An Exploration of the Experiences of Nursing Staff during the Time of a Large Reconfiguration of Cancer Services at an NHS Hospital

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Abstract

Organisational change is a frequent practice within organisations. Research has shown organisational change to be highly complex, with many challenging considerations. Employees are identified as a significant influencing factor in the overall outcome of a change programme. However, the impact of change on individual employees is often not fully understood or acknowledged. Based on a review of existing literature, a need was identified for change practitioners to understand the lived experience of change for employees and review current practices to improve future change practices. This study occurred in a specialist NHS hospital reconfiguring its service delivery structure, merging with a neighbouring specialist service and moving location to a new hospital build. The study occurred approximately one year before the planned move into the new hospital building. A qualitative research design included one-to-one semi-structured interviews with ten nurses who had experienced the change programme for over five years. Their experiences were shared, and a number of dominant themes were discussed through a thematic analysis process. My findings are that the leadership of that change highly influences the experience of change by employees. This experience, whether positive or negative, was found to consequently affect many employee factors such as the level of engagement in change, commitment to the organisation, job satisfaction and productivity levels. This study concludes with recommendations for future change practices.

COVID-19 Impact Statement-

During the timeframe of this Professional Doctorate programme, the world was disrupted by the global COVID-19 pandemic. Fortunately, by the time the country went into a national lockdown, I had already obtained the data required from the participant sample I had chosen. Therefore, I was in the position of writing up my thesis.

However, working as a nurse within the NHS, the reality and pressures of COVID were seen daily. This put additional pressure on my study time, as nursing became a stressful profession with dedicated study time withheld and daily duties unknown due to redeployment and additional callings required to help NHS services function. Undertaking professional study requires a delicate balance between work, study and home life and the constant uncertainty of how the pandemic would develop certainly challenged this balance for me.

With the world still recovering from COVID over a year later, my writing up phase during the pandemic has been challenging, with previously supported caring responsibilities unavailable for long periods and several family isolation weeks. In addition, I have been unable to access University facilities for study or face-to-face supervision sessions; although digital support has been available, I have had to adapt to different ways of studying and working rapidly.

The COVID pandemic's impact on me personally and professionally has been unexpected, emotional and, at times, demanding. However, I have remained resilient and committed to this Professional Doctorate journey for nearly six years thus far and will do so until complete.

Laura Elder

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Chapter 1

Introduction

This thesis explores the experiences of nursing staff during a time of a significant reconfiguration of cancer services at a National Health Service (NHS) hospital. This initial chapter introduces the topic and sets out the context of the research study in terms of the research focus, situating the researcher, the research aims and the thesis structure.

Research Focus

Within this Trust, a large-scale transformational change project entitled 'Transforming Cancer Care' commenced in 2014. At this time, the Trust was a specialist, standalone, tertiary NHS hospital that provided non-surgical cancer care for patients with solid tumour cancers. The centre had approximately 900 employees and treated around 30,000 patients annually from a regional population of approximately 2.4 million. The hospital had three inpatient wards; however, most cancer treatments were delivered on an outpatient basis, including radiotherapy and chemotherapy. Over the hospital's long history, many changes occurred; however, the Trust needed to consider its longer-term future to meet increasing demand and compete with other providers. Within the Trust, a hospital move was rumoured for many years, and in 2014 this move became a reality when the Trust made public a formalised strategic plan and committed to developing a new hospital away from the current rural location to the region's city centre. As the project evolved, it expanded, incorporating several elements of redesign that made it more extensive and complex. Initially, the project was a building relocation designed to develop and update facilities. However, further opportunities arose, such as integrating the local blood cancer service with the Trust's solid tumour cancer service and a regional service redesign to a hub and spoke care delivery model. If the project were implemented successfully, it would allow the Trust to challenge for a strong position as a leading choice of national cancer care provider, as it would deliver a full spectrum of modern cancer services. The Trust would operate from three branded hubs, the largest being the new nine-floor hospital in the city centre, accommodating 120 inpatient beds and expanding outpatient cancer services. A longstanding national priority is to improve cancer care and outcomes in the UK. Locally the Transforming Cancer Care change project would deliver on its future vision

to enhance regional access to cancer services. The Trust's strategic vision was to create a seamless cancer journey from diagnosis to treatment, delivering advanced therapies with the latest technologies and research closer to patients' homes. Patients would have access to onsite specialist care from a collaboration of highly specialist staff to ensure patients received the very best quality care.

The project had been ongoing for several years before the initiation of this study, with some changes coming into place in anticipation of the final move, for example, the management transfer of staff involved in the merger of cancer services and the reorganisation of some working practices. Although there would be ongoing work programmes, the project's core was considered complete once the central hospital hub relocated, which was anticipated in spring 2020. This study began its background information gathering, the reasoning for the study and the literature search in 2017. Data collection from participants was in early 2019, approximately one year before the physical hospital move.

At this time, the change project had the potential to facilitate unique research insights, including different elements of the process and experiences of those involved within this. The need to explore the processes and implications of the project was considered in detail. This reflection on the change situation and other contemporary NHS issues led me to consider this change's impact on current workings. Professional staff are arguably the most important asset within the NHS; without appropriately trained and skilled staff, there can be no patient care. Therefore, they must be valued and engaged in the workplace to encourage commitment to their Trust, its goals and values, and positive patient care. Professional staffing is a challenge within the NHS, from the initial recruitment of staff as an attractive career opportunity and the ongoing workforce retention with their skills and experience. Large change projects can put the stability of the workforce at risk, leading to further difficulties along the project pathway. This study focused on the nursing staff, a large professional group central to the hospital organisation, and their experience of undergoing a significant transformational change in the workplace. The study would provide other organisations undergoing similar change projects with practical research evidence of staff needs, understanding the critical issues, and which factors impact the employee experience when they have little control of change in a large organisation.

Situating the Researcher

As an employee of the Trust, before the project started, I understood the values that the Trust promoted for patients and staff. The Trust was relatively small and had a unique working culture that was very different to the working culture of a large general hospital. In addition, the Trust was undergoing its largest-ever venture. During the project, I was exposed as an employee, to the thoughts and feelings of patients and staff and encountered a wide range of emotions around the proposed plan and its potential impact. The change impacted me, personally and professionally, as it would the participants in the study. This personal and professional impact is shared here to expose any conflicts of interest within the study and to be open and honest about my insider position. On a personal level, I was impacted by the practicalities of the hospital move; the daily travel time, distance from my very young children and the increase in my financial costs. There was also the concern of how workplace friendships might be impacted by colleagues who would no longer be co-located in the offices next door. Professionally, the move caused me to consider my role within the Trust, how I would need to adapt and respond to the organisation's changes, and whether I had a professional future there. However, an experience of these initial emotions precipitated consideration of what others may be experiencing during this time and how that experience related to the larger organisational goals. This early consideration of my position enabled me to put in place several measures to ensure my research was as unbiased as possible and to ensure that the study was not a personal quest but an original study to gain new knowledge and a deeper understanding of broader employee experience during change and the significance of this understanding to a wider audience. These ethical measures are highlighted later in the thesis and include examples such as: expressing honesty and transparency in all participant recruitment and discussions and using a personal reflective diary after each participant interview.

I needed to consider my position as an insider researcher from the start. This insider position can benefit the researcher significantly, and I felt it was a uniquely favourable position for this study. The opportunity for this type of study was only identified by having this exclusive insider insight and access to the organisation. Careful consideration was needed with the ethical and moral position of a researcher in this position, and this will be discussed as this thesis progresses. Throughout the study, I was in a Lead Nurse role; this role was a regional leader of care for a small group of

patients and was based at the Trust. I had line management responsibility for a small number of multidisciplinary staff, including one nurse and no direct influence on wider nurses or staff in the Trust. However, in my senior position in the Trust, many staff would have known me and may have viewed me as a leader searching for specific experiences to give feedback to senior levels; this was difficult for me to influence any other way. However, it was essential to recognise this and address potential factors that may affect the outcome of the data generated; this is highlighted later in Chapter 4, Research Methods. Previously, I had been in a management role and was interested in staff leadership and identified that change is constant in the NHS with mixed results and experiences. My future career direction will hopefully take me into higher leadership positions. Therefore, I felt that the learning on the doctorate programme would be beneficial on a broader scope than the critical research project alone. Exploring the experiences of staff undergoing a change project in a hospital such as this would allow me a unique position to gain an in-depth understanding of employees' experiences and create meaning to this, providing leaders with data to inform future change practices.

Research Aims and Objectives

The locally named 'Transforming Cancer Care' programme involved major organisational reconfiguration. This was a significant opportunity for the Trust on both a regional and national scale. For employees of the Trust, this was potentially a once-in-a-lifetime opportunity to be involved in such a considerable advancement of services. There was an assumption within the organisation that the frontline cancer care employees were sharing the vision and enthusiasm for a new hospital move with the project team and executive board. The excitement of the project and the opportunities ahead were major factors promoted by change leaders. The leadership of change was perceived as confident and progressive, driving a positive experience for staff over an extended period. However, there is also an assumption in organisations that staff are reluctant to change. From my experience in the workplace, there were varied feelings, which changed daily, depending on many influences. Change brings about instability in organisations and their employees; attitudes to change are frequently associated with mixed emotions, beliefs, behaviours and social influences.

The employee experience throughout organisational change has not been widely reported, and therefore the value of this knowledge is unknown. Hence, this study aimed to explore nursing staff's experiences during a significant reconfiguration of cancer services in an NHS hospital. The study sought to provide an in-depth understanding of those employees involved. This understanding would contribute to the improved practice of change leaders within NHS organisations and beyond. In order to achieve this aim, the study would specifically address the following objectives:

1. Collect data from nurses' experience of the current organisational change programme.
2. Review the data to establish the key themes that influence nurses' experience of change.
3. Analyse the findings to understand how nurses describe and interpret their experience.
4. Provide recommendations that would influence future change practices for leaders of change.

Thesis Structure

This thesis is presented in the following chapters, providing a sequential journey through the research process:

Chapter 1, has introduced the research topic and set out the research aims and objectives and how they were identified through an account of my professional journey and interests. This chapter also provides an overview of the thesis structure.

Chapter 2, sets the scene for the research study, providing a broad overview of organisational change to date, including changes in the NHS. The drivers of change for the Trust project are related to the situation. The gaps in knowledge and evidence base are identified as early ideas in the developing study. With this background information in place, the rationale for the research study is presented, further addressing the importance of this study and how it will provide an original contribution to higher-level research.

Chapter 3, provides a focused research review on the chosen topic. First, the literature review strategy is described, and a critical review of significant research is presented. Several key themes were identified at this point as relevant and influential. The literature review then concludes by identifying the gaps in research that the proposed study would fill, reinforcing the need for new evidence.

Chapter 4, examines how the researcher's ontological and epistemological position influenced the methodological approach to the study. Several methodological approaches are considered, with the final approach being justified and applied to the research process. The research methods used within the study are presented, and justification is provided for the chosen means of data collection, participant recruitment, sampling, data management and data analysis. Ethical considerations for the study are also discussed.

Chapter 5, presents the findings and discussion from the individual interviews. Employee experience is discussed, addressing the study's aims, with further exploration into how individuals identify meaning in their experiences with reference to existing literature and in relation to the gaps in evidence identified earlier.

Chapter 6, draws together the research thesis and articulates how the study has contributed to new knowledge, addressing the research gaps and making recommendations for future practice. Here also, the strengths and limitations of the study are explored, and suggestions for further research are made.

Chapter Conclusion

This chapter has provided an introduction to the study focus and presented the structure to which the research process has been undertaken and subsequently presented. Due to the scale of the change, it was likely that every employee of the Trust would be affected in some manner; however, the choice to explore the nurses' experience was influenced by my professional background and knowledge. Furthermore, a researcher's personal and professional experiences and values frequently influence individual approaches to research. Therefore my professional journey driving this study has been articulated with an insight into my professional career and insider researcher position. In addition, the aims and objectives of the study

have been introduced to provide early insight into the thesis direction and development.

The following chapter will introduce the background to the chosen topic of organisational change and how this informs the basis of the study.

Chapter 2
Background

This chapter provides an overview of organisational change, identifying change as necessary for national healthcare needs. The national and local drivers of change for the Trust project are acknowledged and related to the potential impact upon employees within the broader knowledge of existing change theory and practice. Finally, the study's rationale and contribution to higher-level research are identified.

The early stages of this study involved information gathering. The background information supports the issues often found within the NHS when change is actioned. The fieldwork was done in the first two years of doctoral study in 2015-2017, exploring information that created the backbone of this research and identifying the need to ascertain further knowledge of employee experience throughout change. The literature search was conducted in 2017. The timeline for this study followed the change programme of the Trust, Table 1 below. The time of data collection was approximately one year before the opening of the new building. At the time of the interviews, the new hospital structure had been physically built but was still undergoing internal work. Staff had been notified that they would or would not have moved their base location; however, nobody had been informed of their weekly job plan or in which building locations they would be performing daily roles.

Table 1 Parallel timeline of key Trust change events and this research study progress.

<table>
<tr><th>Year</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th><th>2020</th><th>2021</th></tr>
<tr><td>Trust Change Event</td><td>Relocation plans go to public consultation</td><td colspan="4">Service planning and redesign in process
Staff engagement sessions throughout Trust
Formal steering groups established</td><td>Building completion mid 2019 staff visits allowed</td><td>June 20 New hospital opens</td><td></td></tr>
<tr><td>Research study progress</td><td></td><td>Prof doc programme modules commenced</td><td>Background information gathering</td><td>Literature search</td><td>Methodology Ethics approval</td><td>Mar-June Data Collection-Interviews</td><td colspan="2">Findings and recommendations made</td></tr>
</table>

Throughout the seven years of this study, the Trust formally announced the change programme to the employees and the public. This included the declaration and

successive approval that the Trust would move its primary hospital location to the city centre. Over subsequent years, the Trust would host various engagement events for hospital staff to gather thoughts and opinions on multiple aspects of the move. These events would cover various details ranging from the practical aspects of the move to the detail of service design and delivery. Several events and engagement methods were used, such as focus groups, questionnaires, meetings, site visits and VR simulations of environments. These are a few examples of how the Trust tried to engage with over 1000 employees throughout the planning years. During these years, my position as an insider researcher allowed me insight into the Trust's workings and recognise the potential needs of the employee experiencing large-scale change.

Change in the NHS

The organisation of focus in this study was an NHS hospital Trust and provider of regional specialist care. For over seventy years, the NHS has provided a universal healthcare system for the people of the UK. Successfully sustaining a publicly funded system that provides a substantial amount of healthcare for free to the nation is a sizeable challenge. In some ways, it could be argued that the NHS is a victim of its success. Enhanced NHS services cure disease, prolong lives and effectively manage long-term conditions. As a result, people require further NHS input, increasing demand for quality services in a time of growing financial pressures. NHS spending rises yearly, and organisations struggle to provide within their means. However, lack of funding is not the only challenge facing the NHS system. The NHS responds to these pressures by changing, developing and innovating to ensure a future model that continues to provide accessible health care for all at a price that can be afforded. Such initiatives, for example, include hospitals moving to new buildings to increase capacity, improving facilities and equipment and consolidating services to improve efficiency. Indeed, it has become relatively common practice for NHS Trusts to merge with neighbouring services to create regional services.

Undergoing successful change projects requires many components of an organisation to come together. The frequency of change within the NHS can cause instability among employees. Supporting employees through change is a further challenge in the NHS. Keeping motivation levels high and providing an enjoyable workplace is a requirement of employees. Having a positive working environment contributes to the

recruitment and retention of staff. This is essential to the NHS, as, without the correct workforce, services cannot operate safely and effectively. Change impacts all levels of the organisation, especially when it is as significant as moving a hospital. Understanding this experience for employees may provide additional knowledge to organisations supporting staff resources in the future. Delivering the National Health Service has resulted in the NHS becoming Europe's largest single employer with over 1.5 million staff (NHS Digital 2019). Staff are employed in various roles, operate within multiple services, and are an essential asset to the organisations. Traditionally, many NHS employees remain with the NHS for their working life. Therefore, the NHS must demonstrate commitment to the staff they have invested in by showing them: value, interest, engagement and, offering professional growth opportunities. Nursing roles account for the most significant proportion of NHS staff, representing 27% (NHS Digital 2019) of the professionally qualified workforce. Often working on the frontline of patient care, nurses are vital to delivering many services and play an essential role in every hospital. With these factors in mind, nurses will be central to the proposed research study.

The NHS Transformation Unit was established in 2015 as a stand-alone unit to support change within the NHS. It first provided successful regional programmes to the North West and expanded to national project support in 2017. The formation of the NHS Transformation Unit acknowledged the need for additional expertise to guide NHS organisations through the complexities of change. The unit supports strategic transformation across eight focused services: programme management, workforce, system governance and assurance, clinical strategy and redesign, finance, stakeholder engagement, analytics and digital opportunities. Allcock et al. (2015) question the use of national bodies for supporting change initiatives, arguing whether the nature of their support is correctly understood and legitimate at the local level. In utilising a national body, they suggest that the local knowledge within an organisation may be overlooked and the needs of staff not addressed to ensure the level of engagement required for success. Neither the Transformation Unit nor any other consistent external agency was known to support the Trust throughout the change programme. The change may have been too established when the Transformation Unit became a national provision to be involved in this programme. Over the last decade, there has been an acknowledgement that change is complicated and

multifactorial. With healthcare systems, it is essential that it is as smooth a process as possible with minimal risk due to its impact on people's health. For this reason, the more change is implemented effectively, the better the experience and outcome should be. In responding to the changing needs of the NHS, NHS England in 2017 revised its Leading Large Scale Change Practical Guide to be a modern approach to transformational change. Again, this may have come too late for this change project; however, its recommendations can influence the right environment for change.

Dougall and Ross (2018) explored four healthcare organisations that had undergone successful transformational change programmes. They recognise that in health and care, the concept of transformational change is complicated by the context; indeed, it is multi-layered, messy, fluid and emergent. However, many staff in healthcare are motivated to make a difference, and more should be done to nurture this motivation. They argue that transformation is best brought about from within, led by frontline staff and service users and that to carry this through, the leadership should be collaborative and distributed. Charlesworth et al. (2016) examined several cases of transformational change in healthcare, seeking common learning from these examples. Their findings support previous suggestions highlighting the characteristics of success, including consulting and engaging staff within organisations, acknowledging and incorporating ideas from employees, empowering them that their ideas are helpful and encouraging engagement with the change. Charlesworth et al. (2016) also found performance management to be a recurring theme rarely highlighted in other reported works; thus, the leadership of change must also be combined with clear accountability to the change project or risk the consequences.

Throughout this study, staff experiences will hopefully provide information on whether these common learning themes are also valid in this study of transformational change and whether there is new knowledge to be gained.

Organisational Drivers of Change

The change programme in this organisation was well underway when the NHS published their Long-Term Plan (2019). The Long Term Plan (2019) built on previous evidence from the NHS Five Year Forward View (2014) and the Independent Cancer Taskforce publication, Achieving World-Class Cancer Outcomes (2015). Both

supported the changes that were in progress in this region, with an established commitment to enhancing cancer services. The Long Term Plan (2019) required organisations to achieve several ambitious objectives. Therefore, change for improving cancer outcomes was essential to the Trust and a national driver that could not be ignored. National goals that this project would deliver included: improving patient experience and quality of life and reducing variation and inequalities of care in the region.

Locally, the Transforming Cancer Care project drivers were found on the Trust's public website (2017) and advertised within the organisation. The drivers for change detailed a future vision of cancer care, which would support the Trust in its effort to become a world-class centre of excellence in cancer. In summary, the vision included: that patients would be able to access the most advanced treatment as close to home as possible, a seamless cancer journey from diagnosis to treatment; inpatients would have access to onsite specialist care, increased clinical trial availability and increased collaboration of professional staff to ensure patients received the very best care. The vision highlighted what the Trust would gain in relocating and reconfiguring its service. The message was highly positive and would deliver improved patient services, making it difficult for employees to voice challenges to the proposed plan. The website provided additional detail to the vision; however, it was basic and suitable for public understanding.

Within the Trust, all staff would have insider knowledge of Trust practice, the change would affect staff in different ways, and therefore it could be argued that staff required further detail about the drivers to the move. The only additional information for staff on the intranet was practical information such as travel allowances or change timelines. The majority of the organisation received the same information as the public. In order to develop and commit to the new vision, staff needed to be fully informed of changes and the rationale behind these. Staff required a different level of communication to the detail of the long-term vision; for example, how in practice would the increased collaboration of professional staff work, and what could they look forward to with this improved practice? Demonstrating or explaining the application of a vision into the everyday workplace for staff was vital in ensuring their understanding and engagement of the change project.

Internal organisational drivers such as finance, staffing, or patient experience can provide reasons for change. External drivers can also drive change in healthcare, for example, political agendas, improving technology and new research. Both external and internal factors drove this change programme. For example, there was a need to improve and expand an ageing service in line with national guidance from the NHS plans and other long-term initiatives: combining technology, up-to-date, evidence-based practices and improving clinical outcomes. Beer (2003) highlights different types of change initiatives observed in organisations: structural change, cost-cutting change, process change, and cultural change. This change involved several elements of what Beer highlights, except for cost-cutting, as the change would involve millions of pounds of investment. There would be a structural change in terms of a physical structure relocating but also in terms of workforce and service structure in an organisation that would have increased staff numbers and additional facilities within the central hub of service delivery. Process changes would redesign how services were delivered daily, streamlining care with new innovative practices provided by highly skilled professional roles. The influence of so many changes would no doubt impact the whole organisation in some way.

Employees and Change

Mullins (2006) highlights change as a persuasive influence; everyone is subject to continual change in one form or another. Change is an important, inescapable part of both social and organisational life. Bower (2000) suggests that changes within healthcare and the work environment should be seen as opportunities that should be embraced rather than threats that should be avoided. Within workplace environments, there will be employees who are motivated by change and will look for challenging and rewarding opportunities. Then there will be those less interested in change, which will challenge leaders to encourage them through change processes to maintain business as usual and engage in new practices.

Copnell and Bruni (2006) controversially suggest that change is generally a rare occurrence in clinical practice and that nurses are inherently resistant to change. They identified that change was occurring but that nurses were not recognising or challenging the changes. Therefore there was no collaboration or involvement to

reflect on approaches to clinical practice in nursing. This may be the situation in local clinical practices; however, for the Trust, in this study undergoing change, there was simply no way of denying it or avoiding engaging with it. Weightman (2004) highlights the varying attitudes of staff to change; to some, it means the excitement and thrill of being part of the action, and for others, they may feel threatened by dismantling the stable order of things. Where change is unwelcome or excessive, people can feel stressed, and where it is prolonged, health problems can arise with the associated effects on productivity and motivation.

There are many factors that leaders need to consider when initiating change. Employees are key stakeholders to change as their commitment is required to ensure the ultimate success of change projects. An understanding of motivational theories can be beneficial for leaders to understand the change methods necessary to gain employee engagement for a project. The amount of effort and quality of work that employees give to an organisation can depend significantly on how motivated they are for the job and organisation in the first place. Early motivational theories include Maslow's (1943) hierarchy of needs, demonstrating how people are motivated to satisfy particular needs, starting with basic survival and moving through different stages to self-actualisation. His theories suggest people's needs are complex and more easily applied to an individual's personal life than the workplace. However, a driver of modern organisations is to ensure employees have an excellent work-life balance alongside modern career pathways. Therefore Maslow's hierarchy of needs will frequently overlap with the professional environment and contribute to an individual's overall fulfilment of needs. In my experience, Maslow's hierarchy of needs can certainly apply to professional work. However, where a person is in their career depends upon the application; for example, at the start of a career, employees are often interested in the lower aspects of needs, such as gaining a stable job with a good salary. However, as professional years progress, expectations are different as employees seek the higher needs of Maslow's theory, such as challenging situations and being an expert in professional subjects. Others may find the motivation-hygiene theory by Herzberg (1977) more appropriate to the workplace and situation. His theory can be applied to the healthcare environment well, as he believed employees are motivated by the work itself and have an individual need to contribute to organisational goals. His motivating factors include achievement, recognition, responsibility,

advancement and growth opportunities. The hygiene factors keep employees satisfied but do not necessarily act as motivators; they include salary, job security, status and interpersonal relationships. The Trust will promote its vision of improved future cancer care to its advantage towards the workforce. A significant change will cause instability in the organisation; however, the Trust will focus on its vision message as a driver for engaging the workforce. I have witnessed the motivation-hygiene theory in professional practice as many employees of the NHS Trusts have great motivation to improve patient care, with hygiene factors being enough to satisfy them in their day-to-day working lives.

Maslow and Herzberg provide us with theories of motivation, which focus on functional and existential human needs, as people seek to fulfil individual wants and desires. These are relevant as we consider the motivations for employees to stay with organisations through challenging times and to the depth of the employee/organisation relationship. Of further significance are process theories of motivation which focus on explaining why behaviours are initiated and the psychological processes that can influence employees' motivations. Vroom's (1964) expectancy theory and Locke's (1990) goal-setting theory are examples of two such process theories. Vroom proposes a process motivation model that increases understanding of employee behaviour in the workplace. His expectancy theory assumes people will behave a certain way to produce the best outcome. Therefore the more the employee values the result, the more motivated they are to put in the choices and effort to succeed. His theory has three variables to consider when reviewing the overall motivation of employees: valance, expectancy and instrumentality. Applying Vroom's theory to the public sector environment and large organisational change can be challenging as the theory focuses on a rewards system for motivating an employee, which may not be available at an individual level. Within large organisational change, the organisation's overall goal should be promoted with individual contributions acknowledged as significant to the larger picture.

Locke's (1990) goal-setting theory is a more recently developed process theory that emphasises how setting specific, challenging and determinate goals can drive employee motivation. Locke's theory can benefit organisational change to engage employees as achieving goals and seeing measurable results along a timeline is

remarkably motivating. To do this successfully, individuals must be committed to the goals to put in the effort to attain them; in large-scale change, this can work for team or department goals. Goal-setting as a motivational process is a simple strategy that is easy to understand and apply across many settings. An understanding of both content and process theories of motivation can support organisations in understanding the motivations of employees within their organisation. In this study, employee motivations are expressed, and we can use this information to understand their experience of change within the organisation.

Throughout the change process, it was inevitable that some employees would move on to other jobs in other organisations, primarily as the change process would occur over many years. However, the key to overall success would be the commitment and retention of the majority of its highly skilled workforce and those providing change leadership. Part of the Trust's vision is expert cancer care, which could not be delivered without those experienced staff. A critical mass of staff is needed to provide continuity of the vision throughout a long period of change. Nilakant and Ramnarayan (2006) discuss the concept of critical mass in change management, suggesting that the minimum number of people needed in favour of a change to initiate a chain reaction of support and make change happen is 40%. Identifying this critical mass is a challenge when many individuals are involved. However, it would still be beneficial for leaders to identify the readiness and capability of certain groups of staff when considering the support for a change programme. By reviewing key groups, the general feeling of staff towards the change programme can be identified at critical points of change and initiatives undertaken to provide additional support when needed. Rogers' (2003) Diffusion of Innovations theory also seeks a point at which an innovation reaches a critical mass. This model suggests a predictable pattern for individuals to move through, so it becomes an ingrained, accepted practice. Rogers defines that innovation must relate to an idea, practice or object that requires individuals to do something new and different. Applied to this study, the innovation is the new hospital building and the new ways of working within it. Rogers (2003) employs a five-stage model of the innovation-decision process: knowledge, persuasion, decision, implementation and confirmation. At the time of this study, the individuals would most likely be at the third stage of decision-making. Approximately one year before the move, individuals would have been exposed to the idea of the

new hospital programme and a lot of information and from this be considering the advantages and disadvantages of the innovation and, in so doing, deciding whether they would accept or reject the proposed innovation. This was a pivotal time point in their experience and journey of change, and this will be explored in depth within the data collection. When individuals make these personal decisions, they move towards an adopter category. When more individuals adopt, the innovation diffusion progresses to become an autonomous innovation. Understanding the likely progression of change from the organisation is key to a successful change programme; however, the prediction is challenging and often far from accurate due to the complexities of human behaviours.

Change Theory

Lewin (1947) identified three stages to a successful change that are still helpful to understanding change today; the unfreezing phase, the moving phase, and the refreezing phase. These phases recognise that the old behaviour must be discarded before the new behaviour is successful. Applying Lewin's theory to the Trust change programme, the Trust was in the unfreezing phase at the time of the study. The unfreezing stage is a time of preparation. The Trust could have been considered unstable as employees realised there would be a large-scale change soon, and with this realisation came many strong emotions. Clear communication and explanation were required to encourage employees to accept the change and new direction of the Trust and, in doing so, to prepare them to let go of old traditions. Lewin suggests that employee involvement is essential for a constructive approach to change. Implementing the change programme as soon as possible is crucial to progressing to the moving phase; however, within this change, that would be difficult as so much change would happen at once. Implementing change over a short time encourages employees to consider the change as highly important; when the change takes a long time, employees are more likely to move back into old practices. Lewin's third phase was refreezing which was a long way in the future at the time of this study. However, it is still worth recognising this phase when change needs solidifying and becoming the new normal. To support the refreeze, ongoing evaluations and monitoring are required to make adjustments and ensure the old practice is not returning. Thorough planning through the stages of the change implementation will aid this final refreezing stage and enable employees to see the advantages of the new situation and accept

new ways. Cummings and McLennan (2005) suggest that refreezing takes time and innovation to achieve the desired outcome; employees who have made the change must be patient during this phase and have a continued presence and driver.

Although recognising Lewin's work as influential, Burnes (2009) argues that Lewin's three-step model is somewhat underdeveloped as a stand-alone approach to change. Furthermore, Barr and Dowding (2012) reviewed Lewin's model as too simplistic to achieve effective change in the modern NHS, asserting that more robust models are required. Despite many critics describing Lewin's model as too basic, it has provided solid foundations for other planned change models. It remains one of the best-known and influential approaches to organisational change. Perhaps this is because the easy-to-understand approach appeals to large organisations. The three-step model of change was far from simplistic in its development and a result of many years of Lewin's work. Lewin's (1951) Force Field Analysis was developed to understand the factors influencing a situation. If a particular situation is required, it is considered in an equilibrium of driving and restraining forces. When a change is needed, the central equilibrium must be positively upset, for example, by increasing the driving forces of change or reducing the restraining forces. As a psychologist, Lewin understood the emotion that occurs when people face the prospect of change and that the leadership of change requires a more profound recognition of people's values and experiences in an organisation. This study will examine some of these emotions within the sample group.

Other work by Lewin on Group Dynamics (1947) recognised the need to explore how groups respond to the forces that impinge on them and whether they can be controlled to gain more desirable behaviour and positive result. Therefore, when considering organisational change, a deeper understanding of group dynamics can be key in understanding the people management required through change. Those that misjudge the driving and restraining forces of a group's structure, values and interdependencies will fail in any attempt at change. This study focuses on the nursing group and the largest profession in the NHS; therefore, their influence and recognition within this larger group are significant. The conventional representation of Lewin's three-step model may appear too simplistic; however, it is built upon the complexity of

understanding human behaviour, which is what this study, by its chosen methodology, will do.

McKinsey's 7S Model (1980) is another prevalent change management tool that has stood the test of time; it aligns seven elements of an organisation with achieving an end goal. The model emphasises how the elements interconnect and, therefore, how a change in one area requires a change in the next. The McKinsey model splits seven elements into three 'hard' areas and four 'soft' areas, with the hard areas being strategy, structure and systems. These areas are easy to identify and manage for an organisation such as a hospital. In contrast, the soft areas: style, staff, skills and shared values, are the foundation of many organisations but are the ones considered more challenging to manage, especially on a large scale, as it requires a substantial commitment by the organisation to time-consuming internal research and benchmarking. Furthermore, soft areas are often deemed intangible and culture driven. McKinsey's model helps assess an organisation's position throughout change but does not give organisations a roadmap to execute and progress its change programme. This model could provide a regular structured oversight to an extensive, lengthy change programme where multiple variations and unpredictable events may impact the project over time.

Kotter's (1996) 8-Step model of change was introduced in his Leading Change publication. This model provides a practical methodology for leaders implementing change and can be used for large-scale and small-scale change projects. The first three steps of the model create the climate for change and include: creating a sense of urgency, building the change team and formulating a vision for change. Considering Kotter's model regarding this project, these first three steps were started and continued as this study was initiated. Highlighting the change as necessary internally to the organisation and defining the initial ideas of how things should and would be. The urgency was communicated through the internal message of the need to upgrade the hospital to keep up with the rapidly changing national cancer services. Building the change team started at the top of the organisation, as a change of this scale required commitment from the executive team and then a project change team was formed. The second stage of Kotter's model focuses on engaging and enabling the organisation and includes the subsequent steps of communicating the vision,

empowering others and creating short-term wins. At the time of this study, this was the stage at which the organisation was. The change was approximately one year away, and there was a visible effort around the organisation to involve and empower employees to contribute to the programme. Short-term wins were demonstrated to energise others to persist with the vision; for example, as soon as the building was safe, employees were allowed to take part in site visits to see what the future may look like even though it was not yet complete. The final stage of implementing and sustaining the change includes the final two steps of building on the change and making it stick. This final stage was not part of this study and would involve the period after the hospital move was performed. Within this change programme, this period may be challenging for the organisation as there would be no possible way to return to the old location. Therefore, the change is enforced; however, retaining employees and keeping them positive and motivated for the future would be essential at this stage. As expected within this study, there are several assumptions made by Kotter. Change consists of multiple phases requiring different actions from those leading it. Success depends on whether or not those within the organisation accept it; therefore, employees' engagement in the process will have a direct impact.

The more recent ADKAR model of change management by Hiatt (2006) is a people-centred framework that encourages empathy throughout the process. The ADKAR model is focused on the following sequential steps: awareness, desire, knowledge, ability and reinforcement. This model is helpful with one-to-one support, as the belief is that change happens one person at a time, and when all individuals come together, change is successful. The strength of this model is in its application to advance individual change rather than describe how an organisation proceeds through change. When a change has been successful, an individual can relate each element to the change. When a change is incomplete, a reflection will demonstrate an unfulfilled element. By seeking out gaps in the change process, there can be a focus on why change may not be working in certain areas allowing training opportunities and support to be offered to address the gaps. All change models have advantages and disadvantages and may be more suited to one situation over another. In some ways, it does not matter which one is preferred as long as one is used and recognised as helpful. They offer leaders a guideline to follow, providing structure to the process and an ability to anticipate difficulties and results.

Supporting models of change, there are change strategies. The most effective change strategies focus on the human element of change as they are frequently most affected by organisational change, influencing outcomes, resisting processes or supporting new ideas. Chin and Benne (1969) suggest three types of change strategies most often used, the empirical-rational approach, the power-coercive approach and the normative-re-educative approach. Each strategy will apply to different change situations and may apply at different times of the change. For example, for a large-scale organisational change such as the Transforming Cancer Care programme, various elements will utilise different strategies at the appropriate time, all working together towards the end goal. The empirical-rational approach gains peoples' interest in change by providing enough information to people to allow them to see positive changes that make sense. The power-coercive approach applies when a change is mandated for the good of others and assumes people will be compliant for the good of others. The normative-reeducative approach involves a cultural approach of inclusion, getting people and their views on board so that they feel they are involved in the change. Again a one size fits all approach to change will not be effective. Every change is unique, and recognising this in the planning stages of change is vital to the overall long-term success of the project.

Understanding the vast history of change theory provides the backbone of this study and the foundation on which new knowledge will be constructed. This will allow a holistic view of the change practice explored in the study and where it may fit in future research. In addition, this theoretical framework can lead researchers to a conceptual model for their study, which explicitly explores an element of the theoretical framework. This study, however, was not to test a specific theory as it was not known that a precise theory was being undertaken, and also, at this research stage, the change was not complete. Therefore the likelihood of a change model being fully applied was low. In seeking employees' experience throughout this change programme, it may emerge that a transparent change model was being utilised. However, it is more likely that different principles of the various theories will be demonstrated by participants as change rarely follows the exact steps of a change management model.

Rationale for Study

As Smith (2009) suggested, this study aims to provide a new and original piece of research in several different ways. Firstly, this study performs a critical review of existing literature that explores current knowledge focused on organisational change; this proceeds to include a demonstrated use of appropriate research methods to explore the lived experience of employees through a change situation and a structured analysis of findings, which will lead on to recommendations for improved understanding and practice of future leaders through change.

