Examining the effects of Employee involvement in the Health Care Workplace: The case of Ridge Meadows Hospital extended care Units

by

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PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF BUSINESS ADMINISTRATION

In the Faculty of Business Administration

Leadership and Organizational Change

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SIMON FRASER UNIVERSITY

Summer 2005

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ABSTRACT

Faced with increasing fiscal restraint and political pushes for efficiency, Canada’s health care system is on the verge of maximizing internal resources through employee involvement programs. However, faced with a history of poor labour-management relations, broken promises, and general mistrust, the employees of these organizations are skeptical at best when faced with the introduction of an employee involvement program. Using the context of an organizational change initiative at Ridge Meadows Hospital in Maple Ridge, British Columbia, an examination of the usage of employee involvement was conducted. While the findings closely corroborate management literature espousing the benefits of employee involvement programs, key obstacles must still be overcome to maximize its effectiveness. Overall, the usage of employee involvement may hold the promise of realizing such internal gains that Canada’s health care system may be able to stave off the pressure to privatize or consume ever increasing portions of government budgets.
DEDICATION

I dedicate this paper to my friends and family, for without their guidance and support along the way, none of this would have been possible. To my parents, Terry and Jeanene Bennington, for inspiring me to pursue higher education, learn with great curiosity, and be all that I can. To my brothers and sister, Denver, Keegan, and Chelanne Bennington, for always keeping me sharp with your razor wit, new slang, and sibling rivalry. To my friends, for keeping me sane through troubling and tough times, because I’d be wearing a nice white coat with restraining straps were it not for your assistance and refreshingly good times. Finally, I must dedicate this MBA project to Elisabeth Kraus, for without her patience, support, tolerance of my schedule, and encouragement in pursuing this degree, I was able to accomplish a dream that would have been impossible alone.
ACKNOWLEDGEMENTS

First off, I have to acknowledge the educational institution that has granted me two degrees and has given me so much: Simon Fraser University. It will be my lifelong effort to promote this university as an institution worthy of recognition and praise, for it truly performs past the potential others give it.

I am also grateful to my many mentors in the Faculty of Business Administration at SFU. To Rick Iverson, Dave Hannah, and Chris Zatzick, you three pulled me into the light that is human resources and gave me more than I could have asked for. Your mentorship, coaching, and support will forever be a debt I have to pay, but I will happily pay out whenever I can. To Michael Parent and Gord Rein, I am grateful you taught me the pitfalls of Academia, but that humans do exist there and can help you if you fill out the form in triplicate with all the appropriate receipts and signatures. To Gervase Bushe, I must thank you for introducing me to someone who can both hinder my progress in life and be my greatest ally: myself. Your insights provided me with new perspectives for which I will always look at the world differently. To Tom Lawrence, I have to thank you for your instruction and the hug: that hockey lockout was really tough. To Jan Kietzmann, I am grateful for your Euroview on Canada and the valuable lessons you gave me in the new electronic world. To Brenda Lautsch, for teaching me the art of negotiation, to which I will be reminded every time I receive paycheques from my new job. And to Nancy MacKay, for her valuable wisdom as a consultant, to which I will readily emulate in the future. Thank you to all the staff at SFU for their assistance, friendliness, and support over the years!
I would like to thank all my fellow MBA classmates for their help, companionship, understanding, and support through this long year. In particular, I would like to thank the LOC crew and our 'honorary members:' Myra Fernandes, Denise Cox, Ivy Feng, John Cheng, Rachel Glover, Bill Archibald, Natasha Stables, Howard Leung, Sheila Allen, Ada Lam, Daniel Chandra, Michael Walker, Kelly Frankson, and Charlie Achampong. You all are great friends and I hope to see you all regularly from here on out.

I also have to thank Bill Archibald and Natasha Stables again, for keeping me calm through the frustrations of bureaucratic rigour, time delays, and the ten amended versions of everything. You truly helped me throughout the MBA program, and without your knowledge and support, this project would have dragged on until 2054. We’re done!
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1 INTRODUCTION

As one of Canada’s most cherished institutions, our health care system relies upon the hard work, knowledge, skills, and abilities of its workforce every single day. In their debt we owe far too much, but too often fail to recognize their efforts.

As with many industries and organizations today, the health care system is now faced with many changes. In the case of Ridge Meadows Hospital in Maple Ridge, British Columbia, a new venture is taking place that will both serve to recognize the talents of its workforce, and continue to serve the community with the high level of care for which they would never sacrifice.

1.1 Health Care Background

British Columbia’s health care sector is an $8 billion dollar industry. It employs more than 100,000 workers and provides services to four million people. The industry consists of public sector organizations, specialized private sector companies, and industry associations.

The Fraser Health Authority is the largest of six health authorities established by the government of British Columbia in December of 2001. It administers health care to 1.4 million people in the Fraser Valley and the eastern suburbs of Vancouver. Fraser Health provides services ranging from acute care hospitals to home health, mental health, and public health services. The authority also provides more than 7,000 community-based residential care beds and is committed to adding 1,100 assisted living units by 2006.

The Fraser Health Authority is the largest employer in the Vancouver area. More than 20,000 employees, 2,000 physicians, 8,500 nurses, 3,000 paramedical professionals, 6,500
facility and support staff, and 1,000 community workers are listed on its payroll. The annual operating budget is approximately $1.6 billion per year.

1.2 Ridge Meadows Hospital Business Function

Ridge Meadows Hospital is a comprehensive facility offering both acute and long term care to the residents of Maple Ridge and Pitt Meadows. With 92 acute care beds and 150 long term beds, the hospital provides a variety of programs and services to care for the physical, mental, and emotional needs of the community. Ambulatory care, day surgery, a surgical unit, intensive care, a medical laboratory, and an X-ray lab are among the services the hospital provides, in addition to an array of psychiatric and social services for patients on both an in-patient and out-patient basis. RMH has a modern maternity ward with private birthing rooms and other maternity services, such as patient and family counseling, nutrition/diet counseling, and gestational diabetes education. Maple Ridge and Pitt Meadows have a combined population of over 77,000 residents, and are among the communities experiencing the highest growth rates in the Fraser Valley.

1.3 A New Business Model

Ridge Meadows Hospital recently adopted an entrepreneurial approach by breaking away from the traditional hospital “3P” formula (Public, Private, Provincial). Under fiscal restraint from the BC Government, the hospital needed to push for new ways to bring more money into the financing of health care. By forming a lucrative partnership with the Lark Corporation, a prominent property investor, RMH received funds to increase ambulatory care and emergency room square footage using a new “2P” method, which involved no investment from the government. The first stage in this project included the sale of unused hospital land to the Lark Corporation for the construction of a new, large building designed to move such services as long
term care beds from the hospital, and allow for emergency room and acute care upgrades and enlargements.

1.4 The Extended Care Manors Change Initiative

Upon approval of the development deal with the Lark Corporation, Ridge Meadows Hospital struck a committee to begin overseeing all aspects of the new building project, including the relocation of hospital units. The largest units affected by this project include the facilities housing all the long term care beds: the Alouette and Creekside Extended Care Manors. The care manors maintain their own staff, managers, patients, and equipment. As such, both manors also have different job configurations, specializations, operational processes, and subcultures. The transition of the care manors is scheduled to take place in May of 2006.

The two long term care manors at Ridge Meadows Hospital currently operate in separate building wings and will be merged into three adjacent floors at the new building, which is currently under construction. Concurrent with this merger, many aspects of 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 business processes and operations;
3. Staff will have to adapt to:
   a. The new care delivery model;
   b. New business processes and operational procedures;
   c. New performance expectations associated with changes to job designs, staff configurations, floor configurations, and linked business processes; and
   d. New team compositions consisting of employees from both ECU's, where different cultures, duties, and procedures previously existed

The complexity of these changes has been further increased due to recently completed client research indicating the need to improve the condition of ECU patients. The management
team has adopted a new philosophy, labeled the 'Eden Philosophy,' which aims to reduce loneliness, helplessness, boredom, and hopelessness in patients by giving each patient their own room, while clustering rooms into 'neighbourhoods' of up to 30 patients. The implementation of this philosophy, which will be realized with greater success in the new building, was developed in accordance with a Fraser Health Authority objective of improving service delivery, patient care, and quality of life.

The necessity for this project can be highlighted by the need for greater fiscal efficiency in health care, the rapid expansion of Maple Ridge and Pitt Meadows, and aging demographics of the Canadian population as a whole.

The preparation for the upcoming Medical Facility Building Development was thorough and extensive. It commenced on November of 2004 and continues today. The preparation process included a thorough stakeholder analysis, whereby approval for constructing the new facility on the unused hospital land was received first from nearby residents. Long term care patients and their families were interviewed on their opinions of the move to the proposed building. Manor employees were also approached with similar questions, through focus groups, town hall meetings, and informal discussions by members of the project committee.

At this point, three SFU MBA students were brought on board to assist in the management of staff through this change initiative.

1.5 Project Objective

Given the complex nature and size of this change initiative, the project committee requested that the SFU MBA student team conduct an audit of this change project with a primary focus on the employee relations and human resources issues. The audit is intended to help the project committee, by highlighting the concerns, attitudes, and emotions of employees towards
this change initiative. It will also help complete the committee’s thorough stakeholder analysis so they can begin to strategize for the ultimate success of this project through high stakeholder commitment.

1.6 Project Scope

The project audit work will be limited to the two extended care manors (Alouette and Creekside) at Ridge Meadows Hospital, respectively being managed by Glenda Wonnacott and Beverly Dixon, Health Services Managers. The SFU MBA team conducted interviews with manor employees and distributed surveys within these two units to assess the current situation. Tools for future use and recommendations were also developed, and will be provided to the Fraser Health Authority for application to other departments, should they so wish. In addition, the SFU MBA team will develop post-merger audit tools to the Fraser Health Authority, so they can analyze the success of project efforts after the building has been opened. Finally, the SFU MBA team will provide a report and meet with the project committee and other management stakeholders that wished to be involved to discuss our findings and recommendations.

1.7 Deliverables

The SFU MBA team will provide all of the following to management stakeholders in a presentation and comprehensive report:

1. Summary of qualitative data gained from interviews with employees;
2. Raw survey, summary statistics, and comprehensive statistical analysis gained from employee surveys;
3. Analysis of current situation through observations and data using a variety of disciplines, including change management, organizational development, and human resources management;
4. Recommendations to build acceptance and improve the success of the project;
5. Post-merger audit tools to measure long term performance objectives;
6. Tools for use in other departments by the Fraser Health Authority and in the future.
1.8 **Key Stakeholders**

This project includes many stakeholders, and the stakeholders are divided according to their relationship to the outcomes of the change audit. We have identified seven primary stakeholder groups and four secondary stakeholder groups.

1.8.1 **Primary Stakeholders**

Primary stakeholders include: The Ridge Meadows Hospital New Building Development Steering Committee, coordinated by Lottie Cox; Glenda Wonnacott and Beverly Dixon, Long Term Care Manor Health Services Managers; Pamela Theriault, Fraser Health Authority Organization Development Consultant and sponsor of the SFU MBA change audit; the employee unions, including the HSA, BCNU, HEU, BCGEU, and other associations; the residents of Alouette and Creekside Manors; the employees of Alouette and Creekside Manors; and the SFU MBA team, consisting of William Archibald, Natalia Stables, and the author of this MBA project, Ashley Bennington.

These stakeholders were identified as primary stakeholders because they are most likely to be affected the fastest and to the greatest degree by the recommendations and tools provided in our deliverables to the Fraser Health Authority.

1.8.2 **Secondary Stakeholders**

Secondary stakeholders include: the families of Alouette and Creekside residents; Simon Fraser University, through the credibility and integrity of the MBA researchers; SFU Business, MBA Programs, through the professionalism, knowledge, and skills of the MBA researchers; and the associated suppliers and companies of the change project and care manor operations, including the Lark Corporation.
1.9 Project Resources

The SFU MBA team worked in a non-remunerative capacity to fulfill our MBA requirements in conducting a field project. Internal budgets for the change project were already established, and were administered by the Fraser Health Authority and Ridge Meadows Hospital. Costs involved in printing and distributing interviews, surveys, bulletins, and reports were carried by the SFU MBA team.

1.10 Field Project Methodology

1.10.1 Bureaucratic Structures

In the first stages of the audit, the SFU MBA team met with our sponsor, Pam Theriault. Next, we met with the Health Services Managers, Beverly Dixon of Alouette Manor, and Glenda Wonnacott of Creekside Manor. Finally, we met with the project committee, consisting of the project coordinator, Lottie Cox, Pam Theriault, Beverly Dixon, Glenda Wonnacott, and a number of other members specializing in their areas of work or expertise.

