

Evolving Emotional Experiences Following Organizational Change:

A Longitudinal Qualitative Study

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Abstract

Purpose – There is a lack of qualitative longitudinal studies in the literature exploring the complexity and dynamism of affective experience during phases of organizational change. This article therefore explores the nature and intensity of emotional reactions to change and the contextual triggers that made them vary.

Design/methodology/approach – Eleven nurses in a Norwegian public hospital were interviewed at three points in time about a change in technology, one month prior to implementation, three months after implementation and one year after implementation. They were asked to reflect “forwards” and “backwards” about their emotional experiences to the technical change in particular and to other changes occurring at work.

Findings – The informants reported mixed emotional experiences to change at all three interviews. Emotion terms such as “uncertainty”, “joy” and “resignation” were reported at all times, “anxiety and “excitement” were only reported at Times 1 and 2 whereas “frustration” and “cynicism” were only reported at Times 2 and 3.

Research limitations – A larger group of informants would have produced greater insight into the evolving emotional change experiences. Further research could explore other contexts and a wider range of data collection methods.

Originality/value – This is a rare qualitative study of emotional change experiences where the informants were interviewed three times.

Keywords: Emotions, Organizational change, Longitudinal, Qualitative, Healthcare

Article Classification: Research paper

In an overview of research into organizational change Klarner *et al.* (2011) observe an increased focus on the impact of employees' emotional experiences because of the role they play in how they respond. Change can produce positive and negative emotional experiences as it provides opportunities and threats to the individual and these may trigger engagement as well as resistance (Piderit, 2000; Smollan, 2011). Much of the quantitative research into the emotions of change has, however, taken a snapshot approach where self-reported responses are measured at a particular point in time. While providing useful information on the nature, causes and consequences of these reactions to change this approach is limited in its potential to uncover the complexity and dynamism of affect at work.

Pettigrew (1990, p. 270) encourages the use of longitudinal studies because they seek to “capture reality in flight”, while Neale and Flowerdew (2003) use the metaphor of the movie of (qualitative) longitudinal studies in the social sciences as being more informative than the snapshot. The period of time for a study to be termed longitudinal is quite elastic, according to Saldaña (2003), and even over a relatively short time span emotions may appear and fade. The emotional component of change has seldom been factored into longitudinal qualitative accounts (for an exception see Clarke *et al.*, 2007). There are more longitudinal quantitative studies on affective responses (e.g. Fugate *et al.*, 2011; Seo *et al.*, 2012), but they are not able to reveal the idiosyncratic psychological processes that occur as actors try to make sense of change. Longitudinal qualitative studies of change are unsurprisingly rare because of the logistics and time involved. Nevertheless, they produce far more nuanced accounts of individual reactions to change than other approaches.

Our article therefore makes a contribution to the literature by presenting insights from a series of repeated interviews, where the employees were asked about their emotional experiences regarding organizational change, how they varied in intensity and what the specific triggers were, through an approach where they were asked to reflect “forwards” and

“backwards” in time in each interview. We argue that this type of reflection helps informants to construct and reconstruct narratives of their emotional experiences and the underlying situations, events and social relationships through an organizational change. This is in line with previous research that has focused on storytelling as a way to explore how employees make sense of organizational change (see e.g. Buskirk and McGrath, 1992; Reissner, 2011). Furthermore, we argue that the stories or narratives on emotional experiences represent a “fluid movie”, particularly when interviewees are encouraged to anticipate their future as well as recollect past events. In relation to this Bryant and Cox (2006) demonstrated how retrospective narratives on organizational change captured dynamic organizational phenomena and processes.

The research questions that drive this article are: What emotions are experienced as a change unfolds over time, how intense are they and what makes them vary? In seeking to answer these questions we aim to shed light on the complex and dynamic responses to change as the announcement and implementation of change influences organizational life. In doing so we answer the calls of Pettigrew (1990) for longitudinal studies of change, of Gooty *et al.* (2009) for investigations of the dynamic nature of emotions at work, of Klarner *et al.* (2011), for research into emotions occurring over different phases of a change and of Bosio *et al.* (2012) into the psychological elements of healthcare organizations. From a practical perspective a deeper understanding of the evolving emotional experience of change should help managers plan and implement change more effectively and give change participants a lens through which they can view and make sense of their own experiences.

In the following sections, we will firstly explore the ways in which the term emotional experiences are understood and adopted in this study, including an elaboration of the cognitive and social constructionist perspectives on emotions that guided our research. Secondly, we will provide a literature review where we comment on why organizational change can be an

emotional experience, identify some of the existing literature on emotional experiences during organizational change over time and focus on the importance of longitudinal studies and their intersection with context. Thirdly, we will elaborate on our methodological approach where the notion of narratives of “forwards” and “backwards” thinking remained central. Finally, we will report on the findings from our study which reveals mixed emotional experiences regarding different aspects of organizational change over time. Furthermore, we will explore how discrete emotions such as anxiety, anger, excitement, joy and hope evolved through the processes and outcomes of change.

A cognitive, social constructionist contextual perspective on emotional experience

Two different views of research into emotions underpin our theoretical position. We use both cognitive appraisal theory and social constructionism as lenses through which we can examine emotional reactions to organizational change. For this study we adopt a broad conceptualization of emotional experiences including discrete emotions, moods and wider affect terms such as emotion-laden judgements (Barsade and Gibson, 2007; Lazarus and Cohen-Charash, 2001). Discrete emotions emerge as a consequence of a cognitive evaluation of a situation, event or social relationship (context). In addition, they tend to be relatively intense, change rapidly and be associated with physiological responses and action tendencies (see Frijda, 2007). Moods are slow-changing and moderate in intensity and do not necessarily relate to something in particular. Emotion-laden judgements may be viewed as broad cognitive evaluations associated with a range of distinct emotions (e.g. feeling disrespected and experiencing anger and shame). Hence, we conceptualize emotions arising from cognition, which is consistent with our methodological approach where we seek to explore the construction and deconstruction of emotional narratives as informants reflect on and evaluate their situations in repeat interviews

Cognitive appraisal and emotions

Considering our cognitive, contextual and longitudinal understanding of emotional change experiences the cognitive relational theory of Lazarus and colleagues (e.g. Lazarus, 1991; 1993; 1999; Lazarus and Cohen-Charash, 2001) was considered particularly meaningful. This perspective emphasizes a continuous and reciprocal interaction between the person and the environment through the process of cognitive appraisal. Thus when an event occurs a person could evaluate it as already harmful, threatening (potentially harmful), challenging or beneficial (Lazarus, 1993). This form of appraisal is often unconscious (Lazarus, 1991).

