respect

17. Commitment – resistance is overcome and commitment extends beyond compliance to a true internalization and identification with the organization or team

Kass (2004) describes the team building process as one that works to integrate the needs of the task – getting the job done, the needs of the team – building and maintaining relationships, and the needs of the member individuals. Schutz (Kass, 2004, p. 85 – 113) theorizes that individuals have needs across the three dimensions of inclusion (acceptance), influence (control) and intimacy (openness). The theory suggests that there is a two way flow between individuals signalling a desire to provide and a desire or openness to receive in a mutual fashion. Members decide whether to accept the goals of the team, accept other members of the team, and likewise feel accepted or rejected. They will seek autonomy over their own task, make efforts to influence decisions being made, and also accept different levels of influence by others. Finally they will trust and have confidence in others to different degrees as others trust and have confidence in them. Levels of commitment varying from compliance to agreement to whole hearted willingness will evolve based on the ability of the group to develop and grow. When the levels of team needs, task needs and individual needs “begin to mutually feed on and replenish each other, the depth of work within the group deepens and the involvement and commitment of members strengthen while productivity and efficiency continue to rise.” (Kass, 2004, p. 164)
The end result of all team building processes according to Social Identity Theory (Cartwright, 2005, p.16) is that:

"[I]ndividuals create and reinforce their identity by regarding themselves as members of certain groups or social categories and that membership of these social groups forms a significant part of their self-concept."

The stronger the original identity with the group, the more difficult it will be to re-align that identity to a new organization. (Cartwright, 2005, p.17)

Health care institutions generally have employees who have a very strong commitment to patient care. (Greenglass and Burke, 2002) Although they predicted that this commitment might be turned to cynicism by management practices that broke the psychological contract with the employees, they found just the opposite. When restructuring for efficiency occurred, the commitment to protect the patient from the ravages of organizational efficiency increased. We found a similar intense and universal commitment to resident care in our interviews and survey. This is a very strong place from which to begin build a collaborative organization. If this dedication to client care is managed appropriately and can be aligned to the goals of the organization a great source of energy and creativity could be harnessed. Many corporations and other institutions have to work hard to develop such commitment.

Our survey also indicated that employees had a strong desire to be involved and participate in decisions that affected them. They brought forward many new ideas for planning to improve services. We also found that there was a general willingness to work with other different professions in order to provide the comprehensive care that residents needed. What then is missing? We found that there was little or no leadership at a senior
level, that operations (unit) managers were close to burnout, had very little professional flexibility and no budget resources to allocate to developing the team. The culture of operating according to performance based standards had only just begun to be applied and managers were not familiar with setting “specific service criteria” and measuring outcomes. When significant team accomplishments were achieved the managers did not formally recognize those successes. Such recognition is a key component in developing team confidence and identity. We found that a strong team identity was lacking in our analysis of the survey which is consistent with the following observations:

- No senior level inspiration, insight, information or involvement
- No 4 P’s – purpose, picture, part and plan from senior management
- No performance based culture of discipline with specific measurable goals aligned to the overall strategy and mission
- No support (listening) from senior managers resulting in low trust levels, and unit managers have little time
- A resistant non-synergistic RCA sub-culture

3.2.3.3 Managing Team Building

The role of the manager or the leader is to promote the development of organizational identity, teamwork and synergistic problem solving. Studies have demonstrated that communication and collaboration are the behaviours most related to successful change initiatives. (Richardson and Denton, 1996) At a macro level in the organization Marks and Mirvis (1998) suggest that successful team building requires the senior management to:

1. Continue to apply the 41’s – Inspire, Inform, Involve and provide transition Insight
   a. Support staff with enough resources to do the job, time, flexibility, and frequent, intense 2-way communication
b. Discipline the organization by maintaining a focus on the long term mission and vision, defining short term goals, enforcing accountability and responsibility and applying the principles of SHRM through selection, training and development, feedback, recognition and rewards

2. Develop cross-functional teams staffed by individuals with a diversity of skills, knowledge and representative of the merging entities

3. Integrate processes and procedures to align with the strategic goals of the organization and monitor transition teams so that consistency is maintained between the resulting structure and desired culture

4. Build synergy utilizing the principles of team building (Conner, 1992)
   a. Encourage the development of a sense of empowerment in employees with training, and by communicating shared purpose
   b. Create an open environment based on mutual trust
   c. Reinforce the interdependence of the team by recognizing team achievements

5. Create a new identity by modelling new behaviours and (Bridges, 2003)
   a. Celebrating and branding the “New”
   b. Reinforcing and recognizing the adoption of new behaviours and processes
   c. Reinvigorating the organization by reinventing its “dream”

At the micro level senior management needs to monitor and encourage middle managers and task force leaders to adopt new methods and align to the new strategy because “at the operating manager level, the old culture does not die easily.” (Marks and Mirvis, 1998, p. 193) Team building often results from the careful planning of new procedures and processes and investing early in the merger process in a collaborative development of these new procedures “averts conflicts that require considerably more effort to address later.” (Marks and Mirvis, 1998, p.216) They recommend offering workshops to provide leaders of the transition task forces with clear terms of reference and operating guidelines for managing the teams such as:

1. Making a clear statement of team purpose and deadlines
2. Proposing and discussing guidelines for team processes
   a. Policies and procedures such as timeliness, attendance, minutes, agenda
   b. Interpersonal communications guidelines

3. Organizing the necessary resources for the team
   a. Selection of a diverse but balance group by technical and interpersonal skills, knowledge
   b. MIS, facilities, time and budget

4. Developing team skills and collaborative problem solving methods

5. Evaluating progress and team processes, maintaining accountability and responsibility, and building team identity by recognizing successes

If managed successfully, the result will be an organization proud of its new culture and organization, confident of its ability to perform and filled with a sense of “value creation”. Such a merger would “help rebuild employee spirit, trust and motivation” (Marks and Mirvis, 1998, p.284) and it would “become a learning organization, invincible yet vulnerable, flexible yet cautious, realistic yet venturesome.” (Kass, 2004, p. 165) “These learners are on a journey, open to influence and be influenced, open to leadership and followership alike and open to propel things forward with integrity and a search for excellence.” (Kass, 2004, p. 187)

3.3 Conclusion

The success factors for successful mergers can be summarized to include:

1. Obvious strategic synergies and sources of value creation
2. Thorough due diligence of merging organizations including market, operations, organization, culture and HR policies
3. Defined and specific critical success factors and performance measures
4. Defined culture aligned with strategic objectives and proactively managed and developed
5. Team development and a new organization identity
6. Transition management teams dedicated to creating synergistic new processes and procedures and monitoring employee attitudes

7. Strong leadership that conveys a clear sense of mission and direction, models the desired values and behaviour, and obtains a consensus on strategy

8. Frequent and intense 2-way communication between senior management and employees to develop trust

9. Retention of top talent by strategically aligned HRM which:
   a. Provides a clear organization structure and staffing plan
   b. Implements selection and de-selection plans consistent with values
   c. Provides training and development to support the change
   d. Designs reward and recognition policies consistent with strategy

(Krell, 2001; Marks and Mirvis, 1998; and Schmidt, 2002)

In reviewing these success factors we can venture a prediction as to how we believe the relocation and merger of the RMH ECU's will perform. On the plus side we have as one of the great sources of value creation, not yet fully tapped, employee dedication to the patient care. There will be a new building and opportunities to improve care for the patient in an effective and efficient manner. The two units already share a great deal of knowledge and the merging of the unit offers few of the problems that large scale mergers of separate operations normally create. The opportunity to revise the existing culture so that it becomes a performance based, collaborative culture will require focus and leadership on the part of senior management and unit managers. Defining the desired culture and proactively managing its development will take time, commitment and resources to change, but now is a perfect time to do so as new staff configurations come together in a new location. The development of a team identity will require a strong statement of purpose from senior administrators and routine recognition of successes by the unit managers. The relocation transition teams can be used to build not only the new systems and procedures for the new facility, but also to establish new norms of
collaboration and problem solving across professions and units. A change in attitude by both senior managers and unit managers to make time to listen to frontline staff will be needed to build trust and loyalty to the organization and its goals. These are significant challenges but knowledge of transition management “applied with an appropriate mix of creativity, leadership, hard work, attention to detail, and good fellowship...enables companies to capitalize on synergies...” (Marks and Mirvis, 1998, p.284)

M&A failure rates have not changed for 50 years. Despite a considerable body of literature asserting a strong link between the human factors of organizations and merger success which is supported by surveys, anecdotes and descriptions, very little empirical evidence has directly linked the costs of organizational dysfunction to performance. (Cartwright, 2005, p.28) The challenge remains to link the management of psychological factors of organizations directly to financial and strategic performance with significant empirical results. Perhaps then senior managers will consciously, proactively, and confidently manage the human side of mergers with the same focus and energy now devoted to finance, strategy and market synergy potential.
4 REFLECTIONS ON THE RMH FIELDWORK PROJECT

4.1 Introduction

Hospitals are a unique environment in a number of ways: the immediacy and intensity of the relationship with the "customer", the highly regulated nature of the operations, the critical importance of the service to the patient, the open environment where patients, family members, nurses and administrators co-mingle, the live-in dependency of the patient, the venerable traditions and high commitment of health care workers and bureaucratic nature of the management model. Stepping into such an environment as a consultant where the pace is fast and the demands on time and energy are exhaustive, one senses the glaring need to provide a service which has an immediate, practical application. This is no place to be doling out disconnected theoretical concepts, academic models and best practices leaving the client struggling to discover how to apply these ideas to the problems facing them today. It is imperative that the consultant make an effort to understand the terminology, operations, systems, pressures, constraints, and goals of the units they want to help. Building a relationship with the staff and managers to really understand the "business" is vital and requires some time and effort.