Following this meeting, the project charter was drafted and approved by Dr. Gervase R. Bushe, and then by the project committee. After the final charter agreement, an application was drafted to the Fraser Health Research Ethics Board with respect to our change audit, and was a mandatory application that had to be approved prior to interviewing employees. The expedited approval process took three weeks, upon which data collection then commenced.
1.10.2 Data Collection and Analysis

1.10.2.1 Interviews

The purpose of our audit was to highlight important issues for staff related to the change initiative. We used interviews as a tool to conduct a qualitative analysis in order to gain a more complete picture of the pre-merger situation, which then allowed for research on recommendations and the creation of a quantitative survey for distribution to all employees.

The SFU MBA team conducted 19 one-on-one interviews of non-managerial care manor employees at their workplace. During the interviews, we posed a series of pre-approved questions relating to a number of issues of this change project. A thematic analysis was conducted thereafter and a master spreadsheet created, ordering qualitative data responses to each question in ascending order. In order to capture a representative qualitative sample, we interviewed staff members from different jobs, shifts, ages, years of experience, and work locations.

The questions were designed to be largely open-ended, in order to allow interviewees to provide as much information as they wanted and not be limited by the interviewer. The questions were also pre-approved by Ridge Meadows Hospital management and Dr. Gervase R. Bushe, the senior supervisor. The interviews were also pre-approved by all the health unions. All interviews were held in confidence, identifying information was not collected, and all interviewees were offered consent forms to read and sign prior to each interview, in accordance with the policies of Fraser Health’s ethics board.

1.10.2.2 Surveys

Following the interview thematic analysis, a quantitative survey was designed by the SFU MBA team to gauge a number of issues arising from the identified themes. The purpose of the survey was to quantify attitudes, outlooks, and opinions, and measure those across job categories, seniority, the two care manors, and shifts.
The survey was approved by Dr. Gervase R. Bushe, and subsequently by Glenda Wonnacott, Lottie Cox, and Beverly Dixon. The surveys were printed and then distributed in the conference rooms of each care manor, and an email was sent to all employees advising them to complete one. Each survey contained a consent form for employee perusal, and requested their signature in accordance with the research ethics guidelines set by the Fraser Health Authority.

I keyed all the raw survey data, and the raw data file will be provided to Pam Theriault and Ridge Meadows management for their storage or use. I also analyzed the data using SPSS and MS Excel, and generated a number of statistical tables, summaries, and significant relationships.

The survey tool itself will also be provided as a deliverable to Ridge Meadows management, the steering committee, and Pam Theriault for use in similar departments also involved in this change initiative.

1.11 Issues and Constraints

Initially, the biggest constraint was the lengthy approval process by the Fraser Health Research Ethics Board. Their ‘expedited’ review of our change audit required three weeks. Had our application been denied, we would have required another semester in order to complete this project, thereby delaying our convocation until June of 2006.

Commitment from employees was another constraint. While the interviews were scheduled on work time by Ridge Meadows managers, and the employees were keen to respond to our questions, the survey was not received very well. It required two separate emails roughly two weeks apart in order to dispel rumours and clarify procedures relating to the survey analysis. The response rate to the survey was low, sitting at approximately 15%.
Scheduling and approvals were also difficult, and required a great deal of patience on our part. Beverly Dixon and Glenda Wonnacott carry very heavy management portfolios, and in addition to their job duties, also took vacation through the course of this audit. Our efforts at timely completion were often frustrated by delays, absences, and misaligned schedules. The MBA students were also busy in carrying teaching assistant duties, research assistant duties, and MBA coursework.

1.12 Completion Criteria

The completion criteria of our project charter include three specific items. First, we were to complete our qualitative and quantitative analysis, followed by research related to the issues and problems at hand. Second, we have to deliver our findings and recommendations to management stakeholders at a meeting, which is yet to be scheduled. Third, we are to deliver our assessment and survey tools to the project committee for their application to other departments related to this project or for future projects.
2 CHANGE AUDIT AT RIDGE MEADOWS HOSPITAL

This change audit will contain three key components. The first component will be an audit of the current change initiative. The second component will include key issues that have arisen from our audit and our data collection. The third component will include our recommendations to resolve these issues and increase the chances for a successful transition to the new building.

2.1 Framework Analysis of the Change Initiative

To evaluate the success of the RMH change team’s efforts to lead the two ECU’s in their relocation to a new care facility, the MBA team will be applying a modified change management framework designed to audit change projects (Mackay, 2005). Using this tool will allow us to precisely diagnose the current state of the change project, identify the steps that have been handled effectively, and outline areas that would need to be improved to ensure a smooth and successful transition to the new building.

Currently, the change initiative is in the long transition state, being the phase that is already disengaged from the status quo but has not materialized yet in the desired state of relocating into a new building and combining the two units together. It is considered to be the most challenging stage in the entire change process because it is normally filled with instability, uncertainty, conflict and high stress, which the employees have to deal with. Similarly, we would characterize the present situation at the care manors as high on ambiguity, confusion and anxiety due to the chaotic nature of this stage and the way the change effort has been handled so far.
2.1.1 Project Structure

The overall project structure for this change initiative appears to be clear and effective: a plan of action was designed; deadlines were established; task roles and responsibilities were identified and divided among stakeholders; and costs and resources were accounted for.

In the project documents, an executive sponsor, sustaining sponsors, and clinical teams were clearly identified. A steering committee was created to direct and oversee the project progress, consisting of: executive support; an appointed, full time coordinator; various contributors with specialized skills, including an organizational development consultant and two project managers; and management representatives from both care manors. The use of employee involvement was also prevalent, with the town hall meetings, impromptu conversations with staff, posted bulletins, distributed information, and the most recent creation of seven specific employee task groups, each assigned to manage one specific piece of the overall project. Progress update meetings were regularly held 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. This is especially important when the main goal of this change project, that of improving the quality of residents’ care, is qualitative and difficult to measure directly. However, provided the importance of having a realistic measure of achieving specified goals, it could be measured indirectly through conducting a statistical examination of the residents’, their families’ and employees’ responses.

2.1.2 Stakeholder Commitment

One of the first courses of action in this change initiative was to conduct an in-depth stakeholder analysis. Two major groups were identified, being primary stakeholders, consisting of
senior management, the steering committee, ECU managers, the OD consultant, the unions, ECU residents, and ECU employees, and secondary stakeholders, including neighborhood residents, families of ECU residents, the Lark Corporation, other associated suppliers and companies working. The stakeholders’ needs were determined and acted upon. For example, approval on building a new facility in the neighborhood was received first from nearby residents. Hospital residents were then interviewed and asked their opinion of the move to another building. Staff was also approached with similar questions.

A 20-60-20 rule was applied to address the concerns that the majority of the employees had associated with this major change initiative. Given that 20% of employees will support the project immediately, and 20% of employees will never support it, to gain support from the remaining 60% of ‘fence sitting’ employees, a set of resistance-minimizing actions were put into action:

1. Staff were provided with the necessary information about the upcoming change project to reduce ambiguity and misunderstandings that cause rumors;
2. Staff meetings with Q & A sessions were held, accompanied by PowerPoint presentations;
3. Focus groups were created to probe the idea of a new medical building development at RMH, to be able to understand what people may think about it;
4. Facilitated conversations with all involved stakeholders were held to surface and address any hidden resistance issues.

According to the information given to us, it appeared that the initial efforts to receive commitment from all involved stakeholders were quite effective. During that stage, no significant explicit resistance was noticed. However, given the great efforts exerted in the preparation stages, these were withdrawn shortly thereafter while carry out building design tasks, and still needed to be practiced on a continuous basis to maintain stakeholder commitment. There was no effective follow up after the initial ‘big gulp,’ and as a result, the 20% of the staff who were opposed to the change have prevailed in winning back a significant portion of the 60% of ‘fence
sitting' employees originally captured by the stakeholder commitment strategy. Our survey results have showed lackluster support for this change project at best now, with results usually averaging approximately 3 out of 5, which is to neither agree nor disagree to questions regarding such issues as patient benefits, staff benefits, the necessity of the project, or its proposed designs.

In the course of the interviews, we recorded multiple incidents of employee resistance to the upcoming relocation. Employees have increased their usage of paid sick leave for genuine health reasons, possibly through increased stress, but have also coordinated the use of sick leave with each other for illegitimate reasons. Employees have intentionally missed staff meetings, expressed cynicism about the change and management’s good intentions, have spread rumors, increasing their intentions to quit, experienced a higher frequency of disputes with co-workers, and demonstrated a general sense of de-motivation on the job.

2.1.3 Strategic Alignment

Long before the change project planning took place, the Eden Philosophy, the flagship of the Extended Care Units, did not seem to be very popular among staff. The Eden Philosophy, in its limited incarnation in the current facilities, attempted to improve overall patient quality of life by removing the ‘feel’ of a hospital and replacing it with more of a ‘home’ atmosphere. To achieve this, plants and pets were added to the units, and more activities were organized to engage the units’ residents.

However, the interview process revealed that some employees did not know exactly what the Eden concept was about. Some employees even held negative associations with it, such as an increase in the workload with no extra pay. Few nurses did not even like the label “Eden,” calling it pretentious. The prevalent sentiment was that staff had difficulty identifying with this concept, even though they recognized it by name. Given this serious insight, the overall goal of the current change project is to enhance the concept of the Eden Philosophy, so a danger exists that the
employees who expressed their dissatisfaction with the philosophy will not be committed to a successful transition to the new building.

In addition, relocating the two existing care manors into the new building does not appear to be perfectly aligned with the goals of individual employees. For example, the survey data revealed the general consensus that most staff do not believe that patients will be better off in this new building. The interviews probed this issue further, and revealed that staff think that assigning every patient to his or her own room will actually increase loneliness, boredom, and dependency on staff for human interaction. In the case of the Gardenview residents, who have such illnesses as Alzheimer’s Disease and dementia, a shock associated with a new home and new care personnel might result in drastic degradation in their conditions, an increase in combative behaviour, and even death resulting from the emotional trauma of a move. Specifically, the current Gardenview Manor is designed with circular hallways, so that patients with mental illnesses can wander the halls in circles for much of the day, never find an obstruction in their path, and remain content with their movements.

Staff shared with us that in the previous locations with 'dead end' hallways, patients would wander the floor, reach the dead end, and become very confused. At this point, they would become upset, angry, and in some cases, physically assault other patients and staff members. The proposed designs for the new building initially places the Gardenview patients onto a floor with dead end hallways. Although minor changes were made to the floor plan to allow for continuous patient movement without a dead end, the Gardenview staff are still highly dissatisfied with the plans since the layout is far inferior to the current location.

In addition, research into the effects of such contextual shocks as moving to a new building on these types of residents indicates a mortality rate as high as 30% in a very short time
following the move (Smith, 2004). Staff are aware of this research and are very concerned that this could become a reality for their patients.

Another major concern is that the tight bond that has formed between staff members and their residents over time will be broken due to changes in job assignments, and the valuable knowledge of the residents' preferences and routines will be lost. Mixing staff members and residents into the ‘neighbourhood’ of individual rooms from different manors could result in confusion, a difficult learning period, and a great deal of conflict.

2.1.4 Change Leadership

Organizers of this initiative fit some of the characteristics of the effective change leadership. For example, executive and sustained sponsors and team leaders possess the power to legitimize the project with the target population, and they have a clear understanding of the financial and human resources needed to carry out this change. They also have a thorough understanding of the effect the project will have on the organization: RMH will benefit from having an extra care facility with no capital outlays, and will be able to accommodate the increasing needs of a growing community.

However, this change project lacks a necessary degree of urgency. This is not a mandatory project: there were no high prices for unresolved problems or high costs for missed opportunities if this project did not happen. This change initiative was rather a good business opportunity that took advantage of the available financing rather than an absolute imperative. Such a lack of urgency clearly undermined the employees’ commitment to the change project because the status quo seemed quite acceptable to them and they did not have any strong reason to change it. As such, implementing this change initiative will have to rely completely on top-down structural changes, because employees do not see a legitimacy crisis in the current situation, and will not work towards changing their culture to support a change.
Another weak area is that the formulation of a compelling vision has not been completed nor has our data collection revealed any clear intention to form one. While it is apparent that the project committee is focused on an optimal design for the new building, no discussions have taken place or any plans were disclosed to create a desired end state that is more comprehensive of all the stakeholders’ needs. A vision for a better workplace and a new organizational culture needs to be created and strived towards to obtain measurable goals and outcomes.