Lazarus and colleagues initially adopted the notion of cognitive appraisal to define and explain the concept of stress (Lazarus and Folkman, 1984). However, this perspective was further expanded to a systems approach to emotions (Lazarus, 1991) where underlying meta-theoretical assumptions of transaction, process and context are implied. Hence, emotions are assumed to emerge as the consequence of a specific encounter of the person with his/her surroundings. Furthermore, emotions and cognitions are subject to continuous change. In other words, past as well as anticipated future situations play a part in the forming of emotions. Finally, the meaning of reciprocal transactions between the individual and his/her surroundings derive from the underlying context. Overall it is postulated that emotions emerge when something of personal significance is perceived to interrupt or improve a smoothly flowing situation, such as when values, needs and goals are affected. For example, as change moves through various phases from announcement through implementation to the aftermath organizational actors are regularly appraising developments that may affect their emotional experiences; a process in which may operate on the conscious as well as unconscious level.

The social construction of emotions

The notion of context and transactions between individuals and their surroundings can be linked to a body of research that claims that emotions are socially constructed (Burkitt, 1997; Callahan and McCollum, 2002). Social constructionism takes the position that our understanding of experience (including the emotional) is shaped by our upbringing and many other environmental influences. Schwandt (2003) differentiates between ‘weak’ and ‘strong’ forms of social constructionism: the former takes the view that one’s understanding of the world is *influenced* by the many discourses one is subject to while the latter asserts that it is *determined* by them.

Using either form of this paradigm researchers investigate how “people report, reconstruct, or negotiate their emotionalities, as well as on the social contexts that regulate such events” (Fineman, 2005, p. 8). Thus discourses in multiple settings provide the language with which we make sense of our emotions. Gergen and Thatchenkerry (2004) aver that language does not merely reflect reality it actually constitutes it. Burkitt (1997) emphasizes the power of social relationships to forge emotional experience. When organizational actors refer to stress, anxiety or hope (such as in the context of organizational change), the meanings they invest in these terms have been learned from many forms of social interaction.

As Fineman (2005) observes, people regulate their emotions to suit the social context. Felt emotions are not necessarily those that are displayed and communicated. The extensive literature on emotional labour that has emerged since the seminal work of Hochschild (1983) identifies the conditions under which organizational actors feel constrained to display "appropriate" positive and negative emotions and suppress others. Different perceptions of appropriateness are held by managers, colleagues and external stakeholders, including hospital patients. These expectations often conflict with the naturally felt emotions of the actors. Clarke *et al.* (2007) showed in three interviews of staff undergoing change how they felt the need to display and suppress emotions in line with the expectations of others.

The nexus between cognitive appraisal and the social construction of emotions

These perspectives on emotions, cognitive appraisal and social constructionism are complementary. In this regard we support the 'soft' version of social constructionism (Schwandt, 2003) because people interpret their encounters in terms of the significance for themselves but are influenced in doing so by what others say, feel and do. It is likely, therefore, that when nurses talk about their emotions to other workplace staff - and to researchers (e.g. Salmela et al., 2013) - their conversations are influenced by many other contexts, including media reports and professional publications and websites, nursing school classes, hospital meetings, discussions with supervisors and informal collegial interactions. These discourses help to construct not only the understanding of actors of the emotions they are experiencing, but also shape the emotions they think they *ought* to feel, display or hide (Callahan and McCollum, 2002; Clarke *et al.*, 2007) and the language they use describe them.

To further emphasize the influence of others in generating emotions, emotional contagion occurs when people are swept along by the audible and visible emotions of others and actually feel what others feel (Barsade, 2002). While not everyone facing a change, for example, will necessarily experience the same emotions the enveloping affective climate may permeate individual mood. While managerial discourse tends to put a positive spin on change and seeks to invest it with positive emotional content (Fox and Amichai-Hamburger, 2001), unofficial discourses may generate a covert form of resistance (Smollan, 2011) that is imbued with negative emotions (Piderit, 2000). If talk about the emotions of change flows back to change managers they may construct this as unwelcome resistance or acknowledge that extra support, psychological and/or tangible, is needed for some staff (Salmela *et al.*, 2013). Staff feedback on a proposed or implemented change may also persuade managers to rethink aspects of the change itself.

Thus, while cognitive appraisal theory focuses on individual thought processes as generators of emotion, and social constructionism highlights the role of others in the experience and narration of emotion, the nexus lies in the context of emotional encounters. Discussion about shared experience and its affective elements influences individual thought and feeling without necessarily determining them.

Emotional experiences during organizational change

In the past emotion was marginalized in research into organizational life but “the affective revolution” heralded by Barsade *et al.* (2003) has focussed on the key role emotion plays in everyday work experience. Studies of organizational change have revealed that it produces negative emotions, such as anxiety, sadness, anger and frustration in varying circumstances, such as when uncertainty is prevalent (Fugate *et al.*, 2011), loss is felt (Bartunek *et al.*, 2006), injustice is perceived (Barclay *et al.*, 2005), identity is threatened (Kira *et al.*, 2012), communication is inadequate and insensitive (Brown *et al.*;2006; Bryant, 2006; Salmela *et al.*, 2013; Teo *et al.*, 2013) and change is too frequent (Kiefer, 2005). Positive emotions, such as excitement, contentment and hope, occur when gains are made, opportunities are presented and valued outcomes result (Bartunek *et al.*, 2006; Kiefer, 2002), but have received far less attention by researchers of change.

Organizational change is a context permeated by a range of affective experiences that evolve over time as new events take place and new information is received. Given that change takes place over a period from planning, announcement and implementation, that one change may be accompanied by or followed by another, and that other work issues colour the affective experience of organizational life, it is helpful to analyze literature on models of change that occur over time.