We were fortunate to have the assistance of an embedded Organizational Development (OD) consultant, Pam Theriault, to lay the groundwork for our study with the management and staff at Ridge Meadows Hospital and to explain the basics of hospital operations to us. The managers Lottie Cox, Glenda Wonnacott, and Beverley Dixon were enthusiastic, friendly, curious, patient with our questions and demands and
supportive of our goals. They made our job very enjoyable and turned it into a real learning experience. I am awed by the energy, commitment, competence, positive attitude and professionalism demonstrated in all the interactions that I observed.

4.2 Lessons in Consulting and Conducting Fieldwork

4.2.1 Project Management

Estimating the time involved in completing tasks and delivering results is something that a consultant must learn from experience. Breaking a project down into component parts, keeping work logs to track actual time on the job, and analysing the results are important to build a base of information for future jobs. This information is an objective measure that the consultant can use to estimate deadlines and fees for future jobs. Our project management estimates and deadlines for deliverables were wildly off target. We underestimated the time required for organization approvals, manager reviews of our interviews and surveys, data analysis, and report writing. We had a very late start and were overly optimistic about timelines with the result that our project extended well beyond our MBA academic deadlines.

The reasons for our inability to predict timelines was due to a number of reasons including:

- unfamiliarity with both the health care industry
- client priority - the client had a very busy workload in addition to assisting the SFU consultants and had to give our project a low priority
- bureaucratic requirements and approvals
- lack of experience with the component parts of a change audit and no basis on which to estimate time requirements
- simultaneous conduct of work and research for the project
Keeping track of activity hours, becoming more familiar with the job of organizational change consultant, and building contingencies into our estimates would improve our project management skills.

### 4.2.2 Negotiating Deliverables

Related to project management skills is the ability to negotiate deliverables with the client. Prior experience and the development of realistic expectations are important to ensuring that no promises are made that cannot be kept. We found that at one meeting when we were developing specific, tangible deliverables with the client, that many more deliverables were requested than we had originally planned. We did not agree to conduct a change audit for the home care unit which was also moving into the new facility, but we did agree to provide a post-merger survey for the managers to give to the employees. The time pressures we were under to meet our academic requirements acted as a brake on expanding the scope of our study.

It was very useful to have the charter outline to follow. It serves as a good checklist, a guide for negotiating a complete document, and it reduces the chance for misunderstandings. It would be useful for a consultant to tailor his/her own charter or contract guideline based on experience and evolve the document over time to incorporate all the services offered. It would double as a sales aide in making proposals and also as a foundation for discussion with clients in negotiating contracts.

### 4.2.3 Working with the Client

Hospital managers and staff were busy dealing with everyday working issues and the consultants' needs did not always warrant a high priority. We learned to be flexible
and to adapt our schedules to those of the managers. Although we were often getting off track in terms of deadlines, we had to give priority to the needs of the client despite our own academic requirements. I believe that by being flexible, and persistent yet adaptable, we gained considerable goodwill with the RMH managers. This goodwill was required at the later stages of the project when we needed their assistance to encourage staff to complete the surveys and when we were interpreting the results of the interviews and surveys.

We were careful to ensure that the managers were in control of key elements of the process such as approving the interview questions and the employee survey (10 versions). The managers had expressed concern over the wording of questions, and while we needed to include certain questions in order to collect the data we required, we gave the managers considerable latitude in phrasing the statements. This process extended the length of time we needed to construct the interview and survey far beyond our estimated completion date. However it went a long way to building a trusting, collaborative and constructive relationship with the managers.

The mechanics of arranging interviews, booking rooms, distributing and picking up surveys while maintaining strict confidentiality required more involvement by the student researchers than we expected. The managers were too busy to organize the details themselves and delegated what they could, but many details were simply overlooked. We had to take the initiative for example to find interview rooms or to inform shift supervisors what we were doing and make decisions about how to deal with the logistics of the surveys. The unit managers did not have a lot of clerical or secretarial assistance and did not have the time to supervise details. We found ourselves in the awkward
position several times of having to explain who we were to shift supervisors who had not been briefed or having to make decisions on the spot about where to conduct an interview. On a number of occasions there was a breakdown in communication that caused us to miss interview appointments. These were, overall, minor issues. It did indicate just how busy the managers and staff were. Our project dragged on into September because several managers took holidays and they expressed a desire to hear our presentation of the report. Balancing priorities based on what the client needs is important and the consultant cannot be too insistent on sticking to original deadlines if the client’s schedule and work forces a reordering of priorities.

4.3   Studying Organizations

4.3.1   The Outside Consultant – Friend or Foe?

4.3.1.1   The Employees

Entering into an organization as an outsider, gaining the trust of the staff to be interviewed and building the relationships needed to complete the project requires time and needs to be managed carefully. The Heisenberg Uncertainty Principle is a concept from the physical sciences that asserts that it is not possible to know exactly what impact an observer will have on the situation that is being observed. How will the situation be different or how might it change without the presence of the observer? A consultant needs to be aware of the impact their presence might have on the organization they are studying. Although we were concerned about gaining the cooperation of the staff, we were not conscious that our very presence might influence the research we were conducting. We were told at the beginning of our study that the staff had been informed about our research. But we did not know how much information about our study had been
shared with the employees. We later learned that an e-mail – a “lean” form of communication that not everyone read had been sent out explaining our presence. In retrospect, it would have been better to have introduced the SFU researchers at one of the staff update meetings and allowed us to speak directly to the employees about the objectives of our project.

As we conducted our interviews, employees’ attitudes improved. We learned later that this was because the staff felt hopeful that their ideas would be heard and acted upon. Once the interviews and survey had been completed, however, we had no further direct contact with the staff. No immediate action was taken by the managers because our report had not yet been prepared. This absence of action and our presence came to be viewed with suspicion. We met often with the managers behind closed doors and in the final phase of our engagement we learned that rumours were circulating among the employees that we were efficiency experts hired by corporate head office. These rumours claimed that we were planning cuts to services and the streamlining and privatisation of the units. These rumours fuelled the fear that the ECU’s were being outsourced and downsized. The behaviour of many staff became dysfunctional and the rates of absenteeism, false WCB claims and sick leave increased beyond anything that the managers had ever experienced. The lack of trust that employees felt towards senior management came to apply to the consultants and the atmosphere became even more emotionally charged – because of our presence. Being aware of and proactively managing the optics of the consultant’s visit is important if the consultant wants to obtain the cooperation and trust of the staff he/she works with.
4.3.1.2 The Management Team

Our research and study was helped immensely by the presence of a professional OD consultant who was assigned to the relocation project by the Fraser Health Authority. She introduced us to hospital operations, provided us with all the background and history, but most importantly, she promoted the value of our research to the managers. It was also very helpful that the unit managers had completed a course with Gervase Bushe of SFU and were not only familiar with many concepts of “Clear Leadership”, they were enthusiastic about applying such concepts to help them do their jobs. This welcoming atmosphere was very important for us to be able to conduct effective research. I believe it also points to the need and the opportunity that exists for management education programs to improve human resource management.

My experience in the business world has taught me that many high achieving managers and executives do not share the view that people skills are vital components of effective management and organizational achievement. Their focus is often limited to financial management, technical competence, innovation or marketing strategy. The effective management of people becomes an afterthought, not a vital link in the chain of accomplishing the task at hand. Such managers, when they encounter difficulties in leading teams or achieving their targets, often fall back on blaming individuals or circumstances rather than taking responsibility for their management style. Such managers lose an opportunity to learn how to become better at effective leadership. Others, through the hard knocks of experience do adjust, but do so in painful fits and starts, sometimes losing faith that they will ever master the psychological aspects of successful leadership. Under pressure to perform (neurotic or otherwise), they may revert
to “old” methods of command and control just to “get the job done” often, ironically, damaging the organization’s culture and its ability to perform the task.

