Stressful Organisational Change: Giving Support to Others

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Abstract

While extant literature has focused on the *receiving* of support during stressful change, this paper explores the nature of the support *given* by staff to others and to determine the direction, types and antecedents of this support. Interviews conducted in a New Zealand public healthcare authority revealed that different forms of support (instrumental, emotional, informational and appraisal) were given by participants to a variety of internal stakeholders. Support was derived from pro-social values, disposition, a sense of responsibility for the wellbeing of others, reciprocity, guilt and the expectation that supporting others might mitigate their own stress.

ANZAM stream keywords: emotions, group dynamics interpersonal behaviour, stress and stress management

Accepting support from others is a well-known strategy for coping with stress (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986; Hobfoll, 2001). Together with instrumental support, emotional support signals to receivers that they are not alone and has additional psychological value in the reduction of negative emotions, the gaining or regaining of self-confidence and the enhancement of wellbeing (Fugate, Kinicki & Scheck, 2002). A wealth of research in organisational settings has focused on support from supervisors, colleagues, the organisation as a whole, and from outside sources, such as partners, families and friends (e.g. Bellman, Forster, Still & Cooper, 2003; Fugate et al., 2002; Morrison, 2009; Thomas & Lankau, 2010). An aspect of organisational life that is less well researched is the support that is offered to others: we know far less of the targets of that support, the motives and other antecedents that lie behind the offer, the forms that it takes, and the benefits and costs that givers experiences (Drach-Zahavy, 2004; Knoche & Waples, 2016).

The context of this paper is organisational change, an event or series of events that is often stressful due to processes characterised by uncertainty (Lawrence & Callan, 2010), exclusion (Riolli & Savicki, 2006) and speed (Smollan, Matheny & Sayers, 2010), and by outcomes that impact on workload, roles, relationships and self-esteem (Swanson & Power, 2001). In this context too, there is scant research on giving support to others. This paper stems from a wider qualitative study of stressful organisational change. The interviews focused on the causes and consequences of stress before, during and after organisational change as well as the coping strategies participants used. They were asked about receiving support, but not specifically about offering it. Despite this, over half of them volunteered

information on the support they gave to others, suggesting that the offer and provision of support were salient aspects of organisational change for them. Derived from the transcripts, the following research questions were formulated for this paper: What forms of support were provided to others in coping with stressful organisational change? To whom were they offered? Why were they offered?

LITERATURE REVIEW

Providing Workplace Support

Workplace support can be obtained from various sources, such as supervisors, mentors, colleagues and the organisation itself (Thomas & Lankau, 2009). Perceived Organisational Support (POS) is an employee's belief that the organisation cares about its staff (Eisenberger, Huntington, Hutchison & Sowa, 1986). Supervisory support is a personal manifestation of POS, and supervisors are particularly influential in the wellbeing and performance of their staff (Fugate et al., 2002). Collegial support, when welcomed by co-workers (Lawrence & Callan, 2010), provides a sound foundation for many work relationships (Morrison, 2009).

House (1981) identifies four types of workplace support. Instrumental and emotional support are the most commonly found but House adds informational support (advice and guidance on how to address a problem) and appraisal support (providing a sounding board and feedback on the recipient's issues). Drach-Zahavy (2004) refers to four support behaviours: helping, maintenance, referral and encouragement of self-coping. A number of other theoretical frameworks guide research into giving workplace support, using terms such as helping, giving, pro-social behaviour, empathy and compassion (Knoche & Waples, 2016; Koopman, Lanaj & Scott, 2016; Strazdins & Broom, 2007). One framework, Organisational Citizenship Behaviour (OCB), refers to voluntary actions based on altruism, courtesy, conscientiousness, civic virtue and sportsmanship (Organ, Podsakoff & MacKenzie, 2006). It is usually directed at individuals (OCBI)(Matta, Scott, Koopman & Conlon, 2015) but the giver of support may also have the interests of the organisation in mind (OCBO). While OCBI, usually in the form of instrumental and/or emotional support, is often beneficial to those who receive it, less is known about the motives of the givers and the consequences for them. Kim, van Dyne, Kamdar and Johnson (2013) found that, in addition to the motives of concern for the individual and for the organisation, concern for