Staged models of organizational change

Staged models of change (personal and organizational) are based on the view that different stages of the lifecycle of a change elicit different thoughts, feelings and behaviours. For example, Prochaska and DiClemente (1983) identified the sequences of change for individuals addressing problem behaviours (such as smoking) as precontemplative, contemplative, preparatory, action and maintenance. Cunningham *et al.* (2002) found this a useful framework in measuring readiness for organizational change. In tracking cognitive reactions to an organizational change Isabella (1990) categorized the stages of change as anticipation, confirmation, culmination and aftermath. As events occurred and new information was received her interviewees reported how they had tried to make sense of the change. She concludes that cognitions of change are frequently accompanied by emotions which help to shape reactions. Clarke *et al.* (2007, p. 93) identify phases of change in which organizations mobilize, move and sustain change and individuals in their study went through phases of “Letting go of the Past; Adapting to Change; and Moving Forward.” Managers are embroiled in these processes and often struggle to manage both their own emotions and those of others.

The affective elements of organizational change have featured in staged models based on Kübler-Ross (1969) study of patients experiencing terminal illness and impending death. She observed how people facing this form of trauma first reacted to negative news with denial, followed by anger, depression, bargaining and accommodation. Elrod and Tippett (2002) identify a number of models of personal and organizational change that follow a similar curve, reaching a nadir in the “death valley” before moving upwards to a more positive acceptance of what appears to be inevitable. Zell (2003) investigated how university academics reacted to a change and found that most of her respondents reported experience broadly in line with Kübler-Ross’ (1969) model. This model is also reflected in a number of practitioner websites, indicating the perceived parallels between the context Kübler-Ross was working in and the world of

organizational change management (e.g. Changingminds; Mind Tools). However, these affective models have been criticized because they ignore the mutual and dynamic interplay between individuals and their surroundings (see, for example, Giæver, 2009; Smollan, 2014). The experience of facing terminal illness, for instance, cannot necessarily be compared to the experience of organizational change since the former is far more powerful and permanent. Furthermore, even though current models on grief emphasize that it does not follow a linear process, but that the individual typically oscillates between focusing energy on withdrawal from the relationship that has been lost and attending to other interests and relationships, the management and change literature seems to continue to adopt these linear models (Hazen, 2008; Stroebe and Schut, 1999). Bell and Taylor (2011) suggest that this may have to do with the issue that these models favour managerial interests, cultural orientation and an empirical emphasis on western organizations. Stage models are convenient because responsibility is placed on the individual rather than the organization, which might reduce the possibility of resistance. Yet the manager is positioned as a neutral and effective agent who is able to help individuals resolve their grief. Furthermore organizational loss is rarely studied in non-western contexts. It can also be argued that linear change models are too simplistic, not accounting for the messy and complex relationships of the real world where emotions do not follow a neat and clear cut pattern over time, but continually relate to events and relationships, past, present and anticipated. One example is the process when negative emotions, that are initially not harmful to the organization, take on an accelerating nature and become toxic over time as a consequence of organizational events and managerial actions (Kiefer and Barclay, 2012). Scepticism about organizational change, which is doubt that a change will work can escalate into cynicism, which has a stronger emotional component that queries the motives of others (such as change managers) (Stanley *et al.*, 2005). Consequently employees may not necessarily follow the upward curve that is being suggested in stage models, where organizational change is eventually

embraced as being for the better, as Smollan (2014) reports in his study. On the contrary, one may envision a whole range of different patterns and trajectories, involving a downward as well as an upward curve, depending on the ways in which individuals interact with the change context. Finally, employees accepting change have not necessarily gone through an upward emotional movement.

Liu and Perrewè (2005) propose a somewhat more complex cognitive-emotional model of planned organizational change where employees go through four sequential, but still distinguishable, stages in the organizational change process. Emotions experienced at the beginning of the change project are of high levels of arousal and future oriented, and therefore characterized by uncertainty (e.g. hope and fear). Emotions felt in the later stages of change are assumed to be of lower levels of arousal, evaluative and associated with low uncertainty (e.g. anger and happiness). In addition it is assumed that emotions in the beginning of a change process are characterized by a low level of action readiness, whereas emotions at later stages have more specific action tendencies. Emotions are viewed as dynamic and procedural, but the model can be criticized for assuming that the individual moves from one emotional stage to the other in a rather predictable way. Furthermore, the change context is treated somewhat as a black box and organizational change is viewed as an isolated snapshot event that triggers certain emotions. Hence, the reciprocal relationship between the individual and the surrounding change context is not taken into account.

Longitudinal studies of affect and organizational change

Most longitudinal studies of the affective nature of organizational change are quantitative, some of which require participants to report on variables at two (or more) points in time. Some studies are not primarily about affect but reveal how change produces affective reactions. In a study on readiness for change, Cunningham *et al.* (2002) surveyed hospital staff after a major series of

changes was announced and one year later, after extensive staff consultation and implementation of the changes. They found that emotional exhaustion increased where job-related changes were found to be too demanding but was mitigated where there was perceived organizational support. In a study of public sector employees Jimmieson *et al.* (2004) surveyed staff three months after a major change was introduced and two years later. They reported that work stressors undermined psychological wellbeing but that change self-efficacy and the provision of change-related information increased it. Seo *et al.* (2012) surveyed employees of a government organization just after a major structural change had taken place and a year later, just after phase one of the changes had been completed and phase two had begun. A key finding was that affective experience at the beginning of the change substantially influenced employee commitment to change at later stages. In surveys administered to nursing staff six months apart Teo *et al.* (2013) found that stress increased when change created extra administrative tasks for and when communication was perceived as inadequate. In another longitudinal study of nurses Brown *et al.* (2006) found that stress increased through unsatisfactory information about restructuring.

Longitudinal qualitative studies of organizational change are rare and those focussing on the emotions of change even more so. Zell's (2003) interviewed most respondents (university academics) once over a two-year period but three key players were interviewed several times and she also attended departmental sessions as an adviser. She concluded that there was a close parallel to the Kübler-Ross (1969) stages of adaptation to threatening news. Kira *et al.* (2012) conducted interviews with change managers four months before and eight months after a merger of public sector organizations and reported considerable evidence of negative emotions when the managers believed they were acting inauthentically or with inadequate levels of competence in redesigned roles. Clarke *et al.* (2007) carried out an even rarer study comprising *three* interviews of managers in a manufacturing company, just after a

major restructuring and downsizing initiative, nine months after that and a further nine months later as one change was implemented and followed by others. They found that not only did the managers experience a range of emotions, mostly negative, but many also felt the need to display “appropriate” emotions and hide “inappropriate” emotions.