I believe that the bias in organizations to promote technically proficient, data driven, results oriented individuals into positions of management dictates that empirical evidence of best practices need to be developed before they will be adopted. However, experience has also shown me that many managers can be open to new ideas. The pressure to perform and the ever present forces of competition encourage experimentation and open mindedness. However, most managers are not interested in theories or ideas unless they can see the direct substantiated link to business results. I believe that as research demonstrates a clear empirical relationship between business performance and effective human resource management, business leaders will adapt to the ‘new’ ideas. In short, they will use whatever techniques can be shown to work. Reaching the managers with these ideas and empirical results is the challenge, and we were fortunate to work with managers who had had exposure to leading edge management ideas.

4.3.2 Obtaining Knowledge of the Operations

I had no prior knowledge of, or exposure to, a hospital environment other than as a visitor. We were fortunate to have had the coaching of a Fraser Health OD consultant to give us the background information, details of operations, the strategy of the hospital, history, an overview of the organization and its key people. We did some background research on the internet but the real knowledge of how the operations run was found through observation and inquiry. Our observations were very peripheral and we relied
largely on the descriptions provided to us by the managers. This can put an interviewer in an awkward situation and make it difficult to ask pertinent questions or interpret what is heard in an interview. We did not take an opportunity to ghost an employee or a manager for a period of time to get a first hand look at what goes on in a unit. I think that spending some time behind the shift supervisor’s desk and introducing ourselves to the staff would have given us some invaluable insights into daily life on the ward. These insights would have helped us provide specific recommendations to the client and practical examples to illustrate points we were making. A full time consultant might be able to do this, whereas as MBA students completing courses and academic research while we conducted our study, we simply did not have the time.

4.3.3 Staff Openness and Cooperativeness

Despite having no introduction to the employees and entering an emotionally charged environment, we found that all of the staff we interviewed were surprisingly open and forthright in their views. We discovered a wide range of opinions, perceptions and ideas to improve the workplace. My SFU coursework had introduced me to the concept of different degrees and types of commitment: affective, normative and continuance. During the interviews I observed elements of all three types of commitment. One consistent factor that made a lasting impression on me was how dedicated the nurses, aides and attendants were in their concern for the well being of the residents. It was also apparent that there existed a strong attachment to fellow workers, not without some friction, but there existed a genuine willingness to work together with other staff members.
Our interviews typically lasted longer than an hour and were conducted privately following a script of questions. As planned however, we followed the conversation wherever it lead us, and in most cases the person being interviewed grew more willing to share personal information as the interviews progressed. We started each interview with a statement explaining why we were conducting the research and that each interview would be kept strictly confidential. This was an important first step to establishing some trust with the employees but it wasn’t until we had progressed through a number of questions and we had shown some understanding of the interviewee’s position that the conversation “warmed up”. It was a testament to the power of active listening to build a relationship. Complete strangers will share their inner most thoughts, feelings and wants quite openly if they believe they will be listened to, accepted and validated in what they have to say. Our curiosity was a catalyst for them to speak their minds and is a useful skill for an effective manager as well as an outside consultant.

4.3.4 Structure and Culture: The Complete Picture

Our interviews and survey uncovered and highlighted the “subterranean” world that exists in organizations. At first glance when we examine an organization we see systems, routines, processes, documents, reporting structure and methods in action. It requires a closer look and a deeper relationship with the people involved to perceive the thoughts, feelings and wants that are in a constant dynamic interplay among all the members. The values and mission that motivate the staff, the norms of behaviour that operate and the underlying theories and assumptions that provide the foundation for principles of behaviour are not easily shared at a conscious level with an outsider. Establishing trust and understanding by listening to and hearing without judgement, the
perceptions of all the members is required to develop a “whole” picture of the organization. An objective look into the experience of the employees can be very informative to managers since it can be difficult for individuals in supervisory positions to overcome the employees’ fear of ‘telling truth to power’. Managers may never be told “the truth” by people working for them out of fear of reactions and possible retaliation. Outside consultants can play an important role in encouraging the development of such an atmosphere and culture by demonstrating the value of establishing an open, trusting environment and of having access to the “whole” truth to prior to making decisions.

4.4 Strengths of our Study – What worked well

4.4.1 Teamwork

I enjoyed working with my cohort team mates on this research project. I thought that we worked well together and each of us contributed a variety of skills and talents to make the project a success. All of us were committed to giving something of value to the RMH managers as well as learning about how to conduct a change audit. We were all equally impressed with the commitment of the staff and managers at RMH and shared the many of the same values regarding the importance of human resource management in developing effective organizations. We negotiated the sharing of the work well and the preparation of the interviews and surveys was very much a joint effort. Some initial confusion early in the project about how to reach agreement on submissions to the client and our academic supervisor was discussed and resolved. We were able to develop trust in one another’s abilities and were also able to listen to other members’ suggestions for improvements to our work without being defensive. We shared an enthusiasm for this project that we could draw upon when there were miscommunications. Several times we
needed to have learning conversations in order to resolve misunderstandings and these
were very effective at not only “patching up” the working relationship, but improving it
and deepening the trust between us. I became aware of a significant cultural difference
between Natalia and me, when she described how she may openly react with emotion to
things that are said to her. She stated that this was the norm for both men and women in
Russia. She said that she finds that Canadians, men in particular, are cold and unfeeling
by comparison. It was something I attempted to bear in mind when I was talking to her. I
came to understand that to take the time to debrief on feelings with her was an investment
in personal trust which increased our productivity when we came under pressure.

4.4.2 Communication with Managers

I believe that we maintained excellent relations with our client throughout the
entire project. Our team agreed early on that the key to completing the project was
ensuring the cooperation of the managers and steering committee at RMH. We
determined very early on to maintain good communications with them and to be
adaptable to their schedule. We had very good initial meetings establishing our purpose
and sharing with them our belief in the importance of HRM. The good relationship
between the Fraser Health OD consultant and the RMH managers was an important
element in allowing us to win the trust of the steering committee members. Very early on
we established a system of summarizing our meetings by listing the decisions and clear
deliverables from all the parties. These summaries were e-mailed to all the participants
and helped maintain a disciplined approach to completing the project.
Our SFU project team also agreed early on that we would work hard at being good “listeners”. We would not adopt an attitude of knowing everything but would approach the meetings with our clients from a position of asking about the operations, the issues, the problems, what they did well and what they were hoping to get from us. This made the early meetings quite long and one-sided in that the SFU researchers spoke very little other than to ask questions and confirm what the managers had said. This approach, I believe, was very important in gaining their trust, although we found the managers extremely open minded and willing to listen to us as well. The managers got back to us promptly and were very enthusiastic about reviewing the results of our interviews and surveys.

The one issue that caused us some difficulty was the time availability of the steering committee members. We needed to be very flexible with respect to scheduling conference calls and meetings. We also had adjust to the amount of help the managers could offer us on details such as arranging interviews, interview locations and setting up pickup and drop-off procedures for the survey. Meetings were difficult to organize so we had to utilize them efficiently. Our communications were largely by e-mail which was efficient in many ways, but lacked the immediacy of face to face interaction, so that some aspects of the project took much longer than anticipated – 10 versions of the interview questions for example. We made a point of leaving the managers in control of the interview and survey wording. This created time delays and missed deadlines for us, but it increased trust and allayed fears the managers might have had over miscommunications with their staff. I believe that we represented SFU in a highly professional, academically
rigorous, yet practical manner and that RMH management and Fraser Health were left with very positive impressions of the MBA program at SFU.

4.5 Weaknesses of our Study – What we could do differently

4.5.1 Time Management

Our time management was not effective for this project. There were many contributing factors but the most important was the lack of experience we had in conducting a change audit. We were learning the fundamentals of conducting a change audit, such as interviewing and constructing surveys, as the project proceeded so we had time standards to use as benchmarks for estimating how much time we would need. We underestimated the time it would take to receive approvals, construct the interview questions, setup the interviews and design and construct the survey. Predicting the time needed for analysing the data and preparing the report for the client was underestimated as well. “Scope creep” became a factor when the managers expressed an interest in having a complete change management framework presented to them, as opposed to merely a list of specifically selected recommendations. Finally, we had to be very careful not to intrude on the managers’ work priorities. We were very aware of the generous nature of both the steering committee and the hospital in allowing us into the organization to conduct our study. Although we were confident that we could offer useful insights, we still had to ensure that we did not interfere with the ongoing operations of the hospital. This often meant waiting for responses and scheduling meetings at the convenience of the client without regard to our pressing time requirements. With experience a consultant could improve estimated time – never perfect – by keeping a record of actual times from
prior jobs as well as building in contingency factors at each stage. Our late start and the academic deadlines we faced did not allow for this.

4.5.2 Culture Survey

I would have liked to have conducted a culture survey of the managers and supervisors in each ECU. Although it was beyond the scope of this project, I believe that the managers could have benefited from the experience. The management team would have benefited from understanding exactly what is meant by culture in specific measurable terms, identifying differences between units and going through the exercise of defining what kind of culture they wanted and needed. They were keen to do this but though they had a vague idea of what was meant by culture, they had no insight how to manage the culture issues they faced. Perhaps more useful would have been to do a thorough culture audit across the professions to identify the differences between the lower skilled and less educated workers and the professional staff. We were not able to offer specific advice on how to transform the culture to bring it into alignment with a patient focused, performance based organization.