Also, staff have expressed their opinions throughout the interviews and the survey that they did not think they had a definitive person or group they could trust to approach at any time with their concerns or questions. Overall, employees appeared to be confused as to who the primary leader of this entire project was and who would head the new extended care unit in the new building.

2.1.5 Communications Planning

A key aspect of every successful organizational change effort is planning for, creating, and emphasizing short term wins. However, this does not seem to be the case at either of the care manors: employees have expressed in the interviews and the survey their dissatisfaction with the lack of recognition for and appreciation of their efforts from management. For example, some excellent practices have been used recently, such as moving 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 no shock related deaths associated with the changed location. However, the efforts of employees were not explicitly recognized or publicized. Celebrating the achievement of short term goals is critical to maintaining morale among employees and increasing their motivation for the change progress.

Another key aspect of every successful change initiative is an effective communication strategy, which does not appear to be present within the current change project, according to
employee perceptions. Survey questions relating to information disclosure and communication of this change project showed strong averages against effective communication. While employees readily admit their appreciation for the full disclosure and initial employee involvement of building designs and features, their sentiments in the interviews and the survey results have revealed a high degree of frustration and discontent towards management relating to many other issues. The issues of contracting out, staffing mixes, staffing levels, shift placements, patient care, and certain business processes are all items that the staff think have not been properly addressed, and their emotional experiences in this regard have not been positive. The perceived lack of communication on these issues has also exacerbated their general mistrust of their respective managers and of senior management, and caused a lot of groundless rumours.

2.1.6 Entrepreneurship

The type and nature of this change initiative is inherently entrepreneurial for Ridge Meadows Hospital. Although organizational restructuring efforts are not a new experience for the hospital, based on the example of the recent reorganization of the Acute Care Unit, it was the first time when private business concepts had successfully been adopted at RMH to initiate the change. Selling the land to a property developer in exchange for building a new care facility where the extended care residents would have more comfortable living conditions is a sign of good business acumen on the management’s part.

Our analysis of the data showed that overall employee commitment to the current change effort is suffering, primarily due to the lack of involvement in the decision making process. Although many meetings, focus groups, and task groups have been used, fully over two-thirds of employees would like more involvement and input into the change project. This may be a result of the voluntary nature of the employee involvement sessions, whereby only the most interested or motivated employees attend to give feedback.
Also, nothing has been done so far to promote synergistic relationships between the merging units. This is problematic because the Creekside, Alouette and Gardenview units will have to work cooperatively as one manor in 10 months, but at this point in time, few networks of informal relationships exist, which are crucial to the success of the integration. All three units have different organizational cultures, different work processes, as well as different supervisory and management styles. Currently, there is a presence of competitive spirit among the units, lack of desire to share important professional experience and lack of socialization or even knowledge about employees from the other units. The survey data revealed a definite concern about conflicts occurring between Alouette and Creekside staff in the new building.

2.1.7 Aligned HR Performance

According to our own observations and the comments of the survey and interview respondents, the human resources issues have not been given enough attention at this point in time. Overall, the HR role in this change project is minimal and is far from being proactive. Some important HR functions, such as training, rewards systems, team compositions, job duties, shift assignments, and communications have not been addressed at all for the upcoming relocation. Most importantly, no explicit communication has taken place to address staff’s biggest concern on the issue of contracting out, with equally strong sentiments from the survey data from those employees highly involved or barely involved in the consultation process. They are also concerned about the staff mix from different manors, and possibly a new management structure. There has also been no planning with regards to accommodating staff shift preferences and their desire to be placed with their current residents in the new facility.

There were some big gaps in performance management as well. Prior to the project execution, no plans were laid down to train employees in new competencies and behaviours critical to the success of the change project. No formal services exist to counsel employees, teach
them to cope properly, or offer assistance with regard to their fears and anxieties. These observations have been reflective of employee interview and survey comments regarding recent increases in stress levels, conflicts with other staff members, and declines in overall health.

2.1.8 Audit Conclusion

Thus, assessing the care manor merger on the basis of the above seven categories allows us to obtain a clear picture of the change status and deepen our understanding of some important issues that need to be addressed to ensure a smooth positive integration process. Presently, six of the seven audit factors require serious consideration in order to improve the chances for success of this change initiative. If the status quo is maintained, the project, because of its structural nature, will still go forward, but not without very serious resistance from employees and other stakeholders, patient deaths due to shock, a spike in on-the-job injuries, staff turnover, staff conflict, a toxic transition climate, and a sudden decline in labour-management relations.

2.2 Issue Identification

While our audit has concluded that many pieces of this project require work in order to fully succeed, the following discussion will explore many of the larger issues that could prove to be key obstacles to overcome.

2.2.1 Size of Change Initiative

Ridge Meadows Hospital has undoubtedly chosen a change initiative with a very large scope. In addition to transitioning staff and patients to a new building with overhauled designs, the hospital is also combining two separate and very distinct Extended Care Units with their own subcultures, permanent staff members, supervisors, and managers. To further complicate matters, the Extended Care Units will also be spread vertically across three floors in the new building, whereas currently the two units are separated horizontally in different hospital wings.
In addition, a new care delivery model dubbed, “The Eden Philosophy,” is also being widely expanded in accordance with the new building. The Eden Philosophy, in its limited incarnation in the current facilities, attempts to improve overall patient quality of life by removing the ‘feel’ of a hospital and replacing with more of a ‘home’ atmosphere. To achieve this, plants and pets are added to the units, and staff are encouraged to wear normal street clothes to work instead of hospital scrubs. More activities are organized to engage the units’ residents, and in the new building, each patient will be given their own small room instead of sharing a room with one or three other residents.

On the employee side, staff from both Alouette and Creekside Manors will eventually 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 could also change. Currently, the two manors are dominated in numbers by Registered Care Aids, and also contain smaller numbers of Licensed Practical Nurses, Registered Nurses, Occupational Therapists, Activity Workers, and a Registered Care Coordinator to supervise daily operations. Further to this, one manager oversees the global operation of the each Extended Care Manor. 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 all not been determined to any degree.

Although the building design is now largely complete, the exact operational requirements and efficiencies have not been determined. Many business processes will fundamentally change
due to the installation of new building features, new services (ie. food delivery), the floor structure, the room layout, and reduced office facilities.

Essentially, the sheer scope of this change initiative leads to the conclusion that the success of this project could be jeopardized by high employee resistance, high patient and family resistance, a difficult staff transition period after the move, and a scope that outstrips the resources of managers and the coordinating committee.

2.2.2 Employee Resistance

Employees have expressed a wide range of concerns relating to this project. The interviews and survey data have all revealed high fears and anxieties relating to the contracting out of the Extended Care Units to a private firm, who would thereby selectively rehire without regard for seniority and cut pay and benefits sharply. These fears and anxieties have shown symptoms around the manors already: staff have complained of elevated stress levels; a higher frequency of disputes with co-workers; the increased usage of paid sick leave for genuine health reasons, sheer frustration, or job searches; a general sense of de-motivation on the job; and overall, a cynical and uncommitted attitude towards this change project. Combine all this with a recent HEU pay cut for many care manors employees, and the climate for a large change initiative right now is not very conducive to success.

In addition, employees do not feel that proper or effective communication from management has taken place. While they readily admit their appreciation for the full disclosure and employee involvement of building designs and features, their sentiments in the interviews and the survey results have revealed a high degree of frustration and discontent towards management relating to many other issues. The issues of contracting out, staffing mixes, staffing levels, shift placements, patient care, and certain business processes are all items that the staff
think have not been properly addressed, and their emotional experiences in this regard have not been positive.

The perceived lack of communication on these issues has also exacerbated their general mistrust of their respective managers, and of senior management. While their experience prior to this change initiative was one of mistrust due to broken promises by the hospital, wage cuts by the provincial government, and a lack of employee involvement in most workplace decisions, their experience now is one of further mistrust of managers because they think information is being withheld or distorted by managers, especially on the issue of contracting out. Some employees in the interviews were asked the hypothetical question, “If managers disclosed all the information they had to you, would you believe them?” The answer was universally, “No.”

2.2.3 Patient Well-Being

A few concerns have been raised by staff relating to the perceived benefits to patients in relocating to the new building. The survey data revealed the general consensus that most staff do not believe that patients will be better off in this new building. The interviews probed this issue further, and revealed that staff think the assignment of every patient into their own room will increase loneliness, boredom, and dependency on staff for human interaction instead of other patients.

Many staff complained that they feared to lose the patients they currently serve, since all staff are assigned the same wings and the same patients to care for every day of their shift. This kind of perpetual assignment creates good bonds between staff members and residents, since staff learn the preferences, dislikes, and routines of each resident. In the transition to the new building, the possibility exists that the mixing of staff members and residents into the same floor and ‘neighbourhood’ of individual rooms from different manors could result in confusion, a difficult learning period, and a great deal of conflict.
### 2.2.4 Patient Shock and Death

The most sharply opinionated staff group, from those of the Gardenview Manor, a subsection of the Creekside Manor specializing in patients with dementia and Alzheimer’s Disease, raised the prospect of a high patient death rate and drastically reduced quality of life for their residents after the move to the new building. 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.

Currently, the Gardenview Manor is designed with circular hallways, so that patients with mental illnesses can wander the halls in circles for much of the day, never find an obstruction in their path, and remain content with their movements. Staff revealed that in previous locations without circular hallways and with ‘dead end’ hallways, patients would wander the floor, reach the dead end, and become very confused. At this point, they would become upset, angry, and in some cases, physically assault other patients and staff members. The proposed designs for the new building initially placed the Gardenview patients into a floor with dead end hallways. Although minor changes were made to the floor plan to allow for continuous patient movement without a dead end, the Gardenview staff are still highly dissatisfied with the plans since the layout is far inferior to the current location.

In addition, research into the effects of such contextual shocks as moving to a new building on these types of residents reveals a mortality rate as high as 30% in a very short time following the move (Smith, 2004). Staff are aware of this research and are very concerned that this could become a reality for their patients. These patients were moved in the recent past already, and the transition was a success because they moved from a poorly fitting facility to an optimally designed facility, and no such shock took place. Staff feel that this new building is a ‘step down,’ and would result in the referenced 30% direct shock mortality rate.
2.2.5 Human Resources Planning

Clearly the most serious concern for staff, human resources planning needs to be addressed as soon as possible. While it may be that no information is available or that forecasting has not taken place yet because of the urgency of the building design, staff have expressed that even the vaguest of emails on human resources issues would help allay their fears and concerns.

First and foremost, staff have expressed their fear at losing their jobs through contracting out. Management has not disclosed to employees in any way that this will or will not take place, and some employees have noted they are currently looking for other jobs. Given the information we have, it does not appear contracting out will take place, but that is not to say it could happen in the near or distant future after the move to the new building. This issue needs to be addressed immediately, and full disclosure should take place, even with little concrete information.

Next, the placement of staff in relation to their current patients should also be planned. Serious concerns do exist that many residents will be assigned to new staff members who are unfamiliar with their tastes and preferences, and that this will contribute to confusion, unhappiness, despair, and conflict.

Concerns also exist about the mixing of staff from different manors into the same team, with each respective manor carrying its own work methods, subculture, and job preferences. Putting staff together who don’t know each other will create an adjustment period that will require patience, learning, time, and resources.

Shift preference has also been identified as an important issue. Many staff have enjoyed a good work-life balance up to this point, and would like information concerning shift placements and how much input and control they will have into these decisions.
The question of a new organizational design and a new management structure has also become a concern. Some employees have expressed anxieties about working under a new manager or Registered Care Coordinator. In this case, they would like information on who will be heading up the units in the new building. Organizational design is also a concern, in that staff are unsure if only one large extended care manor will exist across three floors, or if the Alouette and Creekside labels will remain and possess certain ‘territories’ in the new building.

Overall, human resources planning should have taken place, at least in a limited capacity, alongside the building planning. Preliminary information should have been disclosed to employees as it became available, and focus groups should have been held to address all human resources concerns and brainstorm ideas for a new vision.

2.3 Recommendations

Given our audit of the change initiative, and the identification of issues arising from our data collection and analysis, here follows a series of recommendations designed to improve the chances of success for this change initiative. It should be noted that most solutions will require ‘bundling’ with other solutions in order to be fully effective, since standalone fixes are rarely successful because they are too divergent from past practices or the current context.

2.3.1 Repair Trust

It is vitally important to have employees trust their managers, especially during a change project of this magnitude. If employees feel that trust, they are willing to undertake and fully commit to a change even if it scares them. If the 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, where promises had been broken and managers were not openly sensitive to some of the employees’ needs. Some of these experiences include the recent HEU
pay cut, past budget restraints, fiscal limitations, and a rumoured background that the executive sponsor of this project was previously involved in an ECU privatization in Burnaby.