In summary, longitudinal studies on change reveal their dynamic and emotional nature and qualitative studies are able to reveal both common and individual experiences. We therefore sought to enhance understanding of change by examining the impact of a technological change in a healthcare context where other changes were taking place.

Method

The research site

The study focuses on a group of Norwegian hospital nurses experiencing the introduction of electronic care plans (ECPs) in their ward. This involved the computer-mediated provision of structured summaries of patient problems, combined with relevant measures, as a replacement of day-to-day unstructured pen and paper reports. The aims were to reduce time spent on verbal reports and to increase the quality of the documented work.

Furthermore, in order to utilize the inherent qualities of this system everyday nursing work was simultaneously re-organized to replace group-based with primary (one-to-one) care. Nursing staff were not actively involved or consulted in the change project and the changes were largely a top-down change initiative. Over time a range of other changes were also introduced. These included moving into new buildings following a major construction and refurbishment project at the hospital, and a wide range of cost-saving strategies that were implemented as a consequence of the hospital’s declining financial situation. In addition, the ECP programme was only one out of many new computer programmes introduced at the

hospital. Although these changes were unrelated to ECP implementation they still represented a backdrop that influenced perceptions of ECP implementation.

Participants and procedure

We draw on data from a wider research study on emotions and change that was carried out in 2005 and 2006. Initially we contacted the “electronic patient record project group” which was in charge of the implementation of various new electronic computer programmes at the hospital. Permission to collect data in various ways was given to the first author by allowing access to organizational documents, e.g. memos regarding change activities, to attend meetings and to carry out observation at a hospital ward. Through these activities we incidentally came across the ECP project and made contact with a local “gatekeeper” who happened to be particularly motivated to participate in our research project through her job as nurse educator and membership of the ECP project team.

Following our theoretical perspective on emotions where we argue that emotions are relational and social, but mediated through cognitive evaluations, we decided to carry out repeated interviews. This was seen as an opportunity to explore emotional experiences on the individual level through stimulating informants to think about and verbalize their thoughts and emotions, as well as situations and events that unfolded over time in the context of change. Here we were particularly guided by a narrative methodological approach. A narrative approach assumes that human beings inevitably construct, and reconstruct, stories, imposing a meaningful pattern, as they make sense of the world (Riessmann, 2008). Furthermore, it is also assumed that narratives have pronounced spatial and temporal elements (Laslett, 1999; Syrjälä *et al.*, 2009) indicating that narratives not only tell the story of the individual, but also about their social environments. In addition, narratives are assumed to have a time ordering function where the narrator makes sense of the present through recounting and looking back on past

events and situations, as well as anticipating the future, in light of these events. Hence narratives represent an ordered sequence of experiences and events, as constructed by the narrator.

A group of nursing staff was accessed through our “gatekeeper” and interviewed by the first author three times regarding change experiences: one month prior to the change being introduced, three months after implementation and one year after implementation. The first author had built considerable rapport with nursing staff over time and this was reinforced by her role in participant observation at the ward one week into implementation of the ECPs. Observation involved adopting the role as a nursing assistant, following several nurses on different work shifts, helping out with practical work, where possible, and socializing with staff during coffee and lunch breaks. Finally, training and sessions and information meetings for staff were attended, as were meetings with head nurses, where various changes were discussed. This form of “shadowing” provided a wealth of insight into the experience of nursing staff, an approach that has been adopted elsewhere in nursing research (see Urban and Quinlan, 2014).

In the first interview there were 20 informants, but by the third interview only 11 remained with some of the nursing staff having retired or being on long term sick leave, maternity leave, etc. Considering the longitudinal perspective adopted for this study we decided to draw on interview data only from the 11 informants who participated throughout.

The interviewees were all female and their ages ranged from the early 20s to the 60s. Eight of the interviewees were registered nurses, and three worked as nursing assistants. Registered nurses have graduated from a nursing programme at a college/university, and have passed a national licensing examination that certifies them to handle patient medications, whereas nursing assistants generally have no formal education after high school. In Norway documentation work has traditionally been considered a nursing task that requires higher formal qualifications because of the responsibility involved (e.g. in the case of a potential lawsuit). However, following the health legislation of 1999 (The National Health Plan for Norway, 2007-

2010), where it is stated that all health workers are obliged to document their work, there has been increased pressure for nursing assistants to participate in documentation activities, including ECP implementation. Furthermore, the principle of primary care also had consequences for the division of nursing and nursing assistant tasks as the introduction of primary care meant that nursing staff, regardless of formal qualifications, would have to deal with a wider variety of work tasks, including documentation.

In each semi-structured interview the informants were encouraged to reflect backwards and forwards as a strategy to facilitate a narrative account, and to make an attempt to make a connection between interviews through encouraging the construction of an ongoing narrative. In the first interview questions were asked such as “How do you think ECPs will affect your everyday job?” and “How do you feel about this?” The responses were analyzed to identify central issues and experiences that could be followed up in subsequent interviews. The second interview was more structured as the informants were presented with a list summarizing emotional experiences and recurring issues that had been reported overall in the first interview. This strategy was adopted in order to steer the conversation more specifically towards emotions and to follow emotional experiences over time. In the third interview the informants were asked to reflect on the changes that had occurred and how they felt about them in the present by asking questions such as, “How has your work situation changed as a consequence of ECP introduction?” and “How do you feel about this?” Questions followed to probe their views and emotional experiences as expressed in previous interviews (e.g. “I remember you said in a previous interview that [...], how you feel about this now?”). They were also asked about their views and emotions regarding the future. The interviews lasted between 30 and 60 minutes and were recorded, transcribed verbatim and translated into English by the first author.