4.5.3 Better Data

Many of our observations and conclusions would have been strengthened and refined by having a larger survey response. A number of factors, I believe would have improved the response rate including:

- better information and promotion about the purpose of the survey and how it might benefit the employees
- introducing the SFU students and giving them time to speak at a staff meeting
• more time on the units with the employees to develop personal relationships
• higher profile distribution and pickup points
• rewards, recognition or incentives for those that participated.

A follow-up survey post-merger or even at various stages during the merger would have provided useful longitudinal information on a variety of topics such as:

• the effectiveness of the transition teams
• the effect, if any, of the implementation of some of our recommendations
• confirmation or rejection of a number of research findings related to mergers such as employee turnover, attitudes, job security concerns
• changes in Perceived Influence (PI) over time

4.5.4 More Familiarity with Operations and Personnel

A consultant who specializes in healthcare operations would be much more familiar with job terms, processes, procedures, professional constraints and union contracts. We were at a disadvantage early in the project in not knowing the “language” or coding used by nurses and healthcare workers. Such knowledge helps the consultant understand the pressures that employees work under, helps communication and creates a better understanding of the issues facing the organization. The credibility of the consultant increases if he/she is able to give specific examples of abstract change management principles in terms of hospital operations. Meeting with the union representatives and at least some of the senior managers would have helped provide background information as well as enlisting support for our research. Finally, it would have been useful and interesting to have had more time to develop and build relationships
with individual employees. Such relationships can provide insights and observations not available through more formalized methods such as interviews and surveys.

Despite the limits on our ability to become a part of the organization and gain even greater insights into the life and operations of a hospital unit, I have seen enough to give me a very healthy respect for the dedication of nurses and healthcare workers in delivering excellent client care. I observed in the hospital, as I have seen in many other organizations, that the stronger the commitment to a cause the greater will be the conflict when there is a difference in personal perspectives. In contrast to environments or situations where there is little concern for outcomes and no commitment to the corporate mission, I have always held out great hope for change and improvement in organizations where friction was caused by intensity of purpose combined with diversity in perspectives. In those situations:

"[W]hat is often characterised by people as a relationship problem has less to do with personality conflicts and more to do with conflicting work processes or roles." (Marks and Mirvis, 1998, p.222)

All that is needed is that managers paint a picture of the future, model the values of clear leadership, apply discipline toward the goals of the organization, support and encourage the efforts of their staff and reveal to everyone the sense of common purpose that already exists.
Appendix A – Interview Questions
STAFF INTERVIEW QUESTIONS - June 13, 2005

1) What do you value the most about working at Alouette/Creekside?

2) As you think about your experience with Alouette/Creekside, please tell me about a time when you really enjoyed working & producing some great results? What made this possible? What was ESSENTIAL to having this happen?

3) When was the time you felt your talents were most successfully utilized by the Alouette/Creekside management? What is most important about this experience? Who was involved? What made this possible?

4) What do you know about the upcoming merger of Alouette and Creekside care units?

5) Do you think that you possess enough information about this change?

6) What is your understanding about any "staff reconfigurations" that might occur under this reorganization?

7) How do you feel about the proposed reorganization? Do you have any hopes or concerns associated with this merger?

8) Do you think that the residents' interests have been considered in planning this merger? The staff? The hospital?

9) Do you believe that the combination of the two units is in the best interests of the residents? The staff? The hospital? If yes why, if not why not?

10) What level of involvement would you like to have in implementing changes, such as changing the staffing mix, service delivery, or job duties?

11) How far in advance would you like to know where and in what capacity you will be working in the new building? What kind of information would you like to have?

12) How would you feel if you ended up working with residents different from the ones you serve now?

13) In your opinion are there significant differences in how you work and how staff at the other manor work that may cause problems when you merge?

14) What would you like to see happen ideally with this merger?

15) Are you aware of the Eden Philosophy? Do you understand it? Do you believe in its conclusions? Do you think it is important for the hospital to implement it in order to improve conditions for the residents?

16) Do you think that the planning for the merger has been effective to date? Is there anything you would like to see done differently?

17) Is there anything you think I should know about the upcoming merger and how it is currently being managed that I haven’t asked you?
Appendix B – Quantitative Summary of Interviews
## ANALYSIS OF STAFF INTERVIEW QUESTIONS - JUNE 21 - 24, 2005

RMH - ECU's Alouette and Creekside

### QUESTIONS AND RESPONSES

<table>
<thead>
<tr>
<th>Interviewee Information</th>
<th>Total</th>
<th>More</th>
<th>Less Q</th>
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<tbody>
<tr>
<td><strong>What do you value the most about working at Alouette/Creekside?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with residents</td>
<td>12</td>
<td>63.2%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Good working relationships</td>
<td>9</td>
<td>47.4%</td>
<td>33.3%</td>
</tr>
<tr>
<td>&quot;Home&quot; atmosphere and holistic approach to care</td>
<td>7</td>
<td>36.8%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Acute care does not provide same opportunity to get to know patients or residents</td>
<td>5</td>
<td>26.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>More &quot;complex&quot; issues than acute care</td>
<td>5</td>
<td>26.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Supporting families of residents</td>
<td>5</td>
<td>26.3%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Making life as pleasant as possible for residents</td>
<td>3</td>
<td>15.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Opportunities for career advancement and professional development</td>
<td>2</td>
<td>10.5%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

| **As you think about your experience with Alouette/Creekside, please tell me about a time when you really enjoyed working & producing some great results?** |       |      |        |
| Positive comments from family members, and residents | 9     | 47.4% | 50.0%  |
| Good team problem solving on complex care issues and support, professional environment | 9     | 47.4% | 40.0%  |
| Other nurses look up to me for guidance and advice | 4     | 21.1% | 15.8%  |
| ECU residents' wishes and preferences are seriously considered | 4     | 31.3% | 40.0%  |
| Expression of love and attachment from the residents | 3     | 15.8% | 0.0%   |
| Do the most based on effectiveness/efficiency | 2     | 10.5% | 22.2%  |
| Designed a program that was popular with residents - knew I had an impact | 2     | 10.5% | 11.1%  |
| Dealt very successfully with "passing" of resident | 2     | 10.5% | 11.1%  |
| Created a program that deflected residents' attention away from themselves | 1     | 5.3%  | 11.1%  |
| Obtaining support services and resources for residents and family | 1     | 5.3%  | 11.1%  |
| Feeling appreciated for helping employees solve their problems | 1     | 5.3%  | 11.1%  |
When was the time you felt your talents were most successfully utilized by the Alouette/Creekside management? What is most important about this experience?

Who was involved? What made this possible?

| Appreciation by management and supervisors | 8 | 42.1% | 85.6% | 36.0% |
| Felt needed and appreciated by the residents and peers | 7 | 36.8% | 22.2% | 50.0% |
| Deal with issues in depth with residents, rather than quick technical solutions | 6 | 31.6% | 44.4% | 20.0% |
| Feeling skills and talents are fully utilized | 6 | 31.6% | 44.4% | 20.0% |
| Not as much use of technical skills, but more holistic and team approach | 3 | 15.8% | 31.5% | 20.0% |
| Not fully utilized, unable to make decisions (i.e. care plans, policies, procedures) | 3 | 15.8% | 22.2% | 16.0% |
| More administrative time than would like, but tradeoff vs. direct care for input on decisions | 2 | 10.5% | 22.2% | 0.0% |
| A lot of autonomy to design programs | 1 | 5.3% | 11.1% | 0.0% |
| Little positive feedback from supervisors, quick to hear about bad | 1 | 5.3% | 11.1% | 0.0% |
| Increasing skill level, training and being given more medical tasks | 1 | 5.3% | 0.0% | 16.0% |
| Had a chance to develop other employees professionally | 1 | 5.3% | 11.1% | 0.0% |
| Felt important when was asked to design layout for the new building | 1 | 5.3% | 11.1% | 0.0% |

What do you know about the upcoming relocation and combination of Alouette and Creekside care units?

| New Building | 18 | 94.7% | 80.9% | 100.0% |
| Date - March, April, May 2006 | 12 | 63.2% | 77.8% | 50.0% |
| 3 Floors, 5 Units - 2 + 2 - 1 | 12 | 63.2% | 55.6% | 70.0% |
| Privatization - HUGE worry | 8 | 42.1% | 33.3% | 50.0% |
| Same number of beds and number of staff, ECU's combine | 6 | 31.6% | 22.2% | 40.0% |
| Very little | 6 | 31.6% | 22.2% | 40.0% |
| Unification of work processes between Creekside and Alouette | 6 | 31.6% | 44.4% | 20.0% |
| Very involved | 3 | 15.8% | 11.1% | 20.0% |
| 2 Therapy Areas | 2 | 10.5% | 22.2% | 0.0% |
| New Parking Lot | 1 | 0.0% | 11.1% | 0.0% |

Do you think that you possess enough information about this change?

| Shortage of information in general | 12 | 63.2% | 55.6% | 50.0% |
| Mistrust -over feeling that we're not being told everything | 11 | 57.9% | 55.6% | 40.0% |
| Understand that everything is changeable | 8 | 42.1% | 44.4% | 40.0% |
| Managers listening and trying, ask for input, meetings, major issues - shifts, holidays - it is difficult | 8 | 42.1% | 44.4% | 40.0% |
| Receiving selective information concerning building, but not on HR issues | 5 | 26.3% | 22.2% | 40.0% |
| Don't take things for granted | 4 | 21.1% | 22.2% | 20.0% |
I know enough at this point

Worried that cost efficiency issues will eliminate job

What is your understanding about any “staff reconfigurations” that might occur under this reorganization?

