Employees' perceptions of workplace change

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Abstract

Change is endemic, but it creates fear in the workplace. In this study, five people from a health care organisation were interviewed to gain a better understanding of their concerns in the workplace. Each person regarded the effects of workplace change somewhat differently in variety and intensity but in general terms they all identified two major spheres of influence.

Each sphere represents a complex dynamic relationship of several effects. The first, which is at an individual level, includes feelings and attitudes, and behavioural, psychological and social effects. The second, which is at an organisational level, includes culture, leadership, decision making and strategy implementation. Communication and education were viewed as key elements that facilitated the change process. In the surveyed organisation, service closure was viewed as the overriding concern that dominated most participants' perceptions of change. Additional research is required to ascertain if this model can be generalised to other workplace environments.

Conceptual framework

"There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things", Niccolo Machiavelli, The Prince.

Nothing in life is more certain than change and death. Life itself involves a series of changes and the speed of change is accelerating. Why then does the thought of change instil fear and the idea of status quo provide security and comfort? It is this fundamental conflict between the organisation's need for change and the individual's need for security that generates workplace tension.

Each year large volumes of literature are produced about how to deal with this tension from an organisational perspective. However, there appears to be few recent studies examining the employees' perspective of workplace change: that is, how people are affected by change, and what factors influence their attitudes and perceptions of workplace change. Therefore this became the focus of my qualitative study.

My original research goal was 'To identify employees perceptions of change in a Health Service environment and investigate issues, which may be associated with the success or failure of change.' During the course of the study, the goal became simply 'To identify employees perceptions of change in a Health Service environment'.

The study was originally conducted as part of a master's degree in clinical epidemiology. Each participant was individually approached and given the opportunity to read and approve the final report prior to seeking publication.

Change involves going from one thing to another, and for change to occur we must give up or let go of something. All change encompasses loss. Sometimes we choose to give something up, but sometimes we have no option about the change.

Various models have been proposed to explain the personal experience of transition during major life changes, that is, 'Events after which life becomes irrevocably different, requiring new behaviour and adjustment to different norms' (Jones, 1995). Parkes (1972) has described some of the stages that people pass through in coping with bereavement. Kubler-Ross (1969) has a systematic model to account for people dealing with the fact of their own approaching deaths, and the reaction of their friends and relatives. Sofer (1970) addresses mid-life career transitions and Adams et al (1976) discuss marriage, parenthood and divorce.

Models of bereavement have been traditionally applied to describe individual's behavioural reactions to workplace change – such as denial, anger, and bargaining. Models of 'learning' and 'change dynamics' have been applied to the phases of personal change, such as unfreezing, absorbing and refreezing (Beckhard & Pritchard, 1991). Various strategies have been proposed to deal with resistance to change (Kotter & Schlesinger, 1991) but few models have focused on individual sperception of workplace change.

Methodology

Sample

A purposeful sample of five local Health Service employees were nominated and recruited independently by a Health Service employee who was willing to sponsor the study. All nominated participants were presented with a letter outlining the nature of the study, data collection, confidentiality and feedback mechanisms prior to their enrolment in the study. The site was selected because of its recent history of rapid change.

All five employees approached (4 female and 1 male) agreed to participate in the study. The number of years of employment in the current Health Service ranged from 7 to 27. Each participant was employed in a different department within the Health Service; allied health, medical records, nursing, management and hotel services. They identified the variety of work, challenges, and contact with people as the most rewarding aspects of their employment.

Interviews

Participants were interviewed in a private 'on-site' office using a semi-structured interview schedule developed by the researcher. The initial questions were designed to gather demographic data and information relating to self-perception. Other questions focused on how individuals defined change, their experience of workplace change and their image of the Health Service.

Interviews lasted from about 45 to 60 minutes. All interviews were audio-recorded and transcribed verbatim within 48 to 72hrs.

Data analysis

Content analysis of transcribed interviews was initially performed using descriptive codes made in the margin, annotating interesting points in the transcripts. Codes were assigned to the verbatim text using either paragraph or phase as the analysis unit. The literature was consulted to assist in the development of a conceptual framework and during the iterative processes. The language texts were then entered into the NUD*IST computer program and analysed thematically by re-reading each coded text unit, examining codes for overlap, similarities, relationships and patterns. Advice was sought from a colleague, who was not associated with the study site, regarding the accuracy of the codes, the development and relationship of themes, and to reflect on the conceptualisation processes.

Results

Figure 1 outlines the major themes identified in the data, and the complex interaction between these themes.

Change

When participants were asked to define change it was obvious that change meant different things to different people. One person identified change as "Anything that interrupts the direction that you think you are going," and "A change in the way you do things." Other participants identified different types of change and the underlying role of control in the process. One of them said "I think there are two sorts of change: the change that is thrust upon you without your input and then there is the change you want to see happen".