self (through the expected rewards of impression management) also drives some support behaviour. Favours done may be reciprocated and the impression of being a good citizen could advance one's career prospects. Individual differences, such as values and disposition, are considered as antecedents of OCB (Finkelstein, 2008; Kim et al., 2013). There are both bright and dark sides of the concept of OCB, according to Koopman et al. (2016). The bright side, as they assert, includes the "feel good" factor of helping others, building relationships and demonstrating competence, but the less-explored dark side includes emotional exhaustion, lower job satisfaction and lower affective commitment. Trougakos, Beal, Cheng and Zweig (2015) have shown how draining support can be. The earlier construction of OCB as extra-role in nature has given way to one where support for others is perceived by the givers as either an implicit or explicit role expectation (Kim et al., 2013; Organ et al., 2006).

Interestingly, the perspective of the support giver has seldom been investigated through these frameworks. Research in social psychology indicates that helping others enhances one's own self-esteem, reduces depression, creates greater intimacy with others and provides "a quietness in the soul" as one research participant commented (Schwartz & Sendor, 1999, p. 1572). Bowling, Beehr and Swader (2005) found a positive correlation between giving and receiving support between colleagues and between giving support and extraversion and agreeableness. Prior studies have found that people offer support to validate their people-oriented values (Strazdins & Broom, 2007), enhance relationships, elicit reciprocity (Chen, Kim, Sherman & Hashimoto, 2005), create a favourable image in the eyes of others and improve their status (Doyle, Lount, Wik & Petit, 2016). But, as Yang, Liu, Nauta, Caughlin and Spector (2016) found, the benefits of giving support can be outweighed by the psychological effort expended. Qualitative studies on giving work support at work are rare (Collins, Hislop & Cartwright, 2016; Lysaght & Larmour-Trode; 2008) and have apparently not been studied in the context of organisational change.

Supporting Others through Stressful Organisational Change

Organisational life can be stressful in terms of work roles, relationships and time pressures. It can become even more stressful when change takes place (Smollan et al., 2010). Previous research targeted at supported employees reveals that they benefitted from support (from supervisors, colleagues and

outsiders, such as families and friends) in dealing with stressful change and functioning efficiently (e.g. Fugate et al., 2002; Lawrence & Callan, 2010; Swanson & Power, 2001).

Given that qualitative studies on giving support to others during stressful change is negligible, the current study aims to discover what sort of support was given and to whom, as well as the motives for the supportive behaviours. We make a contribution to the literature by presenting insights from interviews with change participants, many of whom, unprompted, volunteered stories and reflections of the support they gave to others.

METHOD

Research Site

Access was granted to staff in a District Health Board (DHB), a provider of public healthcare in New Zealand. This sector has been through considerable change over the last two decades in an attempt to operate more efficiently with constrained budgets and with the goal of improving patient outcomes (Gauld, 2016). The DHB in question operated on several sites and had been through a series of restructures and other changes which had resulted in redesigned roles, new expectations and, in some cases, redundancies and redeployment. In 2012 the first author conducted 31 interviews with staff lasting between 45 and 75 minutes in a wider study of the causes and consequences of stressful change and the strategies they used to cope, including seeking and accepting support. Of the participants, 19 worked in clinical roles and 12 were in administrative positions. There were 25 women and 6 men; 22 White, 2 Maori, 2 Pacific Islanders and 3 Asian. Many were in managerial roles (2 senior, 8 middle, 15 supervisory or professional team-leaders). Interviews were recorded and transcribed and the participants were coded from A to FF.

Data Analysis and the Role of Abductive Research

As noted earlier, a surprising outcome of the interviews was that more than half of the participants (17 of 31) spontaneously described their support for others. When unexpected data emerges from interviews, the researchers' initial theoretical framework may need to be reconsidered. As a research method, deductive qualitative research starts with research questions to be answered and interview questions are

asked to elicit responses to issues raised by or overlooked by previous studies. Bitektine (2008) notes that a qualitative case study approach can be used to seek patterns of outcomes of several possibly interacting variables but cautions that retrospective research design (inferring hypotheses from existing theory that fit neatly with the data gathered), is subject to researcher biases and "post hoc rationalization". In this regard, participants in the current study were explicitly asked whether they had received support, and from whom, as a strategy for coping with stress before, during and after stressful organisational change. We therefore do not suggest that support given to others was a variable we were exploring at the outset.