Don’t know anything about reconfiguration of jobs

Understand there will be changes, stay positive

VERY worried about loss of jobs, downsizing, and privatization

VERY worried about the “political” push for efficiency from government

Not concerned about getting along with members of the other unit

Worried about being understaffed with new configuration of beds, more residents per staff

Worried that staff from Alouette and Creekside will resist working together cooperatively

Not concerned about job losses

Joining forces and adapting with other ECU

Very concerned about loss of computer

Very concerned about RN’s jobs – LPN’s taking on more tasks

In relation to your job and your ability to serve the residents in the new facility, what factors do you believe will require careful attention and planning?

Support the staff during the transition

Minimizing impact on residents (i.e. keeping current staff relationships, advance communication)

Downsizing through privatization

Operations on three floors (i.e. activities, smokers, serving meals, outdoors, etc)

Planning of space for equipment, offices, and storage

Adequate staffing to resident ratio

No air conditioning

Job assignments, including duties, responsibilities, and locations

Support resources (i.e. wheelchairs, maintenance)

Funding for equipment, supplies, repairs

What level of involvement would you like to have in implementing changes, such as changing the staffing mix, service delivery, or job duties?

Would like to have more information

Was involved and have provided input

Present more opportunities for employee feedback

Have provided input that was rejected and/or discouraged

Including more stakeholders (i.e., resident families, etc)

Uncertain who is responsible for input and decisions: Staff or managers?
Not as involved as others | 2 | 10.5% | 11.5% | 10.0%
Ensure resident service improves - staff/resident ratio dependent on room configuration | 2 | 10.5% | 22.2% | 0.0%
Would like to work with co-workers, supervisors, group to brainstorm | 2 | 10.5% | 0.6% | 20.0%
Do not want to be involved | 1 | 5.3% | 0.6% | 10.0%

<table>
<thead>
<tr>
<th>How far in advance would you like to know where and in what capacity you will be working in the new building?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAP</td>
<td>6</td>
<td>31.6%</td>
<td>35.3%</td>
</tr>
<tr>
<td>2 months in advance</td>
<td>5</td>
<td>26.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>3 - 6 months in advance</td>
<td>2</td>
<td>19.5%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job existence, duties and responsibilities</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>73.7%</td>
<td>66.7%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Hours/Shifts</td>
<td>11</td>
<td>57.9%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Equipment location</td>
<td>6</td>
<td>31.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Areas of coverage</td>
<td>6</td>
<td>31.6%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Team composition</td>
<td>5</td>
<td>26.3%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Not worried</td>
<td>5</td>
<td>26.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Treatment room details</td>
<td>4</td>
<td>31.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Access to hospital resources and support</td>
<td>2</td>
<td>10.5%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Office location</td>
<td>1</td>
<td>5.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>How communications will work, how contacted, pagers etc.</td>
<td>1</td>
<td>5.3%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As a result of this relocation and combination you will be working with new residents. How will you feel working with new residents and working less with your current residents?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT an issue, flexible, some change is good</td>
<td>16</td>
<td>84.2%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Whatever is in best interests of residents and how they and family feel</td>
<td>10</td>
<td>52.6%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Preference to deal with existing residents</td>
<td>8</td>
<td>42.1%</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your opinion are there significant differences in how you work and how staff at the other manor work that may create challenges?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No major issues</td>
<td>11</td>
<td>57.9%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Cultural friction across manors</td>
<td>10</td>
<td>52.6%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Different employee norms across jobs</td>
<td>9</td>
<td>47.4%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Different management styles and expectations</td>
<td>8</td>
<td>42.1%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Gardenview - VERY happy with existing facility</td>
<td>7</td>
<td>36.8%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Change in job duties and responsibilities because of new design</td>
<td>5</td>
<td>26.3%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Informal socialization needed</td>
<td>5</td>
<td>26.3%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
What would you like to see happen ideally with the change in the care delivery?

- Proper equipment storage, space, accessibility, and availability (26.3%)
- More collaboration and teamwork amongst staff (26.3%)
- Make building layout efficient to minimize distance of staff rounds (21.5%)
- Take opportunity to design, build systems to really improve care for residents (21.5%)
- Computer in office (15.8%)
- Increase staff to resident ratio (15.8%)
- Group by level of care required or acuity - IMPORTANT (15.8%)
- Localized job assignment, not across three floors (15.8%)
- Improve the food quality and preparation (15.8%)
- More autonomy in job (10.5%)
- Increase access to specialized resources, services and training (10.5%)
- Improved cleanliness (10.5%)
- More activities for residents (10.5%)
- Office location on unit to side (5.3%)
- Support for new programs (5.3%)

Are you aware of the Eden Philosophy? Do you understand it? Do you believe in its possibilities? Do you think it is important for the manors to continue with the move forward with its principles? Do you think that the Eden philosophy improves the quality of life for the residents? Why?

- Aware and trained in Eden Philosophy (68.4%)
- Improved quality of life and balance for residents (63.2%)
- Talking about it a long time (36.8%)
- Implementation mostly done (36.8%)
- Difficult to implement in institutional setting and RMH structure, still "feels" like hospital (31.6%)
- Philosophy is misrepresented and misunderstood (26.3%)
- Employees have negative associations with it (15.8%)
- Not wholly aware of Eden Philosophy (15.8%)

169
### Do you think that the planning process for moving to the new building has been effective to date? Is there anything you would like to see done differently?

<table>
<thead>
<tr>
<th>Concern</th>
<th>14</th>
<th>10</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee concerns and questions not answered satisfactorily from management</td>
<td>73.7%</td>
<td>77.8%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Good efforts at communication are being made</td>
<td>52.6%</td>
<td>44.4%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Sufficient employee involvement</td>
<td>26.3%</td>
<td>33.3%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Not enough employee involvement</td>
<td>26.3%</td>
<td>44.4%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

### Is there anything you think I should know about the upcoming changes and how it is currently being managed that I haven’t asked you?

<table>
<thead>
<tr>
<th>Concern</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move is going to be a transition and hope everyone is prepared to adapt</td>
<td>52.6%</td>
</tr>
<tr>
<td>Staff feel they have no control over situation</td>
<td>42.1%</td>
</tr>
<tr>
<td>Cynical about move</td>
<td>42.1%</td>
</tr>
<tr>
<td>Optimistic, excited</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

### OTHER ISSUES RAISED NOT SPECIFICALLY ASKED

<table>
<thead>
<tr>
<th>Concern</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing demands on staff with no extra help or compensation</td>
<td>42.1%</td>
</tr>
<tr>
<td>Management does not understand employees’ needs</td>
<td>42.1%</td>
</tr>
<tr>
<td>Need more access to specialized resources such as palliative, pharmacist and training</td>
<td>36.8%</td>
</tr>
<tr>
<td>Management is not trusted</td>
<td>36.8%</td>
</tr>
<tr>
<td>Aware that managers are extremely busy</td>
<td>31.6%</td>
</tr>
<tr>
<td>Overall fear of change</td>
<td>26.3%</td>
</tr>
<tr>
<td>Solutions to resident care issues can create more work for some staff than others</td>
<td>21.1%</td>
</tr>
<tr>
<td>Families of residents are worried</td>
<td>21.1%</td>
</tr>
<tr>
<td>Worried about resident well being during and after move</td>
<td>21.1%</td>
</tr>
<tr>
<td>Looking for work or upgrading options</td>
<td>15.8%</td>
</tr>
<tr>
<td>Can see the management’s side</td>
<td>15.8%</td>
</tr>
<tr>
<td>Concern about sick leave management</td>
<td>15.8%</td>
</tr>
<tr>
<td>ECU not prepared for emergencies (i.e. Superbug)</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
Appendix C – Survey Form
**FHV - Employee Survey - July 2005**