This must be repaired. To become trustworthy again and break through the wall of self protection, it is necessary to tell the truth all the time and keep decision making as transparent as possible. Specifically:

1. Only promises that can be kept should be made. If, for any reason, it is not possible to follow through on a promise, it is advised to warn staff as soon as there is clarity and to explain the circumstances that led to the failure to do what was promised;
2. It is necessary to trust employees first because even a slight mistrust is subtly communicated during interactions with subordinates and will be returned in kind;
3. It is useful to allow employees to see managers experiencing their feelings and emotions: hidden shortcomings polish the image but undermine the people’s trust and respect;
4. It is important to listen to employees carefully and paraphrase their understanding of what has been said. Employees will trust the managers who they believe understands them and prove that they are looking out for their best interests;
5. It is useful to ask employees for feedback and acknowledge spontaneous feedback on the subject of the trustworthiness;
6. Rumours must be addressed and clarified by as much detail as possible, such as the story of the executive sponsor privatizing an ECU, even when that was not her decision and she was caught in the middle;
7. Fear of reactions should not be a factor in preventing the disclosure of information. A manager that comes clean consistently with all available information may experience some negative feedback, but will build trustworthiness in the long run for their honesty and transparency.

2.3.2 Letting Go of the Past

Before stressing the advantages of the outcome of the change project, it is very important to help people to let go of a whole world of doing and thinking in the old ways. It is particularly challenging because the differences between the two manors have become a part of their respective identities. These differences can be easily polarized, provided the ambiguity of the present situation. Employees need help in re-orienting and re-defining their identity in the new building, but first they need to know what exactly they must do to let go of their old ways. It will help staff to deal with the reality and adjust their expectations of the future. The process of letting
go is purely emotional: giving logical explanations and pushing people to simply get over it do
not help. This is why our recommendations include:

1. To be very honest and bring all the losses out in the open. Telling employees exactly
what needs to be left behind, how their familiar roles, positions, shifts, salaries, and
promotions will be changed in the new care facility, and to express concern for the
affected people. The research shows (Bridges, 2003) that people recover more quickly
from losses that are openly discussed. Even if the details are not clear yet, it is much
better to say what is known, admit that no more data is available at the moment, and
provide a timetable for additional information. If information is not available later, it is
advised to communicate it openly to employees to show that the promise has not been
forgotten;

2. Share true emotions, even negative, with staff and encourage them to express theirs.
Suppressed emotions on the management’s part will build a wall of misunderstanding
between managers and employees. Suppressed emotions by employees might lead to a
decrease in motivation to perform their job and subsequent emotional outbursts. Openly
show your sympathy and reassure employees that anxiety and disorientation is only
natural at such times. However, in communicating understanding of the employees’
situation, it is necessary to distinguish between the acceptable feelings and unacceptable
acting-out behaviour;

3. Mark the ending of Alouette and Creekside’s existence as two separate units with the
creation and dissemination of new rules for the collaborated Extended Care Unit. Involve
in this task representatives from both Alouette and Creekside to gain different
perspectives, provide staff with a sense of control and ensure their future commitment to
these rules.

2.3.2.1 Creating a New Vision

Designing and adjusting the plans for the new building is only a first step. It is
recommended that the coordinating committee begin or continue to create a new, comprehensive
vision to achieve. A new vision should include desired states in care delivery, patient life,
employee satisfaction, organizational culture, effective operations, human resources, and
leadership.

Creating this new vision will required the extensive involvement of staff and an open
collection and analysis of ideas. All members of the future care manor should ask themselves
what they would like to see in the new building, and a common vision should be formed from the
answers. Thereafter, a gap analysis can be conducted, comparing the current state against the
desired state. Plans can be made to achieve these goals with the help of organizational development consultants such as Pam Theriault, and new alignment mechanisms can be created to ensure the visions continued success.

New alignment mechanisms can include different methods in managing employees, through the encouragement of behaviours that support the new vision and the discouragement of old behaviours that do not support it. Small incentives can be created to reward behaviours that uphold the new vision. Champions should be identified and leveraged to ensure employee self-management of the vision.

2.3.2.2 Branding a New Identity

All staff will clearly identify what manor they currently work for and identify with. In addition, their patients are part of this manor, and the staff maintain close relationships with these patients. While our recommendation is to minimize the impact on residents by maintaining these relationships initially, in the future, these links, and their associations with the old manors, will need to be broken down. The attachment of one’s work identity to the pre-merger entity does not allow for progress to be made in the future.

To facilitate the release of the old identity, a new identity must be forged by all staff and be omnipresent in the new building. Staff should submit ideas for a logo, list of values, mission statement, and extended care unit name. These symbols are all important in constructing a new identity, and should be voted on with a secret ballot from a list made by the coordinating committee that does not disclose who submitted the suggestion. In essence, these identity pieces form the new manor’s ‘brand.’

Once formed, the brand should be widely used and promoted by managers and employee champions. The constant promotion of the brand itself will allow all staff to forget their old
identity as Alouette or Creekside employees, and identify as members of a new organization within Ridge Meadows Hospital.

The formation of this brand is recommended because it helps to mitigate the tensions formed between former members of different care manors. As people will eventually forget who worked in which manor, in which wing, and in what capacity, a new organization can be formed. For new employees, they will only identify with this new brand and work according to the unified values, mission, and vision of the new organization.

2.3.3 Promote Synergistic Relationships

Without synergistic, cooperative relationships between the two distinctive care units, the success of their integration is in jeopardy. To develop this mutual support system that effectively uses all the organizational resources, it is imperative to:

1. Emphasize to all staff that both Alouette and Creekside have common goals of enhancing the quality of the residents’ care and that it is in their best interests as allies to work together on the same side of the table to accomplish this goal and put aside their differences;

2. Provide as much information as possible about the staff from each unit to increase awareness of staff in the other manor, and spark their curiosity of one another. A good way to start is to trade positive and funny cultural stories between manors, through some sort of ‘integration magazine’ or newsletter;

3. Organize an informal retreat or a social party to bring all the employees together in a relaxed atmosphere, conducive to building new friendships, and promoting interaction among the members. Ideally, these events will be professionally facilitated and will include ice breaking activities, teamwork activities, and creative thinking activities;

4. Run an effective communication workshop for all the employees involved in the relocation, to teach about the dangers of using vague, obscure language, relying on unchecked assumptions, failing to perceive others’ wants and needs, as well as how to listen actively to each other and eliminate distortion from the communication process. Learning these vital skills will help employees to take advantage of their own diversity while working together in new teams, and enable them to handle the conflicts effectively amongst themselves.
2.3.4 Speed Reduction of Implementation

It is clear that many goals are intended to be achieved by moving to this new building, and as such, a reduction in the size of the change initiative itself is not recommended, nor would be possible. However, in order to reduce stakeholder resistance to this project, and increase its overall chances for success, it is recommended that the speed of this project be slow, incremental, and properly managed in stages, particularly when the building is ready for occupation.

A model for stakeholder resistance (Figure 2) shows that along two dimensions, resistance increases as the size of the change project and the speed of the change project increases (Harvey and Brown, 2005). Since the size of the change project is large and cannot be reduced, the speed of this project must be minimized to lower resistance as much as possible.
As a preliminary stage, allow those staff whose floor and neighbourhood assignments are already determined complete and open access to the building. Mock shift runs should be encouraged, equipment tested, rooms inspected, and various systems practiced in order to increase familiarity. All questions should be answered by the coordinating committee or those most knowledgeable in the functions and niceties of its design.

Next, practice runs with a few volunteer patients should be conducted, perhaps only in the scale of one neighbourhood or less per floor. Staff shifts should be overlapped to allow for
observation of those staff already working, and to allow for informal training and orientation to be conducted. Experimenting in a low risk manner should be encouraged to allow for optimal operations, minimal injuries due to unfamiliar surroundings, and smoother logistics (Trinkoff, Johantgen, Muntaner, Le, 2005). This is particularly important for casual staff, since they will be the least familiar with the new building when called up for a shift, and are shown in research to be injured on the job more 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 should be practiced by more staff than are necessary and in greater frequencies, and gradually reduced until the normal level of staff are familiar with all operations.

Thereafter, patients should be moved in gradually to allow staff to adapt to the new building without serious shocks in their workloads. Moving in patients in increments will allow shifts to adapt gradually, gain confidence, manage their time better, and orient themselves efficiently and effectively. This process should continue until all patients have been moved into the building and the full workload has been realized in a manner conducive to adaptation.

2.3.5 Employee Involvement

This practice should be continued even after the transition to the new building, since its benefits and contributions are already apparent. Staff are most knowledgeable about their jobs and are in the best position to offer improvements, efficiencies, and ideas about creating a better workplace and a better patient environment. Their input not only creates benefits for the organization, but has been proven through research to increase job satisfaction, improve individual motivation and performance, and facilitate a more productive organizational culture and labour-management relations. Research has also shown decreases in absenteeism, sick leave, turnover, conflict, injuries, and overall costs. The overall culture and performance of the new
extended care unit will be greatly increased if the practice of employee involvement in maintained in the future.

As employee involvement to this point has centered largely on building design issues, this practice needs to be extended immediately to human resources issues. Even if human resources planning is not possible at this point, allowing a public forum or focus groups on human resources issues such as shifts, staffing levels, management structures, floor assignments, and contracting out will allay fears, concerns, and anxieties, reduce resistance, and improve commitment and attitudes towards the project as a whole.

Employee involvement initiatives also need to be properly managed, and not become forums for complaints about current conditions, past events, or political views. Focus groups and meetings should be held to brainstorm ideas without criticism, allow for a visible recording of genuine concerns and fears about this change project, and facilitate the quick delivery of available information from management. If the information is not available, follow-ups need to be made via email or in person to those who attended the meeting, even if the responses are simply to inform everyone the information is not available at all.

The voluntary nature of the employee involvement practices has been effective, but a few sessions should be held that are mandatory for all employees. Some employees have noted that they had no desire to attend these meetings, and in most of these cases, were also the people most cynical and resistant to this change project. Mandatory sessions for staff may not be viewed positively at first, but at the very least, ignorance of the change project will be reduced, and consequently, so will attitudes. Many people need to be forced into an action in order to change their thoughts.
2.3.6 Champions and Informal Networks

While the use of an organizational chart may illustrate power and reporting relationships, very often the dissemination of information, the path of influence, and the direction of trust does not follow these hierarchical lines. The identification of informal employee trust, information, and technical networks should be carried out, either formally (Appendix D), or informally. 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.

Many staff noted the presence of ‘big mouths,’ who are people that command large employee audiences and can influence their thoughts and behaviours. Very often, only a few individuals can manage an entire subculture in a work unit, and some staff admitted during their interviews that this was the case where they work and that they knew who these people were. These ‘big mouths’ can manage a culture for better or for worse.

It is recommended that these influential people be identified and properly managed, either through discipline or engagement. Positive influencers should 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 building design, human resources planning, safety, or patient care. Those who model employee champions should be rewarded, even if only through verbal recognition or a public award of a certificate.

Negative influencers should be identified and made aware that their continued behaviour in promoting cynicism, ill-will, and negativity will 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, verbal warnings, team self-management, and ‘last-in-line’ treatment for vacation selection or other perceived rewards or benefits.

These informal networks can be identified informally by simply knowing who your staff are, and who they talk to. Many people carry reputations of knowing a lot of information, being trusted, willing to talk, or knowing a lot about a job. Some employees who do trust a manager can also help identify these networks and influencers, though caution should be urged that they are not perceived as ‘rats’ or ‘finks.’

Formally, these networks can be mapped via surveys asking staff who they go to for job advice, information and gossip, or to discuss problems carrying trust issues. While not all will be willing to respond, the use of a third party, such as an employee committee or an outside consultant could facilitate better responses.

2.3.7 Human Resources Planning

It is highly recommended that this task be carried out at soon as possible, even with limited or incomplete information, and disclosed to staff. The weight of their concerns and anxieties from the survey data and the interviews shows that they are in high need of at least some preliminary information, particularly on the contracting out issue. For this issue, it is advised that management tell staff that this project is being carried out with the intention that the contracting out will not happen with certainty, at least for a short while after the move to the new building. Share your uncertainty about contracting out thereafter, and with what person or office that decision lies. Make logical, persuasive statements, such as, “If this was being contracted out, why would Fraser Health managers be highly involved if they too would lose their jobs?”