Inductive research methods seek meaning in the words of subjects and aims to understand the causes of phenomena (Eisenhardt, Graebner & Sonenshein, 2016). They are helpful when constructs are not easy to identify or measure and the aim is to generate new theory. As a deliberate strategy, inductive research tends to ask participants to talk about specific forms of experience to see what issues were salient to them. However, inductive research was not the approach chosen for the empirical work in the wider study that was focused, inter alia, on support received.

A third form of investigation, abductive research, according to Magnani (2005, p. 265), is "a process of inferring certain facts, and/or laws and hypotheses…that explain or discover some (eventually new) phenomenon." Timmermans and Tavory (2012, p. 169) indicate that abduction "rests on the ability to recognize a finding as surprising in light of existing theories and presumes an in-depth familiarity with a broad range of theories." Nubiola (2005) also refers to the element of surprising discoveries which, he indicates, prompts the generation of new hypotheses. However, given that the literature is replete with insights into why people accept (or reject) certain forms of support, and from whom, and to a lesser extent why people offer support to others, we obviously cannot claim that giving support to others is a surprising finding. What was unexpected was that it surfaced spontaneously in the course of the interviews with many participants. Van Maanen, Sørensen and Mitchell (2007, p. 1149) point out that, "abduction begins with an unmet expectation and works backward to invent a plausible world or a theory that that would make the surprise meaningful." For our study, the "unmet expectation" did not occur but the prevalence of giving support drove us to make sense of the surprising elements.

In analysing the data related to the giving of support, three key elements need to be noted: the support role (the nature of the relationship and the direction of the support given), the type of support and the motives of the provider and other antecedents. Support was provided by managers to their subordinates, singly and in groups; to colleagues; to those for whom clinical team leaders were responsible for professional development, and, in only two cases, by subordinates to their manager. The focus of the clinical team leader role in the DHB is to oversee the professional development of the assigned practitioners and though the relationship is a collegial one, it goes beyond the conventional concept of people performing similar tasks or who work in the same department. Some team leaders also had the role of providing professional supervision. This is not a line management role but is a collegial relationship of and by colleagues in the same profession or a related one, inside or outside the organisation. (For example, registered psychologists and other mental health workers in New Zealand are required to have ongoing supervision.) Professional supervision is primarily designed to encourage reflection on clinical practice (Butler & Thornley, 2014) and, to some extent, to help the practitioner manage stress (New Zealand Psychologists Board, 2010). Support of this type is primarily appraisal in nature but informational and emotional support can be provided as part of the role.

The antecedents of providing support were grouped as benevolence (Kim et al., 2013), perception of the leader role, organisational efficiency (Kim et al., 2013), including service to clients, reciprocity (Bowling et al., 2005), impression management (Kim et al., 2013; Doyle et al., 2016), feeling good about oneself (Koopman et al., 2016) and living one's values (Knoche & Waples, 2016).

FINDINGS

The participants spoke of a variety of stressors during the change, particularly the uncertainty about the impact of the changes, given that significant restructuring was taking place, with many roles being disestablished and staff needing to apply for new or redesigned roles. Other sources of stress during the change were the lack of consultation and participation in decision-making, fraying social relationships, and, of particular note, the stress of other people. After the change, other stressors arose or previous ones were exacerbated, such as increasing workloads, lack of resources, more challenging relationships and anxiety about future changes. The findings are presented in terms of the organisational relationships

and the direction of support offered. The nature of the support and the motives for support are sometimes indicated clearly in participant comments and at other times are inferred.

Support Provided by Supervisors to Subordinates

Various forms of support, often in the same conversation or meeting, were provided by supervisors. As a manager of a clinical division that had been through a restructuring where support personnel were (mostly) transferred to a centralised service, participant H claimed that she was:

> …constantly reassuring people that, no, your job's not going to be next on the line…but often it was more just needing someone to talk to about what was going on…helping people understand the change process and what might help them get through that change process.