**RMH ECU Manor: Survey on Employee Opinions, Attitudes, and Knowledge on Relocation to New Medical Facility**

**INSTRUCTIONS:**
Please indicate your level of agreement with the following statements by checking the appropriate box next to the statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Neither</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The new building will serve our residents' needs better than the existing facility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I feel optimistic about the relocation of the Manor to a new facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am concerned about equipment being accessible and available to allow me to do my job well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The quality of our residents' life will be higher in the new building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The layout of the new facility will enable me to perform my job more effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I am concerned that staffing levels may not be adequate in the new facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am concerned that I may not work with the same residents in the new facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I currently have sufficient independence to make decisions related to my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I currently have sufficient collaboration between myself and other staff members in my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I currently have sufficient input into decisions that affect my workload</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am not worried about changes to team configurations resulting from the relocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I have no difficulty working with staff who are members of other professional designations (RN, LPN, PCA, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I am worried that the new facility will be produced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am concerned that efforts to reduce costs will result in downsizing and job losses after the relocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I am concerned that my job will be eliminated as a result of the relocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Staff from both Manors will work well together during the transition to the new building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. My manager is making sufficient effort to plan the changes that will affect my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I am concerned that different work practices in Alberta and Creekside Manor will cause conflict in the new building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. My manager understands what I need to know about the relocation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I have received sufficient information to date about how the relocation will affect my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. My manager is taking me everything they know about the relocation to date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. My manager shares my commitment to providing excellent resident care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Senior management shares my commitment to providing excellent resident care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. My manager is making her best efforts to share information with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I have sufficient knowledge about how my job will be impacted by new staff configurations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I am anxious about possible required changes to my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FVH - Employee Survey - July 2005

RMH ECU Manors: Survey on Employee Opinions, Attitudes, and Knowledge on Relocation to New Medical Facility

INSTRUCTIONS:
Please indicate your level of agreement with the following statements by checking the appropriate box next to the statement.

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>NEITHER</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

The following information about changes to my job is very important to me:

27 - duties and responsibilities
28 - co-workers
29 - job configuration and processes
30 - years of service
31 - number of residents under my care
32 - shift schedule
33 - equipment and supplies
34 - meeting rooms
35 - office space
36 - I would like more input and involvement in future decisions regarding the relocation
37 - My input is valued by my manager
38 - My input is important in designing the new facility
39 - The needs of our residents are being considered by my manager when planning the transition for the new building
40 - I have sufficient influence over decisions that are made regarding the relocation to the new building

What suggestions do you have to help ease the process of combining the two extended care units into one:

Please provide any other comments you have regarding your job and/or the relocation of Alouette and Creekside Manors:

Which designation accurately describes your job?

<table>
<thead>
<tr>
<th>1 RN/CC</th>
<th>2 LPN</th>
<th>3 OT, PT, PT</th>
<th>4 RCA</th>
<th>5 Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 Yrs post secondary education</td>
<td>More than 2 Yrs post secondary education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have you worked in the Extended Care Unit?

| 1 less than 6 months | 2 6 months - 2 years | 3 2 - 4 years | 4 4 - 10 years | 5 10+ years |

Please indicate the Manor you currently work in:

1 Alouette 2 Creekside 3 Gardenview 4 Other Indicate
Appendix D – Analysis of Survey – General Results
FVH - Employee Survey - July 2005

ANALYSIS OF RESPONSES - GROUPED BY TYPE OF QUESTION

Average

Range - ④ One Standard Deviation = 68% of Responses

40. The needs of our residents are being considered by my manager when planning the transition for the new building

Responses with no discernible tendency or clustering around "agree" or "disagree" are not shown.

CONCERN FOR RESIDENTS

1. The new building will serve our residents’ needs better than the existing facilities
2. The quality of our residents’ life will be higher in the new building

JOB RESPONSIBILITIES AND TASKS

3. I am concerned about equipment being accessible and available to allow me to do my job well
4. The layout of the new facility will enable me to perform my job more effectively
5. I am concerned that I may not work with the same residents in the new facility
6. I currently have sufficient independence to make decisions related to my job

GENERAL ATTITUDE

2. I feel optimistic about the relocation of the Manor to a new facility

IMPORTANT JOB COMPONENTS

The following information about changes to my job is very important to me:

31. number of residents under my care
27. duties and responsibilities
32. shift schedules
30. area of coverage
29. job configuration and processes
33. equipment and supplies
35. - meeting rooms
28. co-workers
34. office space

<table>
<thead>
<tr>
<th>AGREE STRONGLY</th>
<th>AGREE SOMEWHAT</th>
<th>NEITHER</th>
<th>AGREE SOMEWHAT</th>
<th>DISAGREE SOMEWHAT</th>
<th>DISAGREE STRONGLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. 1.33</td>
<td>1.40</td>
<td>1.42</td>
<td>1.43</td>
<td>1.53</td>
<td>1.68</td>
</tr>
</tbody>
</table>
FVH - Employee Survey - July 2005

ANALYSIS OF RESPONSES - GROUPED BY TYPE OF QUESTION

Average

Range - +(-) One Standard Deviation = 68% of Responses

40. The needs of our residents are being considered by my manager when planning the transition for the new building
Responses with no discernible tendency or clustering around "agree" or "disagree" are not shown

CONCERN FOR RESIDENTS
1. The new building will serve our residents' needs better than the existing facilities
4. The quality of our residents' life will be higher in the new facility

JOB RESPONSIBILITIES AND TASKS
3. I am concerned about equipment being accessible and available to allow me to do my job well
7. I am concerned that I may not work with the same residents in the new facility
8. I currently have sufficient independence to make decisions related to my job

GENERAL ATTITUDE
2. I feel optimistic about the relocation of the Manors to a new facility

IMPORTANT JOB COMPONENTS
The following information about changes to my job is very important to me:
31. number of residents under my care
27. duties and responsibilities
32. shift schedules
30. area of coverage
29. job configuration and processes
33. equipment and supplies
28. co-workers
34. meeting rooms
35. office space

<table>
<thead>
<tr>
<th>AGREE STRONGLY</th>
<th>AGREE SOMEWHAT</th>
<th>NOR AGREE SOMEWHAT</th>
<th>DISAGREE SOMEWHAT</th>
<th>DISAGREE STRONGLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.33</td>
<td>1.40</td>
<td>1.42</td>
<td>1.43</td>
<td>1.53</td>
</tr>
<tr>
<td>1.68</td>
<td>1.77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Appendix E – Factor Loading
Factor Loading

<table>
<thead>
<tr>
<th></th>
<th>Component</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>q1</td>
<td></td>
<td>.272</td>
<td>-.167</td>
<td>.277</td>
<td>-.003</td>
<td>.834</td>
<td>.043</td>
<td>.052</td>
<td>.214</td>
<td>-.034</td>
<td>.090</td>
<td>-.064</td>
</tr>
<tr>
<td>q2</td>
<td></td>
<td>.261</td>
<td>-.087</td>
<td>.227</td>
<td>-.251</td>
<td>.222</td>
<td>-.780</td>
<td>.182</td>
<td>-.016</td>
<td>.003</td>
<td>.049</td>
<td>-.187</td>
</tr>
<tr>
<td>q3</td>
<td></td>
<td>-.094</td>
<td>.089</td>
<td>-.066</td>
<td>.024</td>
<td>.035</td>
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<td>.857</td>
<td>-.045</td>
<td>.009</td>
<td>.047</td>
<td>.033</td>
</tr>
<tr>
<td>q4</td>
<td></td>
<td>.113</td>
<td>-.475</td>
<td>.510</td>
<td>-.095</td>
<td>.623</td>
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Factor Extraction

1. Perceptions of management
   Q# 17, 19, 20, 21, 23, 24, 25, 38, 39, 40, 41
2. Workload
   Q# 7, 29, 30, 31, 32
3. Control over work life
   Q# 8, 9, and 10
4. Privatization
   Q# 13, 14, 15
5. Patient well being
   Q# 1, 4, 5
6. Team/job assignments
   Q# 27, 28
7. Layout of building
   Q# 3
8. Working with new people
   Q# 12, 16, 37
9. Employee involvement
   Q# 36
10. Staffing levels
    Q# 6, 18
11. Job tools
    Q# 33
Appendix F – Analysis of Survey – Perceived Influence
### FVH - Employee Survey - July 2005

#### ANALYSIS OF RESPONSES - VARIATION BASED ON SENSE OF INFLUENCE

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Responses with no discernable tendency or clustering around "agree" or "disagree" are not shown.

