

7-3-2012

DEAD WEIGHT OR CHANGE CATALYSTS? LONG-TERM EMPLOYEES AND THEIR IMPACT ON ORGANIZATIONAL CHANGE EFFORTS

Sara M. Frasch

Follow this and additional works at: https://digitalrepository.unm.edu/oils_etds

Recommended Citation

Frasch, Sara M.. "DEAD WEIGHT OR CHANGE CATALYSTS? LONG-TERM EMPLOYEES AND THEIR IMPACT ON ORGANIZATIONAL CHANGE EFFORTS." (2012). https://digitalrepository.unm.edu/oils_etds/10

This Dissertation is brought to you for free and open access by the Electronic Theses and Dissertations at UNM Digital Repository. It has been accepted for inclusion in Organization, Information and Learning Sciences ETDs by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

Sara Marie Frasch

Candidate

Organizational Learning and Instructional Technology

Department

This dissertation is approved, and it is acceptable in quality and form for publication:

Approved by the Dissertation Committee:

Patricia Boverie , Chairperson

Ann Caudell

Alicia Chavez

Janet Shiver

**DEAD WEIGHT OR CHANGE CATALYSTS?
LONG-TERM EMPLOYEES
AND THEIR IMPACT
ON ORGANIZATIONAL CHANGE EFFORTS**

by

SARA MARIE FRASCH

B.A., Professional Writing, University of New Mexico, 1998
M.A., Organizational Learning and Instructional Technology,
University of New Mexico, 2002

DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

**Doctor of Philosophy
Organizational Learning and Instructional Technology**

The University of New Mexico

Albuquerque, New Mexico

May 2012

DEDICATION

This dissertation is dedicated to the participants who selflessly shared their experiences and perspectives with me. Throughout the process they often lovingly asked about my progress, asked what else they could do to help, and wanted to ensure they gave me information that was useful. I am grateful for their openness, friendship and willingness to help me learn. Thank you.

ACKNOWLEDGEMENTS

This is the most difficult part of this dissertation to write, as I have been blessed to have many, many supporters. I am unable to express the impact others have had on me, and how grateful I am for all of them. Their teaching, just by being engaged with me through dialogue, has allowed me to discover myself. I appreciate the support of my family, friends, colleagues and mentors. Each of you, in your own way, have contributed to this process more than you may know.

A dissertation is never authored, created, cultivated or realized by only the person whose name is on the cover. It is a labor of love by the scholar, but also by those who support, encourage, inspire, and cheer on the process and person. This writing was the result of many years of exposure to the greatest of gifts—the minds, hearts, and passions of others. From every OLIT student to my unwavering chair and stalwart professors, I have been graced with those who respect learning and growth enough to challenge my assumptions, give me guidance, introduce me to new ideas, and compassionately let me find my own way. Dr. Patricia Boverie has seen me through all of my graduate studies with patience, insight, and affection.

I am grateful to my family who instilled in me the perseverance and belief in myself to accomplish whatever I want. I will forever be grateful for both your words and your example. You provided me with an aligned *espoused theory* and *theory-in-use*.

My love, Nicholas, has been there every step of the way. I am in awe of your support, selflessness, encouragement and love. Thank you for always being my biggest fan.

**DEAD WEIGHT OR CHANGE CATALYSTS?
LONG-TERM EMPLOYEES
AND THEIR IMPACT
ON ORGANIZATIONAL CHANGE EFFORTS**

by

SARA MARIE FRASCH

B.A., Professional Writing, University of New Mexico, 1998
M.A., Organizational Learning and Instructional Technology,
University of New Mexico, 2002

DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

**Doctor of Philosophy
Organizational Learning and Instructional Technology**

The University of New Mexico

Albuquerque, New Mexico

May 2012

DEAD WEIGHT OR CHANGE CATALYSTS? LONG-TERM EMPLOYEES AND THEIR IMPACT ON ORGANIZATIONAL CHANGE EFFORTS

By

Sara Marie Frasch

B.A., Professional Writing, University of New Mexico, 1998

M.A., Organizational Learning and Instructional Technology,
University of New Mexico, 2002