The support provided here is partly emotional (dealing with anxiety) and partly appraisal (examining the possible consequences for them). She provided that support partly for the benefit of the organisation and its patients, and partly out of concern for the wellbeing of the staff. But she was also mindful of her managerial responsibilities, "I think as a leader you have to take a strategic view."

Q was in a middle management clinical role in a division which had been restructured. She maintained that, "Because you're the leader, people look to you for leadership. But they also look to you for support so they don't expect me to be engaged in a process that might involve them losing their jobs." She also believed it was her responsibility to help them manage their stress, "Particularly at work in health, you feel highly responsible for people's wellbeing, and you feel like you should be able to…help people avoid that. When it's unavoidable, it's extremely stressful." She felt guilty that she had not done more to diminish the impact on others through better instrumental support.

The challenges of managing during uncertain times create a burden of responsibility in dealing with practical matters but also with relationship and emotional issues. In a restructuring, G, who had a clinical role, provided informational support as to the process that was being followed and gave updates when she could. She observed, "I think the stressful bit for me was that as a team leader now, I have to make absolutely sure I do what's right for them." She was asked to provide instrumental support, "to assist this person with her role and doing bits and pieces of it." G also referred to "survivor guilt" and how this complicated her emotional support for one of the staff member whose job was threatened and

who had been bitter and angry. "It was dreadful, because how do you manage talking to a person who is crying constantly?" Z, a middle administrative manager, provided instrumental support to a group during a restructure, "putting together training across four different systems" and to one highly stressed subordinate, "I'm taking work off him all the time". He also gave emotional support, "I try and help relieve stress; you've got a management position where you're looking after a whole lot of people."

Support Provided to Colleagues

A number of participants supported colleagues who were stressed by upcoming changes or the aftermath of them. Although D's role as a senior clinical manager was not affected by restructuring and redundancy, she was very upset by the stress of those around her. She provided as much emotional support of which she was capable, "supporting somebody in tears and distraught and devastated…and I want to support them but there's nothing I can do about it." She too acknowledged "survivor guilt", in that she had provided too little emotional and informational support.

U was also in an uncertain position when clinical roles were disestablished and she and colleagues had to apply for new positions. She also found that too much collegial discussion was draining and that she neither welcomed some of it nor could she provide appropriate support.

> Sometimes it might be a good discussion to try and work out some strategies to deal with the
> instability. But quite often it was just an opportunity to sit down and bitch and moan…you need a
> little bit of time to do that in order to feel still connected to people…but it went too far.

In an administrative role, F was in an ambiguous position at the early stages of a change that also involved a move from one hospital to another some distance away. Although she was "informally managing" a staff member who was stressed by moving, her managerial role had not yet been confirmed and, with her own manager, she handled a difficult situation by providing a combination of emotional, instrumental, informational and appraisal support.

> It was very raw and emotional so we sat down and we talked about it first of all to simply air all of
> the concerns and…we talked about whether there were any other options that we could explore…I
> was a sounding board I was able to hear both sides and I guess offer any guidance to both parties as
> to what might help find the best solution for everyone concerned.

V's job was not threatened by a change but her colleagues' roles were. "They'd come to work in tears and they wouldn't function all day. They'd be at my door worried about the partner might be out of work, or how are they going to feed the kids…I like to be supportive of my colleagues." As a clinical manager, ethnic identity was supremely important to FF. He was very concerned for the wellbeing of his Maori colleagues, whose roles and community support services, were, in his opinion, being threatened by changes: "I think my obligation to Maori as a Maori, is in terms of supporting my staff, their family, our *whanau* [extended family] out in the community and about meeting their cultural values."

Support Provided by the Clinical Team Leader

After a process of job redesign, K was appointed to a .2 team leader role with 20 clinicians which she found took up a far greater amount of time than what was formally assigned. Not only did she have a clinical workload, but alongside the professional development role of team leader, she also provided professional supervision, mostly a form of appraisal support. She commented that her major sources of stress were work overload and the anxiety and guilt she felt in not being able to find professional supervision for all of those in her unit. She commented:

> I could only pick up six supervisees, I couldn't pick up the whole 20, but I felt responsible for all the
> people that weren't getting supervision. We do supervise four or five people each, but in bad times…I
> might end up with seven and then it adds to the load even more; it's too many.