Figure 1: major themes and their interactions
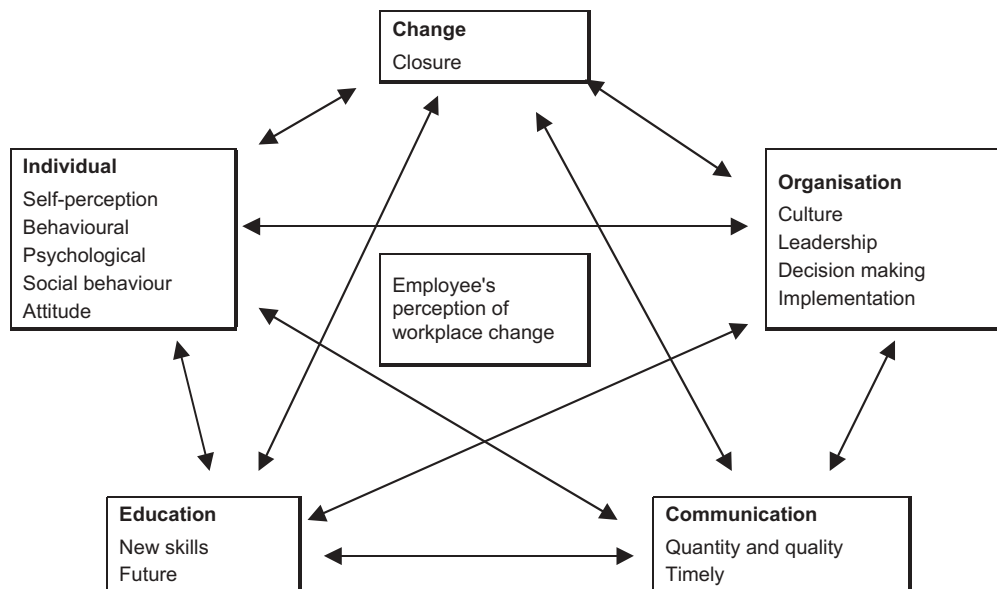
People implied that there was a right and wrong way to implement change relating to the amount of information accompanying the change and the time frame in which the change occurs. "You can't make people into machines ... you have to have change but you have to have time to be able to accept it." Overall there was general consensus that "The benefits of change depend on how the change affects you. Nobody really wants change. So if you have to change it should be because you want to."

Individual effects

Behavioural

The most obvious effects of any change are alterations to usual work routines or processes. The following is a typical response to a behavioural change: "And when I mentioned this to the builder, had he thought about doing it this other way he said 'I've always done it like this. I'm not going to change'." This kind of response reflects the attitudes and feelings of people involved in the workplace change and the subsequent extent and nature of their co-operation or (in this case) resistance to change.

There was acknowledgement that behavioural changes are much more likely to be accepted if tangible benefits can be demonstrated. "I think so, they could all see benefit in using it. The job was getting done quicker and with a lot less lifting."

Psychological

Any change will tend to alter the way a person relates to and feels about their work (Judson 1966). When a change is announced people wonder how it will affect them. Central to these concerns is job security ("It seems to be the initial fear, the fear of losing their job") and financial security ("So that's worrying for me too especially when your use to getting the additional money").

Other individuals' concerns focused on uncertainty about the future. "The unknown, where will I work and who with?" "This hospital was able to provide flexibility for childcare, can I get that in other hospitals? I don't know. That's an uncertainty."

Previous experiences also mould perceptions. "Being in the one organisation for a long period of time and knowing that nothing bad has come from change I'm quite comfortable with it. I have never had anything negative happen to me because of change."

Change also affects job satisfaction and how we interpret these changes will depend on what we value in our jobs and how we perceive the consequences of the change. "These are changes that are beneficial. I'm more marketable. I've extended my role a lot more because of change."

However not all participants interpreted the consequences of change in a positive manner. This person obviously felt disillusioned, not only had they lost job satisfaction and status but they had gained additional unwanted work. "If I could have reverted back to my old work and the like, some sort of supervisory role, that would have been fine but I didn't they took my work off me and I resented it."

" I don't believe that when they make cuts to staffing that it should be so hard on the people that are left behind just to come to work. Is that fair? That's why I have a lot of resentment because they haven't taken any of that into consideration."

Social

Social effects are the alterations that occur in individual's established relationships with others in their work group and the organisation as a whole (Judson 1966). When the procedures and systems of work change, these comfortable and satisfying relationships are often disrupted. "With the closure of beds it became evident that we would have to loose some staff. It brought out the worst in people. Groups sprung up. I thought that everyone worked well as a team but when the change came, the groups split left right and centre. It was unbelievable."