Next, human resources planning needs to take place as soon as information becomes available and prerequisite events allows. The determination of staffing levels, staffing mix, team
composition, patient assignments, floor assignments, shift placements, management structures, and organizational designs all need to be disclosed, even if it is somewhat inaccurate, in order to allay anxieties and increase commitment. Trust issues over past broken promises, as staff expressed, will 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.

For the planning itself, the past practice of seniority rules allowing employees to pick wings, floors, assignments, or patients shouldn't apply. Since this is a new building with no past history of preferred staff assignments, managers should take this opportunity to optimize the staffing mix in order to best achieve the set vision. For example, those known to be ‘negative influencers’ could be placed in the same neighbourhood and shift with those known to be ‘positive influencers,’ and effectively mitigate the resistance that these people could create in allowing this entire project to succeed.

The planning should also create 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.
2.3.8 Union Collaboration

In accordance with high employee involvement, important stakeholders that carry heavy influence with employees are their unions. It is highly advised that the unions be brought on early to collaborate with management in an exercise of trust, problem solving, and mutual benefit. The union has interests in the well-being, safety, and continued employment of its members, as does RMH management, so these interests should be leveraged. In addition, bringing the unions on board to assist in the change process will also signal to all employees that the rumour of privatization is false, and they can begin exercising 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 costs, produces greater job satisfaction for employees, and results in better products and services than those companies with adversarial union relations 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’ or ‘marginal’ stakeholder per their model (Appendix E).

2.4 Conclusion

Overall, we believe the change initiative is on the right track and is being managed with all the energy and enthusiasm its steering committee can provide. It does, however, have some serious obstacles to overcome, and can use additional tools, techniques, and strategies to overcome them. We have highlighted the areas that are being managed well, and have outlined the areas for improvement. Finally, we have provided a set of recommendations based on the
analysis of our data, our observations, and the research we conducted. A summary of survey statistics can be found in Appendix A, and can be analyzed to allocate resources in a more targeted fashion. If many of these recommendations are followed, and careful progress is made while ensuring all stakeholders are involved and committed, there is no reason this project shouldn’t be a stellar success and a shining example of how health care can change for the better and perform brilliantly.
3 EMPLOYEE INVOLVEMENT AT RIDGE MEADOWS HOSPITAL EXTENDED CARE MANORS

3.1 Background

Early in 2005, the Ridge Meadows Hospital (RMH) steering committee overseeing the transition to the new building began holding a series of town hall meetings and focus groups to solicit employee input into the new building. By and large, the focus of these meetings was to present the proposed design of the relevant three floors the employees would move to in the new building, and to seek input for suggested tweaks and changes to the design. The meetings were held on a voluntary basis, with employees encouraged to attend, and some of the meetings were held during various shifts to allow all employees the opportunity to attend.

In addition, various members of the coordinating committee would actively seek out small employee groups who were not busy during certain hours of their shift, and solicit feedback from them as well. They were presented with designs, floor plans, and given descriptions of the various features of the building, such as the elevators, doors, call bell systems, storage facilities, and food delivery. Employees were also shown carpet and linoleum samples, wall paint colours, and various other physical samples to help improve the ‘look’ of the new building for the benefit of patients, families, and staff alike.

Finally, a number of bulletins were posted around the current extended care units (ECU’s), and binders of information relating to the new building design were also left in staff rooms and on front desks for the perusal of curious employees. All this information was updated on a regular basis by the coordinating committee, and new developments were broadcast by email or bulletin to all staff and patients when they became available to management.
Seeking employee involvement on this change initiative is something that is not typical of past experiences, according to our discussions with RMH management and employees. As a quasi-government bureaucracy with a long history, the health care system was subject to the top-down, 'command and control' style of managing employees. Many change initiatives that took place in the past were often done at the instruction of management, without the input of employees, and could possibly become subject to union involvement if any proposed changes could affect jobs or job descriptions.

As such, the change initiative being examined in this MBA project is of particular interest to me, since it clearly deviates from past management practices, and in my analysis, has produced some interesting and beneficial results, to the employees and the health care system alike.

3.2 Chapter Proposal

As just mentioned, the use of employee involvement in this change initiative is not typical of past change projects at Ridge Meadows Hospital. Our interviews revealed that, in the past, management would often hand down directives to its employees, who would then be forced to deal with the change solely on their own, without being able to provide any input, feedback, or protest. The unions are also limited in their involvement, since they cannot largely interfere in changes to operations unless the issues of job changes or staffing levels are present. Management was quick to leverage the union as a stakeholder in past change projects, but the employees themselves were often not considered as a stakeholder, and therefore, not given consideration when changes were implemented. My conversations with a few employees with more than ten years experience at the ECU's indicated that, in the past, employees would often become very demotivated, take extraneous sick leave, or refuse extra job duties outside their job descriptions that they had previously consented to and performed on a regular basis.
This section will describe my observations of RMH management using employee involvement in this change initiative. Employee involvement in this case study will refer to the efforts of the coordinating committee at involving employees, through town hall meetings, focus groups, informal meetings, distributed information, brainstorming session, and specialized employee task groups. My observations will be compared against current literature concerning the usage of employee involvement in the workplace, and upon examination of the literature’s theories and findings, I will seek to establish the benefits of using employee involvement in the RMH setting.

3.3 Observations on Employee Involvement at RMH

3.3.1 Data Collection

To gather data at RMH for this change project, nineteen staff members from various jobs and manors were interviewed and asked a variety of questions concerning the move to the new building. Surveys were also made available to all staff, and a response rate of roughly 15% was achieved for a total sample size of 30. Staff were asked a number of questions concerning such issues as employee involvement, communication, privatization, their attitudes, patient care, teamwork, job changes, building designs, and labour-management relations (Appendix A). Responses were given on a Likert scale, ranging from 1 to 5, whereby a ‘1’ = ‘Strongly Agree,’ and a ‘5’ = ‘Strongly Disagree.’

3.3.2 Data Results

The thematic data from the interviews indicated a rough split between employees who were actively engaged in the involvement process for this change initiative, versus those that chose to ignore it. The survey showed results that were somewhat more skewed: 21 of the 30 employees that responded indicated through their answers that they did not participate in more than one meeting, whereby the remaining nine had participated far more. This highlighted another
qualitative observation from our interviews: typically, those employees that participated more were involved in more focus groups, gave more suggestions, talked to the committee members more, attended most meetings, and were far more proactive in their information collection about this change project.

3.3.3 The Experience of Employee Involvement

Interestingly, a clear majority of employees did express a desire to become more involved in the change project. Their responses to our survey questions regarding their desire for more involvement averaged 1.833, which is one of the strongest response averages throughout this survey. The interviews also complement this average, in that many interviewees noted that their desire to become more involved in the change project stemmed from their experiences in being involved already, or having heard of the experiences of others that had already been involved. They had expressed that the involvement experience had been very positive, that they felt they had been listened to, that by volunteering their concerns and ideas they could improve their workplace and job, and that they felt empowered to change some things they didn’t like.

The interviews also revealed that employees had only experienced this type of involvement and consultation from management for the very first time, and that they felt much more positively towards their manager, the steering committee, and their current job duties that they had ever recalled working in that care manor, and in some cases, in the whole health care system.

3.3.4 Employee Subgroups: Involved and Uninvolved

Here follows a discussion of the survey results and experiences of employees who participated in the change initiative involvement process, versus those employees that ignored it and did not become involved.
3.3.4.1 Involved Employees

Our formal interviews, informal conversations with other employees, and our survey data clearly indicates where the split in attitudes towards the change project arises. Given the voluntary nature of the town hall meetings and focus groups, there are portions of the employee population that actively attend, participate, and become involved in the process, while other employees seek to ignore the involvement process and continue on with their work duties. Those employees that actively became involved in the meetings and focus groups expressed higher levels of optimism, a higher understanding of managers, higher levels of trust with managers, and higher satisfaction with the change process as a whole when they attended at least one of these meetings.

My survey analysis highlights this split, and measures the averages between those employees that became involved versus those employees that did not. In feeling optimistic, involved employees agreed with a mean of 2.88, while uninvolved employees leaned towards disagreement at 3.38. In believing the new building would improve resident care, involved employees agreed with a mean of 2.44, and uninvolved employees leaned towards disagreement at 3.28. Involved employees felt greater independence in their job at a mean of 1.88, while uninvolved employees responded at a mean of 3.33. Appendix B highlights this split between these two employee subgroups even further, and shows many statistically significant differences in the means of their responses. Overall, these subgroups show clear disparities between the averages in their responses. Employees that became active in the involvement process expressed higher optimism, high perceived benefits for staff and residents, lower anxieties and fears on a number of issues, more positive perceptions of management, and higher positive affectivity for the change project as a whole. Controlling these averages for age, seniority, job level, or manor had no effect on those who sought involvement versus those that did not.
3.3.4.2 Uninvolved Employees

Our interviews showed that those employees who did not proactively seek out information felt that managers should have made greater efforts to bring it to them, and generally felt more negatively about the change project. The interviews revealed that this subgroup of uninvolved employees believe that their contributions would make no difference towards this change project, that their managers and the coordinating committee would not listen to them anyway, and that the past history of the Fraser Health Authority and its predecessors dictated that employee involvement would either produce no benefits, and could even be detrimental to those staff that do participate through retribution.

Again, the survey data confirmed many of disparities between these two subgroups. Uninvolved employees typically were more anxious, less optimistic, less informed, held greater negative affectivity, believed less in the involvement process, and perceived managers less positively than the involved subgroup. The involved subgroup was also more skeptical about projected increases in patient care and well-being improved job effectiveness, and manor performance.

3.3.5 Attitudes as a Predictor of Involvement

While the correlations between attitudes and employee subgroups are apparent, the question remains whether positive attitudes are a predictor of higher employee involvement, or if higher employee involvement leads to positive changes in attitudes. The entire involvement process has been a voluntary one, so at some point, all employees were faced with the decisions to attend these meetings or skip them.

Regressions of the survey results revealed no statistical significances between positive attitudes and higher employee involvement. However, given the small sample size, the results
may not have been completely accurate. In addition, it could be that a direct relationship is not statistically significant, but follows a model or indirect pattern in causation.

The interview data is far more important in this case. As mentioned before, those employees who had attended an involvement meeting reported positive experiences overall, and continued to pursue those experiences thereafter. What spawned them to attend the meeting in the first place is a ‘chicken and the egg’ question, but a predisposition to positive affectivity or a personal relationship with a committee member could be inferred. Following this first involvement forum, they promoted those experiences to their co-workers via word-of-mouth. In this instance, it took the act of attending one meeting to change one person’s thinking, which in turn led them to the acts of promoting the involvement forums to others and attending more forums themselves. Those who listened to the experiences of those who had already attended, and were predisposed, possibly through individual positive affectivity characteristics, could have changed their behaviour and also began participating. In attending the meeting, their thought patterns change, and they begin duplicating the dual behaviours of the person they listened to: promoting the forums to others, and attending more forums themselves. Figure 2 outlines this relationship.
Figure 2 Thought / Behaviour Patterns

Employee predisposed to positive affectivity: participates in employee involvement forums

Positive experience in involvement forum changes thinking: leads to new behaviours

Promotes change in thinking to other employees

Begins attending more forums and participating more

Listening to others 'triggers' an experimental act of attending a forum

Note. Figure created by author.

Given this proposed model, then, what prevents other employee subgroups from never attending a meeting or ever changing their thought pattern? As the survey results showed, no difference in means occurred in the subgroups when controlled for age, seniority, job level, or manor. This means that these employee subgroups are equally distributed across both care manors, and so an organizational subculture, informal social network, or managerial style can be ruled out. The answer probably lies in individual personality differences.

George, Jones, and Gonzales (1999) discuss individual differences in predisposed affectivity. Namely, some people are naturally predisposed to negative sentiments and moods, while others are naturally predisposed to positive negative sentiments and moods. In the authors'
article, they discussed emotional spirals that can affect business outcomes. My proposed model shows a cycle of positive events from employee involvement contributing to higher job satisfaction, more positive attitudes, less cynicism, higher optimism, and greater belief in the project. However, negative spirals could also occur in this organization, and prevent employees from ever becoming involved.

Recently, the BC Provincial Government handed down a new contract to the HEU that included wage rollbacks, increased hours, and cuts to vacation time. Many Registered Care Aids work in these long term care manors, and were subject to these compensation cuts as members of the HEU. As such, a major theme arising from our interviews showed great resentment towards the government and indirectly towards the Fraser Health Authority and its managers. If these kinds of events are coupled with personality traits such as predisposed negative affectivity, George et al. (1999) argue that negative emotional spirals occur that prevent favourable outcomes, such as increased employee involvement. A new change project, such as this one, could be viewed as yet another example of an attack on their employment situation through privatization, and the survey data has shown a very prevalent belief of privatization across both subgroups with a mean of 1.43. As such, employee involvement forums could be viewed as tools for managers to push through efficiencies to cut jobs, allow for privatization, and increase workloads. Again, these sentiments were reflected in the interviews we conducted.