Ph.D., Organizational Learning and Instructional Technology,
University of New Mexico, 2012

ABSTRACT

In today's world, organizational change is inevitable for organizations and for the employees who support and labor for that organization (Goodstein & Burke, 2005; Leana & Barry, 2000). How employees perceive initiated changes will impact if and when they adopt the change, and how they participate in the change. The role of long-tenured employees in organizational change efforts has not been studied sufficiently. The assumption that long-tenured employees resist change and have lower productivity (Auer, Berg & Coulibaly, 2004) is juxtaposed against the assertion in the literature that it is these long-term employees who move into change because they feel comfortable taking risks and need opportunity for growth (Cunningham, Woodward, Shannon, MacIntosh, Lendrum, Rosenbloom, & Brown, 2002; Haveman, 1995). Thus, organizations may not have been capitalizing on their long-tenured employees' energies to spur change initiatives (Auer, Berg, & Coulibaly, 2004).

This study identifies how long-term employees respond and contribute to change efforts. Employees who had more than 25 years of experience in an academic medical

center participated in data collection. Thirty-five participants completed the Cynicism about Organizational Change survey (Reichers, Wanous, and Austin, 1997), five participated in a focus group, 14 individual interviews and 13 priority card sort participants resulted in five findings.

Long-term employees act as informal leaders and influencers to get others involved with change, they will get on board with change even if they disagree with the change, they want to be informed of changes and have input to change efforts. Additionally, long-term employees drive change and engage in change targeted at theories in action.

Recommendations for organizations to capitalize on their long-term employees contributions during change efforts result directly from these five findings. They include informing employees of the change, asking for their input toward the change effort, aligning change with the organization's vision and mission, implementing changes at the individual job or work group level, and providing opportunity for long-term employees to engage in change as innovators or early adopters. These strategies are supported in the literature has having a positive effect on employee engagement and the change goals of the organization.

TABLE OF CONTENTS

CHAPTER 1	1
INTRODUCTION	1
STATEMENT OF THE PROBLEM.....	4
PURPOSE OF THE STUDY	6
RESEARCH QUESTIONS.....	7
SIGNIFICANCE OF STUDY	7
ONTOLOGY & EPISTEMOLOGY OF RESEARCHER.....	9
RESEARCHER POSITION	10
LIMITATIONS & DELIMITATIONS	11
DEFINITIONS	13
SUMMARY	13
CHAPTER II.....	15
REVIEW OF LITERATURE.....	15
CHANGE AS A FACT OF ORGANIZATIONAL LIFE	15
<i>Types of Change</i>	<i>16</i>
EMPLOYEE REACTION TO CHANGE	17
<i>Positive Attitudes Toward Change.....</i>	<i>19</i>
<i>Resistant Attitudes Toward Change.....</i>	<i>22</i>
WHY EMPLOYEES STAY AND WHAT MAKES TENURE.....	23
<i>Commitment as a Reason for Staying.....</i>	<i>23</i>
<i>Concrete/Non-Affective Reasons for Staying</i>	<i>26</i>

Job security.....	27
Union.	27
Benefits packages.	28
Alternative positions.	28
<i>Non-concrete/Affective Reasons for Staying</i>	29
TENURE AND COMMITMENT TO THE ORGANIZATION.....	31
TENURE IMPACTS CHANGE EFFORTS & CHANGE EFFORTS IMPACT TENURE.....	33
<i>Long-tenure and Positive Change Experiences</i>	33
<i>Long-tenure and Negative Change Experiences</i>	35
SUMMARY	35
CHAPTER III	37
METHODOLOGICAL FRAMEWORK	37
<i>Setting</i>	38
<i>Participants</i>	39
<i>Protection of Human Subjects</i>	45
DESIGN OF THE STUDY	46
METHODS OF DATA COLLECTION	49
<i>Archival Documents</i>	52
<i>Surveys</i>	53
<i>Focus Group</i>	54
<i>Interviews</i>	55
RELIABILITY	59
VALIDITY	60