She also noted that, "I like the idea of people coming to me for advice and support a lot anyway, so it felt like a good thing to do."

After a restructure, P admitted her frustration that, due to budget constraints, she was unable to give instrumental support by approving certain professional development opportunities or extra computer facilities. To manage her own workload she also felt it necessary to allocate less time to staff.

> If I've got to get something done I will shut the door…otherwise if I don't I will wake up in the
> night…It bothers me that I don't know what's necessarily happening to [the staff] on a personal level,
> day to day, when they have issues they have to come to me to talk about.

Support Provided by the Subordinate to the Supervisor

Only two instances of support for a supervisor were found. The role of F in offering collegial support (noted above) also involved information and appraisal support for her manager, "I was a sounding board I was able to hear both sides and I guess offer any guidance to both parties." DD was in a department providing support services to Pacific Island patients, one of the departments designated for a merger with that of a contiguous DHB. The manager's role was about to be disestablished. Regarding the regular pressures of the department, DD noted that the manager was always supportive of her staff and, in return, they provided instrumental support. If the manager was:

> …stressed out because she hasn't finished all the appointment callings, we all help her out. We're like, What do you need to be done? What can we do to help you? Then she tells us, then we all take charge of whatever she tells us we need to do.

When the impending changes to the department and managerial position were announced, DD and her colleagues also provided emotional support to their manager.

DISCUSSION

Our findings reveal that many participants spontaneously revealed that they had supported others during and after stressful change. The direction of support – to subordinates, colleagues, supervisors and those for whose professional development and related discipline issues team leaders were responsible – indicates that many relationships depend on support for organisational functioning and individual wellbeing. The four types of support categorised by House (1981), instrumental, emotional, informational and appraisal, were evident in the participants' comments, of which instrumental and emotional support were the most common, and which are most often researched in empirical studies of organisational change (e.g. Fugate et al., 2002; Swanson & Power, 2001). There were also parallels to the terms of support noted by Drach-Zahavy (2004), for example, helping and maintenance.

Sometimes it was quite clear what the antecedents and motives for support were, but at other times they could only be inferred. Benevolence or kindness drives much support in our wider lives (Brown, Nesse, Vinokur & Smith, 2006; Chen et al., 2015) and so too does reciprocity (experienced or expected). Workplace friendships, according to Morrison (2009), have a foundation of liking,

reciprocity and common ground. However, the type and depth of support offered depends on the nature, history and quality of the relationship (Strazdins & Broom, 2007). Both benevolence and reciprocity are components of OCB (Bowling et al., 2005; Kim et al., 2013; Knoche & Waples, 2016; Matta et al., 2015) and could take the form of instrumental and/or emotional support. In the current study, the explicit statement of instrumental support offered by DD and her colleagues to her supervisor was an outcome of the support received from the latter and the positive relationships developed within the team over time. Identity infused some elements of the support given to others in the current study. For example, the support of DD and FF shows how (ethnic) social identity can be one foundation stone of workplace support. According to Haslam, Jetten, Postmes and Haslam (2006, p. 11), social identity is "central to the accumulation of health-related social capital." The role of the supportive colleague is one manifestation of role identity and is related to both OCBI and OCBO. H tried to balance her managerial role with that of providing emotional and informational support to her staff. Values and disposition, and the interplay between them, were other likely antecedents of supportive behaviour when the DHB was undergoing change. Prosocial behaviour is infused with affect (empathy and compassion) and occasionally based on the need to restore justice (Blader & Tyler, 2009; Knoche & Waples, 2016). In our study some staff felt threatened by possible redundancies and by having to apply for redesigned jobs, both perceived as unfair by some victims and their supportive colleagues, supervisors and subordinates. Kim et al. (2013) argue that OCB is motivated by prosocial behaviour (helping others), organisational concern and impression management. Some of the participants helped others because supporting others, as K reflected, "felt like a good thing to do", but she also saw it, in the words of Kim et al. (2013, p. 232) as a "felt obligation to help others at work." Impression management and enhancing one's status are motives researchers have identified in supporting others (Doyle et al., 2016; Finkelstein, 2006; Kim et al., 2013). However, there was no evidence of this in our interviews.