3.4 Management Literature: Employee Involvement and Manor Performance

Like most government bureaucracies, agencies, and crown corporations, Canada’s health care system is still largely grounded in a Tayloristic, ‘command and control’ work environment, inundated by hierarchy, strict job descriptions, unionism, and poor labour-management relations. Managers act as ‘directors,’ who are decisive and have all the answers, and as strict ‘monitors,’ who enforce existing structures and traditions, and ensure that routinization leads to stability.
predictability, and safety (Quinn, Faerman, Thompson, and McGrath, 2003). While it is important to maintain a stable system to ensure quality health care that delivers on life continuance and improves the quality of life for patients, much of the Tayloristic, bureaucratic work structures entail that employees simply do as they are told and not question managers. The analysis of our interviews with RMH employees revealed this to be exactly true up to about three to five years ago, but now managers have relaxed their stance towards employees with the introduction of ‘program management.’ Program management removed supervisors as the most senior employee of their job occupation, such as a head registered nurse, and replaced them with generalized managers holding Masters Degrees in Nursing, overseeing entire units of hospitals, such as long term care manors. Despite this, employees by and large are still not considered important stakeholders and are often not consulted on process improvements or change initiatives.

Having established the health care system as a more traditional, hierarchical bureaucracy then, one can now make direct comparisons to the management literature concerning the benefits of employee involvement in precisely these kinds of workplaces. Starting in the 1950’s but gaining momentum with the quality of work life movement in the 70’s and 80’s, industrial relations researchers began publishing articles marvelling on the benefits of firms who emphasized a workforce not as a cost to be minimized, but as an asset to consult with and involve in business decisions and floor operations. The majority of these studies focused on heavy manufacturing, in which measurable outcomes such as quality, injuries, throughput, and profits could be compared against changes to workplace systems. The use of employee involvement as one strategy to leverage this new human resources system is prevalent throughout virtually all these research studies.

In 1985, Richard Walton wrote in the Harvard Business Review of a ‘revolution under way in the management of work.’ His observations described a few successful case studies of employee relations experiments, and called on future researchers to empirically examine this
phenomenon. In 1992 and 1994, Jeffrey Arthur examined American steel mini-mills to determine what effects the use of employee involvement programs had on business outcomes. In most cases, using a high involvement strategy with employees resulted in improved outcomes on a number of dimensions: improved quality, higher productivity, higher job satisfaction, higher sales, and higher profits. Jeffrey Kling's 1995 meta-analysis of previous HR studies also found convincing evidence of the benefits of employee involvement, including statistically significant positive correlations with productivity, uptime, throughput, net income, sales, accounting profit, and stock price. In 1995, Dyer and Reeves further examined the causal links between employee involvement systems and firm performance, established a direct link empirically, and agreed with Jeffrey Pfeffer (1994) in ruling out the contingency theory of the causality of individual firm characteristics. Huselid and Becker (1996) further solidified this relationship, in demonstrating that a one standard deviation in progression in employee involvement systems could result in an increase of market value of $15000 USD per employee after a one to two year time lag following implementation. James Guthrie (2001) examined firm competitiveness and established high involvement practices as contributing up to $72,400 USD in per employee productivity increases.

Given the not-for-profit nature of the RMH ECU's, it could be difficult to compare these kinds of results against the aforementioned management literature. But, in 2004, Ray, Barney and Muhanna published a study examining the benefits of high involvement practices at the departmental and process levels, specifically examining customer service ratings and service climates. Their analysis concluded that investments in employee involvement improved the overall service climate and customer service satisfaction for internal and external clients. The RMH ECU's also strive towards departmental level outcomes, and these are measured every few years. Patients and families are polled by the Fraser Health Authority to measure such outcomes as the quality of the living environment, satisfaction with health staff, patient dignity, patient autonomy, quality of medical care, quality of food, manor cleanliness, and overall quality. As of
March 2004, the two manors at RMH scored over 66% in satisfaction from residents and families in all these outcomes, including a 74.6% satisfaction rate with Overall Quality (Appendix C). It stands to reason, then, that if greater efforts are made towards the use of employee involvement in the workplace, properly aligned to these outcomes, that strides could be made to improve these scores even further.

This may be the case next year, when the results of employee consultations come to fruition when the manors move to the new building. Already, the coordinating committee for the new building has made many changes to the proposed internal designs of the floors, incorporating suggestions for storage, office space, resident housing, call bell systems, general aesthetics, and floor layout. RMH management realized that in order to improve service delivery, it was best to consult the employees that would be carrying out the day-to-day operations. If the results of the departmental surveys improve over 2004’s results, much of this could be attributed to the employees’ contributions in the process, whose input would have kept the interests of patients and the knowledge of service delivery in mind.

3.5 Management Literature: Employee Involvement and Quality of Work Life

Much of the management literature examining employee involvement has also focused on the human resources outcomes directly affecting the workforce itself. While the causal links between employee involvement and firm performance became clear, attention then focused on the specific human resources outcomes contributing to that financial success.

In 1997, Tsui, Pearce, Porter, and Tripoli published in the Academy of Management Journal their comprehensive findings of firms that underinvested, over invested, or moderately invested in employee involvement work practices, as well as other work practices. Their findings were statistically significant to .001: firms moderately or over investing in employee involvement
realized improvements in basic task performance, citizenship behaviour, lower turnover, affective commitment, lower absenteeism, perceived fairness, and trust in co-workers. The overall conclusions of the study were that the more employees became involved in the management of their workplace, that their psychological commitment improved, thereby decreasing absenteeism and turnover, and their work performance improved through process improvements, increased trust, and increased citizenship.

Wheatley’s 1997 analysis of firms made similar conclusions, in that when managers simply paid more attention to employees, solicited their input, and implemented their suggestions, that employees held higher beliefs in the work system, that these ‘small wins’ through suggestions led to bigger, more beneficial changes, and that employees became self-organizing and self-motivated.

Even criticisms of these high involvement practices were unable to find conclusive evidence to the contrary: Godard’s 2001 criticism examined the issue in a longitudinal study, and while he raised important questions for future research, ultimately conceded to the statistical significances of employee involvement leading to improved individual performance, higher pay, and no effects on stress or injuries. Further research into possible detrimental effects of employee involvement revealed none at all, and that the opposite was true.

Batt and Valcour (2003) examined employee involvement in relation to a number of human resources outcomes. In this case, increased employee involvement and interaction with managers to seek mutually beneficial work arrangements resulted in higher workforce support for the firm, greater employee autonomy leading to process efficiencies, lower intended turnover, fewer health problems, lower absenteeism, higher job satisfactions, fewer work/family conflicts, higher employee motivation, and lower stress. Iverson, Barling, and Zacharatos (2003) modelled employee involvement practices leading directly to fewer occupational injuries, and indirectly
through higher job satisfaction through to fewer occupational injuries. They found that occupational injuries significantly decreased with the implementation of high involvement practices and increased job satisfaction, and found injuries increased with longer work hours. They also found a direct positive correlation between job satisfaction and high employee involvement.

Zacharatos et al. (2004) examined high involvement work practices in relation to injuries, but also found statistically significant correlations between employee involvement and a positive view of leadership, increased job quality, and lower job status distinctions leading to higher teamwork. Trust in management was correlated significantly at .70, closely followed by affective commitment to the organization at .69. They also found that these beneficial results were enhanced in larger, older organizations with more stringent bureaucracy, and the presence of unions was found not to have a statistically significant effect.

These results are all highly applicable to the Fraser Health Authority and the RMH extended care units. Being a large, old bureaucracy, Fraser Health theoretically stands to gain large and immediate benefits from higher employee involvement in its operations. The organization still relies heavily on the 'command and control' style of management, as noted in our observations and through the admissions of care manor employees, the managers themselves, and the director of an HR department at Fraser Health. The organization is still heavily structured towards individual work tasks founded within a pyramid hierarchy, and at 23,000 employees and the second largest employer in British Columbia, would definitely qualify as a large organization as outlined in the literature.

For the RMH ECU’s, the benefits of employee involvement are already becoming apparent, as many employees expressed their increased trust in and appreciation for management by being allowed to voice their opinion and to observe their suggestions being implemented in
changes to the designs of the new buildings. Their responses to our interview and survey questions confirmed that, and increased further when participating heavily in involvement forums. They reported higher levels of understanding for their manager than employees not involved in the participative process, and seemed to express greater optimism and a higher level of excitement for the change initiative as well.

The survey results have also provided further evidence that employee involvement up to this point has had positive effects for the ECU and could contain great potential for the future. As discussed before, the employee subgroup highly involved in this change project has shown greater job satisfaction, higher optimism, better attitudes towards the project, greater beliefs in benefits to staff and patients alike, greater understanding of management workloads, and better labour-management relationships. Again, many of these differences were statistically significant.

3.6 **Drawbacks to Employee Involvement**

Although employee involvement programs and initiatives do carry many positive benefits, and these benefits are somewhat apparent in Ridge Meadows Hospital already, if managed improperly, employee involvement can create a lot of problems as well.

3.6.1 **Refusal to Carry Out Suggestions**

There are cases where employees who have provided suggestions, plans, and feedback, only to either not see it carried through or to be told it would not or could not be done, have expressed a high level of frustration with management. In some of our interviews, these people were the ones who we perceived to be experiencing the highest levels of anger, frustration, despair, and loathing for this change initiative. These observations could still fit within my proposed involvement model, but act as an exit from the positive spiral if the involvement efforts amount to no changes or management does not listen.
One case study in Ridge Meadows Hospital exemplifies this ‘exit’ very well. The Gardenview Manor, a subsection of the Creekside Manor dealing with patients who have Alzheimer’s Disease, dementia, and other mental health disorders, has voiced fiery opposition to moving out of their current location. Although only half the Gardenview employees identified as being highly involved in the survey, while the interviews revealed most to be involved, as a unit, they have expressed the highest mean dissatisfaction of the proposed benefits to patients by moving to the new building, at 4.11 out of 5. They have argued that the new designs for their portion of the building will create many problems for their patients, who become frustrated, upset, and sometimes violent with staff and each other with such simple things as dead end hallways, doors, and elevators.

The current Gardenview Manor layout incorporates a circular design for patients to wheel or walk themselves in circles throughout the day, but in the new building, no such feature is being considered and suggestions to change this have been met by management with dismissal. The Gardenview employees have conducted their own research into the matter and concluded that up to 40% of their patients could die of shock or injury within the first month of residing in the new building. According to these employees, management has not provided them with any rationale for moving to the new building or in staying in their current location, and a clear majority of these employees are very upset by this.

3.6.2 Doubts Surrounding Employee Involvement

There are even those employees who have provided a great deal of input into the process have expressed some doubts that the information will not be used against them to contract out jobs or downsize the manors through realized efficiencies. Some of the interviews conducted also revealed that despite management providing as much information as possible to everyone, that employees still believe they are not being told everything that is happening. When faced with the
hypothetical question, "If management did provide all the information they had to employees, would you still believe them?" every interviewee I talked to responded, "No." The survey reveals a similar situation, and employees were asked if they believed their manager had told them everything they knew. The mean response across all employees was to disagree at 3.81 out of 5.

Given the health care system's age and history of labour-management relations, this is not surprising, but if the employee involvement process were to continue and deliver to the employees their suggestions for improvements, trust could be rebuilt between staff and managers.

While employee involvement in the design of the new building seems to have satisfied some employees to a sufficient degree, there is a very high desire now to continue with this consultative process into the human resources and staffing plans for the new building. Employees have expressed a high level of frustration and fear over this topic, particularly to find out if the manors are being privatized, if they are losing the residents they work with every day, if their jobs are changing, and who they are working with. At the top of list, employees agreed that they were worried about privatization, agreeing at a mean of 1.43 out of 5, and worried about losing the residents they currently serve to other staff members, agreeing at a mean of 2.23 out of 5. A statistically significant correlation was found at .01 showing concern for staffing levels from Creekside and Gardenview employees. Statistically significant differences were also found between employees with varying levels of seniority, age, and across manors when asked about questions such as future job assignments and staffing levels.