<i>Qualitative Research Validity</i>	60
Triangulation and member checks.....	60
Clarifying researcher bias.....	61
<i>Grounded Theory Validity Measures</i>	62
Fit and relevance.....	62
Theoretical sampling.....	63
Systemic and explicit data analysis.....	63
DATA ANALYSIS	64
SUMMARY	65
CHAPTER IV	66
FINDINGS	66
PERSONAL CHARACTERISTICS	67
<i>Viewpoint of Change</i>	67
<i>Self-monitoring</i>	69
<i>Objectivity</i>	70
<i>Calling</i>	71
ORGANIZATIONAL CHARACTERISTICS	72
<i>Theories of Action</i>	72
<i>Academic, Public Institution</i>	75
<i>Opportunity</i>	77
GUIDING QUESTION A	78
<i>Helping Behaviors</i>	87
<i>Hindering Behaviors</i>	88

<i>Questioning</i>	91
GUIDING QUESTION C	92
<i>Changes are Beneficial</i>	93
<i>Change Effort v. Implementation</i>	95
<i>Regulatory</i>	96
<i>Community Perceives Change as Good</i>	97
GUIDING QUESTION D	98
<i>Changes at Job & Work-group Levels</i>	99
<i>Leadership</i>	102
Local-level leadership.....	103
Administrative-level leadership.	105
<i>State-of-the-Art/Electronic Advances</i>	106
<i>Union Impact/Responses</i>	107
PRIMARY RESEARCH QUESTION.....	108
<i>Finding #1—Long-term employees act as informal leaders and influencers to get others involved with change</i>	108
<i>Finding #2—Long-term employees will get on board with change even if they disagree with the change</i>	110
<i>Finding #3—Long-term employees want to be informed of changes and have input to change efforts</i>	111
<i>Finding #4—Long-term employees drive change</i>	111
<i>Finding #5—Long-term employees engage in change targeted at theories in action</i>	112

SUMMARY	113
CHAPTER V	114
CONCLUSION.....	114
DISCUSSION OF FINDINGS	114
RECOMMENDATIONS FOR ORGANIZATIONS	120
IMPLICATIONS	125
RECOMMENDATIONS FOR FUTURE RESEARCH	126
SUMMARY	127
APPENDIX A: DATA COLLECTION TOOLS.....	130
APPENDIX B: DATA.....	137
REFERENCES	146

LIST OF FIGURES

Figure 1: Strategy and Impact on Long-term Employee Engagement in Change	122
--------------------------------------------------------------------------------	-----

LIST OF TABLES

TABLE 1: Participants.....	42
TABLE 2: Methods.....	50
TABLE 3: Structured Questions.....	58
TABLE 4: Personal and Organizational Characteristics	67
TABLE 5: Adopter Categories	81
TABLE 6.....: Changes in Which Participants Have Adopted Innovator or Early Adopter Roles	84
TABLE 7: Behaviors Demonstrated by Long-term Employees During Change	86
TABLE 8: Categories of Change that Contribute to Longevity	99

CHAPTER 1

Introduction

The well-known and oft-spoken idiom “you can’t teach an old dog new tricks” is most commonly used to make the point that people will not change, and one cannot force or make someone else behave differently. Literally, this refers to the difficulty in “changing longstanding habits or ways, especially in an old person” (Ammer, 1997, p. 645). While age and employment tenure are positively related (Thomson, Griffiths & Davison, 2000), age and tenure are shown to have a direct negative impact on the acceptance of change (Iverson, 1996). These conclusions indicate that the longer you work in an organization, the older you become and therefore the less likely you are to accept change; thus, verifying the intent of the “old dogs” phrase.

This study did not focus on “old dogs” but rather long-tenure employees and their contributions to their organization’s change efforts. Several personal variables link age and tenure to organizational change including education, occupation, gender, union membership, and positive and negative affectivity (Iverson 1996). Cordery, Barton, Mueller and Parker (as cited in Iverson, 1996) find that younger employees are more likely to accept change because they are not as “set in their ways” (p. 129). Broadwell (1985) agrees and finds that employees are more likely to accept change when they are employed by the organization for less time. Both Broadwell and Cordery et al infer that younger employees and less-tenured employees accept change; implying that long-tenured employees are less likely to accept change. What does this mean for long-tenured employees and for the organizations in which they work?