One stressor that is seldom found in the literature on job stress is the stress of others. In the current study a number of participants reported that colleagues' stress triggered or exacerbated their own. Emotional contagion, according to Petitta, Jiang and Härtel (2016), is particularly prevalent in healthcare settings, partly from patients but especially among staff. Many of the responses detailed in the findings could be interpreted as giving support as a means of coping with their own stress, despite the lack of

explicit statements indicating this as a strategy. This was one of the surprising findings of the study. Two managers (D and G) explicitly referred to "survivor guilt" in the context of redundancies, and K, a professional team leader felt so worried – and possibly guilty – about staff not getting professional supervision that she increased her own heavy workload by taking on more supervisees. Strazdins and Broom's (2007) found support for their hypothesis that helping others mitigates the giver's negative feelings, elicited through a process of emotional contagion, particularly when there is a close relationship with the receiver. It could be argued that those in the same boat often support each other, although some may be more stressed than others, and the act of giving provides a sense of validation of the idealised self, as Strazdins and Broom indicate. A second possible reason is that when people are privy to others' angst, their own situations may seem comparatively less dire. A third is that our respondents were perhaps attempting to manage the likelihood of negative emotional contagion; if those around them were less unhappy, stressed and anxious (because of the support they, themselves provided) they too may have had a more positive experience of work.

LIMITATIONS AND FURTHER RESEARCH DIRECTIONS

The key limitation of our study was that we did not explicitly investigate support for others in the interviews. We assume that some of the participants may have supported others to alleviate the stress they experienced through reducing negative emotional contagion, an aspect of relationships noted by Schwartz and Sendor (1999). Pettita et al.'s (2016) study focused only on anger and joy as contagious emotions affecting doctors and nurses. Therefore, emotional contagion in the context of stressful organisational change, and its relevance to supporting others, needs investigation. Most of the literature referred to in this paper is about providing support to others, but none deals with stressful change. This leaves the field wide open for further research. Secondly, the roles of disposition and values were not investigated in this study, and although they surfaced in comments on accepting (or rejecting) support, their contribution to the understanding of providing support allows for intriguing possibilities. Thirdly, the degree to which reciprocity underpinned the giving of support was not evident. The issues regarding to whom support is given, the form of that support and the quality and history of the relationship that led to that support, need further exploration. Some participants revealed what Koopman et al. (2016)

refer to as the dark side of organisational OCB (support that drained their emotional reserves) and one could construct informal, or even formal, discussions of change events as support, if they were so intended by the giver or interpreted as such by the receiver. To what extent those who give support to their managers in return for the support they received from them, is seldom found in the literature on support at work. Fourthly, the relevance of gender and ethnicity in giving support was difficult to gauge. Finally the applicability of the findings to other organisations, industries and national contexts can be questioned. Yet the literature does reveal the extent of workplace support during stressful change in a variety of contexts e.g. (Fugate et al. 2002), including in healthcare (Lawrence & Callan, 2010).

Given the scarcity of empirical studies into giving support to others in the context of stressful change, we have made a valuable contribution to the literature. Firstly, we have demonstrated that providing support to others was not a rare instance, with more than half of our participants volunteering information on this form of behaviour. Secondly, we have shown that both the bright side and dark side of the individual support element of OCB (Koopman et al., 2016) are part of the fabric of organisational relationships. We have shown that while people may have altruistic motives in rendering support, they may also offer support to others as a strategy for alleviating their own stress, a phenomenon seldom dealt with in organisational literature. Thirdly, we have produced a body of qualitative data that allows for the explication or inference of motives in the various types of organisational relationships, vertical and lateral, and the different types of support people at work offer to others when they are stressed by changing circumstances. That our participants volunteered this information without being asked speaks to the salience and importance of the offer and provision of support in stressful times.

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