Data analysis

NVivo software (Richards, 2005) was applied to aid data analysis and field notes were adopted throughout the whole process to deepen and support our analysis of the interview data. Data analysis of the interviews was inspired by five steps of thematic analysis (Howitt, 2010): data familiarisation, initial coding generation, generation of themes based on initial coding, review of themes and theme definition and labelling. Firstly, we read through interview transcripts from Times 1, 2, and 3 on several occasions and isolated passages that indicated emotional reactions to changes. Here we largely followed a theory-led approach (Howitt, 2010) as we specifically looked for evidence of distinct emotions and affect-laden terms. Furthermore, we were particularly looking for emotional experiences that were explicitly expressed in the interviews (e.g. “I felt angry”). However, it was noted that many of the interviewees, particularly in the first interview, seemed unable to express their emotions in explicit ways, but still revealed their emotions indirectly, for example, through referring to emotions on a collective level (e.g. “we feel”), body language and through the ways in which situations and other peoples’ experiences were described (e.g. by indications of compassion). We therefore decided to focus on passages that indicated manifest as well as latent emotional content (Graneheim and Lundman, 2003). Secondly, we re-read the isolated passages and formed a set of codes or categories (initial coding generation) that indicated emotional experiences (e.g. joy, anger, insecurity etc.) in the overall group of informants at each point in time. Thirdly, we searched for and identified overall themes through looking for patterns regarding the content and intensity of the emotion terms that had already been identified. Fourthly, we explored the development of emotional experiences over time by looking for similarities and differences among the themes, as well as emotional experiences that had been identified to represent Times 1, 2 and 3. Here we were particularly interested in examining how and potentially in what ways, emotional experiences changed, or did not change, over time.

Findings

In the subsequent sections we will mainly present findings from our interview data; however we will also present some data from participant observation throughout in order to provide contextual information to support our interpretation of the interview data.

The interviewees reported a wide range of emotional experiences, both positive and negative, at all three points in time regarding different aspects of change. The following sections will explore the content of the emotional experiences being reported at the three times respectively, followed by a comparison of the ways in which some emotional experiences appeared to shift in content and intensity across all the times while others remained constant for two or three of the times. Table 1 provides an overview of the themes that were identified to summarize emotional change experiences at Times 1, 2 and 3, along with sample quotes and key emotional terms associated with each theme.

Insert Table 1 about here

Time 1: One month prior to the change being introduced

When analysing the content of the emotion terms identified at Time 1 the theme emerged, “ambivalent, but hopeful about implementation and the future”. This revolved around nursing staff being concerned about the practical steps of learning the new system and receiving enough support from management. There was a general sense among the interviewees that they had not received enough information about the change project. They also indicated that they had been offered too little training, just a three-hour course which several claimed was too far in advance of implementation to be of use. This was perceived to have particularly severe consequences for older nursing assistants, many of whom were practically computer illiterate, and had little or no experience with documentation work. However, there was also the issue of looking forward to and needing change at work as many of the nursing staff felt they had been stuck in a routine for years prior to implementation of ECPs.

Nursing staff were also concerned about potential consequences that the change process could have for the quality of patient care. For instance, they were worried about loss of information which could potentially hamper the security of care and have serious consequences in the case of lawsuits from patients. In addition the interviewees were concerned that the temporary situation of having to sit in front of the computer and learning the new system during work hours would lead to a chaotic situation in the ward and less time for face-to-face patient contact. Some of the interviewees were also worried that the practical and caring aspect of nursing work would be permanently lost as a consequence of incorporating more administrative and computer work into their roles.

Finally, the theme revolves around the informants' perspectives on technology and the future. It was evident that they felt excitement, joy and pride about representing the technological forefront at their hospital considering that theirs was the first ward to introduce ECPs. They also seemed to believe that technological change represented progress and the prospect of a positive future, although they seemed to have a very vague and abstract understanding of the ways in which the new technology would be beneficial on a day-to-day basis. On the other hand, they perceived that the technological development was inevitable, hence there was no point in objecting to ECPs, and that they were better off trying to remain optimistic about the future.

When it comes to dealing with the uncertainty of the future nursing staff appeared to rely heavily on nursing managers, and the project team, to provide answers, help them see the benefits of change and guide them through the change process on a practical level. This issue was also supported by participant observation as it appeared that interviewees to some extent repeated statements (e.g. "this is the future", "we have no choice but to stay ahead of the development" and "it feels difficult now, but will eventually get better") that had initially been expressed by the project team during information meetings, training sessions, etc. The

informants seemed to firmly believe that the project team had developed and followed a well thought-through plan of the implementation and ongoing utilization of the new system. Participant observation, on the other hand, indicated that the project team also felt victims of an inevitable and to some extent imposed technological change on a broader organizational and societal level and wanted to take actions to stay ahead of this. However, the project team also envisioned some benefits of the new technology to the quality and efficiency of everyday nursing work (e.g. eventually less time spent on documenting and more time for hands on patient care). Yet they did not set aside a lot of time trying to get this message across to nursing staff who did not appear to take this issue on board to a meaningful extent. Hence, the project team seemed to be mainly motivated to implement ECPs as quickly as possible, which also meant that they followed an ad hoc plan with inadequate time for planning and for communication with nursing staff. Instead they decided to sort out potential problems as the change process ran its course. This implied that the expectations of nursing staff, who awaited answers to their questions regarding the future as well as further instructions and support from managers, were unlikely to be fulfilled.

Time 2: Three months after implementation

Two themes surfaced on emotional experiences during this phase: “Negative about implementation” and “Overwhelmed by continual change”.

The theme, “Negative about implementation”, referred to nursing staff feeling let down by the project team, believing that they could not rely on it in the way they had initially expected. This was experienced as particularly difficult by nursing assistants who were already struggling with a lack of documentation and computer skills, and a consequent fear of job loss. Overall, this led to a situation of growing frustration and uncertainty when it came to the utilization of the new system and anger and cynicism towards management and the project

team. The negative experience of implementation, however, was somewhat balanced by the perception that they were part of a strong nursing community characterized by compassion for nursing staff who were struggling with change, and a strong sense of being cared for by colleagues during difficult times. Furthermore, it was evident that although the majority of the informants felt negatively about the change process they remained positive about change in general, and the introduction of new technology per se, even though some of them seemed to adopt a more resigned attitude where they gave in to and accepted an inevitable future involving new technology at work.

The second theme, “Being overwhelmed by continual change”, was related to the introduction of ECPs being only one of many changes occurring simultaneously at the hospital. For example, several of the nursing staff in our sample had to move into new buildings in the middle of the ECP project, in addition to experiencing a range of cost-saving strategies in the ward which changed their job content. This negatively influenced the emotional responses of nursing staff to the ECP project. For instance, many of the nursing staff reported that this situation made them less motivated to deal with ECP implementation or other changes. Many of the nursing staff were also concerned with the ways in which this situation affected the quality of patient care.