At this point in time, the coordinating committee has not even reached the point of beginning to map out the staffing plan, and while there was never an intention to privatize the facility, many employees still believe it will happen sooner or later.
3.7 Employee Involvement for the Future

As part of our recommendations to the coordinating committee at RMH, the future usage of employee involvement practices should continue throughout this change process and even after the transition to the new building is complete. The benefits from the management research are clear, and preliminary signs of employee involvement used at RMH to date are encouraging and are reflective of management theory.

This experience suggests that future employee involvement could reap great rewards, but the current situation at RMH is unlike most others at the Fraser Health Authority. The Lark Corporation had provided a great deal of funding for the design and construction of this new facility, so budgeting and financial scarcity are not issues at play in this case. However, it has been shown that high employee involvement typically works only in conditions where resources are abundantly available. The success of many involvement programs have been studied by researchers in large manufacturing facilities or white collar processing offices, often owned by corporations with sufficient resources to implement new programs. However, research has shown that for firms with fewer financial resources, the net gains of employee involvement can be negative, zero, or marginal at best (Way, 2002) This is exacerbated in times of economic downturns, corporate turnarounds, or funding restrictions (Sanchez, Kraus, White, and Williams, 1999).

Therefore, the future use of employee involvement could be continued, provided enough resources exist within the manors and RMH to see benefits from their usage. Current Canadian funding of the health care system has provided a great deal of temporary, one time funding, but the continuance of this funding for the future has been questioned and can vary with changes in governments at the provincial and federal levels. If funding was restricted, it may be that the benefits of employee involvement could never be realized simply because the budget will not allow it.
The current situation is also realizing benefits from employee involvement because of the 'strength of the system' at play, according to Bowen and Ostroff (2004). These authors argued that HRM systems, and consequently, employee involvement programs, are most effective when they are visible, relevant to employees, understandable, legitimate, unambiguous, consistent, valid, fair, and seek a consensus between all members of the organization. At this present time, the sheer size of this change initiative, in moving all residents and staff to a new building currently under construction outside the windows of their current location, means that the situation is 'strong.' It is highly visible, outside the walls of RMH and on bulletins, in emails, through SFU student consultants, the coordinating committee, and with the host of documentation available. It is highly relevant to employees and residents, understandable given the age of the current manors, valid to improve care delivery and patient quality of life, legitimate in that Fraser Health sanctioned the project, and has sought a consensus by involving patients, families, and staff in the change process. It can be determined through the survey results that because of staff confusion, the change initiative is ambiguous, not very consistent in its communication, and possibly won't be fair, depending on the delivery of the staffing and HR plans. However, the strengths in this situation do outweigh the weaknesses, and as such, allow some support and attention be given to this program, but not without reservations.
4 FIELD PROJECT REFLECTIONS

This section will give a brief overview of my personal experiences working within a team in the field with the Fraser Health Authority. It will reflect experiences going into the organization itself to study it, about providing feedback to the client, and will list examples of what I thought I did well and what I would do differently in the future.

4.1 Key Lessons in Conducting Field Projects

The formal field project was a good learning experience and one that I will carry with me when working in my new consulting job. Of note, two experiences taught me the most about the formal structure of field projects: the project charter, and the negotiation of deliverables.

4.1.1 Project Charters

The formation of an actual project charter, or contract, was very difficult for me. I’ve never had to fill something out so technical from scratch, and had to rely on many sources in order to complete one. The first draft took about three hours, which was far longer than I expected. Further to this, I had to included details into the contract to which I wasn’t very confident in writing, particularly in stating the background of the organization, which we had just entered and barely learned about.

Other details were difficult because they needed a level of analysis far greater than we had conducted at that point. Stakeholders needed to be identified, and separated according to their relationship distance to the project. Project resources had to be determined, the scope had to be defined, and the key players had to be identified. Since this was my first experience doing all this,
it might get easier in the future, but I was a little fearful of making a mistake and receiving criticism from the client for a lack of understanding.

To further complicate things, the three of us had to enter a system to which we had little or no orientation. Our first meetings included a flurry of acronyms and organizational jargon to which we had to clarify repeatedly in order to understand, and I think at times, the clients were a little flustered. We had to interpret the organizational culture very quickly, understand the management style, the procedures in conducting meetings, and the general operations and organizational structure of the hospital. To collect all this information and make a coherent picture out of it is far different than reading a prepared case study from the Harvard Business Review and analyzing it. For this field project, we had to write our own case study, and then analyze it.

4.1.2 Negotiating Project Deliverables

This proved to be an unexpected learning experience, since our Negotiations course was still only two weeks old and I hadn’t learned much yet. Further to that, I had little to no knowledge on negotiating with people, and had zero experience in doing so.

The discussions of our project charter invariable led to the hammering out of our deliverables and the scope of our involvement in the change initiative. Our presence at the table of the coordinating committee was clearly appreciated, since its members all carried heavy management portfolios and could only contribute a small portion of their work week to the project. As such, when we began listing what we could contribute to the project, particularly in examining the 200 employees involved at the two care manors. In being assigned this client system, we had assumed we would only deal with these two care manors.
The scope of our project would have expanded very quickly had we made impromptu decisions. Requests from other departments quickly came forth, including surveying the employees of the Home Health Care unit, and in analyzing the business process work of the two project managers assigned by the Fraser Health executive office. We were also asked to return after the move to the new building to carry out another audit and measure its success. We were very surprised by all these requests, but delayed our answers until we could consult in private with each other and with Pamela Theriault, our sponsor.

When in private, the three of us admitted that we were flattered by the committee's enthusiasm and their trust in our training and abilities. However, we also knew that if we took on all these extra responsibilities, we would simply have more work than we would be able to handle with the amount of time we had.

For our project deliverables, we had to refuse the post-move audit and instead offer the tools for the managers to use themselves. We also decided to provide copies and the methodology behind our surveys, so that the Home Health Care unit could use it on their own employees should they so wish. Finally, we offered our original deliverables in providing a report of our findings and recommendations, and in explaining it at a meeting with the organizing committee.

My key lesson from this experience was to ensure I only took on enough work that I could handle and be able to provide a high level of quality given such constraints as time. In addition, I also learned that while flattery of our skills and expertise may be nice, it can also be grease for the wheels to ask for more than we're offering. Finally, I also learned the effectiveness of stepping back from a negotiation to look at the situation objectively, rather than make decisions in the heat of the moment under the watchful stare of our client system.
4.2 Key Lessons in Studying Organizations

Having worked within government bureaucracies for the bulk of my work experience, and having completed a field project with Sheila Allen at the Ministry of Forests in the spring 2005 semester, I felt confident about my abilities to orient myself around another government agency such as the Fraser Health Authority.

Much to my surprise, however, my confidence did not prepare me for some experiences, particularly those that exist uniquely within the Canadian health care system. These are some of the areas to which I learned the most, whether prepared or unprepared.

4.2.1 Bureaucratic Rigour

My experiences working at the Canada Revenue Agency largely involved frustration with the federal bureaucratic machine. Having experienced bureaucratic rigour through slow administration, overly cautious management, extremely thick technical manuals, ineffective human resources policies, and employee resistance to change, I thought that I was prepared for whatever Ridge Meadows Hospital threw at me.

The system I encountered there, however, proved to be even worse in terms of bureaucratic rigour. While CRA’s rigour was founded largely on the unwillingness to change because everyone thought the current system was satisfactory, the hospital’s rigour was founded almost completely by a lack of resources. Management portfolios far outstrip the resources of even the most competent person. Health care employees are frustrated by a lack of equipment, inadequate staffing levels, perceived lack of fair compensation, or perceived bad or indifferent treatment from management. In addition, the entire health care system’s culture is one of symbolic horror stories related to a lack of resources, including strikes, pay cuts, bad management case studies, broken promises, political action, chronic under funding, short staffing, and an unsympathetic public.
My experience within this system, then, was firstly one of surprise, then of frustration, and then recently, anger. The ethics approval process for our study was ‘expedited,’ but took three weeks, simply due to a backlog of studies that needed to be reviewed by the Fraser Health Research Ethics Board.

Upon approval from that body, our interview questions needed to be developed and approved first from Dr. Gervase R. Bushe at SFU, and then through multiple reviews and revisions from Ridge Meadows managers and our organizational development consultant sponsor. In addition, this had to be balanced between the ideas and suggestions of myself and my two team members on this project team. In total, our interview questions were amended eleven times and took two weeks to develop and approve.

My experience in scheduling the interviews was also frustrating. The managers at Ridge Meadows Hospital initially delayed the interviews, and then scheduled a few without notifying staff members. Our intended number of formal interviews was supposed to total twenty-one, but because of miscommunications and staff workloads, only seventeen formal interviews were conducted with two informal interviews conducted at a front desk at 11 pm. The interview process spanned one week, when our original intention was to complete them all in two days.

Anger began to set in throughout the survey process. Again, it took roughly nine amended versions of the survey before being finally approved by Ridge Meadows management. The surveys were distributed to staff rooms, and an email sent out by the managers notifying everyone that they were available and should be completed. Two weeks later, after learning why our response rate was so low, I constructed an email addressing the staff, and asked Beverly Dixon, Glenda Wonnacott, and Pamela Theriault to review quickly and forward to everyone since our project deadline was looming. We received no reply the email had been forwarded or any notification if it was unsuitable.
While I do not blame the managers in any way for our lengthy time delays, my experience of surprise, frustration, and anger are certainly experiences shared by many employees at the Fraser Health Authority. Chronic shortfalls in funding have forced all employees and managers there to increase their workloads without increases to their pay, and this consequently increases the time needed to complete any task. Our project was clearly no exception.

My key lesson from this experience, then, was to react less and analyze the situation more. Only after I had cooled off from being frustrated and angry about this situation, was I able to properly reflect and uncover the reasons for all the time delays. Had I known this before, I would have structured our project differently to allow for these time delays, used slack time to complete other tasks, or streamlined our data collection to be less formal for the interviews and allow for greater efforts towards the survey.

4.2.2 Employee Commitment

One week after the distribution of our survey, only eight surveys had been completed, and all the survey materials in the staff rooms had been pushed to one side and buried underneath union flyers, posters, and other office materials. I was puzzled by this, especially since this was the case in all three staff rooms, so I set the materials back out into the open, having thought someone had pushed them aside and no one had been able to find them.

After two weeks, only fifteen surveys had been completed, and at this point, I began to feel frustrated and fearful of not completing my project and not convocating in October. I carried out an impromptu meeting with the four employees I found in the Alouette Manor staff room, and asked why there was such a low response rate. Again, my experience was one of surprise, and then self-criticism. Their feedback to me outlined how employees in the manor either thought the surveys were being conducted by Ridge Meadows management, and would be used against employees somehow, or that completing one simply wouldn’t do any good. Other employees
expressed their intentions to complete one, but stated they hadn't had enough time nor felt compelled to since a deadline for completion had not been set.

Immediately following this meeting, I met with my project partners and constructed an email to be forwarded by management to all staff. We addressed all the concerns and fears that they had expressed, and we also applied pressure to the project coordinator, Lottie Cox, to encourage staff to complete a survey. Lottie is a union member appointed to coordinate the new building change initiative, and is well respected by staff, so we thought enlisting her as an ally for our cause was more effective than using managers not trusted by employees.

The very information we as data collectors had uncovered in the interviews was not taken into account in distributing the surveys. Our interviews had revealed a general distrust of management, fear of the entire change project, and heavy workloads. Had this information been taken into account, our project team could have addressed these concerns to staff better, promoted our survey more, and improved our response rate.

My key lesson from this example is to not generalize behaviour or attitudes from a small sample size that I had met in person. The opinions of the few I interview will be far different than the greater number I do not have direct contact with, and so I must manage my assumptions properly. In addition, if the managers of the organization are not trusted by employees, as a consultant, I need to distance myself from them when collecting data in order to gain greater receptivity and response rates.

4.2.3 Presence and Commitment

Another of my experiences in this field project was the level of commitment, attention, and credibility we received as MBA students assisting in a project with very experienced managers. Our face-to-face meetings with the coordinating committee and the care manor
managers were always positive, enthusiastic, and productive. I think their experiences of us were
ones of gratitude, respect, and being impressed. Frequently they commented on our ideas as
helpful, interesting, and useful. They expressed their gratitude for our assistance on almost every
occasion, and remarked how it valuable it was to have MBA students at the table auditing this
project.

In addition, my experiences in interviewing employees were far different than what I
expected. My expectations were that the health care employees would not trust MBA students as
researchers, since we were studying business as our Master’s degree, and thus would be closely
associated with the managers they distrust so much. However, in the interviews, the level of
honesty and amount of information they provided were far higher than I bargained for. In
essence, we became their ‘little ray of hope,’ and they poured everything out that they had.