Employment data is tracked for individuals from ages 15-64 indicating that each individual will be in the job market for approximately 49 years (U.S. DOL Bureau of Labor Statistics, 2009; Organisation for Economic Co-operation and Development, 2009). Acknowledgement that productivity diminishes with age, and age being closely correlated with tenure, provides a bleak picture. During these 49 years it is shown that longer tenure, “slows the speed of adjustment to necessary changes” (Auer & Cazas, 2003, p. 7). From an employment or organizational perspective, it is quite discouraging to consider that the average adult employee will have diminished productivity with longer tenure, and will have a longer time adjusting to change. For the employee, 49 years in the workforce will inevitably provide myriad organizational changes required just to maintain employment, necessitating the ability to change.

Significant research has been conducted in the area of organizational change including how to get the workforce to support the change, and how to get the individual employee committed to the change effort. Though less research focuses on how long-term employees contribute during their organization’s change efforts, organizational change theory provides clues. Kurt Lewin (French & Bell, 2005) and Edgar Schien (1992) provide models of organizational change theory that indicate implications for long-tenured employee contributions. Lewin’s three-stage change process of unfreezing—change—freezing provides an example of resistance in both the change and unfreezing stages. Unfreezing emphasizes the dismantling of the current mindset prevalent in the employees and the organization (French and Bell, 2005). This is where employee longevity becomes a factor. Unfreezing consists of breaking down the existing mindset of employees. Employees who have been with the organization a long time have

a more embedded and deeper mindset about their work and work processes. The change stage also poses a challenge if an organization has long-term employees whose mindsets are accustomed to the old ways of working. During unstable periods like those during change, individuals revert to what is most comfortable. If the old mindset is most comfortable, then the long-tenured employee will carry out old behavior rather than the new, unknown way of working.

French and Bell (2005) specifically assert that the unfreezing stage is about overcoming defensiveness, which is often a byproduct of employee longevity in organizations. Along with defensiveness and embedded mindsets, tacit structures also inhibit long-tenured employees from changing. Employees with longevity have had more time to assimilate organizational knowledge and ways of being, creating stronger tacit structures and reflective implicit behaviors (Argyris & Schon, 1996).

Schein's (1992) adaptive cycle is also vulnerable to employees with longevity. Schein contends that, "the issues or problems of external adaptation and survival basically specify the coping cycle that any system must be able to maintain in relation to its changing environment" (1992, p. 52). An organization must have specific components in place to effectively cope, and these include internal flexibility and creativity to make the changes demanded for organizational survival. Internal flexibility requires employees to willingly change the way they address problems and adapt the way they work. Creativity requires employees to generate new ideas to address problems and innovate new processes. This internal flexibility and creativity are necessary conditions for an organization to effectively cope and adapt with the changes in its environment, and therefore remain successful (Beckhard, 2005). Senge, Kleiner, Roberts, Ross, and Smith

(1994) support this need for organizational adaptation when identifying that organizations will excel in rapid change only if they are flexible, adaptive and productive. Long-term employees who have been performing behaviors or processes one way for a significant amount of time are less able to be creative and flexible in determining new ways of working (Auer & Cazas, 2003; Argyris & Schon, 1996).

Is it true? Do long-tenured employees lag in productivity during organizational change initiatives? Do they inhibit the organization's agility and its ability to move with market, economic, and regulation demands? How do these long-tenured employees contribute to organizational changes? Is it these long-tenured employees who actually must be adept at changing or learning new tricks? This study intended to answer these questions by examining long-tenured employees' roles and responses in their organization's change efforts.

Statement of the Problem

In today's world, organizational change is inevitable for organizations and for the employees who support and labor for that organization (Goodstein & Burke, 2005; Leana & Barry, 2000). How employees perceive initiated changes will impact if and when they adopt the change, and how they participate in the change. If employees view change as favorable and with few adjustments to their specific job, then they are more likely to support and comply with the initiated change (Fedor, Caldwell & Herold, 2006).