Organisational change has been identified as a complex and frequent organisational practice relevant to the NHS and other organisations. Furthermore, professional staff are an essential asset that are key contributors to organisational goals and outcomes. These two crucial factors require in-depth consideration and knowledge to ensure an organisation maintains productivity and effectiveness throughout a positive and successful change process.

Hence this study seeks to contribute to existing knowledge by exploring employees' experience throughout a change process. Having this detailed understanding will allow leaders to consider the impact change has on individual employees and, with this, apply an empathetic approach to future change practice that will provide an improved experience for all. Evidence is needed to demonstrate that organisations require a greater knowledge of the human impact and reality of organisational change processes to understand the importance of staff value and how to gain engagement from staff. The greater demand and competition for experienced, skilled staff justifies the need for organisations to take responsibility for demonstrating strong assurance to the staff of their value. As a result, it is hoped that employees commit to professional careers and organisations for long periods.

Chapter Conclusion

This chapter has provided a broad and introductory background to the organisational change situation on which the study would focus. The NHS is a large organisation under various pressures to deliver high-quality services to the people of the UK; for this reason, it is constantly changing. The specialist Trust within this study was a small

part of the larger NHS jigsaw and had its drivers for change, some of which were guided by the more extensive NHS plans and some from a more local level. The drivers of change in this study have been drawn together with a focus on how employees of the Trust are affected. Employees are essential stakeholders, without which many organisations could not function; their relationship with change practices is recognised as challenging in the workplace. A lot of consideration is needed to understand and support employees through change. There is a long history to change practices with many models and strategies available to help organisations. However, there is no one size fits all method, as every change has different and unique requirements.

Having explored several elements of change as a broad concept in organisations, it is clear that there is significant depth to this subject matter. Furthermore, it is an important issue for organisations in ever-changing workplaces. The following chapter will build upon this background of change knowledge and explore the literature available to identify current evidence in more specific detail and identify the gap in research that this study may fill and its relevance to practice.

Chapter 3

Literature Review

The thesis thus far has explored the local situation and the wider theoretical background to organisational change. Having this understanding leads to specific ideas being explored in a more focused manner. The literature review, therefore, examined hospitals as large organisations undergoing change programmes. The literature search strategy, outlines the search focus for literature and the methods used to identify relevant literature. Building upon the previous chapter, the search identified research undertaken in large organisational changes involving mergers, relocations and employees. The search findings were then considered, with three major themes identified from the literature. The review concludes by identifying the gaps in evidence and the need for new and further knowledge of the research question.

Literature Search Strategy

A literature search was commenced early in the project to identify the direction and need for the study. There are different methods of undertaking literature reviews, such as narrative reviews, scoping reviews, and systematic reviews. Indeed, Grant and Booth (2009) discuss 14 types of literature reviews in practice, each offering advantages and disadvantages to the situation in need. The systematic review was chosen at this time, as this type of review enabled a structured approach to gather the literature, resulting in a detailed and relevant review of the gap in evidence the proposed study would fill. However, systematic reviews have limitations, often stemming from the researcher conducting the search and what databases they may or may not have access to.

Furthermore, key terms used for the search may not cover enough of the research field to capture all available evidence, and the search is only as up-to-date as the time frame to which it is completed. Therefore, Boell and Cecez-Kecmanovic (2010) contend that following such a structured approach does not offer the complete review it might suggest. A more suitable alternative may be for researchers to consider a hermeneutic approach. This is a further method of literature review; such an approach allows a continuing open-ended process that encourages constant re-interpretation of evidence. In further work, Boell and Cecez-Kecmanovic (2014) provide a detailed

paper to assist researchers in undertaking a hermeneutic review. This process encourages researchers to dig deeper into the evidence; rather than just identifying the need for research, it seeks to develop a deeper understanding of the research focus, and therefore the need to engage with other literature should arise at various points during the research process and not be the linear process that is found on many research studies.

As the study progressed, the literature review was evaluated as to whether it had addressed the need for the study and whether it was appropriate for the chosen methodology. Smith et al. (2012) support an evaluative literature review that introduces readers to the field of the research focus, informing of the strengths and weaknesses of other studies and an argument as to why the proposed study can make a valuable contribution to the evidence base. With this suggestion in mind, the literature review was at this point considered to provide this. However, further appropriate literature will be sought to support the discussion of the findings of this study in Chapter 5. Thus bringing about a circle of understanding around the research topic within this complete thesis. Seeking further literature later in the study would allow more focused material to be identified in relation to the findings. Any evidence at this point would be more current to date than when the first literature search was undertaken.

Hart (2001) emphasises the reasoning for searching the available literature before beginning a project. The aim of the literature search was to the identification of previous research in the chosen field, which can help to: avoid duplication, learn from others the difficulties they may have experienced, design a methodology acknowledging the methods and techniques that have been used already and most importantly to identify gaps in existing research to allow new knowledge to be gained. The five-step technique for planning a literature search suggested by Brettle and Grant (2003) was used. This was beneficial to guide the critical questioning of methods and reasoning whilst also ensuring a wide base of literature was searched and that the proposed study took advantage of existing evidence. The completed five-step technique can be found in Appendix 1, with a further focused search using the PICO planning tool set out in Appendix 2. Breaking down the initial search question to more specific search terms enabled the literature search findings to be more precise,

relevant, and manageable to the researcher. The literature search protocol was developed and followed as in Table 2 below. Search activity was tabulated and is shown in Appendix 3

Table 2 Literature Search Protocol

<table>
<tr><td colspan="2">Literature Study Aims</td></tr>
<tr><td colspan="2">• To explore research studies available considering large transformational change projects in hospital organisations.
• To explore what research had been undertaken with regard to hospital moves and relocations, NHS or worldwide studies.
• To identify if staff experience has been explored during any stage of organisational change in hospital organisations</td></tr>
<tr><td colspan="2">Step 1: Complete an electronic database search using keywords as inclusion criteria in the search function</td></tr>
<tr><td colspan="2">The following electronic databases were searched:
• SOLAR University Search System
• Pubmed
• CINAHL</td></tr>
<tr><td>Keywords</td><td>Alternative terms</td></tr>
<tr><td>Staff experience</td><td>Nursing staff experience</td></tr>
<tr><td>Staff impact</td><td>NHS staff experience</td></tr>
<tr><td>Hospital relocation</td><td>Employee experience</td></tr>
<tr><td>Hospital merger</td><td>Hospital move</td></tr>
<tr><td>Change</td><td>NHS merger</td></tr>
<tr><td></td><td>Organisational change</td></tr>
<tr><td></td><td>Transformational change</td></tr>
<tr><td></td><td>Change management</td></tr>
<tr><td colspan="2">Keywords were used in various combinations with alternative terms replaced as appropriate for completeness of the search and to narrow findings to be more suitable. Excluded in the search were non-English language, pre 1997 and non-published work.</td></tr>
<tr><td colspan="2">Step 2: Obtain each paper and review
Obtain papers through either instant access electronically or through document delivery. Review each paper and consider paper selection guidelines below.</td></tr>
</table>

Paper selection guidelines		
Consider paper	**Tick box**	**Action**
Appropriate to own research study *For example studies related to inclusion criteria searches, organisational change in health care, employee experience*		Critique paper
Inappropriate but useful for possible supporting information *For example studies relating to organisational change not in health care setting*		Retain paper
Inappropriate *For example studies not related to staff experience, change programmes not related to location moves/mergers/reorganisation of services*		Discard paper

Step 3: Critique each paper

For papers identified using the above guidance, fully critique each individual paper using the relevant critique tool. For qualitative studies this is the Critical Appraisal Skills Programme (CASP) qualitative research checklist (2014). For quantitative papers the guidance by Coughlan, Cronin and Ryan (2007) and for mixed method papers the appraisal tool by Long (2005).

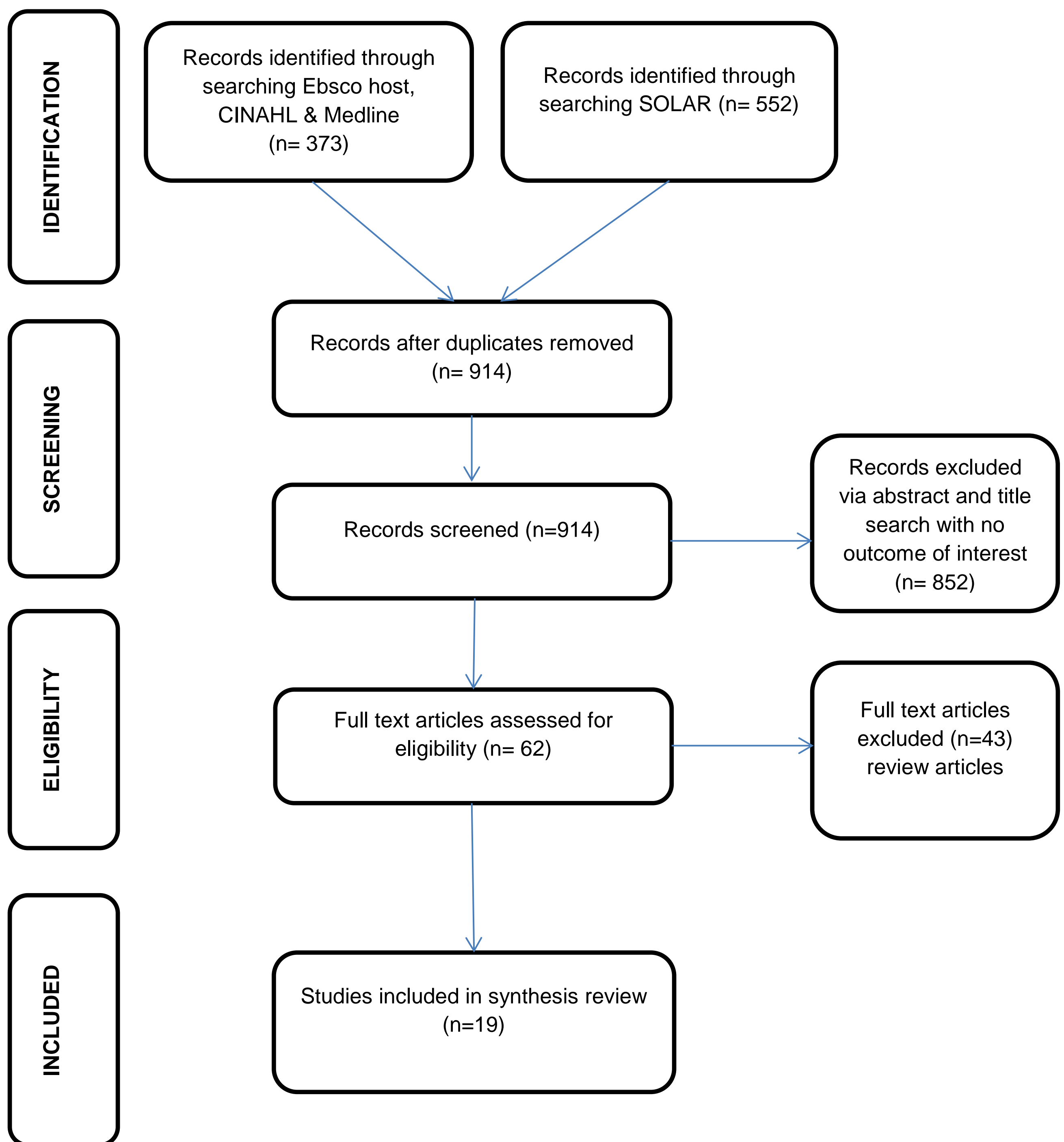
Step 4: Synthesise Literature.

Complete synthesis table for an accessible overview of critiqued literature to then discuss and apply to literature search chapter of thesis.

The University of Salford library system SOLAR was used to commence the literature search, and from within this, several databases were accessed and searched, namely PubMed and CINAHL. These databases were chosen as they were considered leading sources of systematic reviews and would cover prime sources of information in regard to research, health, nursing, and management. Focusing the search around a physical NHS hospital relocation proved difficult with limited research findings. Therefore the search was expanded to include the wider aspects of organisational change and hospital mergers. In addition to this, only a small number of NHS studies were initially found. This absence of UK experience then required a search of international evidence. However, it is acknowledged that healthcare services around the world are very different to each other and, indeed, the NHS. Services may be driven by different financial inputs, different priorities of healthcare needs and

employees having different work expectations and working cultures. Nevertheless, this wider search and findings were still appropriate, as the human experience was being sought as opposed to the detail of the healthcare service change. Using these criteria within the literature search protocol, search terms included keywords and combinations of the keywords, including hospital relocation, hospital merger, change, staff experience and staff impact. Alternative terms were also used in place of keywords to ensure a complete search, as differing terms may be used in different literature, particularly when including international studies.

Initial searches generated many results; therefore, further inclusion and exclusion criteria filters were applied to increase the relevance and focus, specifying journal articles, the English language and information published after 1997. Although organisational change had been happening for many years before 1997, a time restriction allowed information to remain current and relevant. In addition, much of the literature referencing NHS merger activity started in the late nineties, so this seemed an appropriate maximum time frame. Exclusion criteria were applied as titles, and article abstracts were reviewed to identify if the full articles were relevant for exploration and appraisal. Articles that did not relate to staff experience, relocation, mergers or non-healthcare organisations were put to one side for later consideration. Further supporting information was sought from books, policies and local Trust literature. The literature selection process is demonstrated in the following flow chart and supported by the relevant appendices.



The search process identified 19 articles that required full review. To aid thinking critically and make a judgement to their quality, qualitative evidence was reviewed using the validated CASP qualitative research checklist (2014), quantitative evidence was reviewed using the critiquing tool suggested by Coughlan, Cronin and Ryan (2007) and the evaluation tool for mixed methods study design by Long (2005). Using such tools to review literature is supported by Maylor and Blackmon (2005), as

researchers need to have a critically analytical mind-set and approach to reviewing the literature so that it is more than just a summary of what is available. Aveyard (2014) further suggests that the tool must be specific to the type of literature being critiqued to be most beneficial. The reader must be prepared to stimulate deeper reasoning to review questions rather than simple yes or no answers. An example of critiques using a relevant tool is included in Appendices 4 and 5. As literature was reviewed, it was added to a synthesis table, Appendix 6, which allowed a visual review of the evidence found to identify patterns and gaps and then focus the supporting literature discussion around any common themes within findings.

The search broadened as the review continued with citation searches on chosen articles. This was to follow up on other potentially useful references not found in the initial search to ensure that no information had been overlooked and other publications were included that would question and support the literature found. Additional published information, such as reviews and reflections, offered valuable insight into the subject area and therefore was included in the supporting literature. The search was considered comprehensive at the point of data saturation when the information found from different sources became recurring, and no new evidence of significant quality was found.

Twelve key research papers were identified as most relevant to the initial research situation and ideas (papers 1-12 in Appendix 6), with seven additional papers considered to offer some valuable additional information (papers 13-19 in Appendix 6). Using the synthesis table to organise and critically review the literature, the findings were brought together to explore what learning and experience could be gained to develop study ideas. The additional papers were placed in the synthesis table that offered further depth to research ideas, although they did not meet enough of the researchers' key inclusion criteria to be considered key papers. Key studies were found within the literature that utilised qualitative, quantitative and mixed-method research methods. All studies were reviewed in detail. These comprised five qualitative studies; Shaw (2002), Choi, Holmberg, Lowstedt and Brommels (2012), Roald and Edgren (2001), Rosengren, Kullen Engstrom and Axelsson (1999) and Cortvriend (2004). Five quantitative studies; Brandis, Fisher, McPhail, Rice, Eljiz, Fitzgerald, Gapp and Marshall (2016), Cereste, Doherty and Travers (2003), Lim

(2014), Steele Gray, Wilkinson, Alvaro, Wilkinson and Harvey (2015) and Idel, Melemed, Merlob, Yahav, Hendel and Kaplin (2003). The two mixed methods studies were by Jones (2003) and Lees and Taylor (2004). The chosen critiquing tools guided the reviews of each paper, although it is recognised by Barroso (2010) that some journals have certain restrictions that hinder researchers; therefore, the full detail of the study may not be published in the article, and this is acknowledged throughout the critique.

The review identified several subject themes as areas of interest. There was some overlap between themes; however, these studies demonstrated common findings which required further exploration and could, at this stage, guide the need and gap for this study to fill. These themes are brought together for discussion as a background to this study and include components of organisational change, elements of leadership through change and employee experience.

Table 3: Identified literature themes to be explored from the findings

Literature Review Themes
1. Components of Organisational Change
2. Elements of Leadership Through Change
3. The Employee Experience of Change

Review of Literature Themes

1. **Components of Organisational Change**

Large organisational change requires thoughtful strategic planning and an implementation programme that minimises disturbance to daily activities and has an end product that maximises the organisation's output. McMurray (2010) refers to the experiences of the NHS in the last three decades, suggesting that it has been subjected to unprecedented and unrelenting change and although he recognises the need for change to drive improvements for success, he argues the difficulties and problems sometimes encountered do not lie with the actual change itself, whatever that may be but instead with the treatment of the change process and organisation. This has been found within the literature search process. Many recognised elements of organisational change consistently emerge in researchers' findings by being specifically explored but also naturally occurring in participants' responses.

Recognising the frequent' merger mania' occurring in the NHS, Cereste et al. (2003) found many hospitals countrywide to be undergoing a merger of some service element. The authors argued that little research evidence was available to support the effects and outcomes of merger strategy and that this evidence was necessary to support leaders in successful change practice. With clear research objectives identified, they aimed to understand the extent and impact of merger activity in the NHS. Their study served a fact-finding purpose and demonstrated a well-planned methodology. They anticipated not getting a response from every questionnaire they sent to 460 NHS Trusts. Therefore, they targeted four senior executives at each Trust, justifying this by suggesting that gaining multiple perspectives from a range of directors might provide a more balanced and richer picture of merger activity. However, the questions were about levels of Trust activity and not personal perspectives, so they should be factually the same by whichever executive completed it. The researchers got a reasonable response rate using this approach with at least one questionnaire from 269 different Trusts. The research objective relating to stakeholder involvement's impact on mergers' success is significant. The data supported a highly significant association between levels of stakeholder support and level of success; indeed, the more successful Trust mergers are those that actively gain participation and support from their employees. The study is limited in providing a broad overview of NHS merger activity by senior managers, so generalisability is restricted as the study is only

relevant to the NHS and happenings at this time. Using a more qualitative approach would allow the statistical elements to be explored and explained with deeper insight, as the authors recognise.

The study conducted by Cereste et al. (2003) was undertaken over fifteen years ago. However, organisational change remains a practice that leaders struggle to succeed in. As highlighted in Chapter 2, change models and strategies have been used for many years, but their application does not appear effective in all situations. The difficulties often relate to the treatment of change and the effort the organisation is prepared to put into the process. Cereste et al. (2003) suggest that UK mergers are often driven by broad reasons of financial/economic pressures and client/care needs and suggest that some drivers are not stated to the public. Therefore it is questioned whether they are declared to all levels of staff. These reasons are still relevant today, as discussed in the previous chapter. The Trust publicised the four main reasons that drove their need for a new hospital with a strong emphasis on patient care needs. Financial drivers are not disclosed as a reason for change to the public.

Other literature further recognises mergers as current practice. Choi et al. (2012), Weber et al. (2012), and Docherty (2014) all discuss the importance and difficulty of making a successful merger happen. Weber et al. (2012) argue that only 9% of mergers successfully achieve their objectives. With the frequency of merger activity and the importance of success being emphasised by authors, researchers have had many opportunities to explore various aspects of the change process within a hospital merger situation. This would provide a strong evidence base for change leaders to reference their practice with research further supported by change theory. Yet, evidence is absent within this change practice that would improve the experience of change for all involved at various layers of the organisation.

Literature findings suggest that organisations go through many planning stages before organisational change occurs. Holt et al. (2007) reviewed strategies for what they call ‘organisational readiness’, which defines a state to which individuals are prepared to participate in organisational activities that contribute to them feeling involved in the change process. Readiness is multilevel and is deemed a strategy that overcomes employee resistance to change. The work suggests a need for a deeper understanding

of the employee and the organisation relationship. Despite the interesting discussion offered by Holt et al. (2007), little further evidence was found to strengthen this concept of readiness for change at the crucial time before a change occurs, as few studies explored factors at a time before change occurred. However, Brown et al. (2016) examine a case study of four organisations to understand pre-existing employee relationships of organisation identity and organisational change. Their findings suggest that organisational identity is a mechanism for maintaining stability in organisational change, and this identity is a critical consideration when designing a change intervention. The employees engage in the organisational identity based on 'who and what we are' within an organisation. They argue that the organisation's culture is built around this identity and suggest that aligning change interventions around it achieves greater success in change projects.

An insight was made into organisational culture in the previous chapter. Further review here found an in-depth understanding of local cultures being critical to successful change and highly important to individuals. A key study by Shaw (2002) conducted two years after an NHS hospital merger included 42 staff and aimed to learn how organisational culture had been impacted by a merger process. The analysis benefitted from using Hofstede's (1991) six-dimensional model of cultural difference. Using a model demonstrated a solid theoretical base for the study to apply its findings and structure the evidence. Shaw's findings emphasised the understanding of organisational culture as a powerful tool for management when planning organisational change. Her evidence proposes that organisational culture was still evolving, suggesting that the resulting culture would take 4-5 years to occur. With this in mind, her findings on organisational culture post-change may not have been complete as the emergent culture was not yet determined.

A further NHS study by Cortvriend (2004) found that change could be a long, drawn-out process for employees, seeming to support the suggestion that change may still be felt for many years after the actual change itself. Cortvriend (2004) used stratified sampling to recruit 31 participants across professional groups to participate in focus groups that discussed eight questions derived from the literature search. The study was complex at times, as it tried to address a merger and demerger within the NHS. There may have been a benefit in separating these experiences into different studies.

However, this would have made each study smaller, which may have made analysis more difficult and limited generalisability. As expected, the findings related to the literature-based questions of the study design. However, what was interesting in this study was that organisational culture emerged as a significant finding without promotion. Organisational culture would seem intuitive in the context of mergers, with studies highlighting the concept as a concerning aspect of change for employees. However, the participants of Cortvriends' (2004) analysis expressed that little work was done premerger that acknowledged culture as an essential factor to success. Therefore, this led to increased stress in the workforce, which was considered unnecessary and avoidable.

Further studies acknowledged pre-work on organisational culture as necessary. The study of Lees et al. (2004), three years after a merger, found that cultures were still not successfully merged, with feedback suggesting more work should have been done before the change. Although the participants were seeking for their cultures to merge, with each bringing an aspect that becomes accepted, Shaw (2002) argues it is a brand new culture that emerges. Therefore, employees are looking for a merged concept and not something new. Organisational culture brings about a range of feelings in employees. Roald et al. (2001) described it as quite a negative concept, finding fear and resistance from participants in their small grounded theory study. Staff were found to be less adaptable to change in this study. Roald et al. (2001) suggested a theory for managers to deal with this resistance was to create a point-of-no-return strategy with crisis awareness to employees pushing through the change. This was quite a strong theory generated from a study of only 14 professional participants that argues against the more comprehensive view of change management theory of including and engaging staff in change programmes.

In contrast to the forced approach of Roald et al. (2001), other studies suggest that employees want to be engaged and involved in change, understanding that doing so is critical for success. Jones (2003) used a mixed methods approach to gather in-depth information on how a merger of hospitals impacts nurses' commitment to the organisation and the role of organisational culture at this time. The study took place 3.5 years after the merger; findings suggest that nurses want to be recognised as a significant influence in change and be active participants in developing strong hospital

cultures. However, they argue that nurses may fail to realise that building this strong hospital culture takes significant time and that this commitment is a considerable effort for all.

The broad topic of organisational change brings together an evidenced discussion around the many elements contributing to successful change practice. Building upon the previous chapter of what is widely known around change theory and the tools available to support change process. This discussion acknowledges the work an organisation must put in place before a change is made. Within each element discussed, employee involvement is recognised as highly important, although not necessarily found to be of an acceptable level. The literature demonstrates the complexities of organisational change. Therefore, considering every element and providing an organisational commitment to getting it right for all levels of the organisation is a challenge for all involved. Further evidence is needed to identify some of these elements as organisational priorities during change.

2. Elements of Leadership Through Change

Leadership can be difficult to define as the concept frequently changes as we learn and improve practices. West et al. (2015) find that within the NHS, practice has changed to emphasise the difference between leader and leadership. They suggest that there has been a strong move toward leadership as a collective practice rather than individual leaders alone. However, this new understanding of leadership and approach to what may work most effectively within the NHS, is still relatively recent and will take some time to filter through an organisation as large as the NHS. Indeed, there will always be a hierarchy of positions to hold accountability; however, there is now a contribution to be encouraged by all to leadership in organisations, with shared thinking and responsibility to improve behaviours, performance and purpose. The term leadership will be found in all literature searches regarding change management. Leadership is an evolving expectation within the modern NHS. The NHS invests heavily in leadership, and due to the developing and complex healthcare systems, even those in longstanding manager-titled positions are required to portray and develop specific leadership skills. When there is positive leadership throughout the NHS, this should reflect high-quality care for every patient treated. Therefore, it is no surprise that leadership concepts should be a prevailing theme in this literature review. The review finds leadership being encountered at various levels of an organisation, and there is reference to both individual roles and organisations as a broader influence. Therefore when referencing leadership further into this thesis, leadership is referred to as a process that exists within the organisational context, undertaken by any individual within the organisation. Advancing into the findings of this thesis in Chapter 5, employees' experiences may become more apparent regarding their expectations of leadership throughout change and how various factors impact them.

Effective leadership is recognised as an essential factor of change success; however, it is not consistently performed to a high standard, with numerous references in the literature to poor or absent practice. Choi et al. (2012) demonstrated this by exploring critical factors that may obstruct or advance integration efforts following a hospital merger. This case study occurred three years after the merger and included 53 professional staff participating in semi-structured interviews. Participants were asked their views on the merger process and the extent of clinical integration. Data analysis and discussion presented findings around three main themes instrumental for the

change process: leadership skills, knowledge, and leadership styles. To achieve success, leaders need to utilise all these elements to balance competing institutional logistics and the needs of staff with the needs of their organisation. They argue that their study differs from previous research, highlighting difficulties in avoiding negative effects when merging hospitals, demonstrating that difficulties and pitfalls can be avoided when thoughtful, inclusive management leadership practices are employed. They provide suggestions as to the practical implementation of this.

Central to effective practical change leadership is communication, demonstrated through leaders' skills of delivery and style and the knowledge of the need for change and its importance to staff. Rosengren et al. (1999) explored staff experience of structural change when two Swedish hospitals merged. Interviews with a thematic guide were used to discover the impact change had on 31 staff working in the medical service. From the interviews, they generated four categories to discuss their findings: participation, doubt, faith and anxiety. Within these categories, communication was central to aiding employees to come to terms with change effective; regular communication from leaders increased employee confidence, causing them to actively participate in change, which created positive engagements for employees to deal with the emotions of doubt, anxiety and faith. Despite being nearly 20 years old, the grounded theory study by Rosengren et al. (1999) had findings similar to recent studies questioning progress in this area. More recently, Weber et al. (2012) suggest that during change, frequent communication amongst teams is essential to advance cross-cultural management knowledge and skills. The previously discussed grounded theory study by Roald et al. (2001) found that for all three of their newly generated theories, communication would be central to counteracting the staff resistance to change that they found. Leaders needed communication to overcome the change resistance caused by employees who expressed concerns about 'goal uncertainty', 'organisational culture' and 'individual insecurity'. They found that employees required leaders to clarify the need for change by creating a shared vision that motivates all to participate.

Hewison (2012) conducted a small study involving 13 nursing ward managers. They reported experiencing change at an increasing rate in the NHS and struggled to identify their role in fulfilling change practices as they often felt in a powerless position

to bring about or influence change. Despite feeling uninvolved, the nurse managers recognised that a significant part of their leadership role was to communicate the change to their staff, keeping them informed and involved, to minimise adverse effects on staff and allow their working practice to continue smoothly as possible. The managers felt that they lacked training in leading change with their approach, and their leadership styles focused on practical aspects rather than change theory. When considering the varied levels of knowledge and formal training of clinical leaders, it should not be unexpected to hear a wide range of experiences from the staff being led through times of change. Docherty (2014) highlighted how clinical leadership brings an ideal position to initiate change, with clinical leaders often being able to engage support from other clinical staff with whom they may already have developed relationships of Trust and understanding which could be built on. Those in ward manager roles are in an ideal position for clinical leadership. Hewison (2012) recognised ward managers as an untapped resource in mobilising organisational change within hospital organisations.

In addition to effective communication, thoughtful leadership practices ensure staff feel valued and engaged. This was evidenced in a study by Choi et al. (2012), who highlighted the challenge of balancing institutional logistics by leaders with leadership styles driven by shared goals and bottom-up approaches. Although it could be argued that the bottom-up approach is not always possible with high-level drivers, staff engagement is consistent with success. Therefore, every opportunity should be taken to engage staff through leadership practice. Although, in a demonstration of conflicting staff views of leadership practice, Harrison (2005) explored an NHS hospital relocation experience with a director of nursing in London. Her views of leadership through a change from a very senior level suggested that frontline staff had been very involved and acknowledged during the planning process. However, the staff survey results on the new build indicated that over half the staff had not been given sufficient information on the move and felt it was only adequately managed throughout. Choi et al. (2012), Cortvriend (2004), and Docherty (2014) all recognise in their findings that leadership practices have a significant impact on employees and yet do not explore this impact to a level that offers meaningful understanding to advance change practice.

Leaders must ensure that employees feel supported and valued through change, and in doing so, they must humanise the workplace. What many consider the 'soft' issues of change must be addressed through leadership practice, such as cultural issues and human matters. They must not be underestimated, as the impact on employees' organisational behaviours is influenced by engagement in the change process. The leadership experience throughout the change process is discussed by Johnston (2011) in her reflection on the leadership practice that her team undertook when her hospital relocated three departments into one new building. Acknowledging that times of change affect staff experience at all levels, they aimed to create positive core experiences for staff through regular communications. They found that it was crucial in decreasing stress levels, making staff feel valued and heard and, as a result, found improved productivity, staff morale and retention. This experience could have been an interesting opportunity to share a positive experience of change practice on a wider level had the situation has been explored more comprehensively.

Exploring employee experience of change during a time of hospital redevelopment in Canada, participants of the study by Steele Gray et al. (2010) identified leadership behaviours to be highly influential on employee experience. The study included questionnaires to employees at four key time points during the change project, before and after the redevelopment, to identify individuals' responses to readiness for change and adjustment to change. The study had a poor response rate and proved difficult in design to track respondents through the four surveys; however, their findings do emphasise the importance of leadership practice creating supportive change environments for employees that reduce resistance, build resilience and improve adjustment. They argue that a supportive change environment with leaders adopting a flexible approach to change management is key to positive outcomes for all. However, Jones (2003) found that those leading change may not recognise their leadership style's influence on informing positive workplace cultures. Therefore, if leaders lack self-awareness for basic leadership practice and don't recognise development needs, employees will suffer under poor leadership, not just for change but for other projects and broader guidance.

Steele Gray et al. (2010) further provided an interesting insight into employees' experience during hospital redevelopment; they found that relationships between the

organisation and the employee change throughout a change project. As a quantitative study, however, it does not go into the detail required to gain significant knowledge that can be built upon to change practice. There is, however, evidence that a more focused research approach at specific time points of change may be more beneficial in understanding the importance of the organisation and employee relationship.

Change cannot happen without positive leadership. The behaviours of leaders are highly influential throughout change projects, with both positive and negative effects being found. This influence is felt throughout an organisation. The leadership literature discussed identifies employees as significant stakeholders in the success of change projects. This group must feel engaged and valued through inclusive leadership practices; however, the studies struggle to demonstrate evidence of good practices that have long been acknowledged as important. Further evidence is therefore needed to identify the leadership practices that influence employee experience throughout change.

3. The Employee Experience of Change

Included in this literature review was a search for studies that explored some element of staff experience through a change process. A range of experiences emerged, with several found to be very negative, significantly impacting employee attitudes, health and behaviours. Several studies recommend further research into the effect that change has on employees. For example, Coid and Davies (2007) argued through their findings that the vision of staff well-being during change and as an outcome should be as important as the traditional aims of improving effectiveness, efficiency, quality and safety. For healthcare workers to look after patients effectively they need to be physically and mentally well.

Cortvriend's (2004) research participants expressed an acceptance of the constant change practice in the NHS. However, she also found that acceptance does not indicate that staff are happy. Participants expressed demotivation and distressful emotions during change in their focus groups. Aiming to demonstrate the complexities of organisational change on nursing staff, Lees et al. (2004) undertook a study three years after a merger. The study was small as it focused on one Canadian hospital's department. However, it demonstrated good use of a mixed method study with 46 staff completing questionnaires and then a further 17 being randomly selected for interview to expand on some of the quantified data themes that had been gained. Extreme emotions were found during their study, with attitudes and responses being consistent with survivor syndrome recognising that the personal effects of change are genuine. These two studies found that nurses felt that even though the change was happening around them, their main focus and most satisfying aspect of the job was patient interactions. Therefore, as long as the patients were well cared for, then changes that the nurses felt very little influence on could carry on around them.

A study by Lim (2014) acknowledged that hospital staff job satisfaction had been positively correlated with patient experience; therefore, if employees are unhappy, it would suggest patient experience would be affected. Lim (2014) used multiple data sources to explore nine NHS mergers and the effects of these large organisational changes on staff morale regarding job satisfaction. Whilst drawing on secondary data, Lim suggested an overall neutral impact on job satisfaction during change, implying that there are regular expectations of change in the NHS and, therefore, staff are now

quick to react and adjust. He argued that qualitative studies, during or immediately after a change, naturally elicit more negative responses, and consequently, the timing of research has to be well planned. His findings suggest that job satisfaction immediately before and after a merger indicates the success of premerger staff engagement. However, it is not clear how he identified what premerger staff engagement activities had taken place in each Trust from the data he had available, although these findings would be consistent with the suggestions of other authors in that staff who feel well informed of change are more engaged in their work behaviours and attitudes.

Referring back to employee experience through change, Ingersoll et al. (2001) found an evident alteration in staff nurses' physical and psychological state: considerable distress, feelings of loss, anger, despair and abandonment, with staff morale being lower than ever through change leading to a mistrust of leadership. They further found that nurses focusing on their patient care need to feel that patients have the same quality of care through change disruption and as a result of change. Their study included 48 nurses using semi-structured focus group interviews as a data collection method; findings were similar across all the focus groups. The study took place 3-6 months after the change. Although the findings are relevant at this time, it was noted that despite some negativity, nurses acknowledged that the work environment was improving and hoped this would continue as the impact of the change cemented into daily practice. Therefore, this study's results may differ at different times, which should be considered in all research studies.

A small study by Idel et al. (2003) examines three emotional characteristics impacting an individual nurse during change, these being: perception as a threat, self-efficacy and emotional reactivity. With a link to theory, they also note how change can impact individuals and feel like grief, with a process of denial, anger, negotiation, depression and acceptance. Their data was collected using a prospective study design including feedback from 93 nurses, administering a questionnaire at two-time points, before and after the change. Their study benefitted from a before and after design as it allowed a comparison of results with the same group. Previous studies discussed have not been able to do this. In their findings, they note that their study has implications for other hospitals undergoing mergers supporting the view that the success of any merger is

dependent on maintaining human resources at a high level. The key study by Shaw (2002) discussed earlier attempted to explore the human side of merger changes. Findings were considered within Stuart's (1999) model of an individual's journey through change. Her conclusions ranged from severe emotional damage to positive affirmation, with a wide range of experiences shared at different time points of the change. Shaw's (2002) study took place over two years. As with other studies over a significant period, participants would inevitably change opinions; however, this is not a reason to discard Shaw's findings.

Brandis et al. (2016) documented the most recent study relating to staff experience. Reporting on the subset quantitative component of a larger mixed methods study, they sought to address the literature gap around employee perceptions of two issues: job satisfaction and organisational fairness at a time of transformational change. This ambitious study invited 3000 employees to participate in a quantitative questionnaire survey. Although they had a disappointing response rate of just 10.5%, this still totalled over 300 questionnaires which they deemed significant enough for analysis to address their aims and objectives. Their study was limited by exploring just two employee factors. These two factors were chosen as powerful motivators of employee behaviour in the workplace. The authors suggest that with a good understanding of these motivators, employers can maximise employee needs appropriately. Using regression analysis, they link back findings to the hypothesis of the study, and although significant relationships are demonstrated between organisational justice and job satisfaction during a time of change, these findings are supported by links to literature as opposed to actual experiences of those involved in change at this time.