### JOB SECURITY

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<td>I am concerned that efforts to reduce costs will result in downsizing and job losses after the relocation</td>
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<td>I am concerned that my job will be eliminated as a result of the relocation</td>
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### WORKLOAD

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<td>I currently have sufficient input into decisions that affect my workload</td>
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### COMMUNICATIONS

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<td>I have received sufficient information to date about how the relocation will affect my job</td>
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<td>I have sufficient knowledge about how my job will be impacted by new staffing configurations</td>
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### TEAMWORK AND CULTURE

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<td>I have no difficulty working with staff who are members of other professional designations (RN, LPN, RCA, etc.)</td>
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<td>I am not concerned that different work practices in Alouette and Creekside Manor will cause conflict in the new building</td>
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### INPUT AND INVOLVEMENT

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<td>My manager understands what I need to know about the relocation</td>
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<td>My manager understands what I need to know about the relocation</td>
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<td>The needs of our residents are being considered by my manager when planning the transition for the new building</td>
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<td>The new facility will serve our residents' needs better than the existing facilities</td>
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### CONCERN FOR RESIDENTS

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### ANALYSIS OF RESPONSES - VARIATION BASED ON SENSE OF INFLUENCE

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# FVH - Employee Survey - July 2005

**ANALYSIS OF RESPONSES - VARIATION BASED ON SENSE OF INFLUENCE**

## JOB RESPONSIBILITIES AND TASKS

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<th>Disagree</th>
<th>Neither</th>
<th>Tendency</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am concerned about equipment being accessible and available to allow me to do my job well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The layout of the new facility will enable me to perform my job more effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I currently have sufficient influence to make decisions related to my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## GENERAL ATTITUDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Agree</th>
<th>Agree Nor</th>
<th>Disagree</th>
<th>Neither</th>
<th>Tendency</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel optimistic about the relocation of the Manor to a new facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## IMPORTANT JOB COMPONENTS

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Agree</th>
<th>Agree Nor</th>
<th>Disagree</th>
<th>Neither</th>
<th>Tendency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents under my care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift schedules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job configuration and processes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coworkers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

* Differences in means statistically significant at 0.10
** Differences in means statistically significant at 0.05
*** Differences in means statistically significant at 0.01

1.88  3.33  1.44 **
Appendix G – ANOVA Test: Manors, Job, Seniority and Age
## ANOVA Test: Manors, Job, Seniority and Age

Table 4: ANOVA Mean Comparisons between Manors, Seniority, and RCA’s

<table>
<thead>
<tr>
<th>Likert Scale</th>
<th>Group Average</th>
<th>Mean Difference</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am concerned that staffing levels may not be adequate in the new facility</td>
<td>1.08</td>
<td>1.53</td>
<td>-0.45</td>
</tr>
<tr>
<td>I have no difficulty working with staff who are members of other professional designations (RN, LPN, RCA ...etc.)</td>
<td>1.25</td>
<td>2.07</td>
<td>-0.82</td>
</tr>
<tr>
<td>I am concerned that different work practices in Alouette and Creekside Manor will cause conflict in the new building</td>
<td>1.42</td>
<td>2.40</td>
<td>-0.98</td>
</tr>
<tr>
<td>My manager understands what I need to know about the relocation</td>
<td>4.33</td>
<td>3.60</td>
<td>0.73</td>
</tr>
<tr>
<td>I am anxious about possible required changes to my job</td>
<td>1.33</td>
<td>2.20</td>
<td>-0.87</td>
</tr>
<tr>
<td><strong>Job and Education</strong></td>
<td>RCA’s</td>
<td>All Others</td>
<td>SIG</td>
</tr>
<tr>
<td>The new building will serve our residents’ needs better than the existing facilities</td>
<td>3.73</td>
<td>2.42</td>
<td>1.31</td>
</tr>
<tr>
<td>The quality of our residents’ life will be higher in the new building</td>
<td>3.87</td>
<td>2.58</td>
<td>1.29</td>
</tr>
<tr>
<td>The layout of the new facility will enable me to perform my job more effectively</td>
<td>3.80</td>
<td>2.58</td>
<td>1.22</td>
</tr>
<tr>
<td>I am concerned that I may not work with the same residents in the new facility</td>
<td>1.93</td>
<td>2.75</td>
<td>-0.82</td>
</tr>
<tr>
<td>I currently have sufficient independence to make decisions related to my job</td>
<td>3.20</td>
<td>2.08</td>
<td>1.12</td>
</tr>
<tr>
<td>The following information about changes to my job is very important to me: number of residents under my care</td>
<td>1.13</td>
<td>1.67</td>
<td>-0.54</td>
</tr>
<tr>
<td>The following information about changes to my job is very important to me: shift schedules</td>
<td>1.17</td>
<td>1.75</td>
<td>-0.58</td>
</tr>
<tr>
<td>I would like more input and involvement in future decisions regarding the relocation</td>
<td>1.47</td>
<td>2.00</td>
<td>-0.53</td>
</tr>
<tr>
<td><strong>Seniority</strong></td>
<td>&gt; 7 Yrs</td>
<td>&lt; 7 Yrs</td>
<td>SIG</td>
</tr>
<tr>
<td>The new building will serve our residents’ needs better than the existing facilities</td>
<td>2.67</td>
<td>3.53</td>
<td>-0.86</td>
</tr>
<tr>
<td>The quality of our residents’ life will be higher in the new building</td>
<td>2.75</td>
<td>3.73</td>
<td>-0.98</td>
</tr>
<tr>
<td>The layout of the new facility will enable me to perform my job more effectively</td>
<td>2.83</td>
<td>3.73</td>
<td>-0.9</td>
</tr>
<tr>
<td>I currently have sufficient independence to make decisions related to my job</td>
<td>2.17</td>
<td>3.13</td>
<td>-0.96</td>
</tr>
<tr>
<td>I am not worried about changes to team configurations resulting from the relocation</td>
<td>2.50</td>
<td>3.53</td>
<td>-1.03</td>
</tr>
</tbody>
</table>
### Likert Scale

**from 1 (Strongly Agree) to 5 (Strongly Disagree)**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Group Average</th>
<th>Mean Difference</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am concerned that different work practices in Alouette and Creekside Manor will cause conflict in the new building</td>
<td>2.33 1.67</td>
<td>0.66</td>
<td>*</td>
</tr>
<tr>
<td>My manager shares my commitment to providing excellent resident care</td>
<td>2.04 3.40</td>
<td>-1.36</td>
<td>***</td>
</tr>
<tr>
<td>The following information about changes to my job is very important to me: office space</td>
<td>2.25 3.60</td>
<td>-1.35</td>
<td>**</td>
</tr>
<tr>
<td>I would like an opportunity to brainstorm with my co-workers about plans for the new building</td>
<td>1.75 3.00</td>
<td>-1.25</td>
<td>**</td>
</tr>
<tr>
<td>My input is valued by my manager</td>
<td>2.83 4.00</td>
<td>-1.17</td>
<td>***</td>
</tr>
<tr>
<td>The needs of our residents are being considered by my manager when planning the transition for the new building</td>
<td>2.67 3.87</td>
<td>-1.2</td>
<td>***</td>
</tr>
</tbody>
</table>

**Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 - 44</td>
<td>45 - 64</td>
</tr>
</tbody>
</table>

* Difference in mean statistically significant at .10
** Difference in mean statistically significant at .05
*** Difference in mean statistically significant at .01
Appendix H – Manager’s Perceptions
Manager’s Perceptions

Table 5: Manager’s Perceptions

<table>
<thead>
<tr>
<th>Likert Scale from 1 (Strongly Agree) to 5 (Strongly Disagree)</th>
<th>Group Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managers</td>
</tr>
<tr>
<td>The new building will serve our residents’ needs better than the existing facilities</td>
<td>2</td>
</tr>
<tr>
<td>I feel optimistic about the relocation of the Manors to a new facility</td>
<td>4</td>
</tr>
<tr>
<td>I am concerned about equipment being accessible and available to allow me to do my job well</td>
<td>2</td>
</tr>
<tr>
<td>The quality of our residents’ life will be higher in the new building</td>
<td>4</td>
</tr>
<tr>
<td>The layout of the new facility will enable me to perform my job more effectively</td>
<td>5</td>
</tr>
<tr>
<td>I am concerned that staffing levels may not be adequate in the new facility</td>
<td>1</td>
</tr>
<tr>
<td>I am concerned that I may not work with the same residents in the new facility</td>
<td>3</td>
</tr>
<tr>
<td>I currently have sufficient independence to make decisions related to my job</td>
<td>3</td>
</tr>
<tr>
<td>I currently have sufficient collaboration between myself and other staff members in my job</td>
<td>2</td>
</tr>
<tr>
<td>I currently have sufficient input into decisions that affect my workload</td>
<td>5</td>
</tr>
<tr>
<td>I am not worried about changes to team configurations resulting from the relocation</td>
<td>4</td>
</tr>
<tr>
<td>I have no difficulty working with staff who are members of other professional designations (RN, LPN, RCA ...etc.)</td>
<td>2</td>
</tr>
<tr>
<td>I am worried that the new facility will be privatized</td>
<td>1</td>
</tr>
<tr>
<td>I am concerned that efforts to reduce costs will result in downsizing and job losses after the relocation</td>
<td>1</td>
</tr>
<tr>
<td>I am concerned that my job will be eliminated as a result of the relocation</td>
<td>1</td>
</tr>
<tr>
<td>Staff from both Manors will work well together during the transition to the new building</td>
<td>4</td>
</tr>
<tr>
<td>My manager is making sufficient efforts to plan changes that will affect my job</td>
<td>5</td>
</tr>
<tr>
<td>I am concerned that different work practices in Alouette and Creekside Manor will cause conflict in the new building</td>
<td>3</td>
</tr>
<tr>
<td>My manager understands what I need to know about the relocation</td>
<td>5</td>
</tr>
<tr>
<td>I have rec’d sufficient information to date about how the relocation will affect my job</td>
<td>4</td>
</tr>
<tr>
<td>My manager is telling me everything she knows about the relocation to date</td>
<td>4</td>
</tr>
<tr>
<td>My manager shares my commitment to providing excellent resident care</td>
<td>4</td>
</tr>
<tr>
<td>Senior management shares my commitment to providing excellent resident care</td>
<td>5</td>
</tr>
<tr>
<td>My manager is making her best efforts to share information with me</td>
<td>3</td>
</tr>
<tr>
<td>I have sufficient knowledge about how my job will be impacted by new staff configurations</td>
<td>1</td>
</tr>
<tr>
<td>I am anxious about possible required changes to my job</td>
<td>1</td>
</tr>
</tbody>
</table>
The following information about changes to my job is very important to me:

- duties and responsibilities
- co-workers
- job configuration and processes
- area of coverage
- number of residents under my care
- shift schedules
- equipment and supplies
- meeting rooms
- office space

I would like more input and involvement in future decisions regarding the relocation.