Organizations rely on all employees, including long-tenured employees, for successful implementation of change efforts. The role of long-tenured employees in organizational change efforts has not been studied sufficiently. The assumption that long-tenured employees resist change and have lower productivity (Auer, Berg & Coulibaly, 2004) is

juxtaposed against the assertion in the literature that it is these long-term employees who move into change because they feel comfortable taking risks and need opportunity for growth (Cunningham, Woodward, Shannon, MacIntosh, Lendrum, Rosenbloom, & Brown, 2002; Haveman, 1995). Thus, organizations may not have been capitalizing on their long-tenured employees' energies to spur change initiatives (Auer, Berg, & Coulibaly, 2004).

Research and organizational effort often focuses on retaining employees for the first two years of employment because of the cost of turnover. The cost of turnover includes the amount of money spent to recruit and train, and the time lapse needed until the new employee is proficient in the role (Dibble, 1999). Much less research and attention is paid to the factors that keep an employee in one organization for more than 25 years. This research emphasizes that the factors leading to increased employee longevity are tangible benefits and conditions like union membership, pension packages, healthcare benefits and a variety of other life-sustaining factors that *any* job provide. (Mathieu & Zajac, 1990; Mowday, Porter, & Steers, 1982). Outside of these tangible benefits, why does a person stay with one organization for significant periods of time, more than 25 years? How do these employees with more than 25 years contribute to the changes necessary to remain employed in their organization? Do organization changes help the longevity of these employees, and how are change efforts helped by these stanchions of the organization's work force? This study intended to fill this gap by investigating long-term employees' perceptions of their organization's change efforts, their response to those initiatives and how or if organizational initiatives influenced their longevity.

Auer and Cazas (2003) state that, “there are also good reasons—independent of regulations—for firms to engage in long-term commitments, including investment in human capital and the need for a committed and motivated workforce” (pg. 44). Long-term employees are essential in contributing to their organization’s change efforts. These employees determine their role and contribution to change efforts, ultimately benefitting or harming the organization’s success. Of particular interest regarding organizational change and adaptation are academic medical centers where organizational structure is very complex. There are numerous governing bodies, legislation that continually imposes the direction and requirements of the organization, and often union representation and governance working in tandem with the management of the organization. Academic medical centers are continuously responding to external forces including legislation that dictates how they receive payment for services and how they provide access to patients. While healthcare is not the industry with the longest tenure numbers, it has stable and medium-to-high tenure statistics (BLS, 2009). It is in these healthcare organizations’ best interests to know how to engage long-tenured employees in the many unavoidable change efforts.

Purpose of the Study

The current research lacks a definite response to employees’ length of tenure and their contribution to organizational change efforts. This study meant to contribute to understanding employee longevity and its impact on an organization’s ability to change. The purpose of this study was to provide applicable information for organizations on how to capitalize on their long-term employees in order to benefit when implementing organizational change efforts. By identifying how and when long-tenured employees

positively support organizational change, organizations can more effectively plan change efforts with the intent of engaging all employees, including long-tenured employees.

Research Questions

Five research questions guided this study. The primary research question was:

1. How do employees with at least 25 years of service to an organization contribute or respond to the organization's change efforts?

The sub-questions for this study were:

- a. What role have long-tenured employees played in change efforts?
- b. In what ways do long-tenured employees help or hinder organizational change efforts?
- c. What is the perception of organizational change efforts from employees with more than 25 years of service in that organization?
- d. What organizational initiatives/changes have been experienced and contribute to an employee's longevity?

To answer these questions, surveys, a focus group and individual interviews were conducted with the employees at Mountain View Hospital who have been employed for more than 25 years. Of the employees with more than 25 years, 5 participated in a focus group, all received a survey and of those surveys returned, 35 were returned, and 14 individuals were selected for individual interviews.

Significance of Study

In the modern work environment, organizations must change in order to remain successful (Beckhard, 2005; French and Bell, 2005; Goodstein and Burke, 2005).