Time 3: One year after implementation

Two themes surfaced when exploring the emotion terms identified at Time 3, both of which represented slight modifications of the themes that had been identified at Times 1 and 2: “Persistent negativity about implementation and the situation of continual change” and “Hopeful, but resigned about the future.”

The theme “Persistent negativity about implementation and the situation of continual change” indicates that nursing staff continued to feel uncertain and insecure about some aspects

of the changes. Even a full year after implementation of the ECPs they were yet to experience the presumed benefits and were still unsure how the system was supposed to be applied on a daily basis. Overall, nursing staff perceived that this was due to poor managerial planning over time and the inability of the project team to produce clear solutions to problems that continued to emerge in the ward, which nursing staff had to solve on a practical level. Nursing staff continued to express anger and cynicism about management and the project team. They also continued to feel negatively about dealing with ongoing change in the hospital. This also indirectly affected their motivation and endurance when it came to dealing with inadequate support from the project team, as well as their uncertainties regarding the future in general and the ECP system in particular. Some informants did, however, also continue to express pleasure that change was needed and that more tasks had been incorporated into their work role as a consequence of the adoption of ECPs and primary care, something in which particularly applied to nursing assistants.

Regarding the second theme, “Hopeful, but resigned about the future”, it was evident that although many of the nursing staff to some extent still remained positive about the potential of the new technology, their initial excitement had vanished or faded. Overall, nursing staff seemed more resigned, and less optimistic, about the situation at Time 3 compared to Times 1 and 2. This was particularly evident when their views were seen in the context of their perceptions of poor managerial planning. One of the informants also voiced her concern that the resigned attitude among nursing staff could be due to a passive culture, or a “typical female work environment” where “nobody says anything, but just sits there, moan and accept everything”. However, although it was evident in the data material that nursing staff remained relatively passive in the events of organizational change, we do not have more data to suggest that this was due to some kind of gender specific work culture. Overall, it rather appeared that

the increasingly resigned, and somewhat cynical, attitude of nursing staff throughout the change process emerged as a consequence of the change initiatives being solely top down.

Comparison of evolving emotional responses across three times

Table 2 provides a comparative overview of all the emotional change experiences that were identified at each point in time. Although there were some emotional terms that were only reported at one of the times, there were also some terms that were consistently reported at all three times of data collection, such as “uncertainty”, “insecurity”, “compassion”, “joy” and “fear/anxiety/worry”. Furthermore, there were some emotional terms that were only identified at Times 1 and 2, but not at Time 3, such as “excitement”, “pride” and “feeling cared for (by colleagues)”. Finally, “anger”, “frustration”, “not feeling cared for by management”, “cynicism” and “feeling overwhelmed/exhaustion” only appeared at Times 2 and 3.

Insert Table 2 about here

It was evident that the informants expressed mixed emotional experiences throughout the three points in time and that some were reported at all three times. It was noticeable that the informants remained positive and optimistic about the changes and the notion of technological progress throughout the whole change process, but at the same time did not seem to have a very clear idea of the actual benefits of ECPs (“uncertainty”, “insecurity”). In addition, the informants continued to perceive that technological change was inevitable and that there was therefore no point resisting the changes (“resignation”).

Furthermore, nursing staff continued to express “hope/optimism” with regards to receiving help from the project team to make sense of change and to guide them through the change process. In addition, they continued to “hope” that the future would somewhat surprise them pleasantly. Over time the initial “hope/optimism” seemed to somewhat fade as they started to feel increasingly “resigned” about the situation as they experienced a continued sense of

“loss/sadness” with regards to feeling unable to maintain the quality of care (Times 1 and 2) and experiencing continual change, which had severe consequences for the work environment of several nursing staff (Times 2 and 3). The increasing sense of “resignation” was due to beliefs that they could not rely on the project team in the way in which they initially had anticipated and hoped at Time 1. Participant observation of nursing staff also revealed that some nursing staff *at all three times* appeared particularly expectant and passive, accepting the situation without overtly objecting or actively doing something about what was experienced as a difficult situation.

Simultaneously, it was evident that they seemed to express dissatisfaction in more covert ways. For instance it was striking that there were hardly any objections and/or questions being raised at information meetings and training sessions, while there were a lot of complaints being shared between staff during lunch and coffee breaks when the project team was not present. This may partly be explained on the basis of perceiving that they were part of a strong collective community where they could share negative information within their group as well as rely on support from colleagues. On the other hand, the passive and resigned attitude of nursing staff may also be due to dynamics with the project team and the ways in which it decided to deal with problems that emerged. For example, the project team explicitly decided to adopt a strategy where critical comments from staff were to be ignored, and where they were only to focus on the positive aspects of change. One of the project members also commented that she had recently attended a training course where she claimed to live by the advice she had learned: “Any negative reaction that receives attention will be reinforced.” Furthermore, statements such as “the road is made by walking it”, and “you will feel better in the end” were frequently adopted by the project team to minimize any negative emotional experiences that might be experienced by nursing staff.

There were also some emotional experiences that were only reported at Times 1 and 2, but not at Time 3. For instance, nursing staff reported “excitement” and “pride” about the change process and being at the forefront of the technological development at their hospital, emotions which were not prevalent at Time 3. Furthermore, at Times 1 and 2 but not at Time 3, they reported feeling “fearful/anxious/worried” about coping with the changes and the implementation phase, as well as maintaining the quality of patient care. However, at the same time they felt they could rely on support from their colleagues (“feeling cared for by colleagues”).

Finally, some emotion terms were only reported at Times 2 and 3, but not at Time 1 which were mainly to do with managerial actions and the issue of continual change (“anger”, “frustration”, “not feeling cared for (by management)”, “cynicism”, “feeling overwhelmed/exhaustion”). In relation to this it was evident that nursing staff appeared more “cynical” and “resigned” (reported at all three times) as a consequence of feeling more and more “frustrated” and “angry” about the ways in which management and the project team did not take properly care of them throughout the change process. This also applied to changes being regularly introduced, even at Time 3.