The study by Brandis et al. (2016) made some interesting but narrow conclusions about the feelings of staff during the pre-change state, finding them to be feeling demotivated and uncertain when they should have been feeling ready and excited at a time when their organisation was developing its services and growing its potential. Had this study adopted a qualitative approach to explore staff feelings more deeply, further understanding of the reasons for negative reactions could have been gained and acknowledged for future practice. Additionally, as this study was pre-change, local leadership could have made efforts to improve staff morale from their findings. Other authors explore literature supporting the many organisational concepts that contribute

to these relationships that are often much more intense than those driving change may recognise.

The literature on staff experience during change acknowledges varied experiences, including extreme emotional responses to change practices. With evidence to suggest employees feel this way, leaders must gain a further understanding of employee priorities during change to ensure employees are supported through change programmes. In addition, other evidence is required to explore change's impact on employees personally and professionally and how leaders can contribute to this balance to maximise employee value and input into the organisation.

Conclusion- The Need for New and Further Research

The purpose of the literature search was to identify gaps requiring further investigation by reviewing what literature was already available concerning NHS organisational change, specifically hospital moves and mergers, and the staff experience during this time. Following this search, several conclusions can be made which identify the need for additional research to address gaps in knowledge and subsequently aim to provide evidence for improving future change practice.

The evidence found was presented under three themes, and within the 20 years searched, there was a minimal progression of leaders putting change evidence into practice. First, demonstrated by repeated negative findings in change studies, such as communication being acknowledged as an important practice; however, limited findings highlighted good practice being witnessed. This can however be a subjective experience, as what may be useful and adequate for one person may not be as effective for another.

Employees were repeatedly referenced in findings as important stakeholders, with the ability to contribute to a smooth, accepted transition to change or alternatively be responsible for a complete, difficult resistance to new ways of working. However, there was little good quality information found that evidenced staff involvement and contribution in a positive manner, instead frequent findings of poor experience and changes being seen as forced upon them with little recognition of the impact of change. Furthermore, no studies found referenced the personal impact of change. Indeed, many of the papers reviewed acknowledged the absence of evidence that provided adequate insight into the impact of change on staff. If change programmes are needed for reasons such as financial gain or improved patient care, then it would appear the impact on staff is a lesser concern with changes being made anyway, assuming that staff will get carried through it or be replaced. However, if the overall outcome is better for the organisation, where does the responsibility lie in valuing staff and keeping them content in a positive workplace? With the employers, the change leaders or the managers, what level of attention should they give to employees experiencing a wide range of difficult emotions during times of change?

Eleven key studies shared research findings from a large healthcare organisational change experience. Eight of these studies took place after the change experience, therefore, missing out on possible evidence that could be gained during the pre-change state highlighting a further gap in the knowledge base. Brandis et al.'s study, was the only one during a pre-change situation. Although two studies did perform a before and after study, these findings were limited, and the research structure proved challenging to undertake successfully. A study in the pre-change state could offer a rare research opportunity, as the literature findings from situations and experiences post-change highlighted the need for other organisations to learn from these early experiences. The proposed study would explore these suggestions and may identify if the evidence from other studies is in practice or relevant at the staff experience level explored.

Many organisational change studies aim to measure the success or failure of projects; therefore, there was a limited purpose to pursuing further study with these aims. However, it was identified that the experience of staff and their organisational behaviours contribute to the success or failure of change projects. For this reason, they will be central to the proposed study. The focus would be on those staff who consider themselves to have little or no influence on the organisational change occurring and are frequently overlooked during change. Findings will demonstrate to change leaders, insight into how change impacts these employees and how this experience may influence their behaviours. Inclusion and exclusion criteria will identify the staff sample.

There was an additional need for current UK-based evidence, with only a small number of NHS studies found. The proposed study also could act as a baseline study for future research of the same population to further support or argue the evidence base of post-change knowledge.

The literature reviewed has demonstrated organisational change to be a complex practice, associated with many contributing elements, affecting employees at multiple layers of organisations. The studies reviewed in detail have touched the surface of several key areas of interest that, if explored further, would offer practical implications and research evidence for consideration by those organisations and leaders that will

undergo and initiate change in the future. The proposed study provided a unique opportunity to explore these themes before the change occurred, offering an authentic lived experience instead of an experience that may be sought after change when details may be forgotten or alternatively influenced. However, organisational change is a practice that is certain to occur and therefore, further research evidence into these experiences to make recommendations for future practices was considered worthwhile.

Chapter 4
Research Methods

This chapter details the research methods chosen for the study to answer the research question effectively. As stated earlier, this project aims to explore nursing staff's experiences during an extensive reconfiguration of cancer services in an NHS hospital. The study would achieve an in-depth understanding of the experience of the change process from the employees' perspective, which would aid the future practice of change leaders. The study specifically considers the following objectives:

1. Collect data from nurses' experience of the current organisational change programme.
2. Review the data to establish the key themes that influence nurses' experience of change.
3. Analyse the findings to understand how nurses describe and interpret their experience.
4. Provide recommendations that would influence future change practices for leaders of change.

The chapter is presented in five parts providing sequential discussion, justification and application into and including research methodology, research methods data collection, data management, and data analysis.

Part One: Research Methodology

The primary focus of the research study was to explore staff experience throughout a time of organisational change. To do this effectively, an appropriate research methodology was needed. Throughout the literature review, different methodologies were critiqued for effectiveness. Having finalised the research question, different methodological approaches were considered in detail, with a justified final approach to the proposed study being made. For any researcher, the philosophical depth of a study must be addressed. Further deliberations should be made when a researcher sets out to develop new knowledge, and their philosophical position should be clear. When undertaking a study, the researcher is committed to the process of knowledge creation, formulating some beliefs and assumptions which provide the basis of the research strategy. Philosophically reflecting upon their study through the foundations

of ontology, epistemology, and axiology allows the researcher clear thought to the most appropriate research choices.

Competency values determine researchers' ontological and epistemological beliefs. The influence of these values can put a researcher in danger of performing research methods inappropriate for the job. The two concepts work together; O'Leary (2010) describes ontology as a study of what exists and how things that exist are categorised. Considering an ontological position within this research situation was not straightforward (analysing human behaviour, ideas, and opinions can be challenging): exploring staff perceptions is always unpredictable. It varies across many different individuals and groups. Every person has their perception of the nature of reality; ontology then questions this view as to whether this is an objective reality or a subjective reality created within an individual's mind. Therefore reality can be very different through different eyes. Within this study, two ontological positions were considered, objectivism and constructivism. Objectivism asserts how social phenomena are independent of people's understanding; therefore, all people have an account of reality that is the same for every person. Constructivism is the opposite position and takes the view that individuals construct meanings into reality based on individual life experiences. The ontological position within this study was complex. When considering human experience, how does the researcher determine the reality of experience when hearing the voices of those who have lived through it subjectively, or is it happening objectively, independently of those sharing experience? With this in mind, this study's ontological position was constructivism, with the thought that individual perceptions of reality are influenced by their interactions in a given situation. Therefore, within the study, human involvement and interactions influenced the reality of change experience in the organisation.

Walliman (2006) then explains epistemology as the theory of knowledge, which investigates the origin of knowledge and questions how humans consider this knowledge to be acceptable and reliable to the individual. Therefore, individuals undertake research based on their ideas and beliefs of knowledge. Epistemology has several philosophical approaches related to social research: pragmatism, positivism, realism and interpretivism. These philosophies were considered regarding what facilitates an acceptable level of knowledge for the study. With a specific epistemology

chosen, the researcher must undertake associated research methods. Pragmatism is an epistemological position that addresses research problems with a practical or logical response. Pragmatist researchers consider words and thought to guide actions, and that reality is then tested by the success of the practical application. Researchers will use whatever combinations of research methods they see fit to find the answer to their research question in the best possible manner. Despite this apparent flexibility in application, pragmatism is often criticised as lacking the certainty and structure required for the broader dissemination of knowledge. As a research philosophy, positivism approaches studies in a scientific, systematic and objective manner. With a strict focus on data and experimentation to gain understanding, there is no desire to apply any level of interpretation or meaning to results. The purpose of this objective approach is to test theories and not to create them. Positivist research methods include descriptive research and experimental research through quantitative studies. This philosophy would not benefit this study of experience as positivists assume that knowledge is only valid if it is based on measured facts which would not gain the rich depth of experience sought for this study.

Those who consider research from a realism viewpoint suggest that knowledge exists independently of one's mind; therefore, a scientific approach is required to develop knowledge. Realism is often categorised as direct realism or critical realism. The emphasis for a researcher is usually towards the role of the critical realist in seeking a distinction between the real world and the observable world, focusing on explanation and experience rather than the direct and often considered naïve view that portrays the world through personal human senses. Within this study, the approach that was used is interpretivism. Bryman (2016) suggests that interpretivism is an area of research that requires the researcher to group the subjective meaning of social phenomena. The focus is on the details of a situation, exploring the reality behind the details, the subjective meaning and motivating actions. The study explores the experiences of employees involved in organisational change; it was anticipated that data analysis would fulfil Brymans' suggestion of interpretivism in that I would seek a subjective, lived experience from individuals that I would then interpret further into a social stance.

An interpretivist approach to research typically entails gathering qualitative data. Throughout the literature review, both quantitative and qualitative studies were explored. The quantitative studies demonstrated strengths and weaknesses; for example, many participants could be easily targeted for information. From this, large sample sizes can strengthen common findings and, therefore, broader generalisability. However, the conclusions of the quantitative studies reviewed only touched the surface of several interesting issues that could have been explored further if a qualitative methodology had been chosen. Many authors suggested that a deeper understanding of human behaviours and experience was required as evidence for future practice. This approach will gather rich, in-depth information that defines human behaviours and attempts to explain and further understand why people make certain decisions and behaviours in a particular context. These aims would support the intended outcomes of the study, and therefore this study was developed around the interpretivist foundations of qualitative research.

Axiology refers to the role of value judgements within the researcher's practice. Values affect how research is carried out and what is valued in the study results. Within interpretivist studies, the research is value bound and often, the researcher is part of what is being researched and, therefore, will be subjective. Recognising this, allows the researcher to balance individual values with good ethical practice, taking regular reflection on their research practice. Although researchers' personal beliefs and values often influence individual studies, it was essential to recognise this value of self-interest and the researcher's positionality throughout the process when creating a study with significant meaning and depth of understanding to ensure a purposeful outcome to the project. Bryman (2016) argues that as long as a researcher exhibits reflexivity throughout the project, then it is acceptable to acknowledge these influencing values. The importance of reflexivity in research practice is highlighted by Speziale and Carpenter (2007), who argue that only when a researcher develops recognition of their influence in a study and an awareness of self-reflection can they be ready to commence data collection in a study. When initiating this study, I considered my influences throughout the process and constantly reflected on my progress and position. Although my own beliefs and values within my organisation directed me to pursue this study further, I felt they were important to give meaning and keep me motivated in this long-term project. When collecting data, I further considered

my role as an insider researcher, discussed in detail later. This role brings strengths and weaknesses to the study, thus requiring me to perform sound ethical principles, act without influence and protect participants as necessary.

The qualitative approach is supported by Punch (2014), who suggests that a strong element of its design is the diversity reflected in its strategies and designs that seek to gain holistic views from participants within the field of study. The researcher must be committed to the information gained from each participant's viewpoint in the natural context and be open to the many subjective experiences of reality. Several approaches to qualitative research were considered when planning this study, including ethnography, a case study and phenomenology.

Ethnographic research was considered for the study as it concerns how people make sense of the world and the relationships among people and groups. Ethnography has strong sociocultural anthropology groundings with a focus on cultural phenomena. Data collection is usually through fieldwork, with the researcher immersing themselves in the community to understand that culture. Gobo (2011) discusses how ethnographic methodology is based on direct observation as its primary source of information, with an overriding principle of observing actions performed in concrete settings, supported by further data collection used with interviews or document reviews. The main benefit is that the consequences can be practical by observing actions and behaviours instead of opinions and attitudes. Although an ethnographic study may have addressed some of the research aims, it was decided against for several reasons. Marshall and Rossman (2011) suggest that qualitative data is best collected when the researcher is placed within the real-life context of the participant's environment to gain a deep understanding and insight. However, it would not have been possible for me to commit to such immersion. Furthermore, it would have added some ethical and moral considerations, as I would not be an outsider to the study group due to working within the organisation. In addition, the change programme was a long process and could not be observed at precisely the correct times to gain the information hoped for.

A case study design may have given answers to the research questions. The aim of case study research is described by Thomas (2017) as providing a rich, detailed understanding by examining aspects of a particular case. Stewart (2014) suggests a

case study may offer a flexible approach to reviewing ‘how’ and ‘why’ questions and may encompass many different methods to gain the required information. However, to be successful, it requires thorough planning and execution. If a case study had been used for this research, it could have demonstrated a comprehensive, in-depth experience within this organisation. If the intended outcome was to improve the practice long term, then it may have been appropriate. However, it was proposed there would be a broader contribution to the evidence base; therefore, using a case study approach would limit the generalisability of the evidence to a wider population. Though it is argued that generalisability is not the purpose of a case study, the goal is to understand the case for itself. In contrast, Green and Thorogood (2018) argue the case study is a robust design when used correctly. It can contribute to theoretical development and address questions requiring thick descriptions as evidence and can be used more widely.

Further consideration was given to phenomenology. Porter and Cohen (2012) discuss three approaches to phenomenological research. First, in descriptive phenomenology, researchers will explore and describe an experience regarding certain phenomena. Interpretative phenomenology seeks to reveal themes and common meanings across experiences. Finally, hermeneutic phenomenology is often seen as the evolution of phenomenology. It combines the features of descriptive and interpretative methods to determine how people interpret their lives and make meaning of what they experience. Denscombe (2014) supports phenomenology as a positive approach to research well suited to small-scale research; the humanistic style authentic with accounts of complex phenomena and the description of experiences can offer fascinating information that people can relate to. However, some limitations are questioned by others, suggesting it lacks scientific rigour, associated with descriptions rather than factual analysis.

After considering different methodologies, I deemed the most suitable approach to answer the research question to be standard, thematic analysis. This research design allowed broader and more flexible aspects of research methods to be applied to gain the most significant insight into the research question.

This research approach facilitated the prospect of closer exploration into an individual’s experience by offering a one-to-one opportunity to share their experience

with the researcher. The individual could express their experience on their terms and share what matters to them. The study was to explore how the participants make sense of their personal and social world and how they hold these experiences with a level of meaning. Data collection methods must be applied to gather detailed content of individual perceptions concerning specific experiences. The researcher had a key role in the analytical process. Firstly, participants try to make sense of their experience, and then the researcher tries to make sense of the participants trying to make sense of their experience. The study was to understand experiences from the participant's side; however, the researcher can also critically question the more profound meaning of that level of participant understanding. For this study, I wanted to understand the nurses' experience from their point of view in a situation where significant change was being undertaken in the workplace around them. The analysis process would involve rich thematic analysis acquiring an understanding on two levels, emphasising the nurse's position and gaining understanding by trying to make sense of the situation. The study will recognise people as complex emotional and physical bodies. As such, there are times when people do not want to disclose or struggle to express their authentic experience, so the researcher has to process and provide that additional interpretation of the participants' experience.

The primary reason for choosing this qualitative research approach was because it was consistent with the epistemological position of the research question focusing on the personal and sense-making experience of those nurses undergoing and sharing a common involvement in this organisational change. Using data collection methods consistent with a flexible thematic design would assume that the data collected would tell us significant findings about a person's involvement and orientation to the experience. Identifying the study in this way is reflected in the early research aims and thought about what data would be achieved and what analysis may look like against other qualitative approaches such as grounded theory, discourse analysis or narrative analysis. When undertaking a study utilising grounded theory, researchers seek to generate a theoretical account of a particular phenomenon; to do this, large amounts of data are required, contrasting to the smaller, richer scale used in this study. Discourse analysis focuses on how language is used and the effects this has on the environment and interactions around an individual in society. Although language may inform us about an individual's experience, this study aimed not to explore the

influence of language but the subjective experience throughout the change. Finally, narrative analysis focuses on the story that the participant voices in their unique way and through this, experiences can be heard: however, narrative analysis often, like a story, has a start, middle and end, and the focus is particular rather than exploring the broader experience that an individual may want to share with the researcher. This study design justified its selection over several other methodologies; therefore, the research process follows the flexible characteristics of thematic analysis.

Part Two: Methods

Consideration of Data Collection Methods

Data collection methods were carefully considered to understand individuals' lived experiences and consider the meaning of these experiences to individuals. The research design should therefore facilitate an opportunity to explore this experience in close detail. These data collection methods included focus groups, surveys, participant diaries and interviews. Each data collection method is discussed to demonstrate how decisions on the most appropriate method were made.

Focus Groups

Focus groups can be utilised within several research designs. For a successful focus group, consideration must be made of the group size, professional mix, location and accessibility. Within studies focusing on experience, smaller groups of less than six could still offer an opportunity to get to the detail of experience with participants, especially when the researcher initiates a common theme known to all. Focus groups can minimise the influence that the researcher has on discussions. The researcher should be careful not to take a leading role in the discussion as they would in an interview; they should act as a conversation facilitator, guiding the session with as little intrusion as possible.

When facilitated well, focus groups can allow the researcher to witness free-flowing conversation in an environment supported and encouraged by peers. Tomkins and Eatough (2010) argue that participants within focus groups may be unaware of their own experiences and opinions until a group discussion stimulates these thoughts, feelings, and memories to be verbalised. With the interactive nature of a group,

participants will naturally challenge each other's ideas and opinions. This challenge is often accepted within the focus group format as opposed to in a one-on-one interview with a researcher, which may not be taken as well by participants, leading to difficult atmospheres and withholding of information from the researcher for fear of being further questioned. Focus groups can offer a more natural way for people to bring issues to the forefront of discussions, make sense of situations and construct meaning to experiences. The group interaction is not necessarily known when writing up focus group research, and the information is often presented as one-to-one data. Thus the interaction is not relevant or known in the analytical focus. Focus groups were not taken forward for this study as, despite their potential benefits, it was thought their use would not add additional information to what could be gained through other data collection methods. In addition, the target group of nurses would be challenging to get together at a time that suited their shifts or clinic diaries.

Surveys

Surveys or questionnaires were considered as a method of data collection. They can offer an opportunity to gain access to the thoughts of large audiences and can be done in various ways, each offering benefits to the researcher. Benefits to surveys include the speed of administration, convenience for participants and no influence from the researcher. For example, within the nurse sample size of this study, surveys could have been sent out to approximately 150 nurses. This ease of access could have allowed the study to be opened up to wider employees of the organisation. For example, electronic surveys, once designed, are low-cost and easy to send out using the organisation's email system, and they can get a quick response rate if needed. Further benefits are discussed by Polit and Tatand Beck (2010) in that they are relatively cheap to administer, offer anonymity which may be important with specific questions, the absence of an interviewer avoids biases, and require less researcher time when distributing and returning physical copies.

However, when considered in detail, the risk of not gaining appropriate information outweighs the benefits of this data collection method. Surveys are discussed by Bourque and Fielder (2003) as having low response rates that do not allow an accurate representative sample of findings; there is also the possibility of a person completing the questionnaires who is not the intended audience, thus giving incorrect results.

When considered against the sample invited to participate, the responses from certain groups could be too small to represent the wider groups. Questions are usually short and straightforward to gain a participant's interest in completion. Even when questions may be open and facilitate a free text response, there was little guarantee that participants would write their reply with the details and expressions they would offer in a verbal exchange with a researcher. Parahoo (2014) argues that qualitative research using questionnaires has limitations because to understand people, one needs to listen, observe, and interact with those one wants to study. This study aimed to gain rich, in-depth meaning to individual experience, and therefore it was decided that surveys would not achieve this detail.

Participant Diaries

An often underused data collection method is using a structured diary for the participant to complete. The structure of the diary is sometimes considered similar to a survey designed and driven by the researcher. The diary can allow participants to provide information at an appropriate time, close to events and gives them the freedom to reflect and then detail accurate information at their own pace; it can allow more profound thoughts and meanings to be provided in lived situations. Bryman (2016), however, highlights that without careful preparation of the diary design, difficulties can be encountered similar to that of interviews with open-ended questions. The free text answers can prove difficult and time-consuming to analyse when completed. Alternatively, there may be limited responses, with participants put off by the need to write extensively. However, when participants are dedicated and committed to completing the diaries, the information gathered can be rich and focused. Though over long periods, participants may become less committed to completion as they become bored of completing the diary on time leading to memory recall effects and lesser detail in their entries, thus losing important information. For the proposed study, diaries could have been a valuable source of information; however, due to the length of time that the change took, it was not deemed suitable as the required participant commitment would be difficult.

Interviews

Interviews are a commonly used data collection method, and they can be undertaken in many formats. Interviews can be an excellent method for collecting qualitative data;

as discussed by Clifford (1997), interviews can be performed in a highly structured layout using a questionnaire or with a more informal approach where the researcher asks general open-ended questions allowing for more conversation and scope to answers. An interview can potentially offer a depth of data that no other method can. However, despite this, shortcomings may question their credibility, such as 'the interviewer effect' as contended by Gomm (2008). He argues that interviewees respond in particular ways that they think the interviewer requires, to either represent themselves in a certain way, such as strong, competent and sensible, or to give the answer that they believe the researcher is searching for and, as suggested by Boswell and Cannon (2014) what they perceive is appropriate or socially desirable. Mitchell and Jolley (2010) further argue that interviews can be very time-consuming in performing the interview and the corresponding transcribing. However, they recognise that many researchers feel that interviews are worth the time and effort because of the potential quality of information gained from the interviewer's opportunity to be one-on-one with an interviewee, allowing the interaction of clarifying responses or exploring issues further.

Semi-structured interviews aim to keep interviewees focused on chosen topics for a study without allowing too much freedom to lose the focus and purpose of the study. Barbour (2008) identifies techniques to help the researcher anticipate and elicit richer data from the interviewees; this includes the appropriate use of prompts. Determining key prompt words of relevance was helpful, and knowing when to use them is important, for example, when there was silence for the interviewee to think further or knowing that they have run dry on their answer. She also suggests beginning with the less threatening questions at the start of the interview so that the interviewee gains confidence and feels comfortable before moving to the questions that may be more in-depth and probing. A further valuable suggestion was for the researcher to summarise the main points highlighted in the interview to encourage interviewees to reconsider if they have left anything out and allow the researcher to check they have not put in their perspective and thoughts.

The chosen data collection method was individual semi-structured interviews: after some consideration of the theory and practicalities, this method would fulfil the ambitions of the study. Allowing an opportunity for a one-to-one interview would offer

a personal interaction that would aim to encourage participants to speak freely and honestly. A short selection criterion was identified to ensure participants had enough experience of the change programme to communicate with understanding. Denscombe (2014) values the interviewing process as a data collection method as it allows the researcher to explore matters in depth. To maximise and encourage participants to share their views, Denscombe argues for using unstructured interviews to enable freedom of expression. However, due to the challenges of an unstructured interview, semi-structured interviews were used for this research study, with five open questions (Appendix 12) being used to initiate participants' thoughts. The interviews were face-to-face, with Stokes and Wall (2014) supporting the advantages of the face-to-face mode of performing interviews as the researcher can witness expression, tone and body language, which are all valuable clues for the researcher to respond to.

Part Three: Data Collection

Ethics

Ethical issues were considered from the very early stages of this research project. Oliver (2010) discusses that the research project may never get off the ground without this early consideration and anticipation of ethical issues. If it is done without appropriate approval, the researcher may be stopped. Conducting research within the NHS can be quite challenging, with the need to gain ethical approval for many studies due to the nature of those that may be involved. Two important ethics committees were considered for this study's approval, the University of Salford and the NHS via the Health Research Authority (HRA). Both organisations are committed to ensuring that research is carried out safely and fairly for all involved. An application with complete detail of the study was submitted to the University of Salford ethics committee, and the relevant approval gained confirmation can be found in Appendix 7. NHS approval via the HRA was not required, using their online guidance tools (www.hra.nhs.uk) regarding what studies require full NHS approval. The outcome was no National Research Ethics Service (NRES) approval was needed as the study participants were the staff. This information was then taken to the Trust's research approvals committee, and authorisation was gained for data collection to commence.

Ethical issues in research are highlighted by Walliman (2006); there are issues concerned with values of honesty and personal integrity and considerations that need to be made to the participants, such as consent, confidentiality and courtesy. These considerations are applied at different stages of the study; Cresswell (2014) highlights a logical five-step sequence for the researcher at the early planning stage. 'Before conducting the study', thought was put into my position as an insider researcher. I was employed by the organisation in which the research was taking place. Assuming that because a researcher works within an organisation, access is automatically granted could prove a costly mistake. However, insight into the hospital's workings would no doubt offer some benefit. Before commencing the doctoral programme, written permission and support for the project idea were gained from the general manager of the directorate. Once the study had a clear direction, further written approval of access from the general manager was obtained, allowing the study to involve staff and using Trust premises. I recognised that strong self-awareness would be required throughout the research process and regular reflection on the insider research role, practising considering the values and beliefs influencing the study, maintaining existing relationships with colleagues and ensuring confidentiality amongst colleagues. To be honest with participants, all study information material included my working title. The study was in a relatively small hospital Trust, so my identity and role were easily identifiable. My line management responsibility was for one nurse only; therefore, I did not influence people to participate in the study from a direct authority position. The study did not relate to my daily work role. Rather than seeking an answer to what the Trust may be doing well or not so well with its change programme, the aim was to promote interest in understanding participants' experience and be transparent and honest in questions that may be asked. To remain as neutral as possible, I aimed to stay professional with the purpose of the study and tried to verbalise this whilst putting participants at ease. There was an acknowledgement that some participants may be deterred from entering the study, fearing an alternative agenda perhaps to 'find things out' from staff, or furthermore, those that did join the study may only say what they think the researcher in their' power position' may want to hear. In an ideal situation to overcome this, an external person could be used as the interviewer; however, this was not possible due to the constraints of this study.

Many formal documents were prepared when the study began, including recruitment posters, participant information sheets, and study invitation letters. Included was an honest disclosure of the purpose of the study in a format that was easily understandable to anyone who may want to be involved. When considering this, Ritchie and Lewis (2003) argue that the detail of the information given needs to be balanced as there needs to be enough information that a person can volunteer for the research but not too much to deter potential participants.

The first stage of the ‘data collection’ process involved participant consent. Participants had at least 48 hours to consider the written information provided. When signing the consent form, they were reminded that they could stop the interview at any time for any reason. Consideration had to be given to circumstances when participants may have become distressed throughout the interview, for them to be followed up 24 hours later to check on their well-being. Dependent upon the reason for the distress, the participant may have required signposting to further support such as human resources, their manager, occupational health or external employee assistance agencies. A written commitment ensured that at least one option was available to a distressed participant. A straightforward complaints procedure was highlighted within the participant information sheet with contact details provided. An interview guide was used to initiate discussion and support some direction to ensure the information the participant gave remained relevant. However, it was important that the interview guide was not too rigid to allow the discussion to flow more freely. Although the interview would be a safe place for sharing experiences, it was clear to participants that if any issues, such as poor practice, were revealed, these would have to be taken outside the interview appropriately.

When at the stage of ‘analysing the data’, I needed to consider participants’ privacy, confidentiality and anonymity in the results and be conscious of only looking for specific outcomes such as positives or negatives. Bell and Waters (2014) express the need to be very clear on confidentiality and anonymity to participants. By promising these terms in the consent process, they must be ensured. Considering this study only included a small number (ten) of participants, the importance of this promise was high, especially as during the interviews, it was hoped that participants would give honest

insights into the experience that may be considered quite personal: during data analysis, participants were anonymised using pseudonyms.

Finally, 'reporting, sharing and storing data' was considered to protect potentially sensitive information. This will be detailed further in the data management section. This study adhered to the ethical framework of the UK Policy Framework for Health and Social Care Research (2018). The framework provides 15 principles that guide good practice throughout the process of health and social care research taking into account the required standards expected from a researcher to protect participants and organisations. The application of the 15 principles to this study can be found in Appendix 8.

Recruitment and Sampling

The focus of the study was the nursing staff, chosen as a key group of staff that would be impacted by the transformational change that was occurring and aiding the generalisability of the study. This group would be found in other healthcare organisations. A short eligibility criterion was defined to ensure participants would be suitable for the study; this required nurses to:

- Be a registered nurse of band 5-7
- Be in a frontline, patient-facing role
- Have started nursing employment with the Trust before 1st June 2014.

Within the Trust, there were approximately 150 nurses identified as potential participants of the study who may meet the eligibility criteria. These nursing staff worked in the Trust in various areas and roles, including inpatient wards, day-case clinics, outpatient areas, nurse specialists, research nurses and others. The study was advertised widely using posters placed around the Trust and also via internal email using staffing lists provided by department managers. Interested participants were asked to contact me by email or phone, at which point they would be sent the detailed study information. Study information would be provided at least 48 hours before the interview to ensure the participant had enough time to read and consider their suitability to participate. This information included the participant information sheet (Appendix 9), the consent form (Appendix 10), and the invitation letter (Appendix 11).

The eligibility criterion was advertised on participant information and was clarified when participants came forward. The eligibility criteria for nurse banding was chosen as band 5-7 nurses are frequently not at a sufficiently senior managerial level to be considered influential in large organisation projects. Although band seven nurses may be found in managerial roles that influence change, many in the Trust, such as band seven clinical nurse specialists, did not have this influence and were included in study invites. In addition, the time frame of employment allowed nurses to have been in the Trust long enough to have gained a good awareness of the organisation and to have not joined the Trust at a time when the change programme had been well established, when they may have been more prepared for change as it was underway when they were recruited. The Trust's relocation plans went out for public consultation in July 2014, so this date was chosen with this in mind.

For this research study, the sampling method chosen was purposive sampling, as supported by Moule (2015), to gain the data required, certain groups, such as the nursing group, needed to be targeted. However, Moule highlights how reliance on the researcher in sampling may lead to selecting a biased sample that may reflect a particular viewpoint the researcher wishes. Therefore, when considering sampling methods, it was important to recruit participants that are rich in information rather than for a wider generalisation of results. The use of the eligibility criteria aided this selection. Although the study was advertised widely within the Trust, no suitable participants came forward. This then required a more direct approach to nursing groups to see if they would be interested in sharing their experience through an interview; this was done, for example, following a verbal presentation at a nursing team meeting. When doing this, nurses willingly came forward, suggesting they had seen the information advertised or heard of a colleague doing an interview, and they would share their experience too.

The target number of recruits for an interview was ten to twelve nurses. Though a relatively modest sample size, the number would allow an appropriate time dedicated to individuals to explore participants' experiences and find rich meaning within interview discussions. The small sample size is challenged by Walsh and Wigens (2003), who argue that with a sample size of less than twenty, there is a question of

how generalisable findings represent more significant numbers. In contrast, Bloom and Trice (2017) argue that qualitative research aims to describe and analyse the meanings and experiences of particular individuals and groups; therefore, large sample sizes are not usually appropriate or feasible in these studies. However, they maintain that the sample size should be sufficient to provide enough data to answer the research question; therefore, this study's ten to twelve participants should have been adequate.

Ten nurses were initially recruited for the study; they were all female, representing the majority of the NHS nursing workforce. Table 4, following, provides more information on participants in the study. The job role is not stated as this would allow them to become identifiable in the study in a small Trust. All nurses were in varying patient-facing roles of band six or seven. No band five nurses were recruited, as on further exploration, many nurses had progressed in role promotions, and none remained in band five positions since June 2014. Indeed, some of the participants had been in various nursing roles over the previous five years. I had no leadership or management influence over any of the staff that came forward for the study. They all worked under several different line managers, and none under the same manager as myself. All the nurses had a long experience working at the current hospital location that would be moving to the new city centre location. On screening the participants, the nurses all considered themselves to have a positive influence within their day-to-day clinical roles; however, they had very little influence on the larger move plans, and none had any formal change roles throughout their time at the Trust.

The interviews took place between March 2019 and June 2019; this was approximately one year prior to the opening of the new hospital, which happened in June 2020. The new hospital was physically erected during the interviews, and internal work was ongoing. The Trust had started to do some visits to the new hospital for certain staff, and therefore it was no longer possible to make changes to the hospital's physical layout. However, it was still possible to influence the internal running of the clinical hospital. The staff who participated in the study would be affected by the move at the time of the interview in the continuing planning stages and after the move had happened, in having a new location to work at with new ways of working and different daily practicalities. At the time of the interview, none of the participants had a clear

knowledge of their daily work pattern in the first few months after the move, yet they all still had a nursing function to deliver.

Table 4 Participant Information

Pseudonym	Band	Age	Sex	Date of interview	Start Year at Trust
Gail	7	31-40	Female	March 19	2010
Jill	6	51-60	Female	March 19	2006
Emma	6	31-40	Female	April 19	2009
Diane	7	31-40	Female	April 19	2005
Anna	7	51-60	Female	May 19	2009
Hannah	6	31-40	Female	May 19	2011
Sarah	7	41-50	Female	June 19	2003
Chloe	7	51-60	Female	June 19	2014
Leah	6	41-50	Female	June 19	2005
Lucy	7	51-60	Female	June 19	1986

The Individual Interview Experience

Data collection was through audio-recorded semi-structured interviews, with myself as the interviewer in all cases. Interviews took place on the hospital premises at a time suitable to the participant between the hours of Monday-Friday, 8-6 pm. Interviews allow the researcher to explore matters in depth, allowing the participant freedom to speak and express issues that are important to them. Using a short interview guide (Appendix 12), participant discussion was initiated by five key questions with appropriate prompts to explore arising issues or to seek clarification. Semi-structured interviews allowed the interviews to be reasonably controlled to enable data to be manageable and focused during data analysis.

The interview questions had been considered carefully, and although not directly sensitive, as the interview developed with free speech, there could have been the potential for the participant to disclose potentially sensitive details and information. The plan was to be guided by the participant as to what was comfortable for discussion using a sympathetic approach; for example, if the participant became distressed,

angry or upset, the interview would be stopped and support offered to signpost appropriately, participants would be reassured on the confidentiality of the interview. Fortunately, no participant became distressed during the interviews.

On the interview day, participants were invited to a meeting room, pre-booked by myself, within the participant's working hours. The meeting room was in the hospital setting and familiar to all participants. The environment was calm and relaxed, with comfortable seating. Mobile phones were silent, and a 'do not disturb' sign was placed on the door to minimise interruptions. Participant information was available for review if required. The interviews were audio recorded using two devices in case of failure or sound issues.

Participants were welcomed to the interview in a friendly but professional manner. Each participant was introduced to the interview with a briefing on the purpose of the study, assurance of confidentiality and expectations of each party. The consent form was discussed and signed with the participant immediately before the interview. At that point, it was ensured that the participant had no unanswered questions regarding the study and was happy to proceed. Participants were encouraged to express their individual experiences and the reality of their experiences and not be concerned about any of their views being traced back to them in a negative way.

As the interviews progressed, the interview guide was used less and less as I became more confident and practised in the interview technique. Each interview took 45-60 minutes. At the end of each one, participants were thanked for their time and participation and assured that it would only be me listening to the audio recording. Once transcribed, the recording would be destroyed. Each participant was offered the opportunity to review their transcript before data analysis.

The Researcher's Personal Reflective Diary

Over the four months of interviews, I dedicated some time to reflecting on how each interview experience had been for me. This allowed me to focus on several factors that I considered necessary as an insider researcher and if there was any way to improve my interview skills. Aspects that I considered included; whether I had influenced the interview with my thoughts, whether any new information had come up

that I would like to explore with future participants that had not come up before, whether I had created a suitable environment for discussion and what impact these interviews where having on me in my approach to change. The approach helped me improve each interview I performed, for example, by rephrasing certain questions to gain a more personal answer to the individual.

When not interviewing, I was also transcribing previous interviews. In doing this parallel process and with my reflections, it became apparent, as the interviews progressed into the later stages of interviews 8, 9 and 10, that I heard similar comments repeatedly and that no additional data was being found. Furthermore, when I was using other probing questions, there appeared to be no further information to be gained, therefore adding no additional value to the data I was collecting. I referred back to my research aims to consider if, at this point, I had enough data to analyse thoroughly and reviewed my initial target sample of 10-12 participants. I decided ten would be enough to stop collecting data and proceed to analysis. A consensus across views was developed, supporting the scaling up of findings. However, I noted that I could seek further participants if further information were needed.

Part Four: Data Management

Throughout the data collection process, a large amount of information was gathered. Hence, consideration was required in handling the data to ensure the protection of individual information and to ensure the amount of data was manageable.