Increasing government and regulatory bodies, legal constraints, social pressures by citizen groups, consumer groups and unions all force constant change (Beckhard, 2005). These external factors push simultaneously on academic medical centers, creating extremely complex systems. I proposed research in one of these academic medical systems, studying employees who have been in the system through all of its transitions, changes and development for more than 25 years. These employees have tacit knowledge and historical knowledge, and are “committed” to the organization as indicated by their willingness to stay with the organization in good times and bad (Boverie & Kroth, 2001). How does the organization capitalize on this and utilize their experiences to spur organizational changes? Because organizations are constantly trying to retain employees, primarily as a cost saving measure but also because of organizational knowledge that long-term workers bring, I proposed studying the impact these long-term employees have on organizational initiatives. Longevity lends itself to having dealt with multiple change initiatives, so these individuals will have experienced several initiatives in the same organization. If longevity potentially hinders change, as considered above, and the organization has had multiple forced changes, what was the long-term employees’ role and perception, and why have they continued with the organization?

This study endeavored to further identify how an employee who has worked for the organization for a significant period of time has contributed to that organization’s change efforts. The factors of change that contribute to an employee’s tenure in the organization were also identified. How long-tenured employees participate in change efforts is important for the organization to know in order to develop change strategies designed to get long-term employees to support the change. By identifying how long-

term employees perceive change efforts in their organization, the organization can understand the factors that will help engage employees in change efforts. A tenet of organizational development and learning rests in the organization's ability to collect data, learn from that data, and make changes because of that learning (Argyris and Schon, 1996; Schein, 1992; Senge, et al 1994). This research intended to produce new areas for an academic medical center to uncover in order to create more effective organizational development efforts. Including employees in the data collection upholds organizational learning methodology (Argyris and Schon, 1996). In studying long-tenured employees and their contributions and reactions to change efforts, I hoped to utilize action research to result in a usable product for the organization.

Ontology & Epistemology of Researcher

Constructivism and social constructivism paradigms informed this study. I believe that long-tenured employees create their own truths about why they have remained with their organization and their role in organizational change efforts. These truths have been influenced by their experiences in their organization. A variety of truths reinforces a constructivist paradigm for how truth is known. In a constructivist approach, "meaning is made by the individual and is dependent on the individual's previous and current knowledge structure" (Merriam and Caffarella, 1999, p. 261). My belief assisted in a constructivist, subjective approach because I was open to what the participants brought to the study. Using a constructivist framework, I examined the varying truths and developed a whole picture of long-tenured employees and their participation in their organization's evolvement. This ontological perspective allowed for a variety of truths and perspectives on why employees stay and how they deal with change in their organization. Social

constructivism is prevalent in the experiences long-tenured employees relate because these experiences are inextricably situated in a historical and social context that gives meaning to the experience (Merriam & Caffarella, 1999). My acceptance of multiple and unique truths diminished personal bias about why employees have long tenure and how they contributed to change efforts. I used this acceptance to shape an emergent theory about employee longevity and change efforts.

Researcher Position

This study took place in an academic medical center, in which the researcher is employed. Mountain View Hospital (actual name and other identifying information has been changed) is the only academic medical center in the vicinity and employs approximately 6000 individuals. I have experienced the same change initiatives that study participants have experienced in the last ten years of the organization's history. This created a potential limitation because I may have had a more difficult time testing my own assumptions and/or not placing my assumptions on what my participants said because of my own frame-of-reference toward the organization's actions and intents.

I was diverse from my participants for two primary reasons. First, I am not a healthcare provider. The significance of this distinction is that I am not reliant on the healthcare industry specifically, rather I can move from industry to industry at will. Second, I have been employed with the site organization for 10 years. I have never experienced an organization from the perspective of my participants—more than 25 years in any one organization. This was beneficial because I did not have presupposed responses or assumptions about being a long-tenured employee from my own experiences.