Discussion

A wide range of emotional experiences, positive and negative and varying in content and intensity, were identified at the three points in time. The theme, “ambivalent, but hopeful about implementation and the future”, was found to summarize emotional experiences identified at Time 1. The two themes “negative about implementation” and “overwhelmed by continual change” were identified at Time 2. Finally, the themes “persistent negativity about implementation and the situation of continual change” and “hopeful, but resigned about the future” was found to represent Time 3. We discuss the five themes under two headings:

Evolving emotional change-experiences; and the role played by the context of organizational change.

Evolving emotional change experiences

Our findings are in line with previous studies on emotions and change where it has been suggested that organizational change is not only perceived negatively, but also positively (e.g. Bartunek *et al.*, 2006; Kiefer, 2002) and that negative emotional change-experiences are rarely about change per se (Kiefer, 2005) but more about specific processes and outcomes. The cautious optimism and anxiety that Salmela *et al.* (2013) found in their study on nurse leaders facing an impending merger are similar to the nurses interviewed in the current study. However, the longitudinal nature of our study shows how emotions alter with experience as the change moves through different phases. Furthermore, there is a complex and multidimensional nature to negative emotional change experiences as they are not necessarily experienced in straightforward ways (Piderit, 2000; Smollan, 2011).

However, our findings are contrary to traditional stage models which suggest that employees are initially negative about the prospect of change, but that they will express more positive emotions over time as they go through distinct emotional stages where they gradually let go of the past and embrace the future potential of change (Clarke *et al.*, 2007; Elrod and Tippett, 2003; Kübler-Ross, 1969; Zell, 2003). Furthermore, the informants in our study were reporting more negative affect over time, such as “anger”, “frustration” and “cynicism” though experiencing a situation where multiple changes were increasingly introduced over time. Kiefer's (2005) study found a similar pattern. In addition it was evident that our informants were not experiencing emotions indicating low levels of uncertainty, and specific action tendencies at the later stages of change as suggested by Liu and Perrewè (2005), neither did they seem to have reached the aftermath stage that Isabella (1990) identified. Our findings indicated that the

informants still seemed to have some difficulty in reaching some kind of closure and “moving forward” at Time 3. This supports our position that while the patterns of staged models of change (e.g. Elrod and Tippett, 2002) do manifest in some employee's adaptation the reactions of the individual cannot be predicted, particularly regarding the possible accommodation or closure stage. Alternatively, it can be argued that the “resignation” and passiveness at Time 3 is indicative of a way of reaching some kind of closure and adapting to an uncertain future that they perceived they could not change anyway. However, this does not necessarily signal the typical upward cognitive and affective trajectory. It can also be argued that the situation of ongoing change in our study prevented closure regarding the technological change, which may have contributed to the “insecurity”, “uncertainty” and “fear” that nursing staff reported in relation to “what to write”, “documenting enough”, etc., in the ECP system. These findings underline the importance of a longitudinal perspective that better captures the temporal nature and full extent of emotional response (Weiss and Beal, 2005).

The role played by the context of organizational change

It is also essential to consider context on different levels (Danisman, 2010; Greenwood *et al.*, 2011; Johns, 2006) to understand the reasons why emotions evolve the way they do over time. The informants in our study appeared to be relatively optimistic and uncritical, but simultaneously passive, about the prospect of new technology at work. This experience to some extent emerged as a consequence of their dynamic interaction with members of the project team who themselves at times felt like victims of an inevitable technological development. Simultaneously members of the project team believed that the technology could improve the quality and efficiency of nursing work, but did not take the time to communicate properly with nursing staff prior to implementation. This was mostly due to their motivation to implement ECPs as quickly as possible in order to get a head start on this inevitable development.

This underlines the issue that emotional experiences are not only affected by context on a local micro level, such as specific events and social relationships, but also by the overarching context on the macro, societal level (Danisman, 2010; Greenwood *et al.*, 2011; Johns, 2006; Pettigrew, 1990). It has for instance been pointed out that people generally seem to view technology as a “magic bullet”, empowering them to do things they could not do before, and preventing organizations from working in old and unproductive ways (Markus and Benjamin, 1997). That technology is actively shaped by human actors is often ignored. In a similar vein Leonard and Jackson (2004) argue that although a substantial body of research challenges the idea of technological progress demonstrating the complex, social and political nature of this development the notion of technological determinism continues to remain a powerful and persuasive force, particularly in the western world. In their study of two mergers of high-tech organizations they demonstrate how managers managed to suppress controversy and create a discourse of “inevitability”, “determinism” and “closure” through portraying technology as a change agent in its own right. This way of thinking may have applied to members of the project team in our study, as well as the interviewees, who seemed to refer to the technological development as some kind of unstoppable force that they had to keep up with in order not to be left behind, saying things such as “it’s part of the time we live in” and “you just have to go along with the development”.

Furthermore, it has also been pointed out that individuals typically draw on external sources in their environment, or broader societal discourses, when they are struggling to make sense of uncertain and ambiguous situations (Suddaby and Greenwood, 2005). This may particularly be the case in the public health sector where complexity is more likely to be at play considering the presence of multiple professional occupations (Fitzgerald *et al.*, 2013), which are motivated by different logics (Dunn and Jones, 2010), in a continual contestation of public purposes (Hoggett, 2006). In addition, new public management policies driving changes may

potentially increase this complexity as hospitals face the somewhat contradictory aims of simultaneously enhancing both efficiency (for example, by lowering headcount and other costs) and the quality of medical work (Clancy and Delaney, 2005; Fitzgerald *et al.*, 2013; Pollitt and Bouckaert, 2004).

However, our study also highlights the role played by context on the local level and the notion that “time is context”. For example, lack of pre-planning and poor management of the change process played a major part in explaining the “anger”, “frustration” and “cynicism” being expressed at Times 2 and 3, but not at Time 1. This finding relates to previous empirical studies of nursing staff where it was found that change associated with extra administrative tasks led to increased stress over time, particularly when receiving inadequate and unsatisfactory information (Brown *et al.*, 2006; Teo *et al.*, 2013).

Furthermore, this finding also relates to the notion of “toxic emotions” where negative emotions potentially can accelerate over time. Past expectations and events, involving destructive managerial actions, play an important role for what people feel in the present and mediate between negative emotions and adverse outcomes in the organization (Kiefer and Barclay, 2012). The initial scepticism of some nursing staff about the usefulness of the new technology had over time degenerated to cynicism, which has a more corrosive impact on wellbeing and acceptance of change (Stanley *et al.*, 2005). The somewhat passive reliance on the project team may however also be explained by the wider context, including nursing culture that is typically characterized by unequal power relationships where decisions flow from managers and doctors to nursing staff (Mantzoukas and Jasper, 2004; Timmons, 2003). Some studies (e.g. Teo *et al.*, 2013) have also reported that nursing staff to a large extent rely on work-related social support to reduce the consequences of stressors at work.