Data Sources

Data was collected from ten individual participants between March 2019 and June 2019. Data collected from individual interviews must be protected to ensure the confidentiality and protection of sensitive information. This data included; consent forms, audio recordings and written transcripts. Throughout the interviews, no participant refused to be audio recorded, and there were no audio failings at review.

Data Storage

All data collected (including consent forms, recorded interviews and typed transcripts) was stored electronically on my password-protected computer, backed up by a

password-protected memory device. Once available electronically, hard copies of data such as consent forms were securely destroyed, and interview recordings were deleted. Electronic information storage would allow more accessible long-term storage and access for retrieval if needed after the research was completed. The name and details allocated to each participant would be known only by myself. Data will be stored and archived for at least three years after the graduate award is made to allow any data verification from external sources if necessary. If no data verification is needed, a decision will be made to destroy the data.

Data Preparation

A large amount of data preparation was required to organise the data ready for the analysis phase. Each interview was transcribed into a Word document from the audio recording. Each transcription took approximately six hours. When the written transcript was complete, the digital file was deleted. Due to the small numbers in the study and the potential of sensitive information being revealed, it was essential to ensure individuals could not be identified. Therefore, each recording was transcribed precisely as spoken, and later identifiable people or locations were replaced with non-identifiable initials. When writing up information in later stages, the identity of individuals was anonymised and referred to using pseudonyms. During the transcription process, all data that could compromise confidentiality was removed. Throughout data analysis, any hard paper copies of data or interview recordings were stored at the researchers' home in a locked location.

Part Five: Data Analysis

Roller and Lavrakas (2015) suggest that defining the unit of analysis in any research is crucial to retain the necessary context to derive meaning from the data and ensure integrity in the outcomes. Identifying the unit of analysis guides the coding process and provides the focus of the study is maintained throughout. The unit of analysis in this study was the individual, with the final aim of understanding the employee's experience going through a change project. The analysis, therefore, was directed towards the participants' attempts to make sense of their experiences. This process draws upon an analytical strategy that brings about a unique experience for a researcher that can be insightful and rewarding. As data analysis progressed, the

researcher becomes more and more immersed in the information highlighting the interesting and important aspects of experience and looking for connections and themes. When faced with this data analysis project, it was important for me to suspend my presuppositions and judgements and focus on what was presented in the data. This process is known as 'bracketing' and is a concept developed by the work of Edmond Husserl, who established the idea that an individual's reality consists of certain phenomena and explores how they are perceived or understood in the human consciousness. Through bracketing, the focus is on the analysis of experience to the individual, seeing it clearly through the participant's eyes. Further work by Martin Heidegger argues that bracketing is less helpful. He believed that personal awareness is intrinsic to research, and interpretation is only valid with the background experience of being in the real world. Hence the challenge of strong data analysis is not to allow the findings to become too descriptive but deeply insightful and informative to others. This would allow findings to be applied in a social, scientific frame with supporting concepts, theories and literature and to broader contexts of change experience. This was considered in the early planning of the study.

The chosen method for data analysis was thematic analysis. Thematic analysis is a method of exploring data that allows a rich, detailed, and complex description of data. The flexibility of its application allows it to be used with many research theories. Therefore, its application to this study allowed the focus to be on gaining an in-depth understanding of individuals' experiences. Through this analysis, I attempted to make sense of the data through the identification and interpretation of themes, with a focus on the individual experience and then bringing them together to the collective experience of the group. Using a structured approach such as that developed by Braun and Clarke (2006) can aid clarity and rigour throughout the analysis process. Their six-step method of analysis was applied to the data as follows.

1. **Familiarisation of data.**

Interviews were transcribed into a Word document from the audio recording. Despite the time this required, the transcription process allowed me to become very familiar with all the data transcripts. Some early notes were made on each transcript involving initial reflections and early impressions. Each participant's interview was reviewed

several times to ensure nothing was missed, reviewing content, language, context, phrases and emotions**.**

2. **Generating Initial Codes.**

Following step one, some initial ideas were developed, leading to preliminary code ideas. Each transcript was worked through with an open coding approach, coding sections that were relevant to addressing the research question and reducing large data quantities into smaller, more meaningful information. Although every line of the transcript was read, not every line was coded; only relevant text was coded. The process was done by hand with paper copies of transcripts, highlighting text and noting codes in the margins; this enabled further acquaintance with the data.

3. **Searching for themes.**

Each transcript of coded data was individually analysed for themes. The themes were identified by grouping codes into broad working themes. The study aimed to explore individual experience; therefore, the interview questions were driven and developed from this. With this in mind, the researcher must be cautious that data does not become an organised summary of the themes emerging from the researcher's questions rather than the participant's response. When coding the data in practice, the questions guided the overall broad themes. A table of the broad themes was developed with each transcript to allow data to be worked through and managed systematically; codes were transferred to the table and referenced by question number. Three themes were identified as significant.

4. **Reviewing themes.**

This was done in two stages, firstly by double checking the coded data to ensure that the data was within the correct theme and then by reviewing the identified themes to consider whether the data was relevant to support the theme, whether the themes make sense and whether the themes were distinct enough from each other. Each transcript was reviewed and then brought together for a comprehensive review of the working themes from the ten complete transcripts. Appendix 13 demonstrates bringing together the ten transcripts for the theme of leadership experience. The three initial working themes identified were considered appropriate to address the primary research purpose. Throughout this review stage, the smaller themes were assessed as to how they contributed and where they were placed in relation to the three broader

themes. Appendix 14 demonstrates this process for the theme of leadership experience.

5. **Defining themes.**

Defining the identified themes includes considering whether each of the identified themes are interesting and relevant to the study. The three themes were made final, clearly identifiable and ready for the final step. The three themes were: Organisational Experience, Leadership Experience and, Professional and Personal Experience. These themes were considered relevant and easily understandable to the reader, allowing a clear, logical story to be told with findings and discussion. The researcher, at this point, should be able to define each theme with clarity and meaning clearly.

6. **Writing the report.**

The final stage of writing up brings together the final analysis of all data available to the researcher. Within this thesis, the three themes identified through the coding process are subthemes contributing to the overall purpose and theme of staff experience. The three subthemes contribute to a rounded view of how employees experience change. When writing up this research, the findings and discussion are detailed within the identified subthemes; each subtheme is clearly explained, alongside its relevance and meaning. The written report follows a logical approach to articulate findings to the reader with examples from the data as supporting evidence. The discussion explores and interprets the meaning of experience to contribute to evidence-based practice.

Chapter Conclusion

This chapter has presented the detailed process of identifying the research methodology and progressing with the appropriate research methods. Several options are discussed at different stages of the research process with justification for the choices made to develop and proceed with the study. Finally, the chapter described how the chosen methods were applied in practice and how the research process has advanced to the following stages of exploring the findings to answer the research question.

Chapter 5

Findings and Discussion

This chapter presents the key findings and discussion of the study. There is exploration and interpretation of the nurses' experiences through this organisational change and further relation of these findings to existing knowledge to help better understand future implications for practice. The findings are presented with staff experience as the primary consideration. Throughout the analysis stage, three subthemes emerged that encompassed the experience of staff involved in this change. Throughout each subtheme, there is reference back to the literature review to discover how the findings open up discussion for support or debate of new knowledge. Within the three subthemes, it is acknowledged that there were some overlapping issues. The decision to include certain experiences in one subtheme over another was based on the wider knowledge and reflections of the interview experience and transcript review. The three subthemes contributing to staff experience are:

1. Organisational experience: this subtheme discussion explores the practices of the broader organisation and how these factors contributed to staff experience during change.
2. Leadership experience: this subtheme discussion considers how leadership practices impact staff experience during change.
3. Professional and personal experience: this subtheme focuses on how change influenced employees professionally concerning their daily roles in the organisation and their professional careers. This moves on to consider the personal experience of change, including the practicalities and emotions involved for employees.

The decision was made to present the chapter through three subthemes as they contributed to the broader principle topic of staff experience, aiming to build a holistic interpretation of staff experience in a flowing discussion. The subthemes encompass the majority of important experiences presented by participants. Nothing significant was found that fell outside these subthemes, which was substantial enough to contribute to the larger understanding of staff experience. Throughout this thesis, the subthemes logically follow through and are, to some extent, linked to the earlier

literature review but have become more focused. This relates to Smith et al.'s (2012) suggestion that primary research questions and subsequent interview questions often devolve from the literature review. In this study, the literature review became the basis of the interview guide. However, to give participants enough freedom to express their experience, the interview guide comprised only five short questions, often leading to nearly 60-minute discussions. Hefferon and Gil-Rodriguez (2011) advocate interview schedules to be short with broad, general questions allowing participants to set the parameters of the topic and not the other way around. Throughout the discussion of the findings, it is clear that participants were free to communicate their experiences due to the variety of information and the subjective expressions shared. Confidentiality is maintained throughout the chapter, as participants are referred to using the pseudonyms identified earlier. Verbatim quotations best illustrate the various points, allowing a more profound understanding of the participant's voice.

Organisational Experience

Data collection occurred approximately one year before the proposed move to the new hospital. Whilst the interviews were being undertaken, the organisation announced the planned date for the move. As a result, all participants were currently living the experience of the large transformational change that the Trust was undertaking and had been for many years, contributing a first-hand, in-depth experience relevant to the study purpose. Therefore, throughout this section, the elements that contribute to the wider organisational experience of participants will be discussed.

McMurray (2010) previously highlighted change experience in the NHS to be 'unprecedented and unrelenting'. Change programmes were found to be constant and frequent; however, they were significantly under-researched. With the limited progression of change success, many components of change required further exploration to understand their relevance and importance to employees. The literature review recognised a need for deeper evidence, with few qualitative studies available; this study will contribute to that qualitative gap. The nurses' feedback suggested a depth of experience of change, a broad experience that was constant, prolonged, and encountered daily. Though change is so frequent, its suggestion and practice should not be accepted by either a leader or an employee as a routine event: success and smooth transitions of change require careful preparation and planning. All participants voiced the complexities and challenges of change. Various sources define how to manage successful change projects, with step-by-step guides' available, courses in supporting change application to practice and more. However, over the twenty-year period that the literature review covered, little evidence supported a completely successful change programme in the NHS. With so much guidance available, how is it that organisations are still struggling with change? Higgs and Rowland (2007) argue that despite formal change approaches, change is not linear. Therefore, if leaders do not consider the complexity and integrate it into their change programme, it is unlikely that change will succeed. The interaction between the change approach and change context should be a key consideration from the early planning stage. All participants had a wider experience of change in the NHS work environment allowing access to a good depth of knowledge within the sample group. Sarah was currently a band seven senior nurse who had been at the Trust since 2003. She voiced her experience in the NHS:

'Things change all the time in the NHS; it's a constant circle forever evolving.'

Others did not share this view of change and felt that change was spoken about more than was actioned. For example, Gail, an experienced band seven nurse, expressed her thoughts:

'We talk about change a lot in the NHS; whether it actually happens a lot might be a different matter.'

Sarah and Gail's thoughts and experiences of change suggest that change had become everyday practice in the NHS and that the meaning of change to some employees had become ordinary and accepted. This is a difficult place for leaders to initiate change, as they then have the challenge of motivating employees to a change that may be highly significant, with employees who have become immune to the significance of change. Lumbars (2018) emphasises how employees within the NHS, such as Sarah and Gail, face local and national changes. This adds further outside influence and complexities that may be more difficult to control for leaders trying to navigate employees through local change programmes. The long period of change was mentioned by all participants, with significantly varying lengths of time as to how long each participant felt they had been experiencing it: from early rumours of a move being recalled to finding out about the change through local newspapers. The length of the change process affected employees' differing views of the project. Diane, a band seven advanced nurse practitioner, shared:

'It's been drawn out a very long time. I think that there has been a lot of hearsay over the years. There's always been a lot of questions, and they have not been as open as they may be should have with all stakeholders and as a result, a lot of rumours have gone round, and people have built up their own perceptions about what is happening.'

The plan for moving the hospital had progressed over many years; this allowed individuals time to experience shifting reactions to change. The work of Kubler-Ross (1969) relates these reactions to change as similar to what people typically experience

through a journey of grief. She implies five stages of emotion that employees will go through before they accept change. These stages are denial, anger, bargaining, depression and acceptance. Her change curve model is relevant to organisations as employees' emotions impact various important factors such as morale, engagement or staff retention. Individual reactions along Kubler-Ross's change curve can be difficult and traumatic. Leading a large number of employees at different stages of the change curve is challenging for an organisation. However, Kubler-Ross supports insight into employee needs, allowing change leaders to understand where employees are in adapting to the change. The length of this change situation meant that it was unlikely that employees experienced the five stages in a linear fashion but moved in a random order or from one stage back to another, or stayed in one stage for a long time. When a change is ongoing for many years, other changes will occur too. Employees may become distracted and frustrated with other programmes and too much change. This feeling of never-ending change initiatives can cause employee change fatigue, resulting in demotivation and disengagement. Change fatigue is a culture that leads to low morale and often the failure of many such initiatives. McMillan and Perron (2013) found that when the concept of change fatigue is explored further with employees, it may offer additional insight that can stimulate initiatives to enhance employees' work lives during times of change. The experiences here demonstrate that it is essential for organisations to keep the most important change goal at the forefront of employees' minds, allowing individuals to take responsibility and incorporate the drivers of change into their roles and encourage a shared relationship with the change goal. Although, Berneth et al. (2011) argue organisations should choose change initiatives only after careful reflection, which may prevent employees from being overexposed to harmful, overwhelming, constant change practices.

The frustrations of a long process were heard from several employees. There was the feeling that the change project eclipsed issues within the current organisation and working practices: these were at a standstill, with little progress or development on matters that would typically be important. The change project was viewed as the priority in every situation. This proved very difficult for staff on the frontline of healthcare to progress in their daily practices. Especially as the change went on for such a long time, the frustrations were drawn out. One particular employee, Leah, who had been a band six at the Trust since 2005, shared:

'I feel I have a lot of skills and qualifications, and I'm getting nowhere now, so I don't know; everything seems to be on hold waiting for the move; we are still doing the same things.'

Leah's thoughts suggested she may be unfulfilled in her role, which could lead to further personal and professional issues. As demonstrated by Leah and the further findings of this study, large-scale transformational change can engulf an organisation's focus for some time. Employees need to feel a balance between the future vision and present-day goals. An organisation must exhibit this and understand the motivations of its employees. The workforce should be a high priority for involvement when significant organisational developments are made. There will be various employee circumstances within an organisation; some will be there for a short period, others will be there for the long term, and there will be those for which situations change. Employees who join an organisation for a short time or do not envision themselves as part of the organisation's long-term goal still require a daily drive and a certain level of job satisfaction to maintain their motivation in work and deliver high-quality performance. This study revealed that existing workforce employees experienced altered feelings of commitment towards the organisation during the change. On paper, all participants were committed long-term employees of the organisation, with a minimum employment time of five years. However, they struggled with a continuing dedication to the organisation with the long rollercoaster of this change. These feelings led them to consider their roles in the organisation and question whether they were part of the organisation's future when they had been so involved in the past. But why should a large organisation be concerned with details of individual employees' experiences in this way? Large organisations often have frequent staff turnovers and have little issue replacing them.

Staff turnover during an NHS change programme was studied by Morrell et al. (2004); they identified that it is often the initial 'shock' of change that prompts employees' decisions to consider leaving an organisation voluntarily. Therefore, many employees will constantly think of leaving if change happens as frequently as suggested. Staff turnover incurs considerable damage to organisations in terms of financial costs, recruitment processes and management time and indirectly with its impact on staff

morale, quality output, team pressures and more. However, employee experience in this study indicated they had moved on from the initial shock of change as they were several years into the change programme. Although some raised thoughts of leaving, there was no action behind these thoughts, and the majority had come to terms with this and wanted to see the change through. Indeed, voluntary turnover is an unwanted consequence and cost of change that can be prevented with appropriate organisational management. This is where Morrell et al. (2004) found it essential for organisations to manage 'avoidable' leaving situations.

Appropriate organisational management may include different elements, and employees will require different techniques to meet their needs; what is suitable for one may not be suitable for another. The drivers for change in the NHS are referenced earlier, but how these drivers influence individual employees at the frontline of care is unknown. The findings from this study indicate that this link is important, as employees desire to be part of an organisation's future, especially when the future is a potentially improved experience. Employees need to feel that these drivers relate to their daily roles and foresee how the changed end goal will enhance their professional roles and the service for their clients. Aiding employees in coming to terms with change is an important element when leading change. This study found that when employees understood the justification for the change and felt driven towards change when the vision of the change was made clear to them. Furthermore, when the reasons for the change were shared by their working values, this understanding was explained by Gail:

> *'The biggest thing is if people understand the reason for change, not just we're changing, and that's it, so at the beginning it was a bit like 'we're thinking we are going to move to a new hospital' and it took us all a little while to get our heads around why would we ever want to do that but when they started the 'transforming cancer care'* [communication branding], *that's when it was like the positive impact it was going to have on patients, and that makes a lot of sense.'*

Gail's words suggested that her acceptance of change had taken a lot of internal processing and thought. However, from this, organisations can learn that certain factors may encourage this acceptance earlier and, therefore, could initiate key factors

earlier in their timeline. For example, when the organisation identified and presented the need for change as involving positive improvements in modernising patient care, they got a more positive response from participants as something they wanted to be involved in. Diane described her thoughts on the patient experience:

> *'That patient experience is not compromised and that patient care is as good as it can ever be and that the experience does as well and that they feel they come through things.'*

Diane's thoughts captured how nurses balanced change with personal needs, suggesting that they would go along with certain elements as long as the patient's care experience was unaffected. This is explored further later in this chapter. However, even when employees had increased understanding, they still expected the change process not to impact their working day and eventually allow a seamless transition into a new way of working. Sarah, however, recognised that any change process, especially change of large scale, required a certain level of perseverance along such a time span:

> *'With change, there are lots of ups and downs. A lot of people give up and say I'm not doing this. I know you should always encourage people to take part if you want things to succeed, but with a big change like this, that's more difficult.'*

A significant length of time had already been dedicated to the change journey by the Trust. This period should have been the preparation time for getting the organisation worked up to the actual change date. Preparation would consider organising the various vital factors contributing to the new change state, for example, staff training, increasing knowledge and formalising procedural practices. Only one study in the literature review highlighted the concept of organisational readiness for change. Holt et al. (2007) identified readiness as a multilevel state when individuals are engaged in organisational activities and have overcome resistance to the planned change. This gap in the evidence of readiness may be because there were few studies undertaken in the stage before change had occurred; readiness, as a concept requires further understanding. Within this study, the concept is considered; there was recognition that change had to be undertaken at some time and that sometimes there never is a best

or a right time. Further theory from Weiner (2009) suggests organisational readiness is a state of being, both psychologically and behaviourally, prepared to take action. There should be a shared resolve towards the collective effort by many people to implement change. Problems occur when some are committed to implementation, and others are not. Several employees, in their experience, highlighted that they did not feel the organisation was in a state of readiness and that there was far more to this process than a new building. Leah explained a sense of powerlessness in the process:

> *'I just don't know what's going to happen. I just don't think we are ready, the building is, but I don't think the infrastructure is; there are just so many things I think we haven't got.'*

The lack of organisational readiness as the change got closer in time led staff to feel a lack of confidence, in the end changed state, as summarised by Hannah, a band six associate nurse:

> *'I guess it's always going to be a long process because you can't just move a hospital. It's not like moving an office and relying on another hospital being built which is causing issues as we've got nearer to the time. I think it was always going to be a long process, and I think as we are getting closer to the time and things aren't set in stone, and that's where I feel unrested.'*

Understanding what makes an organisation ready for change combines many more expansive factors than Holt et al. suggest, especially with large-scale change projects. Leah and Hannah's lived experiences of change made them feel uncertain in many ways and for an extended period. This uncertainty presented by employees can contribute to negative consequences in an unstable environment. Weiner (2009) argues that organisational readiness is a psychological state by employees but also for the organisation; it is structural and practical. Either way, the state of organisational alignment to the readiness for change is highly complex and requires intense preparation, and the study participants exposed this in their experiences. Preparing an organisation for change requires the collective leadership of the organisation. Employees spoke of their experience in relation to their relationship with an

overarching influence of leadership power from the 'Trust' and considered how their position as an employee within a large Trust was felt throughout the change process.

The need to prioritise employee engagement has been established; this study suggests that all participants wanted to be involved in the change in some way and wanted the opportunity to engage in the process more deeply. Chandani et al. (2016) suggest three levels of employee engagement; engaged, not engaged or disengaged. Organisations should always aim for employees to be engaged, as these employees will work passionately towards an organisation's goals. Employees who are not engaged may participate without passion and energy, and those who are disengaged may be unhappy at their work and therefore act out their unhappiness and will not contribute to organisational goals. An understanding of the facets of engagement is beneficial in delivering a change programme, as engaged employees will provide an intellectual engagement dedicated to job performance: an effective engagement that promotes positive feelings in job performance: and a social engagement which would be highly valuable in this organisational change as it involves discussions with others about work-related improvements. Participants of this study felt it was the employer's responsibility to provide opportunities for this engagement with accessible events and meaningful interactions along the way; as Chandani et al. (2016) suggest, it is in the organisation's best interests to do so to maximise employee response. Emma was a band six nurse on the front line of nursing care who explained the Trust's efforts in engagement:

> *'I can see that they are trying to engage the staff, but I don't think they actually are, it's like the intention is there that they want to, but it doesn't feel like they are doing it in the right way.'*

Emma's thoughts reflected that the employee and the organisation's needs were not quite at the right balance to achieve an engaged and productive relationship. Referring back to the information shared by Harrison (2005), she conveyed conflicting experiences of staff involvement through their change; her organisation felt frontline staff had been provided and led with involvement and engagement opportunities. However, the frontline staff here only deemed the Trust's efforts adequate. In the same way, within this study, the efforts of the organisation were contradictory in participants'

responses, there was an opportunity for engagement, suggested by participants, yet these were not necessarily opportunities that were felt right for the nursing audience, as explained by Chloe a band seven nurse who had joined the Trust as a nurse specialist in 2014:

'Often the reasons I couldn't go was clinical commitments; they always seemed to be on the same day of the week, my busiest day; they were never moved around, others went, it never reflects the role of the clinical staff that they may have other commitments sometimes it's an idea to rotate days to access them.'

Nurses accepted that they could be a difficult staff group to access for various reasons. Although they argued, this was not an excuse for the organisation not to try. Sarah and Diane felt it was the employer's obligation to include all:

Sarah- 'Nurses are always a difficult group to try and please, and I can hear myself, from lower banding to higher banding of nurses, you always have people pointing the finger, managers need to get staff to be involved, be proactive with the change process, everybody has got to take responsibility for some part of it.'

Diane- 'I don't know whether that's a failing of the organisation or whether that's nurses in general. It's not alone to this project. If you look at wider changes in the NHS, nurses generally want to say more but tend to go along with things, and I don't know whether there are the arenas here for nurses to express things.'

Sarah and Diane had accepted a reputation that nurses are not acknowledged appropriately regarding change. This is an area that organisations should urgently address, not only with the nursing group but so that all professional groups' thoughts are adequately respected. A leadership review by The Kings Fund (2012) highlighted how NHS leadership styles focus more on delivering targets rather than the engagement of patients and staff. Their evidence of leading improvement validates that engaging staff is essential in making change and improvement happen. Engaging staff at all levels results in a better patient experience, fewer errors and lower infection and mortality rates. Furthermore, financial management is stronger, staff morale and motivation are higher, and there is less absenteeism and stress. Several individuals

commented that it was important for the Trust to provide the right environment and suitable atmosphere to create a forum for safe discussion of the impact of change on the nursing group. This contributed to the feeling that even though the Trust provided some engagement events, nurses did not feel comfortable sharing their views and felt that their opinions were respected; Leah shared:

> *'They think there has, but there hasn't, and that's another thing, creating the right environment to speak, people are frightened to say, you can get told off, you don't want to be seen to rock the boat, so safe environments to speak.'*

Some employees would have liked a deeper engagement than group events, with a more personalised level of support for a change of this scale that could impact in so many ways. However, they also recognised that it could be challenging when the organisation is large. Sarah spoke about engagement on a one-to-one level:

> *'If they are actually seen* [executives and change managers] *walking around talking to people, then staff are more likely to engage and ask questions because they haven't got a big audience and it is less intimidating and more person-centred, and I think that is probably what they need, nurses don't want to go to meetings where they feel intimidated, their question might be relevant, but some are not confident in big groups.'*

Both Leah and Sarah proposed the need for the employee to feel psychologically safe, which can be a difficult environment to get right. However, the organisation should promote a culture for all individuals to speak freely without fear of retribution, ridicule or embarrassment. Throughout periods of change, an organisation's culture may become unstable, and employees that have previously felt physically and mentally safe may now feel uncertain in their work environments. Throughout change, it is critical to maintain the stability of an organisation for success. Key is the ability to follow through a process that recognises and encourages key elements of an organisation that employees can relate to, such as organisational culture and identity. Whilst interpreting the data, these concepts were evidenced as highly important to employees, with detailed responses demonstrating a deep and historical connection with the organisation. Understanding a strong or weak organisational culture can

improve performance and higher workplace production. There was evidence that organisational culture had been an early consideration of importance, with cultural events held at the Trust and the HR team seeking staff feedback on what was culturally significant to them in the current organisation. Changing the organisational culture in the NHS is a unique challenge for leaders. Organisational culture and employees' attitudes to change overlap in that resistance or embracing change will be influenced by employees' individual experience of the culture they want to hold onto or change for the better. The culture of the NHS can be linked to a typology of culture discussed by Handy (1986), who observed four main types of culture: power, role, task, and person. A power culture has a powerful figure at the centre holding control. A role culture is where people will stick rigidly to their job description. A task culture is focused on getting the job done, and finally, a person culture has the individual as the central focus with a minimalist structure. Within the NHS, each culture typology can be experienced within different professional roles. Changing a person from one of these cultures can be difficult, particularly with large-scale change. Those in a role culture will resist change by simply stating it is not in their job description. For those wanting to drive services forward, this can be a strong initial barrier to change. Many authors suggest actions and guidelines for changing culture. Dobson (1988) identifies a four-step approach, including changing recruitment, selection and redundancy policies, re-organising the workforce, effective communication of values and changing systems, procedures and personnel policies. The four steps seek to change culture by shaping employees' beliefs, values, and attributes. Cummings and Worley (2009) also offer suggestions with a six-step guideline toward cultural change, which is more strategic in its approach. These guidelines have a more complex application to changing day-to-day culture but can be beneficial over long-term change projects when implemented at the right time. Understanding what elements of a current culture need to be held onto can help employees accept change with an element of something familiar and recognition of their needs. Conversely, Upton and Brooks (1995) argue that culture is hard to see when you are part of it, suggesting it is often seen most clearly when individuals join organisations and are introduced to the ways of the workplace.

The Kings Fund worked with the NHS to develop and test a tool to assess an organisation's culture. Developed specifically for NHS organisations, six characteristics were identified that are fundamental to a healthy culture. These include

inspiring vision and values, goals and performance, support and compassion, learning and innovation, effective teamwork and collective leadership. The six characteristics of a healthy culture were articulated through the lived experience of participants in this study, demonstrating how wide organisational culture extends without employees necessarily making direct links to its relevance. At the right opportunity, organisations can use organisational culture assessment tools to identify what is working well and what areas need to change to ensure the delivery of high-quality organisational output. With the changeover of staff throughout the change, the early focus on organisational culture had gone, perhaps reprioritised by new individuals who could not see a culture worth holding onto. Although, Wilson (2006) argues that organisational culture is beyond the capacity of influence, never mind managerial control, therefore, if the culture were strong enough, it would continue without a specific focus. Davies et al. (2000) highlight two approaches to the nature of organisational culture. Firstly, there is the approach that regards culture as something that an organisation is and, in contrast, the approach that concerns culture as something that an organisation has. If culture is something that an organisation has, there is a suggestion that culture can be changed and managed. Positive leadership using this thought would strive to create the kind of organisational culture to ensure success.

Large organisations, such as hospitals, will endeavour to influence their dominant organisational culture, often by promoting values and behaviours within daily practices. This may be done with some success; however, what is usually found in large organisations with large numbers of employees and departments to influence, is that there are pockets of differing experiences and practices, often referred to as subcultures or subgroups. Mannion and Davies (2018) highlight how healthcare organisations are notoriously varied, splintered by speciality, occupational groupings, professional hierarchies and service lines. Within this, overlapping complexities have significant implications for collaborative working as individuals are often torn about which subgroup to align themselves with during change. Therefore, making sense of subcultural diversity should be an essential early assessment of organisations for understanding organisational life. Various cultural subgroups comprise our healthcare organisations, and several factors can contribute to their formation. Subcultures can form when groups of people share a situation that is unique to them. During change, subcultures can develop when staff are at different stages of acceptance of change

and unite in common ground with each other. Managing a large organisation through change is challenging to keep everybody on the same path and at the same pace due to the complexities of human behaviours. The employees in this study exposed some evidence of subcultures through their experience sharing. Although all participants were from the nursing group, which could be a subculture within itself, they all worked in different parts of the organisation. They demonstrated additional values than those dominant to the organisation. Subcultures need not be considered a negative experience; at times, subcultures can enhance a wider organisational culture. However, this requires intervention if they become a counterculture opposing the organisational goals. Recognising that these different subculture experiences occur within the same organisation will help when planning a smooth pathway of change.

Although the initial literature did not specify how organisational culture impacted different research studies, it was acknowledged how its meaning and interpretation differs amongst employees as to what they were individually looking for in working culture. There was particular uncertainty conveyed with a time period and whether the measure or definition of organisational culture was from the past, the present or the future. Organisational culture is described simply by Deal and Kennedy (2000) as 'the way things are done around here'. This definition suggests an organisational culture in the current day is built upon the organisational memory of employees who work there. The literature review refers to two studies by Shaw (2002) and Jones (2003); they suggest that building a culture after change takes significant time and effort, and there is no instant answer once a change is complete; furthermore, in these studies, it was not clear what people were seeking in an organisational culture. Nevertheless, elements of organisational culture were highlighted by every participant in some form, encompassing the values and behaviours of the organisation and the nursing profession. Edmondson (2003) proposes that the development of cultures in healthcare settings is often driven by professionals who share similar organisational goals. Gail summarised the positive effect that the change programme had on the organisation but was quick to express comment on not losing what the organisation was about:

> *'I suppose that's good in a way; it has had a positive impact, but we need to make sure we don't lose what we are about.'*

Within this quote, Gail suggested that there is something very purposeful about the organisation and that the employees relate the 'what we are about' expression to a positive organisational feeling. An organisation's culture can affect how change is accepted in the workplace. The early resistance to change could have been influenced by the fact that employees did not want to risk changing what they felt was a positive culture, a good way of working for employees and a high quality of patient care. To what level the organisation had considered the impact of the process of change on patient care was unclear, but for the nurses they wanted to ensure that patients encountered a smooth process that was no different to the care that they would receive had the organisation not been in such a period of transition. Lucy, a band seven nurse who had been at the Trust nearly all of her nursing career, stated this importance by the following:

> *'Good change would see nothing noticeably different for the patients. I think they should feel as well cared for as they do now from day one, things will change over time, but things shouldn't be bedlam and chaos.'*

Lucy's quote suggested she was looking for stability for the patients as a primary focus. Perhaps, if the patients were supported throughout change with this stability, this would positively affect the staff. Within Lucy's quote, it could be suggested that employees were indirectly using the patient's experience to reflect their change challenges. The findings presented are convincing that the public-facing dimension of the Trust was as important to consider as was the internal dynamics of organisational culture. The nurses were proud to work for the organisation. Part of this pride was defined in how they felt the organisation was visible to its patients in its organisational identity. They knew that patients enjoyed coming to the organisation, and they did not want the current Trust identity to change. Within the literature review, Brown et al. (2016) highlighted the importance of organisational identity being critical to the stability of an organisation as it moves through a period of change. Organisational identity is central to an organisation's culture, with employees relating to the 'who and what we are' approach to their role in organisational delivery. Aligning goals of change to the organisation's identity achieves greater success in outcomes of change. Organisations do, at times, have to change their identity to adapt to changing operating

environments. In this case, cancer care was evolving to include advancing treatments, improved diagnostics and complex research, expanding at a rate that could not be accommodated in the current environment. External pressures such as national agendas and global initiatives pressure the NHS to deliver the services patients require. However, changing an organisation's identity should not be deemed a negative or a barrier. In fact, Gioia et al. (2000) advocate that organisational identity can guide an organisation through change by moving the question of an organisation from 'Who are we?' to 'Who do we want to be?' Participants may have felt their identity and culture were under threat and therefore put up barriers to change. However, when people feel this is no longer evident, they are more inclined to go along with the change programme. Emma and Jill, band six nurses, felt sadness at the prospect of losing the Trust's identity:

Emma- 'The worry is moving to a new build, you risk being part of a city hospital and losing the current Trust identity, and it's such a shame to lose what lots of other hospitals try so hard to achieve.'

Jill- 'We will lose the identity as to what we have got here, and I think that will be a shame.'

Emma and Jill's thoughts reflected an increasing feeling of loss amongst employees and an emotional downslide in defeatist feelings towards the Trust. Further participants identified the organisation's changing culture, it was unclear whether the hospital move had affected this directly or whether other influences had changed the culture of working practices over recent years. Leah conveyed her thoughts on this:

'I don't think we've really got one [a culture]. I *would say a few years ago you felt safe here, as a Trust well looked after, but I don't know now; actually, we're changing so much now I'm not sure why, the place is still the same, I think the mentality of the Trust has changed I think I'm a number these days, if you move on we'll replace you like that, maybe seven or eight years ago we did, I think people looked after you a bit more.'*

Participants highly criticised the current leadership; however, nobody specifically acknowledged previous leaders' considerations of the importance of organisational culture to employees. The pre-work on organisational culture is highly important, with studies by Cortvriend (2004) and Roald et al. (2001) suggesting that pre-work on organisational culture with staff will reduce stress and resistance to change. Pre-work practices, such as cultural need assessments involving employees, are essential and contribute to the previously discussed organisational readiness. In addition, assessments gain insight into what makes organisations unique to employees and clients. Gail shared further thoughts on the uniqueness of the Trust:

> *'We get a lot of new staff and work in a new area potentially, and we have had new staff for change. I think for some of those people maybe don't understand the existing culture of the organisation, but I do think it should be carried across because I think that's what makes us unique and why we're not the same.'*

Gail's thoughts made evident the importance of organisations attempting to show empathy towards employees' feelings. Cortvriends (2004) study proposed that exploring the needs of employees in relation to organisational culture could reduce workforce stress. This refers back to the organisation's role in managing avoidable situations that could lead to negative consequences. Within this study, organisational culture was of significant importance to nurses. Their familiarity with culture within the organisation was frequently based on the 'what we are' thinking of the present day, based on the past and not necessarily on the future of what the organisation will become and how things will be. Their experiences confirmed a strong connection to the organisation's history. Their comments suggested a fear of things not being the same, appearing to be pessimistic or hesitant about this specific change. This is an avoidable situation, and to manage this, organisations should recognise the significance of organisational culture in the present by interacting with employees to understand their priorities and develop a strong message of the culture that is aimed for the future. The message should encourage employees forward and embed the organisation's cultural change into the vision as much as the practicalities of the change. The consequence of organisational culture on this group of employees was much deeper than a mission statement. Each employee appeared to share the organisation's attitudes and values: these relationships create positive workplaces and

connections. A shared vision will guide an organisation to improve service delivery to clients. Employees expressed that the organisational culture that they looked for put patients first. The Francis Report (2013) highlighted organisational culture as a key factor in creating safe healthcare systems. The key to delivering this is how the values of both staff and the organisation work together in day-to-day experiences to provide their service. The findings establish this in the current organisation and as an important priority for employees moving forward through change. Therefore, when the organisation reassures employees through appropriate change management, they feel safer in the work environment.