As a fellow employee at Mountain View Hospital, I am responsible for implementing organizational change, and challenged with developing means and avenues for change to happen. This position provided me with a bias toward organizational change, but also toward the employees who work at the hospital. I believe that organizational change is beneficial for the organization and its employees, and I believe that employees at Mountain View Hospital truly care about their work and their community. My goal of exploring the relationships between employee tenure and that organization's ability to implement new programs, protocols or standards was reflected in these two beliefs, and was also influenced by them. As a researcher, I am interested in both employee tenure and change in organizations and how they impact or influence each other.

Limitations & Delimitations

As mentioned above, limitations for this study included:

- 1) the researcher's frame of reference and experience with the same change initiatives experienced by participants,
- 2) researcher bias regarding organizational change, and
- 3) researcher bias regarding the participants.

The researcher's frame of reference and experience in the organization created a potential limitation because of agreement or disagreement with participant's viewpoint on organizational changes. Since I am also an organizational member, I identified that I may have had a difficult time withholding my assumptions on what my participants were saying because of my own beliefs about the organization's actions and intents. I was also biased toward organizational change. I believe organizational change is a good thing, and

my role in the organization is to implement and support change efforts. This potentially inhibited me from giving credence to the employee's perspective on how change is implemented and what they need in order to support the change effort. Finally, my biases toward the participants allowed a belief that employees working at Mountain View Hospital (particularly those who have been there more than 25 years) supported the organizational vision and mission and continually strive to further that vision and mission. This includes positive support and contribution to change efforts rather than working at Mountain View Hospital just to collect a salary.

Delimitations for this study, boundaries deliberately set by the researcher included:

- 1) participants must be staff level in the organization, and
- 2) one research site.

The delimitation of participants being staff members rather than management was intended to prevent the study from participants who themselves are biased toward change. Management level employees are responsible for implementing and carrying forth change efforts and this would have provided an inaccurate viewpoint of change initiatives and employee participation. To reduce this, only staff-level employees were invited to participate in the study. The delimitation of one research site was intended for the researcher's convenience and limiting scope of the study. Multiple like-sites are not available locally, and may potentially disrupt findings because experiences by participants will not be equivalent.

Definitions

Four primary terms were used throughout this study. These terms are employee tenure, long tenured, longevity and organizational change. They are defined below:

- Employee tenure—can be defined as “the amount of time that a worker has spent working for the same employer, even if the person’s job within the firm has changed” (Auer, Berg & Coulibaly, 2004, p. 2).
- Long tenure/term—specifies an employee with more than 25 years in his or her organization
- Longevity—this is a variant of long tenure and meant to convey the same meaning; refers to an employee who has been employed in one organization for more than 25 years.
- Organizational change effort—any process that requires an organization to deliberately modify ways of working, processes, product, cultural norms, behaviors or structure at the individual worker or broader system level.
- Perception—refers to the employee’s impression of organizational actions, from the word perceive, “to obtain an awareness or understanding of” (Merriam-Webster’s Collegiate Dictionary, 2007).

Summary

Most Americans will spend approximately 49 years in the workforce. Many of these will become long-tenured employees, those who work for one organization for 25 or more years. Organizational change is an inevitability for any organization hoping to survive in the globalized marketplace. As organizations embark on initiatives that

produce change, the impact is absorbed by and affects the employees who work for that organization. The assumption that long-tenured employees resist change and have lower productivity (Auer, Berg & Coulibaly, 2004) is in contradistinction to the assertion that it is these long-term employees who move into change because they feel comfortable taking risks and need opportunity for growth (Cunningham et al, 2002; Haveman, 1995).

Organizations can benefit from planning change efforts that consider how to garner support for the change from the long-tenure employee.

This study explored the facets of long-tenured employees and their contributions to their organization's change efforts. Employee perspectives, reasons for staying, and actions supporting and hindering change efforts were discovered through surveys and interviews of participants at Mountain View Hospital.

CHAPTER II

Review of Literature

This chapter begins by looking at what the current literature says about change as a basic fact of organizational life, why employees stay with an organization, and the current findings on tenure and change efforts. There are five research questions that guided this study. The primary research question was:

1. How do employees with at least 25 years of service to an organization contribute or respond to the organization's change efforts?