Limitations and future research

We have contributed to the literature on emotional reactions to organizational change by presenting the findings of a qualitative study before, during and after change, something which appears to have only been done once before, where the focus was on emotional labour (Clarke *et al.*, 2007). Considering our contextual and social constructionist perspective on emotions we did not intend to capture some kind of "objective truth" regarding what our informants felt at distinctive points in time, but to explore the stories or narratives that they created as they reflected forwards and backwards in time.

There are a number of limitations to our study that indicate scope for future research. Firstly, we interviewed only 11 of the original 20 respondents at three points in time, which highlights an inherent problem in longitudinal research. Future longitudinal research therefore needs to ensure that a larger number of participants are initially recruited to ensure a wider spectrum of experience is retained at the end of the study.

Secondly, while three interviews represents more of a movie than a snapshot (Neale and Flowerdew, 2003), an issue is the extent to which informants accurately recalled their emotional experiences, given the time between interviews. Studies have shown that emotional recall fades over time but that the intensity of the emotion contributes to later recall (e.g. Talarico *et al.*, 2004). Our findings may have been somewhat different if the interviews had been conducted more frequently but emotions may be difficult to track even with traditional longitudinal approaches. However, participant observation helped us to fill in some of the gaps. Considering our theoretical perspective on emotions where the notion of cognitive appraisal remained central we considered it particularly important to adopt an interview method that facilitated the capturing of the informants' thought processes, which would have been limited had we relied only on observation. Other methods of documenting the dynamic and shifting character of emotional change experiences could be done through diary studies (e.g. Conway and Briner,

2002), aided by weekly or monthly prompts via email, text or social media, and through more consistent observation (e.g. Urban and Quinlan, 2014).

Thirdly, it seems that some of our informants stayed positive and optimistic about the changes throughout the whole change process but may have been repressing or downplaying negative emotions. Reluctance to acknowledge the emotions of change have been documented elsewhere (e.g. Bryant and Wolfram Cox, 2006; Clarke *et al.*, 2007). In contrast there were those who continually reported on the frustration and anxiety that change had triggered. We also acknowledge that researchers interpret data from interviews and participant observation and may reach conclusions about emotional experience that are different to those of the participants themselves.

Fourthly, we have emphasized the crucial role of context and a number of aspects of our study are relevant here. The study was done on changes in one form of technology among two closely-related occupational groups, nurses and nursing assistants, in one hospital in one country. Given that interpretive researchers seldom make claims to generalizability, this is not a drawback. Comparative qualitative research provides different insights relating to these contextual features, and others, such as gender, age and ethnicity. For example, Clarke *et al.* (2007) interviewed managers three times at a British factory, located on an island, a subsidiary of a global aerospace manufacturing organization which was undergoing downsizing and other substantial changes. Despite the many contextual differences between that study and our own, it is clear that in both cases that participants' emotions vacillated over time as change unfolded, new realities supplanted old ones and the future remained uncertain. While quantitative studies can far more easily generate comparisons qualitative research on the emotions of change is a fertile field to explore since it can reveal individual and common reactions and their contextual triggers.

Implications for management

While we note the implications of our research for managers we agree with Urban and Quinlan (2014, p. 62), who concluded from their study of nurses that, “Outsider shadowers [...] lack sufficient knowledge of the social relations embedded in the workplace to propose solutions.” Nevertheless, it is important that the emotional nature of change is acknowledged by management and that staff at all levels are trained to recognize its occurrence and respond appropriately.

Two lessons from our study are particularly relevant. Firstly, management needs to communicate more clearly what the intended benefits of a change are to reduce uncertainty and the anxiety and insecurity that may result. In our study this appeared to have been too cursory. Three studies of nursing staff have shown that inadequate information about change contributed to negative emotional reactions (Brown *et al.*, 2006; Salmela *et al.*, 2013; Teo *et al.*; 2013). Over time the message needs to be reinforced but feedback from staff needs to be gained to assess the level of acceptance and the emotional reactions that could assist or hamper the change. Neither of these actions appear to have been taken; rather, staff reactions appear to have been deliberately ignored.

Secondly, support, both tangible and psychological needs to be provided at all changes of a change, where needed. Some of the nursing staff in our study lacked confidence in their ability to adapt to the new ECP technology. A short training course was provided too early in the change process and not followed up when the new technology was introduced. Tangible support by itself would have reduced anxiety and feelings of low self-efficacy; emotional support would also have alleviated the negative emotions as well as enhancing performance levels.

Conclusions

Our theoretical platform rests on two pillars, cognitive appraisal theory and social constructionism. The emotions experienced and narrated by the nurses in our study emerged from their cognitive evaluation of the significance of the technological change for them. As Lazarus (1993) indicates, events can be seen as harmful, threatening, challenging or beneficial. It was clear that during the course of the change in technology the nurses experienced a range of negative emotions and some positive emotions in perceiving the new requirements. While some saw the changes as beneficial to patients and challenging to themselves, others, who struggled to cope with the new requirements, moved from perceiving the potentially threatening situation in the announcement and training phases to actually harmful in the implementation phase.

From the interview data, and the participant observation it became clear that the nurses' emotions were partly influenced by their social interaction in the hospital in multiple settings, including those with the project team. The frustration of one respondent with the lack of overt collective resistance from her colleagues, who tended to display resignation and apathy, indicates how individual constructions of events, and affective reactions to them, are influenced but not determined by social interaction (Callahan and McCollum, 2002; Schwandt, 2003).

Our study, a rare qualitative investigation involving three interviews and participant observation, makes a contribution to the literature by taking a fine-grained look at how the emotions of actors evolve as an organizational change unfolds. The emotions arose from ongoing issues about nurses adapting to new technology against the backdrop of other changes occurring in the hospital. We have highlighted how actors look both backwards and forwards as they grapple with the uncertainties and realities of organizational change and how both positive and negative emotions appear, strengthen or lessen in intensity or disappear over time.

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