Participants felt it was important to acknowledge the organisation's history, with many leadership changes, from the executive level to their line management changing, recently; they thought that this recognition of the past and the feeling of what makes the organisation a special place to all was being lost. Sarah expressed her sense of disappointment in a recollection of a recent statement towards her:

> *'I have been told by the one of the managers it doesn't matter what has happened in the past, we are looking to the future, and I think that is wrong. I think a lot of people have done a lot for this Trust, and it is really sad that, that it is not recognised anymore.'*

Lucy echoed similar views; she expected that leaders should be considerate of the message that they portray and considerate of the situation that they have been brought into, especially if they want employees to change what they feel is deep-rooted in Trust practice and behaviour:

> *'There's too many people involved that are in high-up privileged jobs and don't know how it was. I know change has to happen; it does. We; can't keep going on about the past. I think those that are higher up aren't appreciative of that, and us that have been here a while remember that, and that's the message from above tasks and money saving rather than putting patients at the front, and that's where the ethos is being lost.'*

The positive aspects of the present were reflected in small elements that people felt they could still influence; a desperation to hold on to some control of the unique identity and team spirit within local subcultures was evident in Sarah's' thoughts:

> *'We always talk about things as a team, how we fit into things and what it might look like it always talked about, and it's always on our agenda even if we haven't got the answers to things, and that's important. We've got to talk and find out, ask the questions about where we fit and what we do.'*

Reinforcing Sarah's thoughts, Elving (2005) presented how a communicative culture and community belonging, favoured readiness for change. Participants were determined to uphold a respected organisational culture when they felt there was a changed mentality within an organisation they felt had lost its way. Hannah and Chloe put across the challenge of doing so as individuals in a larger collective:

> *Hannah- 'It's gone* [the organisation's culture]*, and I'm only one human being, and I don't think those important things like spending time with patients is valued.'*

> *Chloe- 'Difficult to get back what we've lost, and it's the people that create it, and they have gone and if there's only a few still doing that, but the majority work in a different way and a different way of leading then you can't reclaim that can you?'*

Despite strong feelings from both Hannah and Chloe, not all participants felt that the existing culture of the organisation was correct, with one participant band seven nurse Anna, who had been in several nursing roles at the Trust over the years, suggesting that the culture was old and it was time for a good change. Anna felt, therefore, that the organisation should move with the times and see what new culture naturally develops after the change:

> *'There used to be a waiting list to come and work here. There is not now because the culture is old. The people that have been here a while just can't see the culture at all because they feel that is a lovely quaint thing about us here, but some of the culture is not good here.'*

Anna's feelings could have been influenced by the fact that she shared the feelings of others and felt the culture had already been lost through the change programme. Either way, it is clear that an organisation's culture is significant to the draw of an employer and, therefore, would impact many other factors of organisational working. Developing a new culture after change takes time, and it was unclear what time scale the nurses were prepared to give to new organisational cultures. Studies after change indicate that it is a number of years before organisational cultures stabilise or emerge as new. This then further emphasises the importance of giving attention to the factors of change identified by employees that can be managed during the time of change to stabilise the environment and minimise negative impacts where possible.

Communication is central to how an employee experiences change and directly influences factors such as organisational culture and awareness, how the communication of change is presented through the wider organisation, and organisational messages and presentations. Employees in this study expected the Trust to be informed appropriately. Few organisations can claim to have made every employee happy with the communication they received throughout a change programme. In terms of organisational change, many suggest you can never communicate enough with employees. Communication could be the greatest challenge of a successful organisational change, and it was an anticipated grievance expressed consistently by all study participants. For large organisations, the ability to deliver a significant change that is tailored for each individual would be difficult, even impossible. However, organisations should consider what they can control and how they may also benefit from this control. The findings indicated that employees wanted their communication experience with the organisation to be consistent and clear. Elving (2005) states that organisational communication has two crucial functions contributing to effective organisational change. The first is to inform the organisation of relevant change information, and the second is to create a sense of community, which in turn helps to create the conditions for employee commitment and engagement, linking the levels of the organisation with Trust and stability. The role of individual leadership will be discussed later; however, the larger organisation is responsible for ensuring all individuals have the opportunity for two-way communication of change. Different methods of communication were used throughout the change programme, and what some participants liked, others did not,

demonstrating the challenge for organisations to get it right. The methods used included email bulletins, group forums, interactive roadshows and more. The variety allowed participants the opportunity to access what was right for them. However, it was clear that if the preferred communication for that person was anything other than an email, the accessibility of the information around a busy working week was difficult. Jill spoke about a previous positive experience of communication through change; she understood what was possible when an organisation was proactive in its actions:

> *'I have been through change before and had good experiences elsewhere with better communication every step of the way, constant updates, proper channels, meetings, told what to expect next etc., very regular, didn't feel like it at the time but actually it was.'*

Whatever the method of communication used, what was important to people was that the message to be delivered was strong, that the vision of change was consistent and that the strategy to get there was clear. Gail found that visual images helped her understand what was ahead:

> *'I want to see a plan, something visual, dates in diaries to make it real, inspires confidence.'*

Within this, Gail proposed that for employees to accept that something is happening, they need a visual representation of the change, such as floor plans and artists' impressions. Using this visual method can aid acceptance of the reality of a change occurring. However, others felt this developed into a focus on getting a new building rather than the finer detail of what and how things would work when staff were expected to work there. Allen et al. (2007) propose that many organisations face difficulties dealing with employee uncertainty during change due to the one-way nature of organisational communication strategies and a predominant focus on giving employees strategic information. This may be effective at the start of a change process; however, its effectiveness reduces over time as employee concerns shift to more job-related issues. In addition, these finer details were causing the most anxiety to people. Hannah suggested these were the questions that nurses wanted the answers to:

'To say this is what we are up to, this is what it means to you. Rather than the generic build update of we are up to the fifth floor, that means nothing to anyone.'

Interpreting Gail and Hannah's previous quotes highlights how important it is for organisations to select particular focused messages of change to employees. Smith (2005) emphasised the importance of organisations communicating change messages that are realistic, honest and genuine and that they need to be done as early in the change process as possible. Communication must generate excitement and enthusiasm throughout the organisation, which can be positively contagious. Alternatively, if communications are ineffective, they can lead to fear, anxiety and resentment, which can be negatively contagious and rapidly influence resistance to change around the organisation. Participants stressed that two-way communication was highly important to them. The feedback they got from the organisation was often found to be superficial information, skating over the surface of the detail they would like and not answering the questions that had been asked. Participants felt they deserved more than they were being given and that even if some details were not known at such a point, a level of honesty could be expressed by the Trust that shared this unknown standpoint, which may then contribute to a shared position of understanding for all. When participants were given honest reasoning and the right level of detail as to how decisions had been made throughout the change programme, this aided their understanding and acceptance of these decisions, Anna explained:

'Communication, things that are going right and things that are going wrong because we are not all daft we know things don't go perfect there's no shame in doing that, the realities of what is going on. Honesty is important.'

Of further importance was that all staff had the same communication simultaneously. When this did not occur, rumours were found to be happening, causing frustration and unrest amongst staff, not knowing the truth on issues that may significantly impact individuals. Bell and Martin (2014) maintain that employees respond more positively to organisational change when they are satisfied with the organisation's communication. Leah and Sarah shared their experiences of Trust communications:

Leah- 'You would think that information would be standard, but it's not; it's dribs and drabs, so some know more than others, and that causes problems rather than all at once. People should have the same message at the same time.'

Sarah- 'Keep people educated or updated as to what's happening and whether or not it's good or bad. Staff need to know so they can make their own informed decisions and choices because if you don't keep them informed, that's when you've got the jungle drums going through.'

Both Leah and Sarah's views shared dissatisfaction with organisational communication and expected higher standards to be set. Listening is an essential skill for the employer, with a strong feeling amongst employees that their voices must be heard. Active listening encourages employees to be confident to speak and voice their views; it may also demonstrate a willingness to negotiate on particular concerns when mutual respect is established. Jill gave an example of the need for negotiation:

'To listen and to try and negotiate things with staff if they are resistant to change, as to where they could place them to keep them and see if that was a route that they could take as well.'

Participants felt that listening was a skill they were frequently encouraged to use in their professional roles as nurses listening to patients. However, for Trust leaders of change, Anna voiced that it was not one of their professional skills:

'I don't think a lot of listening goes on, which is quite amusing, really, because the first rule of communication is to listen and observe.'

Within Anna's thoughts, she asked leaders to supplement their listening with observing the practices within an organisation and subsequently be responsive in their communication from these organisational observations. Thus demonstrating how complex and multi-factorial peoples' thoughts are and how high expectations can be on organisational communication. There must be mechanisms in place to ensure that employees are listened to throughout change and that the voice of all individuals can be expressed in some way. Effective communication may be aided by a

communication plan that defines the organisation's approach to ensure the change's end goal is successfully achieved. The more significant the change, the more essential the communication plan becomes. Participants did not know if such a plan was being followed, which was unknown to them in the background.

Summary- Organisational Experience

Transformational change is the most significant type of change that any organisation can undertake and is, therefore, the most challenging. Although project plans are essential, following them through exactly over long periods is difficult due to unknown and unpredictable events emerging along the way. For employees at the frontline of the organisation, understanding this is not necessarily their priority, as proven by their shared experiences thus far. However, the organisation must balance driving forward with change and getting staff involvement correct to take their most essential asset along the journey.

The findings concerning employee experience and the broader aspects of organisational change suggest that employees committed to an organisation, desire to be involved in the organisational elements of change and understand the complexities involved. A key matter identified from the employees' experience here, is understanding how employees seek stability in an organisation at times of change, as demonstrated by consistent practices of organisational leadership. This consistency is linked to other change factors, such as the vision of change, communication, organisational culture and identity. These matters require organisations to carefully consider the impact of the elements of change from the top to the bottom.

Leadership Experience

None of the individuals in this study was in a position of change leadership; therefore, all felt they were to be influenced by leadership somehow. In Chapter 3, we highlighted how the NHS is evolving to expect leadership throughout all its workforce. Within this discussion, we consider that with the experience the employees shared. The majority of findings discussed here are from the experiences of direct line managers, as employees still expect them to be a leader and a manager. However, some other experiences discussed demonstrate the continuing process of leadership evolving to be every employee's responsibility. In the previous subtheme, we discussed the findings in relation to the wider leadership expected of the organisation. However, here we progress to the leadership of individuals and how the actions of individual leaders directly impacted the employees' experience of this change programme. Interestingly, there were few comments on the leadership of the formal change process but an overwhelming need for the leadership of people and the human side of change. Participants could not perceive how a change such as this would be successful without involving the staff on the frontline of delivering the organisation's business.

Effective leadership through change has been highlighted as critical throughout this study. Leadership is essential in any organisation's daily functioning, so for leaders to function effectively with the additional burden of a change programme can be extra challenging. The skills of leadership through change are readily available. However, the experiences of those in this research study confirmed that all do not practise these essential skills. The participants felt that they did not have a good experience of leadership, and there were several factors that they believed contributed significantly to this. With this in mind, the discussion accurately reflects what participants experienced and what they need and expect from various leadership roles. Having this knowledge will strengthen leaders' self-reflections and practices. Leadership behaviours involve physical acts or actions that encourage others to follow. Participants not only looked to their seniors for leadership but also found the provision of their peers incredibly important throughout periods of change. Several studies in the literature review by Choi et al. (2012), Cortvriend (2004) and Docherty (2014) suggest leadership practices have a significant impact on employees throughout change. The findings explore this suggestion with additional knowledge from the experiences shared by the nurses. All of the nurses discussed leadership practices, and it was clear

over the period of change, certain practices were leaving marked impressions on individuals. There are leaders to be found at all levels of the organisation, and the encouragement that people get from their colleagues is different to what is given by those in senior roles. This is emphasised by Sias (2005), who suggested that co-workers share an understanding of the workplace that others do not. Consequently, peers find each other more relatable, as they are in similar situations and easier to communicate with, having increased knowledge of circumstances. Gail emphasised the role of peer leadership in her team:

> *'Your peers can be leaders and move things on, especially bringing that positive spin on things. I suppose it's sometimes explaining things if you're feeling like, with a change, why on earth are we doing this and sometimes you just need someone to go we're just doing it because.'*

Gail highlighted how employees might support each other during uncertain times. Cooper et al. (2001) discuss how the validation of colleagues in the workplace may influence the psychological well-being of an individual. This is a situation that change leaders need to recognise and utilise to their advantage as just one positive person can influence widely in these less formal situations. However, at the same time, Emma voiced how negativity amongst peers can be rapidly shared with disastrous effects. When leaders do not address negativity, this can rapidly bring down and silence those that want to be optimistic:

> *'I must say, as things are getting closer and the general morale around me, it doesn't help with the negativity, it doesn't help, and I am a little bit anxious about what I will find when we go.'*

Emma's feelings of anxiety were heightened by those around her. Some employees may be able to control this emotional influence; others may not. Negative atmospheres and low morale can be difficult to manage in the workplace. When morale is low, employees are less efficient, less motivated and less productive. Furthermore, it can lead to high sickness and turnover rates, increasing associated costs. Organisations need to be highly effective and address areas they can with strong influence. The impact of just one issue, such as poor communication, can have a domino effect of

negative influence, which is a further challenge to control. For nurses, healthy morale and motivation are proven to impact patient care and outcomes positively.

Employees have been identified as central stakeholders in the success of change projects. This study aimed to explore if employees experienced this feeling of importance and determine if and what leadership practices may impact this. A study by Rafferty and Griffin (2006) found that supportive leadership strongly affects the frequency, impact and planning of change. These three characteristics of change are most important to individuals and likely influence employees' responses to change. They suggest that leaders must understand the need to provide support and consider individual needs in a changing environment. In addition, supportive leadership behaviours lead to employees experiencing less psychological uncertainty as employees can draw on a leader's support as a coping resource, especially when their behaviours provide conscientious information and advice to people. Participants determined that a leader requires a multitude of skills to provide supportive leadership through change and that employees have high expectations of this.

A change project can highlight a leader's strengths and weaknesses. To improve upon an individual's weaknesses, a further skill of a change leader is self-awareness. When individuals successfully reflect on their own experiences, they can identify how to improve or what they may need to do differently next time. Turner (2018) suggests a leader needs high emotional intelligence and an understanding of their capabilities. Credibility enables followers to trust and accept the decisions they make. Finally, they need to be organisationally aware to ensure they can navigate the dynamics of an organisation to ensure their decisions are implemented successfully. The findings evidence that employees look for this when building relationships with leaders; they notice that people change in response to certain situations or feedback. Gill (2003) argues that it is effective leadership that makes the difference in successful change programmes suggesting that the resistance from employees is often driven by emotional reasons such as a lack of respect or Trust in the people promoting the change, a disturbance to usual practices, habits and relationships or shifts in power and influence such as a change of view of the organisation. Having a positive relationship between individual leaders and employees is highly beneficial as it allows freedom of communication, both when things are progressing well and when things

are going less well and therefore improved collaboration in elements of change moving forward. Employees look for compassionate behaviours from their leaders and expect that their leaders will speak on their behalf and represent the workforce they lead, ultimately acting in employees' best interests. However, Choi et al. (2012) argued the challenge for leaders of balancing organisational logistics and the needs of employees. This balancing was recognised through the nurses' shared experiences of individual leaders. Leaders who took the time to communicate openly and honestly to employees with a demonstrated end product of the interaction were respected more and gained more trust from employees than the leaders who initiated interactions as a token event. Those in a leadership position should not assume they have an automatic level of trust from staff. Successful leaders need to work hard to create a two-way relationship that respects both sides and makes the environment safe for collaboration. Employees value an open and honest approach from leaders; this was voiced recurrently throughout interviews; Gail summarised:

> *'The thing that could be improved on now is the finer details or just the honesty of, we think this is what we want to do, but in reality it might not work just yet, and if they are that honest about it, maybe better ideas or things will come from it.'*

Gail's quote reinforced honesty as a key leadership behaviour. Honesty from leaders builds trust and breaks down barriers leading to the more significant potential of possibilities. Morgan and Zeffane (2003) claim that any change diminishes trust in management; however, this diminishment may be counterbalanced with efforts to keep employees involved in the change process. This is highly important for leaders to consider; if efforts are not made, then distrust in management will arise, which can be a more challenging factor to overcome. A further key behaviour is how accessible and visible a leader makes themselves to employees. Sarah suggested there was a feeling that the current leaders were less visible than previous leaders, and therefore, staff questioned if they were hiding things that they did not want to share or that they did not want to be challenged in case it was apparent that they did not know the answer:

> *'The previous managers were quite involved; they used to feedback things to us, but the new structure and new managers I don't think fully understand it*

themselves; maybe that's why we don't see them out there talking about it as they are still trying to get their heads around it.'

Sarah's thoughts advise that, for leaders to understand what is important to employees, they needed to make themselves more accessible to staff. Emma and Anna felt that those that devoted considerable time and effort into talking to staff and recognising that the personal touch matters would benefit significantly from staff interest and engagement:

Emma- 'They should have continued the exec lead momentum that they started with, face to face, not email. It's easy to say have a webinar, do a survey or read an email, but it's the personal touch that engages people when people make time and effort; it shows they care and that people count.'

Anna- 'They need to be more visible, and also there are lots of new faces around, and you don't know who's doing what, so I think they don't listen and they are not visible; they don't get a feel of what's happening.'

The thoughts of Emma and Anna determined that when leaders interact with employees on a more direct and human level, this encourages them to feel valued and cared for. Kennedy and Jury (2016) suggest that executive visibility is a politically charged, burdensome task in other industries to healthcare. However, within healthcare, interaction at an executive level with clinical staff is highly valued, as nurses indicate a desire for caring behaviours, such as demonstrating an interest in nurses in their work environment. Sarah and Chloe felt far removed from leaders and that the distance between those pushing the organisation forward with change and those delivering care to the patients was great:

Sarah- 'The old management did, but I'm not convinced that the new management do. I don't think they know their staff; there is a huge distance.'

Chloe- 'So in many ways, I avoid them because I am not sure what their agenda is, so disengaged.'

These quotes from Sarah and Chloe should be disappointing for leaders of change to hear, as they indicate a clear negative impact on working relationships with employees actively avoiding interactions. This study explored a specific organisational change experience; however, with feelings so strong, they may have influenced wider operational objectives. Hence, demonstrating that change programmes impact a multitude of levels and working factors daily. Throughout the interviews, it became apparent that the participants had experienced a lot of change in the personnel of various leadership roles, including immediate line management positions, project managers and executive positions. This impacted participants significantly as they felt they had to spend additional time and effort building new relationships. In addition, they questioned if they knew something that they didn't know, and that was why leaders seemed to come and go throughout this time when the nursing group that was interviewed had remained at the Trust for a number of years, Emma explained:

> *'There's been a lot of inconsistency of higher level management because the leaders back when the change was initiated were trusted. We had confidence in them. They were visible and engaging, and you knew who they were, and you felt they cared about staff and patients.'*

Emma viewed consistency in leadership as central to providing staff with confidence in change, and this was a key factor repeated by participants. Leaders who had been at the organisation for some time had an assumed depth of knowledge of the change initiative. Being involved from the start of change gave them an advantage of credibility from employees that they were part of the history and development of the change ideas and plan forward. The literature review did not provide any evidence to suggest the importance of a consistent leadership figure throughout change. When a change programme lasts for many years, it is perhaps unreasonable for employees to expect the same leadership and the same people to remain in those guiding jobs as it is for employees themselves. However, the nurses' experiences suggested that they considered this a demonstration of organisational stability. If employees are being asked to commit to an organisation and follow through on the journey of change, then they have an expectation that their leaders will too. When it doesn't happen, it makes them fearful of change and suspicious as to what may happen behind the scenes of the organisation. Diane imparted the importance of continuity throughout change:

'Continuity of staff or if that can't be maintained, then it's the continuity of the practices and deliveries with clear visions and strategies and clear ways, spelling out to the people this is how we are doing it and that clear project line to things because there has been different things changing along the way.'

Maintaining constant staff figures is a challenge. However, as Diane recommends, when it is important to employees, organisations must address this need in different ways with appropriate management practices. A constant throughout change adds stability. An organisation can take some control of this by ensuring that specific leadership roles are fulfilled and that there are no gaps in positions. Furthermore, ensuring that even with different individuals in the roles, the message and belief in the end product of change remains constant this must be ensured in the recruitment process to leadership roles. The consistency of leadership was important to maintain the vision and goal of the change programme and for leaders to build knowledge of this change through lived experience. Some felt that new leaders had challenged the vision, with different ideas causing conflict, leading to employees feeling less confident that the purpose of the change was correct in the first place.

There was a general feeling that there was a lack of change knowledge from individual leaders and that many did not have answers to vital questions. Employees look to leaders who are well-informed and credible in their practice to feel safe and supported. Leaders with experience in change practice should have developed self-awareness and recognise their strengths and weaknesses. In addition, past experience should encourage leaders to accept the elements of the organisation that are important to employees, such as understanding individual roles and the organisation's history. Participants highlighted the history of an organisation earlier as an important element of embracing organisational culture. Demonstrating this willingness to learn will further deepen employees' confidence in their leader of change and improve relationships between hierarchy levels. Chloe spoke of what she looked for in a leader of change:

'Enthusiasm, honesty, transparency, being candid, knowledgeable in their field, a willingness to learn about other people and new things. I think you can be a great leader even without certain skills.'

Chloe offered a simple insight into how employees feel leaders of change can use humble behaviours to gain the attention and interest of employees. The literature review suggested that leaders still struggle for successful change processes and outcomes. Despite change programmes occurring many times in historical works, current findings present information that continues to suggest difficulties in success even in the current day with the wealth of knowledge and experience that is available for practitioners to access. However, Karp and Helg (2008) suggest that the complexity and uncertainty during change are high within most public organisations. They argue that if leaders do not recognise this and focus too much on tools, strategies and structures, then the effectiveness of change is low. A leader must focus on people, identity and relationships for success in public organisations. The suggestion of focusing on people and not processes is becoming more apparent in contemporary workplaces and is favoured by the discoveries of this study. However, Karp et al.'s (2008) study suggested that organisations are scattered with leaders who have not necessarily arrived at this way of thinking, and neither have any intention of considering changing their ways. Therefore, many change projects with mixed success and poor leadership will be experienced before that realisation is made. Learning from experience is one method of gaining knowledge; however, a balance needs to be made with external training programmes to increase knowledge, although leaders must be prepared to listen and recognise their own development needs.

Effective communication is a leadership skill that is essential in managing a change. Individual leaders are responsible for communication within the wider organisational messages discussed previously. The nurses' experiences revealed that whatever the method of communication, those messages must be clear to understand, that they come from the right people and that they are consistent. Van der Voert et al. (2015) propose that communication and participation, driven by the leadership of direct supervisors, are the main ways to stimulate backing for change amongst employees. The responsibility is with individual leaders to communicate effectively. Basic communication skills expected from direct leaders include the ability to deliver information constructively. These communication skills encompass verbal, non-verbal and visual methods and occur in everyday practices with unconscious thought. In organisations going through change, there is additional pressure on individuals to get

messages right, as a lot of additional meaning and interpretation can be put into communication that is not explicitly clear. Which can cause wider, sometimes unnecessary issues of concern. Hannah expected the change leader to have a plan of communication that was positive, informative and detailed:

> *'Communication, more on a human level, then people accept it better, and that's where people have got their own personality and management style, and I think it's about pitching it to the staff so that you get the best response from them.'*

Hannah explained how employees react positively when communication is delivered at the right level to the audience it is aimed at. This may need to be adapted to different groups of employees. One of the earlier studies by Rosengren et al. (1999) claimed communication was central in aiding employees in coming to terms with change. This study was over twenty years ago; it is, therefore, unacceptable to have participants express negative communication experiences from both individual leaders and the wider organisational voice. Effective communication is recognised to increase employee confidence and participation in change projects. There is a significant investment in communication skills training for employees in many professional roles at all levels. Immediate leaders were felt responsible for cascading and disseminating communications from higher levels. This should be consistent down the line, and from this, take communications back towards the top. What was found to be happening was vague, inconsistent communication causing frustration among employees, as voiced by Gail:

> *'There is vagueness about certain details and probably the details that as staff people are bothered about.'*

Gail's quote suggested that employees were disheartened with the lack of detail that was shared with them, and there was a question as to whether this detail was not known or not deemed necessary to share at certain levels, making employees such as Gail feel not valued and not involved at key moments. This led to some participants describing examples of communication skills to be verging on dictatorship, with people feeling that they were being told, this is the way. Rather than delivering information empathetically, with an understanding of how these communications may affect

employees, particularly on some issues that could be quite sensitive to individuals. Chloe shared her experience:

'We were feeling we were being told, not having a two-way conversation; whatever anybody said, you didn't feel attention was made to it.'

When employees experience a top-down approach to communication, such as in Chloe's example, it can cause a damaging reaction to the relationship. With a focused effort on communication, change leaders will gain collaboration for change and be able to utilise further communication skills such as negotiation, influencing and contextualising information. Employees expect confident leaders to act in the best interests of both staff and the Trust. This is recognised in the external communications of leaders and strengthened by good interpersonal relationships. Interpersonal skills are techniques and traits that build on basic communication skills. They help to expand individual leaders to become more positive and understanding in their interactions with people. Also known as people skills, interpersonal skills include empathy, responsibility, patience and teamwork. Individuals must portray emotional intelligence, an ability to understand people and work well with others. Interpersonal skills are often considered soft skills within change management and not skills that can be necessarily measured or represented on a leader's résumé. However, people skills can directly influence the impact of a change programme; a change leader with poor interpersonal skills will not gain as much engagement and provision as one that does.

Leaders who can effectively provide a positive vision and create a story of change for employees will inspire confidence and belief among employees. In addition, employees value leaders with strong interpersonal skills as they contribute to positive organisational environments, which in turn help to increase employee motivation and productivity. The ability to be visionary was seen as necessary by Emma as employees needed to feel safe and understand their place after the change had taken place:

'Someone who is committed to the change has confidence in the change, believes in the change and works hard at supporting other people in accepting the change,

and I think educating people so that people can get on board with an idea that they can't directly change is important.'

Emma suggested that an expressive belief in the vision encourages employee motivation to change and inspires confidence that change is for the right reasons. Cole et al. (2006) further propose that a clear vision plays an essential role in providing hope when something about the change may be amiss: suggesting that a focused endpoint is a driver for employees when they encounter difficult or challenging experiences along the way. Employees wanted to be reassured of this vision, sought guidance throughout the change programme, and looked to their immediate line manager as the provider. Employees expected leaders to be interested in their work, roles, and how they would fit into the new workplace. They wanted leaders to maintain this momentum and interest throughout the change, which was a challenge over the extended period. When employees felt this interest was not there, they had little tolerance, suggesting leaders had tunnel vision and closed minds. Sarah and Leah vented the following thoughts:

Sarah- 'Certain members are not interested in what the nurses have got to say, they are tunnel vision in their thoughts and views, and they need to be a bit more focused on what others' thoughts are especially those who actually work on the floor and know how things work.'

Leah- 'We come up with suggestions, but it's all tunnel vision and short-sighted. We are rushing at the end and finding missed opportunities.'

Sarah and Leah shared the feeling that leaders with a single focus will neglect many other possibilities along the journey of getting to that end goal. Although the end goal may be ultimately obtained, a lot may be missed on the way. Employees cannot be lost along a journey of change, as they are the core of an organisation and key to product delivery. What employees expected from their leaders was for them to be representative of the staff that they lead; they didn't have to have an in-depth knowledge of each role but a good understanding so that they could represent nursing as a group. There were interesting views on whether this role needed to be a nurse or

another professional. Participants recognised in several quotes that nurses were not necessarily managers, and yet many expected them to have these managerial skills:

Anna- 'For some reason, nurses seem to think nurses need to be led by nurses, and actually, you don't come into nursing to do those management things unless you have those skills. They are not necessarily natural skills that we have. We are built very differently, and suddenly to have all these nurses in management roles, you need people with really good management skills, and just because you've worked your way up doesn't mean you have those people skills.'

Diane- 'As nurses, you are not trained to strategically pick your service apart; you are not trained at how to write a project plan or anything like that.'

Although Anna and Diane suggested that they speak for nurses, it could be argued that their quotes relate to their situations. Many nurses hold senior management positions in NHS organisations, up to the chief executive level. However, perhaps they would feel more comfortable being led by a nurse if they were assured that they had the relevant skills. Participants want to feel leaders are relatable, and the majority of senior nurses would most certainly have been in a patient-facing position at some point in their careers. Either way, leaders were expected to be inclusive and bring out the best in the people they lead.

Individual leaders are highly influential throughout change programmes, and the evidence from this study confirms this. Although we knew that leadership through change was important and could ascertain a list of the leadership skills required for change, staff experience here reveals that current leadership practices may not have been up to the standard required. This is a disappointing outcome for a large organisation, as a lot depended upon these internal factors to make change successful. As discussed earlier, the additional workload of change can be great. As with employees taking on additional workloads, many leaders are too. If the individual leaders are not confident, it is felt throughout all levels. Earlier in Chapter 3, we discussed how there is an expectation of leadership for all positions throughout the NHS, and that expectation is exposed within the staff experiences in this study. Caldwell (2003) discusses the nature of leadership and management roles in the

process of organisational change. He suggests the two roles are different yet complementary. The debate of 'leader or manager' is not a new one. However, the requirement of multiple complex skills throughout change is an expectation that employees have from their direct managers. Caldwell's study explored the essential attributes of change leaders and managers. He broadly concluded that change leaders are the senior managers at the very top of the organisation; their role is to set out the vision of change and initiate it. In contrast, change managers are the middle-level managers of an organisation who then translate the vision into agendas and actions. Alternatively, Van der Voet's (2014) study of change management in a public organisation concluded that transformational leadership behaviours of direct supervisors contribute very little too planned processes of change, suggesting that employees believe that change is directed from the very top of the organisation. Therefore, factors such as the willingness of the employee to change are not dependent upon the change approach of their direct manager. This study contends that direct managers are still very influential as they were repeatedly referenced as the first point of contact for advice and support through this change.

Summary-Leadership Experience

In summary, the findings regarding the relationship between individual leadership and employee experience demonstrate how individual leaders are highly prominent in an employee's experiences through change and other elements of daily work life. Critical matters identified again include employees seeking stability and consistent practices in their leaders with individual leadership skills, including relationship skills that balance the needs of the employees and the organisation.

Effective organisational change management requires a leader to possess a multitude of skills. The ability to understand and deliver the strategic focus of change is what employers typically look for when recruiting to change leader roles. However, for change leaders to deliver changes successfully, an individual requires many interpersonal skills that relate to the people and the employees affected by change. The leadership of change exposes an individual's different talents and abilities. The study participants have revealed what is important to them and what behaviours from leaders impact their experience of the change process most. Leaders must have

strong skills in self-awareness and an ability to learn and develop as individual change practitioners in response to feedback

Professional and Personal Experience

The previous subthemes have discussed two decisive external factors directly influencing staff experience. To get a complete picture of the experience, a further subtheme of professional and personal experience connects individuals to a holistic understanding of the role they feel they hold when change programmes occur in the workplace. Employees are acknowledged as important contributors to successful change practice. However, they are frequently overlooked and considered less of a priority to the overall goal of change. With their importance known in the history of change research, current findings should identify staff as having a positive experience at work throughout this change. The disclosures here, share the reality of change from the employees' point of view and how they have lived this experience. Using this insight at the time before the change has occurred may offer an opportunity for leaders to alter the path of staff experience and impact the overall outcome of their change programmes.

The experience of staff was identified as a significant gap in current evidence. During this study, Pomare et al. (2019) undertook a case study at a hospital redevelopment in Australia. Similar to this study, their research took place before their hospital move. Their study contributes to the gap in understanding employee experience through change, with similar worries put across by employees, such as communication concerns of feeling inadequately informed throughout change and apprehensions about the impact on patient care. Their study claims to be the first, to empirically explore the experiences and understanding of staff in the early stages of a hospital redevelopment. However, the study only touches the surface of staff experience through change. Interviewing a number of employees from various settings it does not dedicate the resource to explore employee experience to a level of depth that allows readers to gain an insightful understanding of how and what factors impact employees' experience throughout change.

Many studies reference employees as key groups, but little evidence was found to explore their experience and meaning. Studies identified that staff experiences throughout change were negative in their overall conclusions. Cortvriend (2004) and Lees et al. (2004) highlighted staff unhappiness when change occurs. This study contends that employees did not feel they were a key factor in the change programme.

On a professional level, the employees' experience was certainly very challenging. The long change programme had affected employees' engagement levels, professional relationships, confidence and motivations. This demonstrated that employees develop a lack of interest in the change programme and continue with their daily roles ignoring the change around them whenever possible. Furst and Cable (2008) argue that employees with an active role in organisational change tend towards positive feelings and acceptance of the change processes. If employees are considered key factors in change success, then there must be methods to ensure this is felt and that involvement is measured.

Professional relationships are vital to the productivity of an organisation and highly significant through a change programme if staff are to be prepared and nurtured through the process. A study by Shah and Shah (2010) found that employees with positive relationships with supervisors and peers felt more open to and ready for organisational change. Without the relationship effort between professional staff, there will be no successful end product of change. Professional relationships at all levels in the study had been under pressure over recent years, and participants expressed how they felt today. There had been varied levels of involvement, with employees sharing how they wanted to be involved in events, but they thought that the same people kept getting included and chosen to be involved without wider opportunities being available, as disclosed by Sarah:

> *'Regular meetings, keeping staff informed and engaged, embracing staff that don't cope well with change getting them involved in little things, they are big, taking staff over to have a look, it's always the same staff, it's always the same people who get to go over and see things.'*

Sarah sensed that the staff were disappointed with the hierarchical relationships. Previously, they had felt they had opportunities to collaborate on various issues, but now they felt left out, vulnerable and lost. Employees did not like the relationship barriers that had emerged during the change. They felt they had been forgotten and undervalued at a critical time in the Trust's evolution to something bigger and better. Nevertheless, the professional impact on their day-to-day patient care was maintained.

Employees were defiant in saying they would not allow anything to put their patient relationships at risk. Anna indicated her feelings on Trust priorities:

> *'We have been overlooked a bit because I think the priority was to get a building upwards in place, structure and things done but I think along the way the people that are going to provide the care and actually work has been forgotten about.'*

When employees, such as Anna, feel unnoticed, it can be challenging to maintain satisfaction with the organisational purpose. Fortunately, in this situation, the nurses' focus on their daily work and patient care was not affected by the change programme. Thus demonstrating the ability of the nurses to block out the change that was going on around them. This resulted in positive action for the organisation in that employees continue to be happy and productive in delivering patient care and organisational outcomes. Hussain et al. (2018) suggest that employee involvement is the oldest and most effective strategy in planning and implementing change, so it should not be overlooked. Increasing employee involvement by using the four elements of power, knowledge and skill, and information, rewards promotes employee involvement and overcomes change resistance. Leaders should continue to inspire employee involvement throughout the change process to accelerate the change. The organisation should be disappointed if they do not have the engagement of the professional workforce that is so accessible to them.

There was an acceptance that professional relationships had broken down at this higher level. Even when there may have been an opportunity for interaction and planning, staff felt stuck in the middle of conflicting priorities, with no feeling of influence at their level. One issue causing the most frustration among professionals was sudden demands for urgent information and action towards various service changes. Employees did not feel like they were being heard, and repeatedly going over the same things was causing increasing pressure on their professional roles. Diane revealed:

> *'There is a sudden expectation of grassroots staff to make changes and be the difference, whereas before it was all exec-led or project team led, and it seems*

very late on that they want to know from the people on the ground working within those services adding pressure to our day jobs.'

The unexpected pressure of change caused Diane unnecessary distress, she felt her experience could have been smoother with thoughtfully planned requests by leaders. This study confirms that organisational change creates an additional workload for employees, and hearing employees' experiences helps identify areas for improvement. The increasing pressure and demands on employees' daily professional roles can lead to increased stress levels and reduced interest in change. This workload may be demanded by direct managers or other change leaders. Throughout change, teams should work together to manage the complexities of change and the additional burden that change may bring, and employees expect their direct leaders to aid them in this balance. This was highlighted in the study by Hewison (2012). However, nurse managers felt they lacked training in leading change, which was apparent in the views of the nurse participants of this study. Participants' experiences suggested that the scale of this change was beyond anything they had experienced before and that they were not afraid to confess to being overwhelmed with pressures and being out of their nursing skills zone. In addition, they sensed their leaders felt this way, too, as they did not exhibit confidence in them through their leadership methods. An argument presented by Vakola and Nikolaou (2005) suggests that organisations need to examine the necessity of any extra workload that change may create, as it makes change unattractive and problematic, which leads to non-supportive attitudes in employees.