This participant aptly described the social effect on an individual. "They're loosing what they see themselves as... their identity. People might feel that they're being accepted in their work group now but what about the other work group they might be sent to. They are really concerned, even though they have be been told they are going to have a job with the same hours, they are concerned about going into another work group and maybe not feeling as comfortable and as accepted as they have been here."

Attitudes and Feelings

The behavioural, psychological, and social effects tend to stimulate certain predictable kinds of questions in the minds of the people involved. Many of these questions together with one's personality and past experience evoke feelings and attitudes toward the change. These feelings and attitudes may be positive or negative, and they vary from person to person in both variety and intensity.

Some people felt change was challenging and motivational. "It helps motivate for the next change." Other people described feeling of acceptance, resignation or indifference to change. "There's nothing wrong with those changes. I haven't got a problem with them." "Yes if you have no choice then you have to accept it. Yeah, you can rant and rave as much as you like but at the end of the day you have to accept it."

However most people described negative feelings or attitudes to change, such as anger, frustration, fear and sadness. "There's a lot of frustration and anger and it was done without consultation. It was imposed. But that's the way." "…they fear the change." Some people linked the negative attitudes and the development of resistance to need conflicts, concerns about loss of control, waste of resources, and altered job satisfaction. "I think that's been the most dramatic change and that we had no control of it." "One would hope that the one positive is that they are saving money, but I doubt it." "Change is fine, if it's good. And it makes people feel that they are doing a good job and they're achieving, what's happened here hasn't made anyone feel that. You don't feel that you're achieving and they say accept it. I can't accept that."

Education

Obtaining new skills and education was viewed as a consequence of change and an integral part of the future. "It's going to take a bit of a change in learning skills but we've handled that over the years." Time was also recognised as necessary for learning new skills and absorbing and mastering new knowledge. "If you want change and they want people to be able to produce work you have to give them time to learn."

Organisational effects

Culture and History

Culture can be defined as commonly held & relatively stable set of beliefs, attitudes and values that exist in an organisation (Schein 1985). In any change, the prevailing cultural beliefs and behavioural norms become an important factor influencing people's attitude and perception of the change. Participants identified that themes of trust, loyalty, morale and teamwork interweave to create the culture matrix. "Whether it's through trust, I think it is that staff members don't trust these people" and "they still remain so suspicious, everything is still suspicious." Teamwork was the most powerful cultural theme. "I think we have grown from a lot of the changes to being a very tight team of people. Which I think before the disaster we were still very unit orientated."

This statement demonstrates how organisational culture, in this institution has been profoundly influence by historical events. Historical events alone can also have an important impact on the individuals perception of change. People regarded past events as precedents for what is likely to occur in the future. "I'm talking about changes that occurred in 1991-92. That was terribly traumatic for people that were virtually forced into jobs that they did not want." Examples such as this were cited as evidence of management's true attitudes toward achieving change and were likely to be repeated in the future.

Leadership

Other perceptions of change were linked to the frequent change in leadership, different leadership styles and the effect of these changes on the institution. "In the last 9years I've had 6 executive officers… I don't think that gives good stability. It hasn't been good for the hospital and we've gone through a lot of traumas and the unstable executive hasn't helped."

People identified that different leaders manage differently. "You got used to and comfortable with somebody's way of managing and … all of them …have managed differently." It was recognised that there was a time lag in decision making as new managers increased their proficiency, "you have to wait until that person finds their feet, so a lot of decisions aren't made." That goals have been unclear and there has been a lack of accountability. "People shouldn't make excuses. Nobody ever takes the blame… You made the decision why aren't you to blame? Nobody seems to care."

Decision Making

All participants identified decision making as a major factor influencing their perception of change. It was recognised that various external forces influenced decision making (eg, politics and unions) and that some decisions were imposed "there wasn't time to have discussion and there wasn't information. Quick decision had to be made." And often financial arguments were used by management as the motive for change "Really it boils down to money."

Participatory decision making was viewed as the most desirable means of gaining control in the change process "you should be consulting with people who are doing the work. And I think you should believe them when they tell you something is not going to work or at least take it in and try to work with them. Not ignore them and say that's not true."

Communication, written and verbal

Communication (how the change is sold) is vital to the perception and acceptance of change. The communication must be accessible, factual, accurate and timely. Withholding information can lead to misunderstanding or resistance. "Sometimes I get frustrated by the way information is given to us. Sometimes I find out quite important piece of information is left out or I read about it in the paper."

Unfortunately the mere transmission is no assurance that people gain understanding "They don't listen to what they've been told. Each time there is change they're anxious. They listen and only hear what they want to hear."