I would like an opportunity to brainstorm with my co-workers about plans for the new location.

My input is valued by my manager.

Input from residents is important in designing the new facility.

The needs of our residents are being considered by my manager when planning the transition for the new building.

I have sufficient influence over decisions that are made regarding the relocation to the new building.

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
<th>Likelihood</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties and responsibilities</td>
<td>2</td>
<td>1.40</td>
<td>.60</td>
</tr>
<tr>
<td>Co-workers</td>
<td>2</td>
<td>1.76</td>
<td>.34</td>
</tr>
<tr>
<td>Job configuration and processes</td>
<td>2</td>
<td>1.53</td>
<td>.47</td>
</tr>
<tr>
<td>Area of coverage</td>
<td>2</td>
<td>1.43</td>
<td>.57</td>
</tr>
<tr>
<td>Number of residents under my care</td>
<td>2</td>
<td>1.33</td>
<td>.67</td>
</tr>
<tr>
<td>Shift schedules</td>
<td>2</td>
<td>1.41</td>
<td>.59</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>2</td>
<td>1.68</td>
<td>.32</td>
</tr>
<tr>
<td>Meeting rooms</td>
<td>2</td>
<td>2.47</td>
<td>.47</td>
</tr>
<tr>
<td>Office space</td>
<td>3</td>
<td>3.00</td>
<td>.00</td>
</tr>
<tr>
<td>I would like more input and involvement in future decisions regarding the relocation</td>
<td>2</td>
<td>1.83</td>
<td>.17</td>
</tr>
<tr>
<td>I would like an opportunity to brainstorm with my co-workers about plans for the new location</td>
<td>2</td>
<td>2.36</td>
<td>.36</td>
</tr>
<tr>
<td>My input is valued by my manager</td>
<td>4</td>
<td>3.57</td>
<td>.43</td>
</tr>
<tr>
<td>Input from residents is important in designing the new facility</td>
<td>4</td>
<td>2.38</td>
<td>1.62</td>
</tr>
<tr>
<td>The needs of our residents are being considered by my manager when planning the transition for the new building</td>
<td>4</td>
<td>3.30</td>
<td>.70</td>
</tr>
<tr>
<td>I have sufficient influence over decisions that are made regarding the relocation to the new building</td>
<td>5</td>
<td>4.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>
Appendix I – 2004 Care Manors Survey Results
# 2004 Care Manors Survey Results

## Table 6: Residence Experience Survey

**Alouette and Creekside Resident Experience Survey**  
*December 2003 – March 2004*  
Response Rate = 50%, n = 144

<table>
<thead>
<tr>
<th>Category</th>
<th>Approval Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Quality</td>
<td>74.6%</td>
</tr>
<tr>
<td>Living Environment</td>
<td>66.8%</td>
</tr>
<tr>
<td>Food</td>
<td>66.2%</td>
</tr>
<tr>
<td>Activities</td>
<td>72.3%</td>
</tr>
<tr>
<td>Staff</td>
<td>68.5%</td>
</tr>
<tr>
<td>Dignity</td>
<td>73.4%</td>
</tr>
<tr>
<td>Autonomy</td>
<td>66.6%</td>
</tr>
<tr>
<td>Medical Care/Treatment</td>
<td>74.6%</td>
</tr>
</tbody>
</table>

* Major contributors towards overall quality

### Strengths

- Clean/tidy: 95.9%
- Staff know you: 94.3%
- Staff help you look nice: 91.5%
- Staff call you by name: 89.0%
- Staff don’t take advantage of you: 87.1%
- Given enough time to eat: 85.5%
- Opportunity to be with children: 85.5%
- Receive medication when needed: 84.7%
- Receive medical help when needed: 82.1%
- Enough activities that use mind: 81.8%

### Weaknesses

- Can get food you like: 39.2%
- Participate in activities: 41.1%
- Choose time for bath/shower: 42.2%

### Overall Quality

- Excellent: 20%
- Very Good: 1%
- Good: 55%
- Fair: 21%
- Poor: 3%
- Terrible: 0%

*Note.* Compiled by the Fraser Health Authority, 2004.
Appendix J – Creating a Transition Monitoring Team
Creating a Transition Monitoring Team - Bridges (2003, p. 148 – 150)

Purpose

The purpose of a Transition Monitoring Team (TMT) is to monitor the reactions and effects on employees of the change initiative. TMT’s identify at an early stage issues and problems that can be dealt with before they become larger and more intractable threatening the success of the project or changes. They are one method of increasing participation in the process and signalling management’s genuine desire to listen to staff. Suspicions and mistrust about the establishment of the TMT will normally be minimized so long as managers listen to and respond to the feedback they receive from the TMT. Individuals providing feedback to the TMT will typically be encouraged to offer comments and will experience a sense of inclusion in the process if they receive feedback from the managers via the TMT acknowledging their comment and suggesting how the issue will be dealt with.

Setting up the TMT

According to Bridges (2003) there are several ways to staff the TMT each with advantages and disadvantages:

- Appointing Members – This has the advantage of allowing the management team to ensure a representative cross-section of staff will be represented. The appointees must be seen as independent and trustworthy individuals who will truly represent the views of staff honestly to management.
- Request volunteers – This works best when the pool of staff available is small and it is important to have people on board who are interested.
The disadvantage is that there is no guarantee that volunteers will be representative of the organization.

- Combination – Combining the methods is a reasonable way to proceed by appointing some members, asking for volunteers and leaving the final decision to management.

Educating the TMT

The TMT must be very clear what its responsibilities are:

- Transition – The TMT will need a meeting or a discussion explaining the differences between change and transition and identifying specific transition issues related to communications, trust, concerns, worries, reactions, resistance and inclusiveness.
- Monitoring vs. Management – The team is a temporary group acting as a channel of feedback to managers about how employees are reacting. It is not a management team established to lead the change, but only to provide feedback to the project group managing the change.

Time Frame and Focus

The TMT should meet as frequently as necessary depending upon the pace and intensity of the changes and the transition issues that arise. The earlier the TMT is established the quicker issues can be dealt with. Also, the team can continue beyond the completion of the change so long as transition issues arising from the change require monitoring. Issues raised and dealt with by the TMT need to be limited to those related to the change. Other problems that surface during the process need to be channelled to the normal forums for discussion.
Coordination and Facilitation

Scheduling and running the meetings is best accomplished by a neutral person who has the trust of all parties but is not participating in the active management of the change initiative. An HR person is a good choice to setup, facilitate and provide feedback to managers about staff transition issues.
Appendix K – Stakeholder Model
Figure 5: Adapted Stakeholder Model

STAKEHOLDER TYPES

POTENTIAL FOR COOPERATION

I Supportive
Involving

IV Mixed Blessing
Collaborate

II Marginal
Monitor

III Non-Supportive
Defend

POTENTIAL THREAT

Source: Diagnostic Typology of Organizational Stakeholders, Savage, Nix, Whitehead, and Blair, 1991
Appendix L – Merging Cultures Evaluation Index (MCEI)
Merging Cultures Evaluation Index (MCEI)

1. TASK PROCESSES
   a. Means/Ends: Role/Process Vs. Results Orientation
   b. Problem Solving: Thinking Vs. Acting
   c. Decision Making: Consensus, Consultative, Authoritative

2. ROLES: INFLUENCE and AUTHORITY
   a. Authority/Autonomy: Concentrated Vs. Diffused
   b. Influence: Vertical Vs. Horizontal
   c. Flow of Information: Wide Vs. Narrow Flow

3. INNOVATION
   a. Openness to Change: Innovative Vs. Traditional

4. HRM
   a. Reinforcement: Rewards Vs. Recognition
   b. Attributes of Valued Employees: Values, Skills, Results

REFERENCE LIST


Kass, R. (2004). *Theories of Small Group Development*. Center for Human Relations and Community Studies, Concordia University, Montreal, PQ.