Furthermore, Cinite et al. (2009) found that employees do not perceive organisations to be ready for change when heavy workloads are not subsidised to allow employees some freedom to get involved in the change initiative. We can learn from this study that when a change affects the whole organisation, employees should not be expected to take on the workload of change without additional resources. These resources could include extra training for individuals that may grow an increasing knowledge of change practice, such as strategic thinking or project planning. For example, some nurses, previously quoted, suggested that they had been asked to plan services for the future; however, they felt this was beyond their professional nursing skillset. Further resources could also include additional staffing to do particular change projects or to

free up capacity in employee job plans so that they could provide experienced clinical input, thus benefitting the organisation from dedicated employee engagement. Additionally, employing professionals with experience, knowledge and qualifications in change management could benefit a project greatly, rather than expecting people to have these specific skills or adapt to change needs. When change is large scale, and there is a sizeable financial investment and organisational commitment, the value of investing and getting the project correct as early as possible is immense.

Within professional groups, colleagues supported each other through professional difficulties with care and encouragement. Despite this strength, there were times when this peer support appeared threatened by the unknown ways of working in the future. The threat of losing professional colleagues was causing some territorial practices and individuals to put their own professional needs before others when previously there was harmonious working. Emma suggested that negative attitudes were catching, and formerly welcoming teams had become less accommodating to others:

> *'I was quite excited about it, but when people are very negative around you, then it's catching, so actually the excitement of a nice new hospital is difficult to move away from.'*

The negativity Emma voiced through the peer environment was touched upon earlier as a positive factor. However, in this instance, had affected staff morale. Madsen et al. (2005) suggest that positive feelings, attitudes and perceptions of workplace peers, subordinates and supervisors may facilitate an environment more conducive to individual willingness and openness to organisational change. Even with change leaders kept at a distance, the local environment was affected due to the change programme. Staff morale affects productivity and performance, therefore, is significant in professional working. Employees described their motivation to be involved as dwindling, feeling that it had gone on too long and that damage had been done to areas that employees were not expecting, such as these relationships with colleagues. Even though the change programme was having a huge impact every day in the Trust and currently increasing in urgency due to the final date getting closer, participants were quite able and happy to separate the change programme away from their day-

to-day roles and only address issues when directly asked. Sarah revealed the challenge of maintaining a professional interest in the programme:

> *'Because it's gone on so long, people's motivations have dwindled, well I certainly feel mine has because it changes day to day, month to month basis, so it is hard.'*

Although not to be discounted, Sarah's thoughts appeared to be in the minority, as many participants suggested that the change programme had not impacted their level of job satisfaction. This was an important finding, as Lim's (2014) study found an association that when employees were unhappy, the patient experience would be negatively affected. However, when employees were fully satisfied with their jobs from all angles, they were motivated to work harder for the organisation and contribute towards organisational goals. Lucy felt that the level of job satisfaction for nurses came from the professional relationship of direct patient care, not from the relationship between employee and employer:

> *'I'd say maybe job satisfaction* [is impacted] *when you try and give a point of view and you get answers from managers like if you were at other hospitals, it would be like this, and that makes you feel demotivated because you think you are trying your hardest. I still come to work for my patients.'*

Lucy's thoughts conveyed how deep these relationships are, as even when challenged with negativity, an alternative positive is found in their professional role that drives employees on. The influence of patient care and organisational output and productivity was strongly articulated throughout the findings, suggesting that more focus should be given. The results of this study also suggest that patient care is a primary focus for nurses as a change programme progresses. However, this finding could be interpreted in two ways: either that the nurses wanted to ensure the best patient experience throughout a change. Patients' care was not noticeably affected, and they could continue attending the hospital without detecting that anything was actively changing and that the overall goal was an improved patient outcome. Alternatively, and as touched on previously, there could be that the patient experience was a distraction to the reality of change that was happening around them. The nurses realised they had little influence throughout this change, so they used patient care as a focus and

distraction to the change they were not engaged with. The core purpose of the organisation drives committed employees. Providing quality patient care drives these nurses to work for this organisation, which is a significant influencing factor in their own professional experience of work through daily lives and change. The experience of providing good care and being assisted by leaders was frequently referenced throughout the responses and contributed to staff motivation and job satisfaction. When employees have this satisfaction in their professional roles, they commit to an organisation, upheld by the employees in this study who had been in this Trust for many years. Wright et al. (2013) discuss similar thinking in exploring how the role of 'public service motivation' may affect employees' acceptance of change. Comparable to the findings of this study, Wright et al. (2013) suggested that employees with high public service motivations are less likely to resist organisational change as their values are associated with a more heightened concern for others. Furthermore, they are less likely to worry about the personal impact on themselves.

However, to endorse the change, the employees' values must match the change's values and outcome. For example, a change that improves a service will have employee support instead of a change made for less favourable reasons such as financial pressures. Organisations should use an understanding of employee motivations to plan for change success. Employees are significant stakeholders in the success of change programmes. The nurses' clinical knowledge and use of the current services would provide valuable insight and experience, which should be used and developed for the end organisation service. There must be a suitable opportunity for nurses and the organisation to work together and engage each other to get the best result for the patient. If patients are the nurses' primary focus, health organisations should use this as a backbone and strong driver to every engagement event. Nurses themselves will recognise that they don't necessarily have the change skills, management skills or planning skills required to carry out a large organisational change, but they do know what is best for patient care in many forms. Therefore, using patient care positively and meaningfully may be the extra influence nurses need to engage in the change process fully. When they don't do this, they miss an opportunity to influence on the patient's behalf.

Bartunek et al.'s (2006) study demonstrated that change recipients play active roles in organisational change processes. They make sense of them, have feelings about them and judge them. In doing this, they argue that employees are not just passive change recipients. Their study demonstrated that change leaders must understand the professional implications of change on employees. Doing so can allow change leaders to work with employees to keep change projects on track, which can be long-term challenges. Within this study, it is suggested that the length of change had been a leading cause of many of the adverse effects on employee experiences. We can learn from the professional impact of change that for employees to feel like they are key components of change programmes, their professional status and contribution must be valued. When a change goes on for many years, there will be many opportunities for this to occur. However, change leaders must get the right level of engagement at the right time to ensure the information they seek is helpful information they require and asked for at the right time points of change. Furthermore, employees can see that their professional contribution has been heard and acted upon. Considerate, appropriate change leadership is required to balance the engagement of employees with usual job functions only when necessary, demonstrating value in this with proper timelines of engagement and communication. Weber and Weber's (2001) study explored the impact of planned organisational change on employees' professional attitudes and perceptions. They argue that trust in management and acceptance of change increases as employees become more familiar with a change and how it may impact them. They suggest several critical factors that affect the acceptance of change, including the timing of communications, the amount of information disseminated and goal clarity of change from management. Had this been done in the workplace of the study, many of the negative experiences may not have occurred.

Several participants referenced the thought that the NHS survived on professional goodwill. However, some feeling here was that this had gone for the organisation, with staff not prepared to do that little bit extra and put that bit more effort in when they previously had without thought. Therefore, job satisfaction was being impacted without people directly acknowledging it. If this were happening more widely, the organisation's productivity, due to the change, would be affected without measure. The words of Anna demonstrated this in detail:

'My motivation for work has changed because when you are not communicated with, you don't know what's going on, you kind of think nobody is thinking about me, and so actually I need to think of me, and you become selfish and think my life comes first not always, you still stay till ridiculous o'clock when you need to but perhaps not so often [as before]*, it is always written that the NHS is run on a lot of goodwill, but goodwill does run out, and that's what I've found that my goodwill has gone and my personal life is as important.'*

Anna's thoughts suggested a deep change in personal feelings due to how she had felt treated, with the balance of personal care getting greater attention at this time. A key driver for nurses wanting to be as informed as possible was that they felt a professional responsibility to plan and prepare patient services. They felt anxious for patients without the knowledge and involvement of how things would be in the future. They were concerned on various levels such that: quality of care, accessibility of care and patient safety would be adversely affected. At the front line of care and during professional interactions with patients, nurses did not feel confident in some of the knowledge that they were communicating with patients: this led to a feeling of awkwardness in some interactions and an inability to reassure patients to a level that the nurses felt was right. Emma explained these interactions:

'I spend a lot of time reassuring patients that this service will still be here, but as we get closer, I start to worry myself and think, is it? So I reassure them that this service is going to continue, but I don't feel confident in the knowledge that I am sharing. I feel optimistic, and I would like it to be the case that patients do get the service, but I don't know for certain.'

When employees such as Emma explain doubt and uncertainty around their work environment, it may impact their confidence to deliver their service. Employees need to feel stable and safe to perform at their best ability. Patients were sharing worries with nurses, which nurses could not answer now. This caused several nurses to feel further upset with the organisation as they felt that the impact on patients was not being seen or prioritised. Hannah voiced her frustrations:

'They need to be talking to patients too, and because they don't doesn't seem to be that they know what's happening themselves. The patients don't, and they worry, and that's appalling that patients are worried. They don't know.'

Emma, Hannah and many other participants experienced worry for their patients throughout this change programme. The patients' experience influenced the professional impact that the change had on nurses and was somewhat out of employees' control. Within this study, every participant spoke of the importance of patients as service users, having an uninterrupted care experience whilst the hospital was in its transition phase. This was important, as although employees may experience the complete change from start to finish, most patients would not. The literature review did not intentionally search for studies on the patient's experience throughout a change. However, in the two papers by Cortvriend (2004) and Lees et al. (2004), there was a reference to patient experience and care being a focusing goal for the staff undergoing change. Nurses in those studies felt that change could carry on around them and that they would focus on patient care, where the nurses experienced their most satisfying aspect of the job. The nurses conveyed that patient care was their priority over their professional and personal needs. Although this was not an expected finding, it was unsurprising that nurses' priorities revolved around patient care. This is frequently a strong reason for people to enter the nursing profession. Jill and Chloe confirmed the patient as a priority:

Jill- 'I don't know what is happening next for me, but the patients will always come first.'

Chloe- 'At the moment, everybody is rather beaten about it, it is just about getting through the day sometimes and the patients reassuring them what is going to happen when it opens in the new hospital, is this going to go, so you are constantly reminding them and reassuring them that this isn't going to go, so I haven't really thought about how it is going to look for me in the future over there.'

Both quotes demonstrate how nurses use patient care as a driving focus throughout difficult times, balancing the many uncertainties of change with the final product being a better patient outcome. This demonstrates, again, how beneficial it is for leaders to

have a deeper understanding of the roles and responsibilities of those they are trying to engage and lead through change programmes. In doing this, they can concentrate their efforts on a meaningful and motivating journey for their employees.

When the professional impact of change is so significant, it naturally has a personal effect on the individual. As longstanding employees of the organisation, the nurses demonstrated a connection to the organisation which was deep and personal. The change occurring at the Trust would inevitably alter many factors that would have contributed to how the Trust was at the time of the study and what it would be in the future. For employees to think that everything would be the same but in a different location would be unrealistic, and this reality was difficult for some employees to accept. Although they frequently expressed that they embraced change and were keen to be involved in improved services for their patients, the emotional connection to how things were currently done and how things had worked in previous years was strong. When employees have been at organisations for long periods, they develop strong attachments to organisations. Many years of their lives may be spent there, it becomes part of who people are, how they identify, and how they feel they belong. In addition, there are many emotions involved in day to day working with colleagues, friends, patients, and physical environments. The risk of broken connections causes people to put up personal barriers to protect themselves and consequently resist times of change. When the change however, is so large that it will happen no matter what, the emotional upset is great. It can cross professional and personal life boundaries, making it sometimes difficult for employees to separate the two. George and Jones (2001) argue that to understand why recipients of change rate a change as they do, their emotional reactions must be understood, which gives rise to their thinking and judgements. Thus, it is through the processing and sense-making of information that employees form meaning in their experience, which leads to the personal impact of change. However, George and Jones (2001) suggest that very little attention is put on how employees understand a change, with even less on how they feel about it, therefore questioning the importance of this knowledge. This study challenges this knowledge gap and suggests how the awareness of employee experience would lead to improved change leadership. The participants of the study conveyed mixed personal emotions. With regard to the end result of being in the new building and location, there was excitement and interest. However, the process of getting there had

taken its toll on staff, with some feeling beaten in the change process and demotivated by repeated problems with no clear answers. Hannah provided the following experience:

> *'These questions were asked years ago, and there are still no answers. You are still being asked it, and that repeating of things and lack of answers makes you think, what's the point? We are never listened to anyway?'*

Hannah's experience suggested: frustrations, concerns and an overall lack of confidence that leaders knew how they were putting this big jigsaw of change together. Chloe added further thoughts:

> *'As we get closer, it feels like a car crash, uncertainty, worry, concern, where we going to be, where we going to do our day job, and I think it doesn't feel transparent, and maybe the questions can't be answered, but we've been talking about it for five years, and the thing is nearly built.'*

Strong words and emotions were voiced that should be disturbing for leaders to hear. Emotions such as daunting, scary, fear and concern were words frequently used. Some participants were sad and disappointed and felt to be just a number in the system, and this was not how they felt a few years earlier when the change began. Kavanagh and Ashkanasy (2006) recognise that change is an emotive process. Throughout it, leaders need to be skilled to lead positively, 'changing' people with dignity by acknowledging contributions and justifying the reasons for them to move forward personally. Participants suggested there had been a lot of uncertainty and unrest, with a particular focus on the present-day situation when the change was less than a year away. They were not confident in various elements of the change process leading to a distant, isolated feeling from leaders. Despite such variable emotions being experienced, the nurses maintained their effort in trying not to let this impact their daily work. Sarah spoke of her determined outlook:

> *'I still want to work for the Trust. I am more determined to see this move through I don't really look that far ahead and plan moves. I just enjoy what I do now and then see what happens.'*

Sarah's outlook may be the type of response that some leaders are satisfied with. However, this does not demonstrate a fully engaged employee, and efforts should be made to transform this potential into a total commitment to the programme. Employees should not be expected to hide their emotions; difficult emotions do not necessarily mean people are against change. For some, it just takes longer to understand the need for change, and employers should be prepared to support staff through this time.

Throughout the interviews, no participants referred to formal or informal networks where they could have discussed their change experiences. The interviews included a broad spectrum of emotions and impact on daily lives; therefore, provision must be offered to employees to assist them through this difficult time. There was some support offered through the Trust's human resource department in terms of the employee assistance scheme, which employees can access for any concerns or worries of work issues, but none formally linked to the change programme that any employee voluntarily recalled of knowing or accessing. Employees would have had access to trade unions, but again no participants recalled experiences of accessing these networks. Employees only recollected accessing groups that required something from them, such as practical or operational groups. This study demonstrates how significant the process of change is to individuals. It is the responsibility of the organisation to support employees through this burden of change as they are the driver of this experience. Creating various avenues of support away from direct leadership or peers may allow individuals to air their feelings and unload their thoughts. As I undertook these interviews with individuals, this opportunity to share their experiences of change appeared to be welcomed, and several participants thanked me for listening to their experiences, leading me to consider how valuable this opportunity of research had been for them, to have their voices heard and to disseminate them to wider audiences in the future. Without the opportunity of network support, there were times when employees had to progress through the emotion of change alone. An acceptance of change was conveyed by several participants, aided by employees taking an individual interest in looking after their well-being to get through this time. This responsibility was suggested by Diane:

'I have also taken that individual responsibility to take the time to find out what is going on and put things in my box of what things mean to me. I think you need to take a personal responsibility to keep your head above the water as to where things are up to and what has happened.'

Diane revealed a level of self-awareness that was right for her. However, not all employees will do this. A level of professional maturity is required to initiate this self-care in recognising what is needed as an individual response to personal circumstances. Some participants, such as Chloe, suggested that they had to try hard to remain positive throughout, needing to have a conscious effort and to accept things, and in some ways, they were less worried than at the start:

'I like change to be needed but also understand that change is necessary. I sit in both camps, my head sometimes struggles with change, but I give myself a good talking to; you see so many changes over the years, so no, it doesn't bother me.'

Both Diane and Chloe demonstrated personal methods of coping and resilience through change. Three earlier studies by Ingersoll et al. (2001), Shaw (2002) and Idel et al. (2003) all found that during various change programmes, nursing employees experienced extreme emotions such as loss, anger, denial, and depression. All of these highlights that more understanding is required from employers and organisations to be responsible towards their employees' mental well-being and the environments that they work in. The employees in this study did not speak of such extreme emotion but had been impacted on an emotional level. They expressed fear and anxiety, but what came across most strongly was sadness and disappointment at the process of this change. These emotions demonstrated a resilience to this change that had developed over time with frustration and acceptance of employees' influence not being needed. Rafferty and Jimmieson (2016) suggest that employees resist change when they feel poorly treated by an organisation through change. However, over long periods, this resistance requires a great effort that employees cannot maintain, especially if there is no response to their disengagement. Therefore, the resistance fades, and the change becomes accepted.

The outcomes of this study indicated that even though this was the largest organisational change that this organisation and its employees had ever and would ever likely experience, the extreme emotions that other studies had found with smaller-scale changes were not to be found in this study. Therefore, the scale of the change may not directly affect the experience and emotions of the employee. This is a positive finding, and although some negative experiences should not be ignored, they could be avoided in future projects with more appropriate and thoughtful leadership practices around the human experience of change. Participants justified the change by describing it as a once-in-a-lifetime opportunity and suggested they should be privileged to experience it. They accepted it had taken some time to come to terms with what was happening and were now at a point where change was the reality and progress was much further ahead than a few years earlier when there were many rumours of the future state. The physical presence of the building and seeing it being erected made this happen. Anna acknowledged her acceptance of the opportunity:

> *'We need to change, and when you can see the need, that helps, but whether you go along with it yourself, that's up to you; its whether it fits with you, but it's a great thing that we've got a new hospital and its quite exciting because when in your life will you be involved in the building of a new hospital and a move of site and it will be chaotic but that can be quite uplifting because it's challenging.'*

Anna and most participants described themselves as being open-minded to change. Although this may be the case for some changes, it was clear that the scale of this change had impacted these positive attitudes in some way. When considering individual circumstances in relation to the change, expected concerns were highlighted, such as the practicalities of car parking, extra time on the day and additional expenses to travel. However, these concerns were not barriers to individuals not wanting to be part of the Trust moving forward. They were acknowledged as an inconvenience but not concerns that individuals were not prepared to address. Individuals voiced how they had changed as a person over recent years in relation to life events and accepted that they may experience more changes in the coming year. Their starting attitude to how this change may have impacted them may now differ many years later. They suggested it would be more beneficial to know what would happen about these practical matters to make plans for maintaining individual work-

life balance and returning their focus to professional life. Hannah spoke of her particular circumstance and how she was seeking her place in the future model:

> *'I'm sure I'm saying things that other people have said before, but it's that where do I fit and where does my life fit in with this change, and I don't particularly want to leave to come to work at the same time I do now, but I'd have to do a longer day before I can finish that's not the end of the world but for others with children for example logistically its massive, so where do I belong in all of this?'*

Like many employees, Hannah was seeking a feeling of belonging which is highly important to employees, and at this stage of change, it was a challenge because of the uncertain and unknown aspects of change. Belonging is one of three core human needs alongside competence and autonomy. West (2019) suggests that when these needs are met, employees are more intrinsically motivated and have better well-being, which are valuable outcomes for employees' psychological health. However, for an organisation undertaking such a radical change in working, staff felt little was being done to retain staff as a valuable asset and recognise what they bring to the organisation regarding skills, knowledge and experience. This was interesting, as staff were happy to put the needs of the service before their own needs. However, with less than a year to go until the move, the uncertainty around how the services would function was very concerning and therefore became influential in decisions that staff were making about whether they wanted to be part of the new hospital or not, Leah confessed her situation:

> *'It makes me think, doubting, do I want to jump ship before we get there. I probably wouldn't I'd probably go there and experience it first, but it does make you think I'll look at other opportunities.'*

Leah did not feel assured of her future. She suggested she was happy to try it but did not demonstrate confidence in the organisation. At this point in change, the future model should have been clear for employees to reduce uncertainty and eliminate doubt, which would benefit the organisation. There was no evidence in the literature review that explored the personal side of change to the depths of whether employees' home-life balance was affected by change. However, Shaw's (2002) study did suggest

that the human side of change required further exploration and that this was a gap in the evidence base. With such emotion being felt by employees, demonstrated in past works and the current evidence, it would be understandable that employees would question whether their work-life balance was correct and whether they had a future within the organisation. The need to balance a personal and working life is a modern-day challenge for the professional nurse. Individuals felt that this balance was not recognised by leaders throughout the change and that they had different priorities to address. In some circumstances, the nurses questioned their professional future with the organisation with insufficient knowledge of where they would fit in the future service model. Lucy felt that further understanding of roles was required:

> *'Role wise, there is a feeling that we as nurses are not understood in what we do, and people try and fit us into things that is not what we do for our patients, and that's led to a lot of unrest, people work really hard go above and beyond for patients, and that's not recognised.'*

As a nurse, Lucy is representative of a significant portion of the workforce. If leaders do not understand their function, how would this impact the change outcome? However, suppose they do feel confident in employees' roles. How they convey this understanding should be considered, as it could make a difference to the relationship and works with mutual benefit. Jones et al. (2008) examined employees' perceptions of a complex organisational change, including elements of service redesign and a physical move to a new hospital. Their study gained information from employees at different levels of the organisation, and their conclusions indicate that these different levels perceive change very differently. All levels had positive and negative experiences, and some factors overlapped in their importance; however, there was different emphasis and emotion that employees at different hierarchical levels placed on different themes. Those in higher leadership roles with consideration for broader organisation-wide issues would be impacted less than those in the lower-end positions, who were more focused on how the change would affect them in day-to-day routines and their primary job function. Despite employees having priorities within their home lives, these feelings were second to their priorities of working for this organisation, suggesting that the employee-organisation relationship was strong. Even if one-sided, the employees were very forgiving of the perceived faults of the

organisation. However, organisations should not take advantage of this finding of employee commitment. Through difficult times, employees remain committed, and organisations should seek to minimise the emotional impact of change and aid employees in keeping work priorities at work and home priorities at home. When employees are prepared to remain committed to an organisation through challenging periods, organisations should embrace and champion these individuals as they will bring stability to the organisation, contributing to smoother transitions through change.

Summary-Professional and Personal Experience

Participants of the study shared their thoughts and feelings regarding how various elements of the change process had impacted them personally and professionally. These experiences revealed how a change could invoke a rollercoaster of emotions, with employees having positive and negative thoughts towards the organisation, depending on what was happening at a particular time. Nurses felt a professional responsibility towards patients throughout the change programme. Particularly as the hospital move was getting nearer, without adequate information being provided to the nurses, they struggled to provide confident communication to the patients whose needs were seen as a key priority of the change project. Participants felt that the focus of change should consider patients as a priority for the period before the change and not just as an effect of the end change product. This lack of attention impacted nursing staff in their professional roles as they felt they had daily interactions with the patients at the core of the service.

The findings in regard to the professional and personal impact of change advocate that the needs of employees should be considered as a critical element in the planning of the practical change process. Findings demonstrate that employees working in public sector organisations have high values in a client experience that they prioritise before their own needs. Key matters identified include the importance of employees being professionally engaged and personally valued in change programmes to gain maximum employee input to the overall outcome of change. These matters require leaders to understand the experiences of employees in their job roles and how their commitment to an organisation may be affected through change as job motivation and motivation towards change are altered. Leaders should be prepared to listen and act on the positive and negative emotions that change evokes.

Chapter Conclusion

This chapter has presented the findings and discussion of employee experience through a transformational change programme in an NHS organisation. The nurses' experiences have provided a contemporary insight into the challenges employees' face balancing daily roles and being part of an extensive change programme. The depth of information gained from the findings and subsequent discussion confirmed the appropriateness of using a qualitative approach to the study.

The findings from the study have been examined in relation to both previous literature identified at the start of the study, and subsequent further literature explored as a result of the information gained. The findings endorse the need for the experience of employees to be heard, especially when employees are considered key elements to a successful change programme. Change impacts employees at various levels of an organisation. The findings from this study present information through three subthemes of staff experience that are significant for leaders who are willing and wanting to learn more about the needs of the employees they may lead through change. Furthermore, information is gained about how different leadership practices may influence an employee's experience through change in both positive and negative ways. Finally, the findings highlight how the many challenges of change can be overcome with thoughtful leadership practice based on the knowledge gained from this study's insight.

The following and final chapter will conclude this thesis and state how new knowledge gained from this study will provide recommendations for influencing future practice.

Chapter 6
Conclusions

This final chapter draws together the whole thesis. It concludes how the study has addressed the identified gaps in research and delivered new knowledge and understanding to recommend improvements in modern change practice. The chapter will also reflect upon the strengths and limitations of the study and highlight thoughts of future research and plan for wider dissemination of this study.

Addressing the Research Gaps

This thesis provides insight into employees' experiences during an extensive reconfiguration of cancer services at an NHS hospital. The findings have been discussed in detail to allow a profound interpretation of experience from a selected group of staff. The generation of knowledge from this study is significant for all those involved in organisational change practice. With this knowledge, the study has addressed the research gaps that were identified in the earlier chapters of this thesis, specifically in the following ways:

1. Research in the NHS and UK- There are numerous studies of change initiatives within the NHS, but few address staff experience through large-scale change. This study has focused on the experiences of NHS nursing staff in an NHS hospital setting, thus addressing the gap of both UK-based and NHS-based research studies. This was an important gap to address, as change programmes are frequent and an issue for future NHS organisations. Particularly as healthcare in the UK develops in response to many external influences. As highlighted throughout this thesis, getting change right is critical in the NHS due to national economic and political pressures. Therefore, evidence contributing to improving change practice in this setting is highly valuable.

2. Research during the period before the change- Many studies explore change practice after the change has occurred, therefore offering little opportunity to understand how people evaluate and deal with the day-to-day experience and miss the chance to modify or improve the future state. This study took place before the final change had occurred, allowing lived experiences to be shared with more accurate understandings being acknowledged rather than exploring experiences when

participants' memories may be affected by the poor recall of events. Studies that recommended further research into change practice highlighted the need for organisations to learn from early pre-change experiences. This study contributes to this knowledge and supports this need, finding evidence as to how employees experience their role in the organisation, allowing leaders insight and learning into how they should support employees at this time. Research that occurs after a change may only gain understanding from the employees that remain in the organisation and not those for whom change may have impacted so much that they have chosen to leave. Therefore, this study at this pre-state time contributes to understanding what may influence an employee's decision not to see through the change.

3. Research to understand employee experience- Research into organisational change as a topic is a crowded area; however, this study finds a place to deliver a unique study focusing on employee experience that is significant, contemporary and relevant to many leaders within large organisations. This study has identified the need to understand employee experience at a deeper level than current evidence provides. Employees are vital to the success of many organisations, and with the competition for skilled employees intense, employers are responsible for providing environments that employees want to work in. One method of doing this is assuring employees of their value and contribution to the workplace. The qualitative approach used in this study has delivered significant, empathetic evidence through a unique opportunity and situation for the employees to speak freely of their change experience. This has allowed findings to directly demonstrate the reality of change from the employee's voice. Understanding the human impact of change through accounts of lived experience encourages reflective practice on leaders' practices and puts them in a position of self-awareness and improvement.

Key Findings and Recommendations for Practice

By addressing the gaps in the evidence base and positively undertaking this study, new knowledge has facilitated the understanding of the implications of change from an employee's position in an organisation. A holistic view of employee experience has been added in terms of the following:

- Understanding employees' experiences throughout change regarding various levels of individual and organisational leadership.

- Understanding employees' experience with thought to how they contribute to change programmes.
- Understanding the experience of change on employees personally.
- Understanding the change experience on employees concerning their professional identity, role and practice.

Employees are repeatedly referenced as essential stakeholders in successful change practice. However, little good quality information evidenced staff involvement and contribution. This study has confirmed that employees view themselves as vital contributors to change. However, they do not experience this within the organisation, and the reasons for these feelings have been shared in detail. This understanding can help both employer and employee gain knowledge into how they can maximise the effect of this relationship to improve change process and success.

This study was undertaken in an NHS hospital setting with a specific group of staff. However, the findings can be applied to other large organisations. The issues explored and the findings related to other organisational situations concerning change leadership, particularly regarding the human experience of both leaders and employees. Understanding employee experience through this change programme concludes with the recommendations below. These recommendations will support leaders in delivering future change programmes that are appropriate for their employees and positive to their experience:

1. Employees must be considered critical contributors to change programmes.

When change involves a physical end product, such as a building relocation, it may be inevitable that the end product of change will occur. However, organisations and their leaders must recognise how and why employees contribute to change success. Employees are a constant factor throughout change, and it is known that high job satisfaction and motivation result in increased employee output. Therefore, employees have an essential contribution to make to all levels of change, and it is the responsibility of leaders to utilise them positively and appropriately. Evidence confirms that employees are prepared to contribute more to organisational change goals when interacting with and engaging on a relatable human level, thus requiring access to highly developed leadership skills within the organisation.

2. The leadership of change is an essential factor for a positive experience.

Leadership can significantly contribute to the success of a change programme, impacting many factors along the way. An organisation must consider leadership through the whole process of change, from the starting idea, through the journey and realisation of the final vision. Human resource support would allow leaders to be chosen that have the appropriate change management skills, people skills and a commitment to the timeframe of change. Financial investment would enable leaders to fully commit to a project as opposed to a project being an additional demand in their current role. Leaders should consider their skills and behaviours by listening and responding to employees' voices and self-evaluating to identify areas for development to ensure a positive employee experience directly affected by their interactions.

3. Communication is a priority in change programmes.

Change has occurred for many years, and communication has been frequently acknowledged as important. In this study, that fact remains true. Despite the contemporary workplace being full of modern technology that can be used to communicate lots of information, the value of human contact should never be lost. Communication must be further considered when developing the vision for change. Organisations should explore employee motivations for work and align these with the drivers of change, communicating with employees a strong purpose-driven vision of change with a clear end goal that employees can engage with and understand their contribution to.

4. Monitor the employee experience throughout a change programme.

The study found that employees experienced a rollercoaster of emotions throughout the change programme. There may be benefits to measuring and monitoring employee experience throughout. This would allow organisations to proactively address employees' needs and respond to identified concerns before they become significant problems. Employees have little time for the additional demands of change, so monitoring should be quick and easily accessible, with any issues appropriately followed up. Findings demonstrated a high level of employee resilience to change

through challenging times and a high level of motivation to ensure patients received uninterrupted care through to the organisation's end goal.

Strengths and Limitations of the Study

All research has strengths and limitations that require consideration when applying results more widely. Reflecting on this study, several factors have been identified that need discussion.

A key strength of this study relates to the methodological approach used. Although the participant sample was small in the scale of the organisation, this was chosen to concentrate on depth, rather than breadth, of experience. This offered an insight that allowed deep understanding and learning to be gained and further identified significant elements shared across the group of participants. Another key strength was the timing of the study – in the organisation's pre-change state. The interviews were held when the change programme was well established with participants fully immersed in the process; this allowed lived experiences to be shared with little pressure to recall events from memory.

As with the majority of studies, the design of the study had limitations. With some thought, limitations could be addressed in future research. Firstly, the study only addressed the employee experience of one group of staff in this particular change programme. Had other staff groups been interviewed, their experience may have been different. Furthermore, this group of staff expressed dissatisfaction with the direct leadership of change. Had there been an opportunity to hear experiences from the leadership team, this may have offered a more balanced view of the challenges of this change programme. Second, the study was undertaken in one specific change situation. While it may be argued that the experience was only relevant to this situation, the literature review found change to be a broader problem for organisations. Therefore, this was not one situation that included unique change difficulties; it contributed to a large body of evidence of difficult change circumstances from an alternative employee point of view.

There must also be some consideration for being an 'insider researcher'. Being an insider researcher is acknowledged earlier in the thesis as a favourable situation due

to the greater insight and access that this insider situation brings. However, readers may consider an insider researcher also to bring potential elements of bias to the study. Recognising this, attempts were made to remain unbiased throughout the research process. For the study to not have this limitation, it could have been undertaken by an outsider to the organisation to stay impartial to events which could be a positive suggestion for similar studies. However, the balance of what would be gained and lost could be argued.

Future Research

Following the completion of this research study, several suggestions for further research in the future can be made to address issues identified in the findings, explore some new avenues of change interest and improve on the study where limitations have been identified. The study has been worthwhile in the knowledge gained; however, it is related to a single change situation. Unless the evidence is applied to other change or leadership situations, its value and broader merit will not be known. Therefore, further research could be considered in the following areas:

1. Research that follows an employee's journey through change from the initial idea to the final result. Allowing the experience to be understood by the individual at the endpoint and exploring how the factors of change influenced the decisions of the individual.
2. Research that follows a planned change programme and how this structure influences employee experience.
3. Research into employee experience of organisational change that explores a wider, varied group of staff including leaders that may gain a more balanced view including the use of an outsider researcher.
4. Targeted research into how employees want communication to be beneficial throughout organisational change. Including how change experience can be measured through change with the use of technology.
5. Research to consider the level of provision needed for employees to consider themselves in a state of readiness for change. Including the practical and emotional preparation for change.

Research Dissemination

Transitioning research into practice is necessary to allow others to benefit from the study's knowledge. Consideration has been made to present this knowledge locally, nationally and internationally. Following the completion of this thesis, results will be delivered within the organisation. A copy of the complete thesis will be made available to study participants as a thank you for their contribution, but also so they can understand how their part contributed to a broader knowledge that changed practice. I will arrange several opportunities within the organisation to share the thesis findings, including one-to-one meetings with relevant organisational leaders to discuss how the findings may benefit practice. I will need to be sensitive to the information I share and emphasise the positive aspects of future practice opportunities rather than the negative experiences of the past. I will also engage with our local internal education and human resource departments and provide change management education programmes for managers to offer if my research can contribute to a learning session for others within the organisation.

Publication of the findings will be required to access a wider audience for dissemination. The target for publication will be professional journals relevant to the topic that may have a broad spectrum of readers, including nurses, managers and other leaders. Relevant journals may include The Journal of Change Management or The Nursing Standard. In addition, many journals have online access, so internet publication will allow international audiences to be gained.

Summary

This research has successfully explored employees' experiences through the reconfiguration of a cancer hospital and service. The study has proved significant in its contributions to the evidence base emphasising the employee's voice through enforced change and the limited amount of evidence available that offers this valuable point of view. For readers of this thesis, there is learning to be gained from the recommendations and reflections to be encouraged on individual practice. These suggestions are highly relevant for leaders in current NHS organisations.

The choice of methodology throughout this study has enabled a much deeper understanding of the employee perspective than would be gained in other methods,

which has been crucial to making the conclusions. The commitment and engagement of an employee to an organisation through organisational change is a two-way process that requires a high level of input and effort from both sides, particularly the organisation. The organisation will always be there; however, the employees choose to work there. Organisations with employees demonstrating a deep commitment to the employee-organisation relationship will have high productivity and high-quality outcomes. As organisations frequently undergo change programmes, this study recommends an improved change process for all based on the evidenced employee experience of significant change. Whilst it acknowledges that this may only be one side of the change experience, the employee voice is vital for leaders to hear and further recognise that an engaged workforce is essential to successful change.

Appendices

Appendix 1

Five Step Technique to Planning your literature search (Brettle and Grant 2003)

1. Why are you doing the search?

To identify what research is already published and available *To clarify the initial ideas for research to a firm question for further study and research.* *Narrow the focus.* *For background evidence to a Prof Doc thesis.* *To seek gaps in research knowledge and evidence base.*

2. What are you searching for?

Focused info on relevant terms/themes/concepts/phrases from breaking down search question to allow findings to be manageable. *Literature on transformational change, NHS hospital mergers and moves and staff experience*

3. What are your constraints?

Time-work full time, University deadlines, consider data saturation point. *Access to information licenses held only by University library although this is vast with electronic access 24/7.* *Books more restrictive- availability and quickly outdated information however still useful for background theory of topic.*

4. What are your sources?

Mostly online searches of University library *Access to online databases, subscriptions held by University, view online or request printed copies.* *Books.* *Wider internet searches.* *Peer reviewed journals.*

5. How comprehensive?

Plan for systematic review to look at everything that is relevant. *No sources of information to be discounted.* *Build and refine as search develops.* *Balance of quantity and quality of information.*

Appendix 2.

PICO Search Planning Tool

Original Research Question:

What are the Experiences of Nursing Staff during the Time of a Large Reconfiguration of Cancer Services at an NHS Hospital?