Following my interviews with these employees, I found that they were the most
committed to our efforts for a survey and in helping with the whole change project. Every
employee I had interviewed and met in the hospital at a later date told me that they had filled out
a survey and had encouraged others to do so as well. Their experience of us, in my mind, was one
of trust and hope, but their other co-workers, judging by the low response rate and my impromptu
discussion with some of them two weeks after the distribution, clearly thought otherwise.

As MBA candidates, we gained far more credibility and respect than I had expected. We
were treated as experts to be consulted with and listened to, as critical members of the project
committee making a strategic contribution, and an equal at the table. My previous schema that I
was young and comparatively inexperienced would lead to low commitment from the committee,
and disbelief and rejection from employees, definitely was proved wrong.

My key lesson, then, is that I gain greater commitment from project stakeholders when I
meet them face-to-face, rather than through email communications, bulletined posters, or word of
mouth through other employees. I think the experience of being a consultant in the field is that if I sell an idea in person, it creates a greater reality for the audience, one that they must consider since it comes directly from the source, rather than through the channels.

4.3 Strengths in the Field Project

4.3.1 Teamwork

I thought that throughout the entire field project, the three of us maintained a high level of professionalism, teamwork, and optimism. Our difficulties in managing time and in dealing with the bureaucracy did produce frustrating experiences, but our team was able to calm each other down when one was heated and refocus us on the situation.

In one instance, our team was on its seventh interview question revision, and had it handed back yet again by another manager. In this case, Bill became very frustrated, and I had cut myself off from all the emails being passed back and forth out of despair. Natasha, however, persevered and calmed Bill down, who in turn gave me a pep talk to regain my commitment to this long and drawn-out process.

The survey approval process was also frustrating. Encouraged by the quick approval from our senior supervisor, the team set about seeking feedback from our project sponsor, Pamela Theriault, and managers Beverly and Glenda. Again, my experience was one of frustration and fear for not making my time deadlines, but Bill and Natasha kept me focused on the situation, and allowed me to cool off and make plans to reach our goals.

4.3.2 Group Development

I believe our team was also a developed group and adept at communication. We set up MSN Messenger accounts to handle minor details or issues if we saw each other online, and made a number of three way conference calls to resolve major issues. We set up meetings and
accommodated each other’s needs, bounced ideas off each other and gave feedback effectively, and overall, made this entire process a group effort. No particular person in this group strived for leadership or influence, and roles shifted according to our interests and specialization.

Natasha, for instance, was particularly keen on developing interview questions and conducting interviews. Bill was particularly interested in research and in communicating with our Fraser Health contacts, while my primary interest lay with the survey and the statistical analysis. We all contributed to every task as a team, but it was a rewarding experience to have such good group development, communicate effectively, and accomplish what we needed to.

4.4 Weaknesses in the Field Project

4.4.1 Emotional Reactions

I think my primary weakness was not being able to cope with the lengthy time delays associated with document approvals and communications with our Fraser Health contacts. By not parking my emotional reactions to these situations, I was unable to objectively assess the situation and plan accordingly, or strategize to improve the outcome. Many times, my team members had to calm me down, refocus me on the situation, and take my frustrations or concerns and deal with our client system themselves.

On many occasions, Bill did just this. I would vent to him frequently about the slow speed of our progress, or the constant delays in approving our charter, ethics application, interview questions, and survey. He would then calm me down, and then make phone calls or send emails to our client contacts.

In the future, I vow to do this differently. I need to learn to park my reactions and try to understand the situation better, particularly from the view of the other party. By doing this, I will
be able to strategize courses of action thereafter without bringing negative emotions into play with the client system.

4.4.2 Time Management

To say simply that Fraser Health entirely caused our delays in completing this field project is somewhat inaccurate. Our time management could definitely have been improved, particularly in completing tasks while we were waiting for approvals on our ethics application, or our interview questions, or our surveys.

Looking back, my experience was one of many competing duties: as a teaching assistant for five tutorial sections; completing two MBA courses; conducting research assistant work for four professors; working within the MBA Association as Vice-President; managing MBA feedback from all the MBA programs regarding activity fees paid to the SFSS and reporting this at a SFSS Graduate Issues Committee meeting; and in managing my own house and relationship. However, while this may all look like a particularly heavy final semester, I still found I had slack time to which I could have been completing some project tasks to some degree.

In hindsight, however, it could also be that I'm being self critical for allowing myself important down time to properly manage all this. One of my strategies is to frequently take breaks from my responsibilities to relax and rethink my strategies for proper duty management. I find it a very effective strategy, but it is also very easy to take more relaxation time than I actually need, and it becomes difficult to get back to work.

4.5 Conclusion

It is one thing to complete an MBA project in partial fulfillment of my degree requirements, hand it in, and feel good about being completed. I believe it is quite another to produce a chapter such as this that produces personal reflections. Writing about one's own
experiences and behaviours has proven to be a very effective tool for me to become self aware of my behaviours and my impact on others, and creates greater corrections in my behaviour for my future work efforts.

This reflection becomes particularly important for me now, since I have now accepted a job as a senior consultant at the Fraser Health Authority. My experiences in this field project have given me both a practical orientation of how the organization operates, and how I can become a better consultant. This kind of low risk training has become especially valuable, and I look forward to my future endeavours as a consultant with this organization and with other organizations in the future.
Appendix A.

Summary Survey Data

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new building will serve residents' needs better than existing facilities.</td>
<td>3.23</td>
</tr>
<tr>
<td>I feel optimistic about relocating to the new building.</td>
<td>3.03</td>
</tr>
<tr>
<td>I am concerned about equipment availability and accessibility.</td>
<td>2.76</td>
</tr>
<tr>
<td>The quality of our residents' life will be higher in the new building.</td>
<td>3.33</td>
</tr>
<tr>
<td>The layout of the new facility will enable me to perform better on the job.</td>
<td>3.33</td>
</tr>
<tr>
<td>I am concerned staffing levels will be inadequate in the new building.</td>
<td>1.43</td>
</tr>
<tr>
<td>I am concerned I will not work with my current residents in the new building.</td>
<td>2.23</td>
</tr>
<tr>
<td>I currently have sufficient independence to make decisions related to my job.</td>
<td>2.90</td>
</tr>
<tr>
<td>I have sufficient collaboration between myself and other staff members.</td>
<td>2.83</td>
</tr>
<tr>
<td>I have sufficient input into decisions affecting my workload.</td>
<td>3.34</td>
</tr>
<tr>
<td>I am not worried about changes to team configurations for the new building.</td>
<td>3.07</td>
</tr>
<tr>
<td>I have no difficulty working with staff from other jobs (ie. RCA, LPN, RN)</td>
<td>1.80</td>
</tr>
<tr>
<td>I am worried the new facility will be privatized.</td>
<td>1.43</td>
</tr>
<tr>
<td>I am concerned that efforts to reduce costs will result in downsizing/job losses.</td>
<td>1.55</td>
</tr>
<tr>
<td>I am concerned that my job will be eliminated as a result of the relocation.</td>
<td>1.90</td>
</tr>
<tr>
<td>Staff from both manors will work well together during the relocation.</td>
<td>3.67</td>
</tr>
<tr>
<td>My manager is making sufficient efforts to plan changes affecting my job.</td>
<td>3.53</td>
</tr>
<tr>
<td>Survey Question</td>
<td>Response Average</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>I am concerned that work practices in the other manor will cause conflicts.</td>
<td>2.00</td>
</tr>
<tr>
<td>My manager understands what I need to know about the relocation.</td>
<td>3.90</td>
</tr>
<tr>
<td>I have received enough information about how the relocation will affect my job.</td>
<td>4.23</td>
</tr>
<tr>
<td>My manager is telling me everything she knows about the relocation.</td>
<td>3.81</td>
</tr>
<tr>
<td>My manager shares my commitment to providing excellent resident care.</td>
<td>2.71</td>
</tr>
<tr>
<td>Senior management shares my commitment to providing excellent care.</td>
<td>3.08</td>
</tr>
<tr>
<td>My manager is making her best efforts to share information with me.</td>
<td>3.55</td>
</tr>
<tr>
<td>I have enough knowledge about my job will be affected by new teams.</td>
<td>4.22</td>
</tr>
<tr>
<td>I am anxious about possible required changes to my job.</td>
<td>1.83</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Duties and responsibilities</th>
<th>1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-workers</td>
<td>1.76</td>
</tr>
<tr>
<td>Job configurations and processes</td>
<td>1.53</td>
</tr>
<tr>
<td>Area of coverage</td>
<td>1.43</td>
</tr>
<tr>
<td>Number of residents under my care</td>
<td>1.33</td>
</tr>
<tr>
<td>Shift schedules</td>
<td>1.41</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>1.68</td>
</tr>
<tr>
<td>Meeting rooms</td>
<td>2.47</td>
</tr>
<tr>
<td>Office space</td>
<td>3.00</td>
</tr>
<tr>
<td>Survey Question</td>
<td>Response Average</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>I would like more input and involvement in future decisions.</td>
<td>1.83</td>
</tr>
<tr>
<td>I would like an opportunity to brainstorm with my co-workers about this project.</td>
<td>2.36</td>
</tr>
<tr>
<td>My input is valued by my manager.</td>
<td>3.57</td>
</tr>
<tr>
<td>Input from residents is important in designing the new building.</td>
<td>2.38</td>
</tr>
<tr>
<td>The needs of our residents are being considered by my manager.</td>
<td>3.30</td>
</tr>
<tr>
<td>I have sufficient influence over the decisions for the relocation.</td>
<td>4.00</td>
</tr>
</tbody>
</table>

*Note. Table created by author.*
Appendix B.

Employee Subgroup Responses

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Involved Staff</th>
<th>Uninvolved Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have enough independence to make job related decisions.</td>
<td>1.88**</td>
<td>3.33**</td>
</tr>
<tr>
<td>I feel optimistic about the relocation.</td>
<td>2.44*</td>
<td>3.28*</td>
</tr>
<tr>
<td>Resident quality of life will improve in the new building.</td>
<td>2.89</td>
<td>3.52</td>
</tr>
<tr>
<td>I have enough input into decisions affecting my workload.</td>
<td>2.44**</td>
<td>3.75**</td>
</tr>
<tr>
<td>I am worried about losing my job after the relocation.</td>
<td>1.75</td>
<td>1.46</td>
</tr>
<tr>
<td>My manager is effectively planning changes that will affect my job.</td>
<td>2.66**</td>
<td>3.90**</td>
</tr>
<tr>
<td>My manager understands what I need to know about this project.</td>
<td>3.22**</td>
<td>4.19**</td>
</tr>
<tr>
<td>I have received sufficient information about this project.</td>
<td>3.11***</td>
<td>4.74***</td>
</tr>
<tr>
<td>My manager is telling me everything about this project.</td>
<td>3***</td>
<td>4.16***</td>
</tr>
<tr>
<td>Senior management shares my value of patient care.</td>
<td>2.11**</td>
<td>3.5**</td>
</tr>
<tr>
<td>My input is valued by my manager.</td>
<td>2.77**</td>
<td>3.9**</td>
</tr>
<tr>
<td>I have sufficient influence in the change project.</td>
<td>2.55***</td>
<td>4.61***</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

Note. Responses measured on a Likert Scale from 1 (Strongly Agree) to 5 (Strongly Disagree).
Appendix C.

2004 Care Manors Survey Results

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>68.8%</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%

*Compiled by the Fraser Health Authority, 2004.*
Appendix D.

Informal Networks Survey and Map

Trust Network Questions
1. If you wanted to tell someone something, and trust they won’t tell others, who would that be?
2. Out of all your co-workers, who do you trust to stick up for you the most?
3. Who is the best at making AND keeping agreements with you?

Information/Technical Network Questions
1. Who do you go to first to find out information on how to do your job?
2. Who has the most specialized/practical knowledge about your team’s tasks?
3. Who are you most comfortable in approaching for technical help or information?

Communication Network Questions
1. Who is your chief source of information about management or organizational initiatives?
2. Typically, who has the latest information on job tasks or deployments?
3. If you wanted to inform others of something you’ve learned, who would you tell to spread it quickly?

As can be seen above, despite the formal structure in the organizational chart, one supervisor and two employees are key players in the informal trust network. These people should become change champions.

Based on Krackhardt and Hanson, 1993.
Appendix E.

Stakeholder Analysis

![Stakeholder Analysis Diagram]

Exhibit 2. Diagnostic Typology of Organizational Stakeholders

REFERENCE LIST


Lottie, C. (2005, May 19). Steering Committee Meeting, Ridge Meadows Hospital, Fraser Health Authority.