The timeframe and the number of changes occurring were recognised as important variables. Two time periods were identified: the time from communicating a change until its actual start, and the interval between the start and the completion of change. Slow changes enable rationalisation of response. "A lot of us I think, act as though we are comfortable with change to some point and then some how, all of a sudden you feel quite comfortable with what that change was."

Change

In this organisation, closure overshadows all other perceptions of change. Not knowing when the change will occur creates a large information void, which is filled by rumours. "Because you always have this rumour, this thing I should say hanging over our head about closure and now that's just about all you hear. Closure by stealth." Waiting for an extraordinary long period of time only seems to prolong the agony of uncertainty. "I think it's fairly well accepted that the hospital will close but how soon is the question."

Discussion

The interviews confirm that change means many things to many people. Although the small sample did not permit information redundancy, the information-rich data revealed many of the strategies used to overcome resistance to change. Participation in decision making was identified as highly desirable, and strategy a means to reduce resistance and negative attitudes. "They've had no input into any of this. No, that's why I suppose they're angry I think." It also permits recognition of the people being affected, acknowledgement of their needs, and an avenue for people to exert some control over the change.

Individual consequences of change were linked to past experiences, job and financial security, uncertainty of change and the effect change may have on job satisfaction and self-esteem. Participants identified the provision of supportive education programs (including time to develop new skills, achieve mastery and ensuring adequate time to implement change) as key strategies to allay fears, concerns and insecurities (attitudes and feelings). Education was seen as an investment in the future of the employees. Furthermore, it was felt that the adoption of new work practices or behaviours was more likely to be accepted if benefits of the changes could be demonstrated to the people affected by the change.

The importance of the social aspects of work was identified. These included a sense of belonging, a 'family' association, emphasising feelings of comfort and security as well as a sense of identity and the importance of recognition provided by workgroups. Changes that altered peoples established relationships in the organisation were viewed as threatening and detracted from job satisfaction. "They're not in a job long enough to get any satisfaction and they get resentful. You continually feel out of place. You don't develop friendships and camaraderie with your mates, you miss out on that." Changes that maintain workplace social structures and involve key workgroup members are more likely to be accepted.

Communication of ideas helps people understand the reason, goals, effects and implications of change. It can take many forms including discussions, memos, reports and presentations, but to be effective it must be timely. Communication can be empowering during participatory decision-making and informative if it is seen as a two-way process. It is the key to dispelling half-truths, innuendoes and rumours that flourish in environments of uncertainty and distrust. "They are very angry and frustrated because they don't know what their job is now. They've been told lots of different things."

The relationship between time, communication and the number of changes is also important. It takes time to assimilate, rationalise and accommodate information so that the ideas are no longer imposed but become something we thought of ourselves. This adjustment in thinking and attitudes takes time, and having to cope with more than one change complicates the entire process.

Organisational culture, leadership and decision making were identified as key organisational forces. The complex interactions of the organisation's culture, history and the constant threat of closure generate a lack of trust and suspicion about management's change motives. The destabilising effect of frequent executive changes, different management styles, and the time lag in decision-making proficiency only heightened these concerns.

Conclusion

Unfortunately, the design of this study limits the generalisation of these findings to the wider Health Service workforce because of the purposive sampling procedure. Furthermore, although the data was information rich, the small sample size (five) did not permit information redundancy to be achieved which may also distort the findings. Although various steps were taken to minimise concerns in relation to confidentiality, power and coercion, it is still likely that participants did not fully reveal all of their perceptions of workplace change. Interestingly all participants stated they enjoyed the interview and some even felt it was therapeutic.

The interview schedule only provided a question guide as most people's responses flowed into the proceeding questions without prompting. However, the generally free flow of responses created some coding difficulties because the responses could not be grouped under specific question headings. Instead, the broad themes were extracted from the entire data. Other more serious concerns include the reliability and validity of the coding. No independent coding check was performed, and therefore inter-coder reliability was not calculated. Independent code checking and investigator triangulation would have been the most appropriate means of increasing data reliability and providing cross-data validity.

Notwithstanding these shortcomings, the results of the interviews provide management with clear perceptions about workplace change. By recognising the staff's concerns and utilising some of the strategies proposed in the study, management have an opportunity to minimise the staff's fears related to closure. Management need to develop a clearly articulated plan for future changes, that recognises the history and culture of the Health Service and promotes the participation of the people affected. Wherever possible, changes should be designed to minimise group social structure change and psychological effects by, for example, providing job security assurances.

Communication must be recognised as the key to the success or failure of the plan and future opportunity for skill development will help reduce some uncertainties. Further research is required into the relationship between leadership styles and leadership continuity, and employees' perception of the effectiveness of workplace change.

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