Area	Key Terms	Alternative Terms
Patient/Population	*Hospital staff* *Nurses* *NHS staff*	*Employees* *Staff groups* *Frontline staff* *Nursing* *Cancer nurses*
Intervention	*Staff experience* *Organisational change* *Transformational change* *Hospital relocation*	*Employee feedback* *Engagement* *Leadership* *Management*
Comparison/Control	*Pre-change state* *Post-change state*	*Hospital move* *Hospital merger* *Experience*
Outcome	*Leadership skills/styles* *Staff value*	*Impact* *Lived experience*

Appendix 3- Search Activity Record

My original research question:	*What are the Experiences of Nursing Staff During the Time of a Large Reconfiguration of Cancer Services at an NHS Hospital?*			
Places to search for information:	SOLAR University System, Pubmed and CINAHL Limits- English, 1997-current, published works			
List of sources searched:	**Date of search**	**Search strategy used, including any limits**	**Total number of results found and screened**	**Comments**
Medline & CINAHL	2017	Staff experience & Change (limits as above)	100	98 excluded 2 for eligibility assessment
Medline & CINAHL	2017	Staff experience & Hospital relocation (limits as above)	1	1 excluded
Medline & CINAHL	2017	Staff experience & Hospital merger (limits as above)	1	1 excluded

Medline & CINAHL	2017	Staff impact & Change (limits as above)	78	2 duplicates noted 11 for eligibility assessment 67 excluded
Medline & CINAHL	2017	Staff impact & Hospital Relocation or Move (limits as above)	0	
Medline & CINAHL	2017	Change & Hospital Move (limits as above)	15	14 excluded 1 for eligibility assessment
Medline & CINAHL	2017	Change & Hospital Merger (limits as above)	27	1 duplicate noted 7 for eligibility assessment 20 excluded
Medline & CINAHL	2017	Nursing staff & Organisational Change (limits as above)	151	3 duplicates noted 11 for eligibility assessment 140 excluded
SOLAR	2017	Staff Experience & Change (subject) & Hospital (limits as above)	480	5 duplicates noted, 26 for eligibility assessment 454 excluded Additional filters- organizational change and articles
SOLAR	2017	Hospital Merger (subject) & Experience (limits as above)	72	6 for eligibility assessment 66 excluded Additional filters- articles only

Appendix 4.

CASP Qualitative Assessment Example

Study by Shaw, J. (2002) Tracking the Merger: The Human Experience. Health Services Management Research. Vol 15 No 4 pp 211-222.

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?
Yes x Can't tell □ No □
Comments: *Aim to learn about merger process by studying effects on staff through their experience and to the suggest lessons learned for the future and for other organisations. A study over two years into the changes in organisational culture and the experiences of individual staff following a merger of two NHS teaching hospitals.*

2. Is a qualitative methodology appropriate?
Yes x Can't tell □ No □
Comments: *Chosen to gain depth of understanding using observation and enquiry. Unlikely to gain depth of experience needed with quantitative study. In depth literature search supporting focus of organisational culture as a tool for management when planning organisational change.*

3. Was the research design appropriate to address the aims of the research?
Yes x Can't tell □ No □
Comments: *Research design is appropriate however no discussion of reasoning to choosing study design and why this design would address the aims of the research.*

4. Was the recruitment strategy appropriate to the aims of the research?
Yes □ Can't tell x No □
Comments: *Purposive structured sample of senior Trust managers and professional staff, 42 in total. Purposive sampling allows for selection of information rich cases. Unclear of proportion of staff from either hospital A or hospital B. Unclear who professional staff are. Unclear of inclusion and exclusion criteria for participants and how the sample was approached.*

5. Was the data collected in a way that addressed the research issue?
Yes x Can't tell □ No □
Comments:

In depth semi-structured interviews, no interview questionnaire example however questions were based around relevant theory
Observation and enquiry is stated as being used however observation practice is not stated. Study could be strengthened with observation of practice to support or argue evidence form interviews.
Data collection was done over a two year period, question as to whether data collected would be consistent throughout this long time period with opinions and experiences open to change. Would participants at start of study be comparable to participants towards end of study?
Data collection up to two years post study, organisation to have likely changed significantly at this time and other influences may be present. New state may not yet be embedded.

6. Has the relationship between researcher and participants been adequately considered?
Yes ☐ Can't tell x No ☐
Comments: *There is no discussion as to the relationship of the researcher and participants. Shaw is a senior fellow in health and hospital management, this would be a good position to carry out this study with good background health knowledge. It is not clear if Shaw is an employee of the Trust or has professional links to either Trust A or B, as they are not named. No consideration discussed of bias or influence during interviews*

Section B: What are the results?

7. Have ethical issues been taken into consideration?
Yes ☐ Can't tell x No ☐
Comments: *Not discussed in publication. Ethical approval would be needed for NHS research in todays practice. Ethical considerations would need to include confidentiality and anonymity would be important as strong statements are included as quotes that could be controversial if individuals could be identified. Consent and how the study was promoted and information given.*

8. Was the data analysis sufficiently rigorous?
Yes ☐ Can't tell x No ☐
Comments: *Methods of data analysis are not outlined in the publication, there is no analysis discussion into how the respondents' interviews have been analysed or linked to either the organisational culture framework or the journey of change framework. It is not clear if any interview detail has been omitted for not fitting into the frameworks.*

9. Is there a clear statement of findings?
Yes x Can't tell ☐ No ☐

Comments:
A theoretical framework is used to discuss participants experience based on an individual's journey through change (Stuart 1995) this enables an easy structure to convey findings to the reader however findings are presented with many of the respondents quotes which can be useful to the reader as they demonstrate a natural reinforcement of participants views and experiences allowing the reader to emphasise more directly with findings, however this arguably makes the evidence only truly relevant to this particular study limiting the transferability of findings
It is unclear what findings may have been left out that didn't fit into the frameworks, restricting discussion and leaving analysis quite descriptive and shallow.

Section C: Will the results help locally?

10. How valuable is the research?
Yes ☐ Can't tell x No ☐
Comments: *Shaw hopes that the study will provide an insight into staff experience of change and that those making changes will consider leadership/ managerial behaviours of both positive and negative impacts although she stops short at making suggestions to improve change practice.* *Valuable as offers some insight but limited in recommending changed practice, useful for NHS experience and knowledge*

Appendix 5.

Quantitative Assessment Example using Coughlan, Cronin and Ryans' tool (2007)

Study by Brandis, S., Fisher, R., McPail, R., Rice, J., Eljiz, K., Fitzgerald, A., Gapp, R. & Marshall, A. (2016) Hospital Employees' Perceptions of Fairness and Job Satisfaction at a Time of Transformational Change. Australian Health Review. 40 pp 292- 298.

Section A: Elements influencing the believability of the research

Elements: Writing style
Questions: Well written- concise, grammatically correct, jargon, well laid out, organised?
Comments: *Yes well-written as expected within a peer-reviewed international journal. Well laid out clear sections with headings to structure. Tables used to show findings typical of quantitative data*

Elements: Author
Questions: Do researcher(s) qualifications/ position indicate a degree of knowledge in particular field?
Comments: *Appear to be experienced team of researchers with various qualifications and academic titles next to each researchers name as evidence to this, all work in University or healthcare environment.*

Elements: Report title
Questions: Is title clear, accurate, and unambiguous?
Comments: *Yes fairly simple wording and includes target audience within this of hospital employees*

Elements: Abstract
Questions: Does the abstract offer a clear overview of the study including the research problem, sample, methodology, finding and recommendations?
Comments: *Variable, includes clear objective, methods does not include data collection methods, only analysis methods, no mention of selection methods or who was involved in study, brief results included enough to draw reader in for further reading, some conclusions but no recommendations at this point. Further section not in abstract but before main article giving additional information.*

Section B: Elements influencing the robustness of the research

Elements: Purpose/ research problem
Questions: Is the purpose of the study/ research problem clearly identified?
Comments: *Subset of a larger mixed method project studying the impact of hospital move on employees before and after change. Research problem not clear or strong, appears to be to encourage managers to support a workforce that is getting more difficult to manage in terms of recruitment, retention and shortages.*

Elements: Logical consistency
Questions: Does the research report follow the steps of the research process in a logical manner?
Comments: *Yes very clear to reader familiar with research process and logical to follow for those not familiar with research*

Elements: Literature review
Questions: Is the review logically organised? Does it offer a balanced critical analysis of the literature? Is the majority of the literature of recent origin? Is it primary sources or empirical in nature?
Comments: *Doesn't explore literature outside of the themes that they are looking for therefore not gaining a wider discussion for balanced analysis. The majority of literature is within the previous ten years however there are some older references included.*

Elements: Theoretical framework
Questions: Has conceptual framework been identified? Is the framework adequately described? Is it appropriate?
Comments: No not deemed appropriate to the study

Elements: Aims/ objectives/ research question/ hypotheses
Questions: Have aims and objectives, a research question or hypothesis been identified? If so, are they clearly stated? Do they reflect the information presented in the literature review?
Comments: *Aim is to address the gap in literature around employees' perceptions of job satisfaction and organisational fairness at a time of transformational change with these factors being important motivators of employee behaviour. Aim to explore staff experience although restrict focus to just organisational justice and organisational fairness which limits this experience but is appropriate for a large study to allow data analysis into relationships.*

Elements: Sample
Questions: Has the target population been clearly identified? How were the sample selected? Was it a probability or non-probability sample? Is it of adequate size? Inclusion/ exclusion criteria clearly defined?
Comments: *3000 employees invited to a quantitative survey disseminated online and with hard copies. Disappointing response rate of just 10.5% however this was 316 surveys, authors state no sampling risks such as over representation of small sub groups.*

Elements: Ethical considerations
Questions: Were the participants fully informed about the nature of the research? Was the autonomy/ confidentiality of the participants guaranteed? Was ethical permission granted for the study?
Comments: *University and healthcare service ethical approvals are acknowledged as gained. Efforts are made for participant confidentiality such as de-identifiable envelopes of hard copy questionnaires, assurance that online versions were confidential. Participants were fully informed of research intentions with freely accessible communications of the study performed and undertaken.*

Elements: Operational definitions
Questions: Are all the terms, theories and concepts mentioned in the study clearly defined?
Comments: *Yes key terms are defined for the reader*

Elements: Methodology
Questions: Is the research design clearly identified? Has the data gathering instrument been described? Is the instrument appropriate? How was it developed? Were reliability and validity testing undertaken and the results discussed? Was a pilot study undertaken?
Comments: *Non experimental design using questionnaire as data collection tool, no example of questionnaire although positive reference is made that questionnaires were based on valid and reliable tools measuring job satisfaction and organisational justice. No pilot study which may have been beneficial before sending out so many and may have identified any issues that affected the response rate.*

Elements: Data analysis/ results
Questions: What type of data and statistical analysis was undertaken? Was it appropriate? How many of the sample participated? Significance of the findings?

Comments: *Regression analysis, appropriate choice to examine relationships between independent and dependent variables with findings presented in discussion and tables.*

Elements: Discussion
Questions: Are the findings linked back to the literature review? Were the strengths and limitations of the study including generalizability discussed? Was a recommendation for further research made?
Comments: *Discussion and analysis links back to the hypothesis of study although relationships are demonstrated between organisational justice and job satisfaction; these findings are supported by links to literature as opposed to the actual experiences of those involved in change at this time. Recommend further research into other workplace attitudes and behaviours that may be linked to wider organisational implications.*

Elements: References
Questions: Were all the books, journals and other media alluded to in the study accurately referenced?
Comments: *Yes as far as I can tell*

Appendix 6

Literature review synthesis table

	Author(s), Year & Location	Design/ Methodology	Participants	Aim(s)	Main Findings	Quality assessment
1	*Shaw (2002) UK NHS*	*Qualitative methods, in depth semi-structured interviews Document review to understand hospital background and context*	*Purposive structured sample of 42 staff from two merged hospitals Two years after hospital merger*	*To examine the effects of hospital merger on staff in relation to organisational culture and the change process. Hofstede's six-dimensional model of cultural difference is used to review organisational practice in each hospital Stuarts model is used to analyse individuals change experience*	*Two years after this merger a new organisational culture is still evolving, experience elsewhere suggest it can take 4-5 years for a true cultural merger to occur. Literature suggests mergers affect organisation morale with organisational performance suffering in the short term and it can further affect physical and mental health of staff with increased anxiety and decline in job satisfaction Wide range of experiences shared by staff from severe emotional damage to positive affirmation. Positive feedback at the start of merger from staff turned into 'work worry' as the change process went ahead, lots of uncertainty, feeling threatened, feelings of unsettlement, instability and personal strain*	*Good sample size giving lots of evidence from large number of interviews Questions however as to comparable data over a two year period post study with inevitable changing opinions from participants Good use of theoretical frameworks to discuss findings however limits transferability of study within findings*
2	*Choi, Holmberg, Lowstedt & Brommels (2012) Sweden*	*Qualitative Comparative/ multiple case study*	*History of two organisations pre-merger research to set case study context 53 interviews from various staff roles Conducted 3 years after merger*	*To explore critical factors that may obstruct or advance integration efforts initiated by management following hospital merger. Increase understanding of why clinical integration succeeds or fails.*	*Three critical factors of importance to success lead by management team. Obstructive factors; top down management approach, individual leadership. Supportive factors; paying attention to multiple stakeholders, shared leadership, bottom up management approach within boundaries. Findings consistent with change management literature and theory Managers need to be more aware of the need to balance competing institutional logistics to achieve success.*	*Large sample size of 53 participants recorded interviews Strong analysis, cross checking findings and use of research team. Questions again as to data gathered over three year period post change changing Caution with transferability*

3	*Roald& Edgren (2001) Norway*	*Qualitative Grounded theory Interviews*	*14 staff of different professions directly affected by change process Strategic sample*	*To investigate and analyse employee experiences concerning structural changes and then contribute to the improvement of future change programmes with new theory. Structural changes involved a merger of two Norwegian hospitals Data collected after change*	*Problems of merger fell under three categories; core category, a model for understanding and dealing with employee resistance 1. 'Goal uncertainty' is common, goals too unspecific neither understood nor accepted by staff. Organisation goals were incompatible with personal and professional goals. Employees need to see their influence within change Communication is key. 2.'Organisational culture'- fear of the opposing culture, less adaptable to change. Drastic change methods are needed by awareness of crisis situation. Too much focus on culture can be used as an excuse for doing nothing. 3.'Individual insecurity' of job roles Employee resistance during change is considered very difficult and an almost impossible phenomenon to counteract. Leadership, important to clarify the need for change, creating common vision, communication to al. Motivation of all to participate in change. Important to listen to how affected employees perceive the present change.*	*Weak study with only small number of participants (14) although researchers found enough information from findings to generate theories that fit and support wider research suggestions rather than new theory unique to this study*
4	*Rosengren, Kullen Enstrom Axelsson (1999) Sweden*	*Qualitative Grounded theory Interviews with thematic guide*	*31 staff working in medical service*	*To describe and analyse the staff experience of a recently accomplished structural change in the local district NU medical service in Sweden Change was merger of two hospitals Data collected after change*	*Four categories generated from the body of interviews- participation, doubts, anxiety and faith. Core category, 'participation'. Communication is key, messages affected by emotions, attitudes and values. Confidence in leadership is key (leadership of change and decision making). Positive attitudes to the climate of change could be achieved when management consider its staff members to be the base knowledge of the organisation. Effective leadership turns resistance to a positive force, contributing to benefit the individual and the group A learning organisation considers team members to be the most important resource in the organisation*	*Older study however findings very similar to current studies questioning progress in this area Good sample size for interviews 31 Findings very specific to situation, lots of description, limiting transferability*

5	*Cortvriend (2004) UK NHS*	*Qualitative Focus groups*	*31 recruits across professional groups took part in focus groups Stratified sampling Questions derived from the literature 8 main questions asked*	*To examine the human aspect of a merger and subsequent demerger within an NHS PCT, through analysis of the psychological contract between employer and employee together with emotional and individual transitions*	*Change can be a long drawn out process for employee. Acknowledge research in other countries (different health systems, cultures, managerial styles etc.) limited in NHS Role of management and leadership had a significant impact on participants Leadership styles lead to employees feeling more supported and valued- humanise the workplace Culture emerged as significant finding without promotion Feelings and emotions, distress during merger, people are no longer shocked at change in NHS as it is constant. However this does not result in staff happiness, stability is needed, demotivation common feeling. Nurses and AHPs with patients as main focus and satisfying aspect of their job , attitude why bother with change we have no influence*	*Small study numbers, short focus group with only 8 questions asked therefore limited generalisations however findings offer way forward for future research with insights into staff experience One of few NHS studies*
6	*Brandis, Fisher, McPhail, Rice, Eljiz, Fitzgerald, Gapp & Marshall (2016) Australia*	*Subset of a larger mixed method approach. Qualitative interviews & quantitative survey This report is quantitative component*	*3000 employees invited to participate, roles across health service. Data collected the month before a hospital move.*	*To examine the relationships between job satisfaction and organisational justice during a time of transformational change when a hospital moved to a new site.*	*Organisational fairness is very important to increasing job satisfaction and more important than financial reward When transformational change occurs there is a need to focus on employees perceptions about work in order to minimise turnover and negative outcomes such as loss of productivity and increased stress Herzberg's motivational theory very relevant to nursing work force.*	*Good standard in terms of research process many elements of good methodology described however limited by poor response rate 10.5% and narrow conclusions Well written with logical flow and content*
7	*Cereste, Doherty & Travers (2003) UK NHS*	*Quantitative Focus group followed by questionnaires*	*460 NHS hospital executive boards totalling 1840 participants Response 25% (459/1840)*	*To better understand the extent and impact of merger activity within the NHS.*	*Nearly half the responses from NHS Trusts reported they had already undergone a merger, had initiated discussions to begin a merger or were in process of merging Study provides a broad overview of merger activity at current time and impact of NHS mergers it recommends more focused studies on other questions such as the role of human and cultural factors in mergers*	*Good approach to include all NHS Trusts Fact finding purpose Limited to senior managers views Not transferrable outside NHS Only relevant in 2003*

8	*Lim (2014) UK NHS*	*Quantitative study from secondary data multiple sources*	*9 NHS mergers reviewed. Difference in difference vs causal inference from observational data*	*An exploration into how organisational change affects staff morale in terms of job satisfaction Change was NHS hospital mergers*	*Hospital staff job satisfaction has been positively correlated with patient experience, although evidence on the impact of hospital mergers on job satisfaction is scarce. Found neutral overall effect, unusual as literature search retrieved solely negative findings on the impact of mergers on staff morale. Reasoning, regular expectations of change in NHS, staff quick to react. Argues that qualitative studies during or immediately after a merger naturally elicit more negative responses Results suggested by the statistically significant yet small increase in job satisfaction immediately before and after merger approval indicates the success of premerger staff engagement.*	*Shallow study 9 mergers selected by researchers using secondary data for another purpose, complete knowledge of each hospital not known therefore lacking in completeness of data, limited generalisability and potential bias within study*
9	*Steele Gray, Wilkinson, Alvaro, Wilkinson & Harvey (2015) Canada*	*Quantitative study from within a full programme of research Quasi-experimental design with questionnaires*	*Survey of staff, all eligible difficult to understand response rate. Paper survey and web survey at key points during change process Low response rate.*	*To examine employee experience of change during a time of hospital redevelopment, exploring key features of a supportive change environment Canadian study*	*Organisational change identified as a major life stressor. A hospital redevelopment is a revolutionary change in that the deep structure of the organisation will be altered. Findings reveal important relationships between the supportive change environment, employee readiness and employee adjustments, these relationships change over the course of change project A supportive change environment is key to positive outcomes Timing of change management activities is crucial to support positive outcomes A flexible approach to change management may be most effective to helping create a supportive change environment*	*Variable quality, good ideas but poorly put into research practice, unable to track respondents across the four surveys which were pre and post change therefore a more thorough analysis of findings was not possible*
10	*Idel, Melemed, Merlob, Yahav, Hendel & Kaplin (2003) Israel*	*Quantitative Prospective study design Questionnaires at two time points, at announcement of change and 6 months post event*	*93 nurses (ratio 37/56 from each hospital) control group used that were not affected Unknown response rate*	*To explore the influence of a merger on the emotional well-being of nurses in two centres. Study in Israel-outside political influences may limit study*	*Most studies on mergers deal with organisational aspects and far fewer on the impact on employees. News of mergers can often follow that of grief- denial, anger, negotiation, depression and acceptance. Study examined three characteristics that would impact on an individual during change- perception of change as a threat, self-efficacy and emotional reactivity. Contributes further knowledge regarding emotional responses in relation to coping under the stress and conditions of merger change process*	*Limited study due to small numbers that only examined 3 emotional characteristics of participants. Positive that a before and after design was accomplished when other failed to achieve this.*

11	Jones (2003) USA	Mixed methods Quantitative- correlational descriptive study using questionnaire Qualitative- ethnography, semi-structured interviews, participant observation and analysis of documents	98 nurses 31% return on questionnaires 9 interviews	To explore how a tri-merger of hospitals impacts on nurses commitment to the healthcare organisation and the role of organisational culture at this time 3.5 years after merger	Relationships shown with nurses committed to their primary hospital. Qualitative data supported quantitative relationship findings Importance of identity recognised often lost in merger Leadership styles acknowledged as positive workplace culture Communication is important to articulate values and beliefs in emerging culture Leaders must recognise the effect of nurses as a major influence on acceptance and/or willingness to change Success of merger depends on blending of corporate cultures, nurses want to be active participants in developing strong hospital culture Nurses fail to see that building a corporate culture during a merger takes time and effort for all Author feels results transferrable to any business merger	Very good use of mixed methods with interviews exploring the detail of the information gained in quantitative questionnaires. Unclear balance of respondents to the three hospitals involved. Potentially transferrable findings related to organisational issues
12	Lees & Taylor (2004) Canada	Mixed methods- single case study design Quantitative data from survey Qualitative data from interviews	46 nursing staff asked re organisational commitment response 69.6% 17 nurses interviewed	To demonstrate the complex nature of organisational change, analysing the planning, implementation and outcomes on nursing staff 3 years after merger	Communication needs improvement, lack of understanding, inconsistent messages for staff Cultures not effectively merged needed more interaction pre-merger Attitudes and responses from nurses consistent with survivor syndrome, main positive is interactions with patients Stressful time, organisations must take steps to ensure employees feel they have been supported at a personal level prior, during and after change This study aids understanding of behaviours and attitudes of those working in merged departments Managers should not assume people feel involved in change just because a particular method has been used Personal level- effects of change are very real Authors acknowledge limitations in findings, potential bias from interviewer who was also involved in the merger process	Good use of mixed methods interviews expanding on quantified data themes. Good response rate although small sample. Significant limitations however in asking participants to retrospectively recall change situation up to 3 years post event therefore subject to reliance of memory of participants and further influencing factors over time

13	Brown, Manning & Ludema (2016)	Subset of larger study Qualitative case study Grounded theory	4 organisations 18 incidents Interviews Information/ document reviews	To investigate how organisational change efforts are impacted and influenced by other factors such as organisation identity, organisational culture and organisational learning	Understanding of organisational constructs; identity is a foundational component of culture and an organisations culture is developed around that identity, a further component is organisational image based around values, assumptions etc. and organisational culture demonstrated by actions engaged in by members Organisations might achieve greater success by structuring change interventions to be as closely aligned with organisational identity as possible Organisational identity is a mechanism for maintaining stability in organisations	Complex methodology described in detail, aiming to gain strong findings. Limited extension of findings with small sample size of just 4 organisations. Organisations studied had strong organisational identities, a similar study with less established identity may have different results
14	Hewison (2009) UK NHS	Qualitative methods Narrative study	In depth semi-structured interviews 13 ward managers	To investigate nurse managers accounts of organisational change and explore their involvement in change	Managers were experiencing change at an increasing rate Ward managers are an untapped resource in terms of mobilising organisational change Ward managers are pivotal to NHS wards however in reality are relatively powerless in their role to bring about or influence change Often feel powerless as not involved in change that is happening daily, their role in change is communication, keeping staff informed and involved Communication is absolutely necessary to minimise adverse effects on those staff involved	Small number of participants from same organisation. Nurses experience of different changes not the same change. Author recognises not statistically representative, limited generalisability as local study. Some good thematic analysis reflecting in the findings across four themes.
15	Docherty (2014) Canada	Qualitative case study from published secondary sources Observations	Nine health regions and three regional health programmes Staff of various roles during and after the merger	To explore a Canadian case of health service mergers, identifying the issues that occur along with the leadership and politics of transformational change	Clinical leadership offers significant support to change Effective change management must recognise and address front line staff Further research is required to explore the benefits of health care mergers Leadership styles and skills must be considered an important factor when planning change Empirical evidence on the benefits of hospital mergers is weak and this type of evidence typically cannot counter the emotional reactions to loss and change	Researcher's role is unclear in methodology, very subjective evidence, ethical concerns as data used from informal discussions. God leadership findings as found in other literature however lots of focus around one specific CEO's leadership skills therefore limited generalisability

16	*Holt, Armenakis, Harris & Field (2007)*	*Literature review*	*45 instruments reviewed Facet analysis used to systematically classify and describe readiness instruments*	*To review the history of the readiness for change concept, the perspectives used to assess readiness and the psychometric properties of readiness instruments. Conclude to an integrated definition of readiness and implications for practice*	*Employees resist change when not involved in planning and developing, managers should involve employees whenever possible in activities Readiness is multi-level, different groups may respond differently as change is introduced A number of different instruments attempt to assess change readiness, different variables represent the concept, none do it comprehensively. Using one tool may overlook important factors. The review concludes that an ideal readiness tool may include four factors; the change content, change process, internal context and individual characteristics. Readiness is a state not a trait and should be conceptualised as an individual's attitude towards a particular change and the extent to which they are prepared to participate in organisational activities*	*Good use of facet analysis to break down different models with in-depth reasoning and supporting literature. Overall model proposed in study provides a strong foundation as the first step of organisational change*
17	*Coid & Davies (2007)*	*Literature review*	*Literature review and discussion*	*To review the many reasons that support a belief that organisational change affects workers well-being such as poor job satisfaction, fear, alienation, anxiety and poor morale.*	*Health care workers need to be well to look after patients effectively, wellness needs to be holistic in nature including both physical and mental states Cumulative effects of change on people include change fatigue and a culture of cynicism Shared values should be a genuine concern of all including the well-being of colleagues All change programmes should be analysed and assessed for the potential impact on staff well-being. The goals of staff well-being should be as important as the traditional aims of improvements in effectiveness and efficiency, quality and safety*	*Short publication requiring further depth to develop the interesting discussion points that clearly recognise the challenges of change. Limited literature to support/argue the challenges identified.*
18	*Weber & Tarba (2012)*	*Literature review and case study*	*Several large organisations*	*To advance cross-cultural management knowledge and skills during mergers and acquisitions.*	*Consideration of organisational culture is essential in making the right choices pre-merger of organisations, during planning and negotiation phases. The major implication of the paper is to suggest that during merger integrations frequent communication among the change team is essential. Cultural analysis is an important and influential milestone in the overall success of organisational mergers.*	*Broad review of evidence with strong transferable discussion of dimensions of culture found in organisations during change. Although does appear to favour cultural considerations and not argue against.*

19	*Ingersoll, Fisher, Ross, Soja & Kidd (2001) USA*	*Qualitative Semi structured focus group interviews*	*12 focus groups 3-6 months after change 3-15 nurses in each one Purposive sampling staff nurses Inductive analysis*	*An exploration into how major organisational redesign affects nursing staff in 2 acute care hospitals*	*Themes from findings were based upon sociotechnical systems theory- work environment, technologic characteristics and control process and social norms and values. Nurses felt working roles are disrupted through change and there is a reduction in quality of care. Clear alteration in staff nurses physical and psychological state, considerable distress, feelings of loss, anger, despair and abandonment. Staff morale lower than ever through change leading to mistrust of leadership Nurses need to feel that patients receive the same quality of care that has been provided through change and as a result of change Leadership visibility through change is valued Staff found support in the focus groups Researchers recommend longitudinal study for true impact of organisational redesign with studies that focus on physical responses of employees working through change settings the most need amongst many other recommendations*	*Good methodology in allowing people to access the study. Limited by small sample size of 48 reflecting perceptions of practice by this group only, may not be representative of feelings of entire staff. Early findings suggest that the change is always improving so results may be different if study of this situation was done at a different time.*

Appendix 7- University Ethics Approval Letter

Research, Enterprise and Engagement
Ethical Approval Panel

Doctoral & Research Support
Research and Knowledge Exchange,
Room 827, Maxwell Building,
University of Salford,
Manchester
M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk

25 January 2019

Dear Laura,

RE: ETHICS APPLICATION–HSR1819-017 – 'An exploration into the experiences of nursing staff during a time of a large reconfiguration of cancer services at an NHS hospital.'

Based on the information that you have provided, I am pleased to inform you that ethics application HSR1819-017 has been approved.

If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,

Professor Sue McAndrew
Chair of the Research Ethics Panel

Appendix 8 – The UK Policy Framework for Health and Social Care Research (2018).

The 15 principles applied to this study follow;

Principle 1: Safety. Throughout the study the safety of the researcher and participants will be maintained, with reflective practice and appropriate risk assessments completed.

Principle 2: Competence. The researcher is suitably qualified to manage and conduct this research project, having completed three years of the professional doctorate programme , she is further being supervised by two experienced research doctors at Salford University.

Principle 3: Scientific and Ethical Conduct. The study will consider all aspects of ethical practice and obtain the necessary approvals. The researcher will act with moral responsibility throughout.

Principle 4: Patient, Service User and Public Involvement. This project has not had any involvement from patients, service users or the public as it is not deemed relevant to these groups.

Principle 5: Integrity, Quality and Transparency. The study has been designed under the experienced supervision to professional doctorate level; appropriate assessments have been completed at key stages of progress. The study will be available at completion as a full thesis.

Principle 6: Protocol. The research design aligns to the template design of a professional doctorate thesis undertaken. The procedure of research is performed in stages under supervision from doctorate supervisors

Principle 7: Legality. The researcher will familiarise herself with any relevant legislation and guidance in order to manage this research project safely.

Principle 8: Benefits and Risks. A full literature review was conducted in order to identify the need for research in this field and the benefit that this project would have on future practice. The risks within this project are considered low and the benefits much greater.

Principle 9: Approval. Prior to commencing any data collection approval for this research project will be gained from the University of Salford ethics committee.

Principle 10: Information about the Research. Information in relation to the study will be made available in the form of recruitment literature. See relevant appendices.

Principle 11: Accessible Findings. The findings from this study will be available to participants, the wider local audience and consideration made at a later date for further dissemination.

Principle 12: Choice. Informed consent will be gained from all participants in the form of a signed consent form. Information will be available to ensure participants have made the choice to participate. They will have the right to withdraw at any time.

Principle 13: Insurance and Indemnity. This is held with the sponsoring organisation of the researcher, The University of Salford.

Principle 14: Respect for Privacy. Data collection will involve digital recordings of interviews followed by transcription of interviews. This information will be stored appropriately to ensure the confidentiality of participants.

Principle 15: Compliance. The researcher understands the sanctions of non-compliance with these principles.

Appendix 9 Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Title of study: An exploration into the experiences of nursing staff during a time of a large reconfiguration of cancer services at an NHS hospital.

Name of Researcher: Laura Elder Teenage and Young Adult Lead Nurse

1. Invitation paragraph

You are invited to take part in this research study as part of my Professional Doctorate programme. To help your decision in taking part it is important that you understand why the research is being done and what it may involve for you. Please read this information leaflet and ask any questions if anything is not clear or if you would like more information.

2. What is the purpose of the study?

The purpose of the study is to explore the experiences of nursing staff who are undergoing major organisational change. In this case that change refers to the relocation of xxxxxx and the concurrent merger and integration with the haemato-oncology service currently located within the xxxxx Hospital. This study will enable nurses to share insights into their experiences of large scale organisational change projects.

3. Why have I been invited to take part?

You have been invited to take part in this study as you have the employee experience of the change project and meet the following inclusion criteria-

- A registered nurse of band 5-7
- In a frontline, patient facing role
- Started your nursing employment with xxx before 1st June 2014.

4. Do I have to take part?

Taking part in this study is entirely voluntary; there is no expectation that you have to take part. If you decide to take part you will be asked to read and complete a written consent form.

5. What will happen to me if I take part?

If you chose the take part in this study the researcher will arrange with you a convenient time and location within the hospital for you to be interviewed. The interview will be between you and the researcher and will take no more than 1 hour. The interview is semi structured with a set format of questions and will be audio recorded.

6. Expenses and payments?

There are no expenses or payments provided for participation in this study.

7. What are the possible disadvantages and risks of taking part?

Taking part in the interview may require you to give up some of your free time in order to participate. There is also a possible risk that you may become upset discussing your experiences, if this happens the interview will be dealt with sensitively and support offered to signpost you appropriately. Appropriate services may include support from the Trust or external employee assistance agencies.

8. What are the possible benefits of taking part?

The study will provide greater understanding of the impact of change on employees. The study will contribute to the development and improvement of future change practices.

9. What if there is a problem?

If you have a concern about any aspect of this study, please contact me using my details below and I will try to answer any questions. Contact can be made during or after the study. If you remain unhappy and wish to complain formally you can do this by contacting my Research Supervisor Professor Garry Crawford, contact details below. If the matter is still not resolved, please forward your concerns to Professor Susan McAndrew, Chair of the Health Research Ethical Approval Panel, Room MS1.91, Mary Seacole Building, Frederick Road Campus, University of Salford, Salford, M6 6PU. Tel: 0161 295 2778. E: s.mcandrew@salford.ac.uk'

10. Will my taking part in the study be kept confidential?

As a participant your confidentiality will be upheld throughout the research study. All information that you provide throughout the study will be kept strictly confidential, only the researcher and supervisor will have access to the detail. Any identifiable information will be removed from transcripts, consent forms will be held separate to transcripts and these records kept securely for three years. The only exception to confidentiality would be solely in the event of poor practice being highlighted. If this did occur then a conversation would be had with yourself and your manager.

11. What will happen if I don't carry on with the study?

You are free to withdraw from the study up to three months after your interview. Any information you have provided through interview or otherwise will be confidentially destroyed and not included in the study discussion or findings.

12. What will happen to the results of the research study?

When all interviews have been undertaken the researcher will analyse the information gathered. The findings will be submitted as part of my Professional Doctorate thesis. The results may then be shared more widely in publications, teaching or presentations however your anonymity as a participant will be maintained.

13. Who is organising or sponsoring the research?

The research study has been organised by me, based upon my own ideas and professional development. Educational funding provided is by xxxxxx study committee.

14. What do I do next?

If you wish to take part please contact me to answer any queries you may have and to arrange an interview.

Further information and contact details:

Laura Elder Teenage & Young Adult Lead Nurse
xxxxxxx
Email- laura.elder@xxxxx
Phone- xxxxxx

Prof Garry Crawford (Supervisor)
University of Salford
Email- g.crawford@salford.ac.uk
Phone- 0161 295 5000

Appendix 10 Consent Form

INDIVIDUAL INTERVIEW CONSENT FORM

Title of study: An exploration into the experiences of nursing staff during a time of a large reconfiguration of cancer services at an NHS hospital.

Name of Researcher: Laura Elder Teenage and Young Adult Lead Nurse

Please complete and sign this form **after** you have read and understood the study information sheet. Read the following statements, and select 'Yes' or 'No' in the box on the right hand side.

1.	I confirm that I have read and understand the study information sheet (Ver 1.1, 23.12.18) and the invite letter (Ver 1.1, 23.12.18) for the above study. I have had the opportunity to consider the information and to ask questions Which have been answered satisfactorily.	Yes/No
2.	I understand that my participation is voluntary and that I am free to withdraw, without giving any reason, and without my rights being affected.	Yes/No
3.	I understand that if I do withdraw from the study I must inform the researcher within three months of being interviewed so that my data can be destroyed.	Yes/No
4.	I agree to participate in an audio recorded individual interview with the researcher.	Yes/No
5.	I understand that my personal details will be kept confidential and will not be revealed to people outside the research team. However, I am aware that if I reveal anything related to poor practice, the researcher will have to share that information with the appropriate person.	Yes/No
6.	I understand that my anonymised data will be used in the researchers Professional Doctorate thesis and other potential publications, teaching and presentations	Yes/No
7.	I agree to take part in the study:	Yes/No

________________________	________________	________________
Name of participant	**Date**	**Signature**

________________________	________________	________________
Name of person taking consent	**Date**	**Signature**

Appendix 11 Invitation Letter to Research Study

20th February 2019

Dear

As part of my Professional Doctorate programme at the University of Salford, I am doing a research study into the experiences of nursing staff during a time of large organisational change, in this case the change relates to the Transforming Cancer Care move to xxxx. I am looking for nurses who are willing to share their individual experience of this time.

To participate in this research you must:

- Be a registered nurse of band 5-7
- Be in a frontline, patient facing role
- Have started your nursing employment with xxxxx before 1st June 2014.

If you are interested in taking part please contact me on my details below and I will answer any further questions and provide you with further study information for you to consider. If then you decide to take part we will arrange a one to one interview with myself. Interviews will take place on the hospital premises at a time suitable to your convenience. The interview will take approximately 45-60 minutes.

Many thanks

Laura Elder

Teenage and Young Adult Lead Nurse

xxxxxxxxxxxxxx

Email: laura.elder@xxxxxxxx

Tel: xxxx Ext xxxx

Appendix 12 Researcher's Interview Guide

Interview Guide

Introductions- What your current role is here at Clatterbridge Cancer Centre?

1. Can you tell me about your experience to date of the Transforming Cancer Care programme?

   Prompt notes: *First hear about it? Level of involvement? Organisational awareness? Knowledge change? Information levels? Overall awareness at this point?*

2. Can you tell me what factors influence your experience of this hospital change?

   Prompt notes: *Leadership? Professional role? Outcome/vision? Environment? Personal approach? Inclusion/engagement? Timeframe? Frequency? Confidence?*

3. Can you tell me what you think the role of the employer is throughout a change programme?

   Prompt notes: *Expectations? Ready for change? Identity/ culture? Responsibility to staff? Level of trust? Problem management?*

4. Can you tell me what your priorities and considerations throughout the change programme are?

   Prompt notes: *Meaning of experience? Home life? Attitude? Health? Career? Motivations? Job satisfaction? Professional? Opportunities? Patient care? Organisational priorities? Change/learning experience? Involvement?*

5. What do you think could have been done differently to influence staff experience of change?

   Prompt notes: *Change process up until today? Change process going forward? Personally/professionally? Nursing group? Organisations responsibilities? Managers/leaders responsibilities? Anything to be done now?*

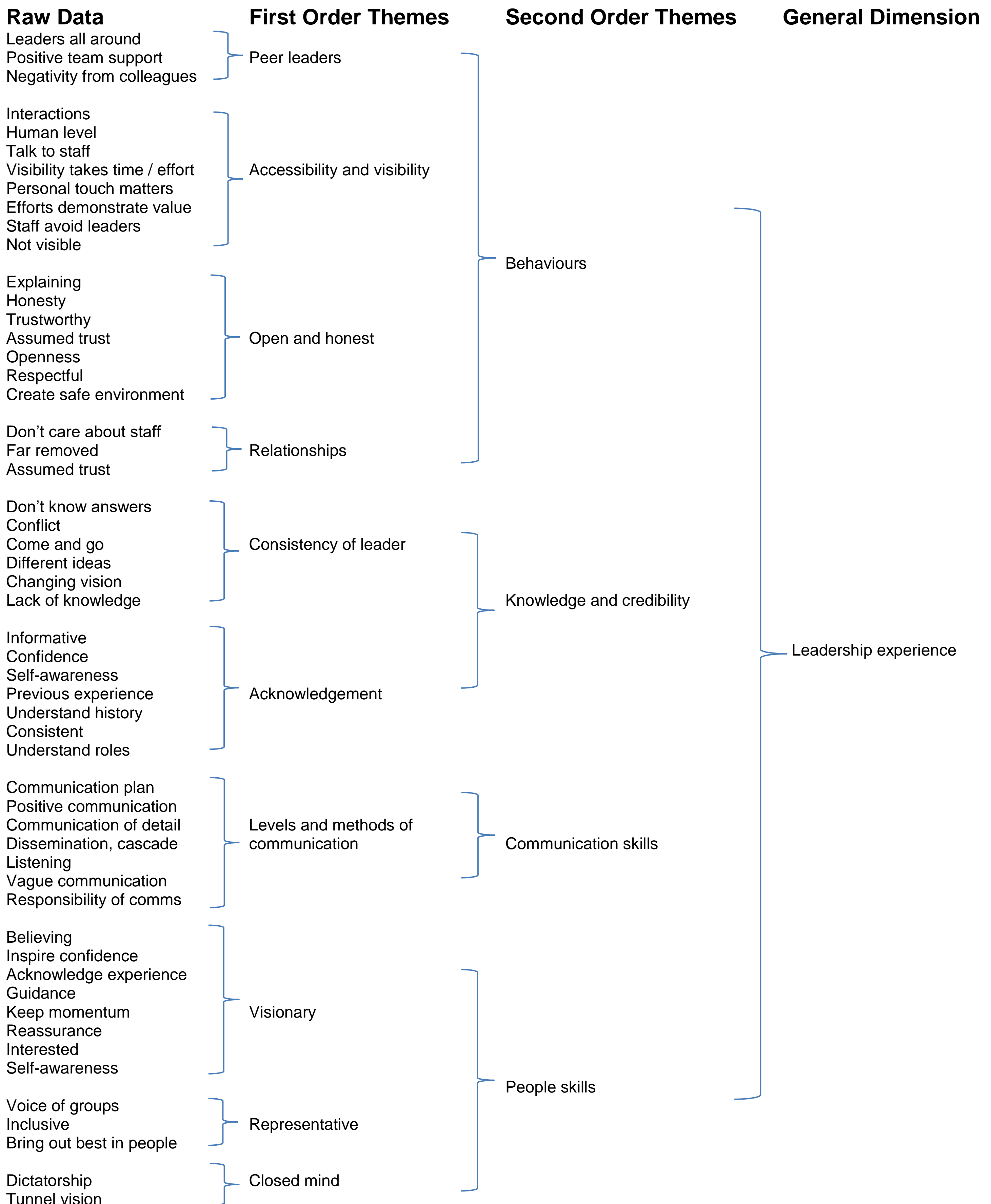
Appendix 13 Coding Interview Themes Example

Theme-Leadership Experience

Interview 1	Interview 2
Vague communication details Q2D *Importance of positive leader Q3A* *Leader doesn't know answers Q3B* *Positive peer support benefits Q3G* *Leaders amongst each other Q3G* *Managerial influence Q3H* *Explaining to ensure understanding Q3H* *Positive leader Q3I* *Don't rely on manager Q3I* *Previous good experience, manager pushing for change feels good to employees Q3I* *Communication with detail Q4A* *Communication biggest responsibility Q4A* *Not inclusive Q4C* *Inform staff Q5A* *Support staff Q5A* *Details Q6A* *Honesty Q6A* *Encourage ideas Q6A* *Acknowledge experience Q6A* *Inspire confidence Q6A*	*Informative leadership Q2A* *Vague communication Q2B* *Past experience good communication Q2F* *Communication responsibility Q2G* *Assumed trust Q2G* *Communication, dissemination Q2G* *Communication methods Q2H* *Top, down Q2H* *Communication knowledge Q3A* *Previous experience Q3E* *Lack of communication Q3E* *No guidance Q3F* *No detail in communication Q3F* *Communication plan Q6A*
Interview 3	**Interview 4**
Well informed, communication Q2A *Don't encourage engagement Q2D* *Poor communication to staff Q2F* *Positive communication Q3A* *Poorly led Q3B* *Lack of knowledge Q3B* *Mixed engagement efforts Q3D* *Visible and engaging Q3F* *Different ideas and conflict Q3F* *Negativity from peers Q3G* *Open/honest Q4A* *Engaging people Q4A* *Reassure staff Q4C* *Keep momentum Q6A* *Personal touch matters Q6A* *Leadership efforts that value staff Q6A* *Confident leadership Q6C* *Believer of change Q6C* *Listening Q6C*	*Knee jerk reactions Q2D* *Better communication Q3B* *Leadership changes Q3B* *Continuity if leadership Q3C* *Open and honest Q3C* *Communication Q3D* *Open, honest Q3D* *Decision making Q3E* *Need leaders for change Q3F* *Leaders that speak for groups Q3G* *Communication Q3G* *Supportive leadership Q3G* *Communication Q4A* *Leadership not respecting history or culture Q4E* *Changing priorities Q4E* *Communication Q^A* *Open and honest Q6A* *Cascade information Q6A* *Inclusion Q6A* *Peer support Q6A* *Regular, consistent communication Q6A*
Interview 5	**Interview 6**
Inconsistent managers Q2A *Poor communications Q2C* *Different priorities Q2E* *Management good/ bad experience Q3A* *Inconsistent styles Q3A* *Different views Q3A* *Changed vision Q3B*	*Repeated issues not addressed Q2G* *Communication depends on leadership style Q3A* *Interactions Q3A* *Human level Q3A* *No continuity Q3B* *Open/ honest Q3C* *Support staff Q4A*

Communication, spoken to, told Q3B *Inconsistent managers Q3E* *Leaders not visible Q3F* *Leaders distant from staff Q3F* *Visibility takes time and effort Q3F* *Communication responsibility Q4A* *Listen Q4A* *No secrets Q4A* *Open/ honest Q4A* *Consistent Q4A* *Leaders come and go Q5B* *No consequences for leaders Q5B* *Communication Q6A* *Honesty Q6A* *Personal touch Q6A* *Speak to people Q6A* *Negative attitudes impact Q6C*	*Time and effort Q4B* *Communication email benefits but impersonal Q4C* *Importance of peer support Q4G* *Important to understand roles Q5E* *Managers to insist on representation Q6A* *Honesty Q6A* *Challenge to engage Q6A*
Interview 7	**Interview 8**
Leaders, interested but not consistent Q2D *Don't care about staff Q2F* *Not able to answer questions Q2H* *Gap between leadership Q2I* *Staff turnover a challenge Q2K* *Managers don't know history Q2K* *Different managers Q2L* *Leadership not visible Q2L* *Inconsistent leadership Q2M* *Leaders not interested in what nurses have to say Q3C* *Listen to floor staff Q3C* *Open and honest Q4C* *Visible Q4C* *Focused informed comms Q4C* *Visibility Q4D* *Talk to staff Q4D* *Create a forum for communication Q4D* *History doesn't matter Q4E*	*New faces Q2J* *Consistent leadership important Q2K* *Poor recruitment of leadership Q3A* *Poor decision making Q3A* *Bring out best of people Q3A* *Self-awareness Q3A* *Staff avoid leaders Q3A* *Behaviours, enthusiasm, honesty, knowledge Q3B* *Know weaknesses Q3B* *Not acting in interests of staff or patients Q3C* *Not transparent Q3F* *Unanswered questions Q3F* *Listen to staff Q4B* *Visible Q4C* *Far removed Q4C* *New managers, different vision Q4D* *Leadership styles influential Q5E* *Impact of leaders Q5E*
Interview 9	**Interview 10**
Trust Q2H *Understanding of roles Q3A* *Leaders must voice needs and concerns Q3A* *Open and honest Q3C* *No feedback Q3H* *Tunnel vision Q3H* *Short sighted Q3H* *Speak to people Q4A* *Understand roles and staff needs Q4A* *Leads for assurance Q4D* *Worry that leaders come and go Q5E* *Approachable leaders Q5F* *Create safe environment to speak Q6A* *Attitudes Q6C*	*Lack of insight Q2H* *Lack of understanding Q2I* *Value expertise Q3A* *Dictatorship from above Q3B* *Lead from bottom Q3F* *Value all staff Q3F* *Need comms skills Q3G* *Personal skills Q3G* *Talk to staff Q3G* *Time and effort Q3G* *Let down from top Q3H* *Open and honest Q4A* *Support all staff Q4A* *Responsibility Q5A* *Right leaders for change Q5C* *Career progression of self-interest Q6V*

Appendix 14 Thematic Analysis Identifying Themes Leadership Experience Example



References

Adair, J. (2006) *Leadership and Motivation.* London: Kogan Page.

Allcock, C., Dormon, F., Taunt, R. & Dixon, J. (2015) *Constructive Comfort: Accelerating Change in the NHS.* London: The Health Foundation.

Allen, J., Jimmieson, N.L., Bordia, P. & Irmer, B.E. (2007) Uncertainty during Organisational Change: Managing Perceptions through Communication. *Journal of Change Management.* 7 (2) 187-210.

Aveyard, H. (2014) *Doing a Literature Review in Health and Social Care: A Practical Guide.* 3rd ed. Berkshire: Open University Press.

Barbour, R.S. (2008) *Introducing Qualitative Research. A Student Guide to the Craft of Doing Qualitative Research.* London: Sage Publications.

Barr, J. & Dowding, L. (2012) *Leadership in Health Care.* 2nd ed. London: Sage.

Barroso, J. (2010) Qualitative Approaches to Research. Cited In LoBiondo-Wood, G. & Haber, J. (Eds) *Nursing Research. Methods and Critical Appraisal for Evidence-Based Practice.* 7th ed. Missouri: Mosby Elsevier.

Bartunek, J.M., Rousseau, D.M, Rudolph, J.W. & De Palma, J. A. (2006) On the Receiving End: Sense making, Emotion and Assessments of an Organisational Change Initiated by Others. *The Journal of Applied Behavioural Science.* 42 (2) 182-206.

Beer, M. (2003) *Managing Change and Transition.* Boston: Harvard Business School Press.

Bell, R.L. & Martin, J.S. (2014) *Managerial Communication.* New York: Business Expert Press.

Bell, J. & Waters, S. (2014) *Doing Your Research Project: A Guide for First-Time Researchers.* Maidenhead: McGraw-Hill Education.

Bernerth, J.B., Walker, J.H. & Harris, S.G. (2011) Change Fatigue: Development and Initial Validation of a New Measure. *Work & Stress. An International Journal of Work, Health and Organisations.* 25 (4) 321-337.

Bloom & Trice (2017) Asking the Right Question Boswell. Cited in C. & Cannon, S. (2017) *Introduction to Nursing Research. Incorporating Evidence-Based Practice.* 4th ed. Burlington: Jones & Bartlett Learning.

Boell, S.K. & Cecez-Kecmanovic, D. (2010) Literature Reviews and the Hermeneutic Circle. *Australian Academic and Research Libraries.* 41 (2) 129-145.

Boell, S.K. & Cecez-Kecmanovic, D. (2014) A Hermeneutic Approach for Conducting Literature Reviews and Literature Searches. *Communications of the Association for Information Systems.* 34 (1) 257-286.

Bourque, L.B. & Fielder, E.P. (2003) *How to conduct Self-Administered and Mail Surveys*. 2nd ed. London: Sage.

Boswell, C. & Cannon, S. (2014) *Introduction to Nursing Research. Incorporating Evidence-Based Practice.* 3rd ed. Burlington: Jones & Bartlett Learning.

Bower, F.L. (2000) *Nurses Taking the Lead. Personal Qualities of Effective Leadership.* Philadelphia: WB Saunders Company.

Brandis, S., Fisher, R., McPhail, R., Rice, J., Eljiz, K., Fitzgerald, A., Gapp, R. & Marshall, A. (2016) Hospital Employees' Perceptions of Fairness and Job Satisfaction at a Time of Transformational Change. *Australian Health Review*. Vol 40 pp 292-298.

Braun, V. & Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology.* Vol 3 pp 77-101.

Brettle, A. & Grant, M.J. (2003) *Finding the Evidence for Practice: A Workbook for Health Professionals.* Edinburgh: Churchill Livingstone.

Brown, S., Manning, M.R. & Ludema, J.D. (2016) Organisation Identity: Its Role in Organisation Change. *Research in Organisational Change and Development.* Vol 24 pp 145-183.

Bryman, A. (2016) *Social Research Methods.* 5th ed. Oxford: Oxford University Press.

Burnes, B. (2009) *Managing Change.* 5th ed. Harlow: Prentice Hall.

Caldwell, R. (2003) Change Leaders and Change Managers: Different or Complementary. *Leadership and Organisation Development Journal.* 24 (5) 285-293.

Cereste, M., Doherty, N.F. & Travers, C.J. (2003) An Investigation into the Level and Impact of Merger Activity Amongst Hospitals in the UK's National Health Service. *Journal of Health Organisation and Management*. 17 (1) 6-24.

Chandani, A., Mehta, M., Mall, A. & Khokhar, V. (2016) Employee Engagement: A Review Paper on Factors Affecting Employee Engagement. *Indian Journal of Science and Technology*. 9 (15) 1-7.

Charlesworth, K., Jamieson, M., Davey, R. & Butler, C.D. (2016) Transformational Change in Healthcare: An Examination of Four Case Studies. *Australian Health Review*. 40 (2) 163-167.

Chin, R. & Benne, K.D. (1969) General Strategies for Effecting Changes in Human Systems. Cited in Bennis, W.G., Benne, K.D. & Chin, R. (Eds) *The Planning of Change* New York: Holt, Rinehart & Winston.

Choi, S., Holmberg, I., Lowstedt, J. & Brommels, M. (2012) Managing Clinical Integration: A Comparative Case Study in a Merged University Hospital. *Journal of Health Organisation and Management.* 26 (4) 486-507.

Cinite, I., Duxbury, L.E. & Higgins, C. (2009) Measurement of Perceived Organisational Readiness for Change in the Public Sector. *British Journal of Management.* 20 (2) 265-277.

Clifford, C. (1997) *Nursing and Health Care Research. A Skills-based Introduction*. 2nd ed. London: Prentice Hall.

Coid, D.R. & Davies, H.T.O. (2007) Health Care Workers Well-being and the Therapeutic Relationship: Does Organisational Change Do Damage? *Public Money and Management.* 27 (2) 93-94.

Cole, M.S., Harris, S.G. & Bernerth, J.B. (2006) Exploring the Implications of Vision, Appropriateness and Execution of Organisational Change. *Leadership and Organisation Development Journal*. 27 (5) 352-367.

Cooper, C.L., Dewe, P.J. & O'Driscoll, M.P. (2001) *Organisational Stress: A Review and Critique of Theory, Research and Applications.* New Delhi: Sage.

Copnell, B. & Bruni, N. (2006) 'Breaking the Silence: Nurses Understanding Change in Clinical Practice' *Journal of Advanced Nursing.* 55 (3) 301-309.

Cortvriend, P. (2004) Change Management of Mergers: The Impact on NHS Staff and their Psychological Contracts. *Health Services Management Research*. Vol 17 pp 177-187.

Coughlan, M., Cronin, P. & Ryan, F. (2007) Step-by-step Guide to Critiquing Research. Part 1: Quantitative Research. *British Journal of Nursing.* 16 (11) 658-663.

Cresswell, J. W. (2014) *Research Design: Qualitative, Quantitative and Mixed Methods Approaches.* (4th Ed.) Thousand Oaks: Sage.

Critical Appraisal Skills Programme (CASP) (2014) CASP Checklists. Available at: http://www.media.wix.com/ugd/dded87_29c5boo2d99342f788cbac670e49f274.pdf Oxford. CASP. [Accessed 18th December 2017]

Cummings, G. & McLennan, M. (2005) 'Advanced Practice Nursing. Leadership to Effect Policy Change' *Journal of Nursing Administration.* 35 (2) 61-66.

Cummings, T.G. & Worley, C.G. (2009) *Organisation Development and Change*. 9th ed. Ohio: South-Western Publishing.

Davies, B.M. (2007) *Doing a Successful Research Project. Using Qualitative or Quantitative Methods*. Hampshire: Palgrave Macmillan.

Davies, H.T.O., Nutley, S.M. & Mannion, R. (2000) Organisational Culture and Quality of Health Care. *Quality in Health Care.* 2000 (9)111-119.

Deal, T.E. & Kennedy, A.A. (2000) *Corporate Cultures. The Rites and Rituals of Corporate Life.* Perseus Basic Books.

Denscombe, M. (2014) *The Good Research Guide.* 5th ed. Berkshire: Open University Press.

Dobson, P. (1988) 'Changing Culture' *Employment Gazette.* Dec. pp. 647-650.

Docherty, M.A. (2014) Change Leadership during Hospital Mergers: A Case Study of the Formation of Alberta Health Services. *South Asian Journal of Business and Management Cases.* 3 (1) 77-87.

Dougall, D. & Ross, S. (2018) *Transformational Change in Health and Social Care: Reports from the Field.* London: The Kings Fund.

Edmondsson, A.C. (2003) 'Speaking Up in the Operating Room: How Team Leaders Promote Learning in Interdisciplinary Action Teams. *Journal of Management Studies.* 40 (6) 1419-1452.

Elving, W.J.L. (2005) The Role of Communication in Organisational Change. *Corporate Communications. An International Journal.* 10 (2) 129-138.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary.*

Furst, S. A. & Cable, D.M. (2008) Employee Resistance to Organisational Change: Managerial Influence Tactics and Leader-Member Exchange. *Journal of Applied Psychology*. 93 (2) 453-462.

George, J.M. & Jones, G.R. (2001) Towards a Process Model of Individual Change in Organisations. *Human Relations.* 54 (4) 419-444.

Gill, R. (2003) Change Management or Change Leadership. *Journal of Change Management.* 3 (4) 307-318.

Gioia, D.A., Schultz, M. & Corley, K.G. (2000) Organisational Identity, Image and Adaptive Instability. *Academy of Management Review.* 25 (1) 63-81.

Gobo, G. (2011). Ethnography. In Silverman, D. (Ed.), *Qualitative Research Issues in Theory, Method and Practice.* 3rd ed. London: Sage.

Gomm, R. (2008) *Social Research Methodology. A Critical Introduction*. 2nd ed. Hampshire: Palgrave MacMillan.

Grant, M.J. & Booth, A. (2009) A Typology of Reviews: An Analysis of 14 Review Types and Associated Methodologies. *Health Information and Libraries Journal*. 26 (2) 91-108.

Green, J. & Thorogood, N. (2018) *Qualitative Methods for Health Research.* 4th ed. Los Angeles: Sage.

Handy, C. (1986) *Understanding Organisations*. Harmondsworth: Penguin Books.

Harrison, S. (2005) Building a New Beginning. *Nursing Standard.* 19 (32) 14-16.

Hart, C. (2001) *Doing a Literature Search. A Comprehensive Guide for the Social Sciences.* London: Sage.

Heffron, K. & Gil-Rodriguez, E. (2011) Interpretative Phenomenological Analysis. *The Psychologist.* 24 (10) 756-759.

Herzberg, F. (1977) 'One More Time. How Do You Motivate Employees?' *Harvard Business Review*. 46 (1) 53-62.

Herold, D.M. Fedor, D.B., Caldwell, S. & Liu, Y. (2008) The Effects of Transformational and Change Leadership on Employees' Commitment to a Change: A Multilevel Study. *Journal of Applied Psychology.* 93 (2) 346-357.

Hewison, A. (2012) Nurse Managers' Narratives of Organisational Change in the English National Health Service. *Journal of Nursing Management*. Vol 20 pp 858-867.

Hiatt, J. (2006) *ADKAR: A Model for Change in Business, Government, and Our Community*. Colorado: Prosci Inc.

Higgs, M. & Rowland, D. (2007) All Changes Great and Small: Exploring Approaches to Change and its Leadership. *Journal of Change Management.* 5 (2) 121-151.

Hofstede, G. (1991). *Cultures and Organizations: Software of the Mind*. London, UK: McGraw-Hill.

Holt, D.T., Achilles, A.A., Harris, S.G. & Field, H.S. (2007) Toward a Comprehensive Definition of Readiness for Change: A Review of Research and Instrumentation. *Research in Organisational Change and Development.* Vol 16 pp 289-336.

Hussain, S.T., Lei, S., Akram, T., Haider, M.J., Hussain, S.H. & Ali, M. (2018) Kurt Lewins Change Model: A Critical Review of the Role of Leadership and Employee Involvement in Organisational Change. *Journal of Innovation and Knowledge.* 3 (3) 123-127.

Idel, M., Melemed, S., Merlob, P., Yahav, J., Hendel, T. & Kaplin, B. (2003) Influence of a Merger on Nurses Emotional Well-being, the Importance of Self-Efficacy and Emotional Reactivity. *Journal of Nursing Management.* Vol 11 pp 59-63.

Independent Cancer Taskforce (2015) *Achieving World-Class Cancer Outcomes. A Strategy for England 2015-2020*.

Ingersoll, G.L., Fisher, M., Ross, B., Soja, M. & Kidd, N. (2001) Employee Response to Major Organisational Redesign. *Applied Nursing Research*. 14 (1) 18-28.

Johnston, L. (2011) From Here to There: Moving a Hospital. *Nursing Management.* 42 (5) 42-45.

Jones, J.M. (2003) Dual or Duelling Culture and Commitment. The Impact of a Tri-Hospital Merger. *Journal of Nursing Administration*. 33 (4) 235-242.

Jones, L., Watson, B., Hobman, E., Bordia, P., Gallois, C. & V.J. (2008) Employee Perceptions of Organisational Change: Impact of Hierarchical Level *Leadership and Organisation. Development Journal.* 29 (4) 294-316.

Karp, T. & Helg, T.I. (2008) From Change Management to Change Leadership: Embracing Chaotic Change in Public Service Organisations. *Journal of Change Management.* 8(1) 85-86.

Kavanagh, M.H. & Ashkanasy, N.M. (2006) The Impact of Leadership and Change Management Strategy on Organisational Culture and Individual Acceptance of Change During a Merger. *British Journal of Management*. 17 (1) 81-103.

Kennedy, B. & Jury, T. (2016) Leader Visibility. What's Your View? *Nursing Management*. 47 (7) 34-39.

Kotter, J. P. (1996) *Leading Change*. Boston: Harvard Business School Press.

Kubler-Ross, E. (1969) *On Death and Dying.* New York: Macmillan

Lees, M. & Taylor, G. (2004) Mergers and the New Workplace: the Effects of a Merger of Two Emergency Departments on Nursing Staff. *Journal of Health & Human Services Administration.* Spring 2004. pp 483-484.

Lewin, K. (1947) Frontiers of Group Dynamics: Concept, Method and Reality in Social Science, Social Equilibria and Social Change. *Human Relations.* 1 pp.5-41.

Lewin, K. (1951) Field Theory in Social Science. New York: Harper and Row

Lim, K.K. (2014) Impact of Hospital Mergers on Staff Job Satisfaction: A Quantitative Study. *Human Resources for Health*. 12:70

Locke, E.A. & Latham, G.P. (1990) *A Theory of Goal Setting and Task Performance*. NJ: Prentice Hall.

Long, A.F. (2005) *Evaluative Tool for Mixed Method Studies.* Available at: https://usir.salford.ac.uk/id/eprint/13070/1/Evaluative_Tool_for_Mixed_Method_Studies.pdf

Lumbars, M. (2018) Approaches to Leadership and Managing Change in the NHS. *British Journal of Nursing.* 27(10) 554-558

Madsen, S.R., Miller, D. & John, C.R. (2005) Readiness for Organisational Change: Do Organisational Commitment and Social Relationships in the Workplace Make a Difference? *Human Resource Development Quarterly.* 16 (2) 213-233.

Mannion, R. & Davies, H. (2019) Understanding Organisational Culture for Healthcare Quality Improvement. BMJ 2018; 363: k4907

Marshall, C. & Rossman, G.B. (2011) *Designing Qualitative Research.* 5th ed. Los Angeles: Sage.

Maslow, A. H. (1943). A Theory of Human Motivation. *Psychological Review. 50* (4) 370-396

Maylor, H. & Blackman, K. (2005) *Researching Business and Management.* Basingstoke: Palgrave Macmillan.

McMillan, K. & Perron, A. (2013) Nurses Amidst Change: The Concept of Change Fatigue Offers an Alternative Perspective on Organisational Change. *Policy, Politics and Nursing Practice.* 14 (1) 26-32.

McMurray, R. (2010) Tracing Experiences of NHS Change in England: A Process Philosophy Perspective. *Public Administration.* 88 (3) 724-740.

Mitchell, M.L. & Jolley, J.M. (2010) *Research Design Explained.* 7th ed. USA: Wadsworth.

Morgan, D.E. & Zeffane, R. (2003) Employee Involvement, Organisational Change and Trust in Management. *International Journal of Human Resource Management.* 14 (1) 55-75

Morrell, K.M., Loan-Clarke, J. & Wilkinson, A.J. (2004) Organisational Change and Employee Turnover. *Personnel Review*. 33 (2) 161-173

Moule, P. (2015) *Making Sense of Research in Nursing Health and Social Care*. 5th ed. London: Sage.

Mullins, L.J. (2006) *Essentials of Organisational Behavior.* Edinburgh: Pearson Education.

NHS Digital. (2019) *NHS Workforce Statistics, May 2019 England and Organisation*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2019 [Accessed 13th September 2019]

NHS England. (2014) *Five Year Forward View.* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

NHS England. (2017) *Leading Large Scale Change: A Practical Guide*. Available at https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change-april-2018-smll.pdf

NHS England. (2019) *The NHS Long Term Plan.* Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

NHS Health Research Authority. (2018) *UK Policy Framework for Health and Social Care Research.* Available at: UK Policy Framework for Health and Social Care Research - Health Research Authority (hra.nhs.uk)

Nilakant, V. & Ramnarayan, S. (2006) *Change Management: Altering Mind-sets in a Global Context.* London: Sage.

O'Leary, Z. (2010) *The Essential Guide to Doing Your Research Project.* London: Sage.

Oliver, P. (2010) *The Students Guide to Research Ethics.* 2nd ed. Berkshire: Open University Press.

Parahoo, K. (2014) *Nursing Research. Principles, Processes and Issues.* 3rd Ed. New York: Palgrave Macmillan.

Peters, T.J. & Waterman, R.H. (1982) *In Search of Excellence. Lessons from America's Best-Run Companies.* New York: Harper & Row.

Polit, D.F. & Tatand Beck, C. (2010) *Essentials of Nursing Research. Appraising Evidence for Nursing Practice.* 7th ed. Philadelphia: Lippincott.

Pomare, C., Churruca, K., Long, J.C., Ellis, L.A. & Braithwaite, J. (2019) Organisational Change in Hospitals: A Qualitative Case-study of Staff Perspectives. *BMC Health Services Research. 19*(1), 840. https://doi.org/10.1186/s12913-019-4704-y

Porter, E.J. & Cohen, M.Z. (2012) Phenomenology. Cited in Trainer, A.A. & Grave, E. (Eds) *Reviewing Qualitative Research in the Social Sciences. A Guide for Researchers and Reviewers*. New York: Routledge.

Punch, K.F. (2014) *Introduction to Social Research. Quantitative and Qualitative Approaches*. 3rd ed. London: Sage.

Rafferty, A. E. & Griffin, M.A. (2006) Perceptions of Organisational Change: A Stress and Coping Perspective. *Journal of Applied Psychology.* 91 (5) 1154-1162.

Rafferty, A. E. & Jimmieson, N.L. (2016) Subjective Perceptions of Organisational Change and Employee Resistance to Change: Direct and Medicated Relationships with Employee Well-being. *British Journal of Management*. 28 248-264.

Ritchie, J & Lewis, J. (2003) *Qualitative Research Practice. A Guide for Social Science Students and Researchers.* London: Sage.

Roald, J. & Edgren, L. (2001) Employee Experience of Structural Change in Two Norwegian Hospitals. *International Journal of Health Planning & Management.* Vol 16 pp 311-324.

Rogers, E.M. (2003) *Diffusion of Innovation*. 5th Ed. New York: Free Press.

Roller, M.R. & Lavrakas, P.J. (2015) *Applied Qualitative Research Design.* New York: Guildford Press.

Rosengren, K., Kullen Enstrom, A. & Axelsson, L. (1999) The Staff's Experience of Structural Changes in the Health and Medical Service in Western Sweden. *Journal of Nursing Management.* Vol 7 pp 289-298.

Shah, N. & Shah, S,G,S. (2010) Relationships Between Employee Readiness for Organisational Change, Supervisor and Peer Relations and Demography. *Journal of Enterprise Information Management.* 23 (5) 640-652.

Shaw, J. (2002) Tracking the Merger: The Human Experience. *Health Services Management Research.* 15 (4) 211-222.

Sias, P.M. (2005) Workplace Relationship Quality and Employee Information Experiences. *Communication Studies.* 56 (4) 375-395.

Smith, I. (2005) Achieving Readiness for Organisational Change. *Library Management.* 6 (6/7) 408-412.

Smith, J.A & Osborn, M. (2015) Interpretative Phenomenological Analysis. Cited in Smith, J.A. (Eds) *Qualitative Psychology. A Practical Guide to Research Methods*. 3rd ed. London: Sage.

Smith, J.A., Flowers, P. & Larkin, M. (2012) *Interpretative Phenomenological Analysis. Theory, Method and Research.* London: Sage.

Smith, N-J. (2009) *Achieving Your Professional Doctorate.* Berkshire: McGraw-Hill Education.

Speziale, H.J.S. & Carpenter, D.R. (2007) *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. 4th ed. Philadelphia: Lippincott Williams & Wilkins.

Steele Gray, C., Wilkinson, A., Alvaro, C., Wilkinson, K. & Harvey, M. (2015) Building Resilience and Organisational Readiness during Healthcare Facility Redevelopment Transitions: Is it Possible to Thrive? *Health Environments Research & Design Journal.* 9 (1) 10-33.

Stewart, A. (2014). Case Study. In Birks, M. & Mills, J. (Ed.), *Qualitative Methodology. A Practical Guide.* London: Sage.

Stuart, R. (1995) Experiencing Organizational Change: Triggers, Processes and Outcomes of Change Journeys. *Personnel Review.* 24 (2) 3-88. Cited in Shaw, J.

(2002) Tracking the Merger: The Human Experience. Health Services Management Research. 15 (4) 211-222.

Stokes, P. & Wall, T. (2014) *Research Methods.* London: Palgrave.

The Kings Fund Leadership Review (2012) *Leadership and Engagement for Improvement in the NHS. Together We Can.* The Kings Fund: London

Thomas, G. (2017) *How to do Your Research Project. A Guide for Students.* 3rd ed. Los Angeles: Sage.

Tomkins, L. & Eatough, V. (2010) Reflecting on the Use of IPA with Focus Groups: Pitfalls and Potentials. *Qualitative Research in Psychology.* 7 (3) 244-262.

Transforming Cancer Care. (2017) Why Change? [online] Available at: https://www.transformingcancercaremc.nhs.uk/why-change/ [Accessed 20th December 2017]

Turner, P. (2018) Leadership in Healthcare: Delivering Organisational Transformation and Operational Excellence. Palgrave Macmillan: London.

Upton, T. & Brooks, B. (1995) *Managing Change in the NHS.* Buckingham: Oxford University Press.

Vakola, M. & Nikolaou, I. (2005) Attitudes towards Organisational Change: What is the Role of Employees' Stress and Commitment? *Employee Relations*. 27 (2) 160-174.

Van der Voet, J. (2014) The Effectiveness and Specificity of Change Management in a Public Organisation: Transformational Leadership and a Bureaucratic Organisational Structure. *European Management Journal.* 32. 373-382.

Van der Voert, J., Kulpers, B.S. & Groeneveld, S. (2015) Implementing Change in Public Organisations: The Relationship between Leadership and Effective Commitment to Change in a Public Sector Context. *Public Management Review.* 18 (6) 842-865.

Vroom, V.H. (1964) *Work and Motivation.* Oxford: Wiley.

Walsh, M. & Wigens, L. (2003) *Introduction to Research.* Cheltenham: Nelson Thornes.

Walliman, N. (2006) *Social Research Methods.* London: Sage.

Weber, P.S. & Weber, J.E. (2001) Changes in Employee Perceptions during Organisational Change. *Leadership and Organisation Development Journal.* 22 (6) 291-300

Weber, Y. & Tarba, S.Y. (2012) Mergers and Acquisitions Process: The Use of Corporate Culture Analysis. *Cross Cultural Management*. Vol 19 (3) pp 288-303.

Weightman, J. (2004) *Managing People.* 2nd ed. London: CIPD.

Weiner, B.J. (2009) A Theory of Organisational Readiness for Change. *Implementation Science.* 4 (67)

West, M. (2019) The NHS Crisis of Caring for Staff: What Do We Need To Do? The Kings Fund. Accessed via https://www.kingsfund.org.uk/blog/2019/03/nhs-crisis-caring on 1st Sept 2020.

West, M., Armit, K., Loewenthal, L. Eckert, R. West, T. & Lee, A. (2015) Leadership and Leadership Development in Health Care: The Evidence Base. The Kings Fund. Accessed via https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf on 1st April 2022.

Wilson (2006) Cited in Huczynski, A.A. & Buchanan, D.A. (Eds) *Organisational Behaviour: An Introductory Text.* Harlow UK: Prentice Hall.

Wright, B.E., Christensen, R.K. & Rousin Issett, K. (2013) Motivated to Adapt? The Role of Public Service Motivation as Employees Face organisational Change. *Public Administration Review.* 73 (5) 738-747.

Zahavi, D. (2019) *Phenomenology. The Basics.* Oxon: Routledge.

Zimmerman, J. (2015) *Hermeneutics. A Very Short Introduction*. Oxford: Oxford University Press.