The sub questions for this study were:

- a. What role have long-tenured employees played in change efforts?
- b. In what ways do long-tenured employees help or hinder organizational change efforts?
- c. What is the perception of organizational change efforts from employees with more than 25 years of service in that organization?
- d. What organizational initiatives/changes have been experienced and contribute to an employee's longevity?

Change as a Fact of Organizational Life

In the modern work environment, organizations must change in order to remain successful (Beckhard, 2005; French & Bell, 2005; Goodstein & Burke, 2005). Internal and external influences impose on organizations, forcing or requiring them to change in order to remain viable. External influences pushing on organizations and their employees

include government laws and regulations, technologies that change the way work is completed, political and social activities, and increased globalization of the workforce, influences, and resources (Beckhard, 2005; Schein, 1992; Yousef, 2000). Internal influences pushing on an organization that force change include varying characteristics of the organization's workforce (Cunningham et al, 2002). These internal and external influences require organizations to adapt by producing different products, skills, or ways of doing business. Gilliland (1997) asserts that accelerating change, complexity, and uncertainty in the globalized marketplace marks the environment for success impacting any public or private organization.

Organizational change, whether forced because of internal or external factors, is a reality for organizations and their members, and one that must be continually embarked upon (Leana & Barry, 2000; Vakola & Nikolaou, 2005). Globalization and the established movement from an industrial marketplace to a knowledge marketplace require employees to "have a higher degree of flexibility in production and a more rapid adjustment to changes in demand" (Auer & Cazas, 2003, p. 23). Employees must be able to accept change and be flexible in the knowledge-era of work.

Types of Change

Organizational change is often characterized by more than one level, commonly known as individual job level, work group level and system-wide level (Fedor, Caldwell, & Herold, 2006; Leana & Barry, 2000; Senge et al, 1994). These levels also play a role in where and how employees focus their attention during organizational change efforts. In fact, this area of focus is argued to be the determiner of success for change efforts. Employees who focus on their individual job level and work group level are more likely

to contribute or work toward the change efforts than employees who focus on the system-wide level (Gardner, Dunham, Cummings, & Pierce, 1987). Effectively, if employees are focused on change at the organization or system-wide level, they are less likely to contribute to change efforts demonstrating how these levels play a role in an employee's acceptance of change.

In addition to change at levels in the organization, Argyris & Schon (1996) describe types of change resulting from theories in action. An organization's espoused theory and its theory-in-use are often incongruent, providing an opportunity for alignment. The gap between espoused theory and theory in use provide for learning and change opportunities for both the employee and the organization. Changes resulting from the gap between an organization's espoused theory and theory-in-use can be typed as single-loop or double-loop. Single-loop learning are changes primarily concerned with effectiveness of the organization, while double-loop learning results in changes of values and norms of the organization (Argyris & Schon, 1996). Both are necessary types of change for organizational progress.

Employee Reaction to Change

Change is a fact of life for organizations, and as a result, employees are affected and form attitudes toward change efforts. How successful organizations are at managing or implementing change is dependent on the individuals in the organization who are expected to carry out the change effort. Gilliland (1997) asserts that change is employee focused. This finding is sustained by Vakola and Nikolaou (2005) who state that, "change can be received with excitement and happiness or anger and fear, while employees'

response to it may range from positive intentions to support the change to negative intentions to oppose it” (p. 162).

Rogers (1995) categorizes employee reaction to change into five roles: innovators, early adopters, early majority, late majority and laggards. These categories represent employee reaction to change because they indicate the “degree to which the individual...is relatively earlier in adopting new ideas than other members of a social system” (Rogers, 1995, p. 261). Adopting new ideas more quickly than others, or not, is one way employees react to change efforts. Rogers (1995) explains that within these five roles and rates of adoption, opinion leadership and network links are factors that the individual brings to bear on an innovation, or change effort. Opinion leadership and network links are “interpersonal network influences on individuals” that help them in their “coping with the uncertainty of new ideas and of convincing them to adopt innovations (Rogers, 1995, p. 281). These influences may not be apparent, but they are reflected in an employee’s attitude toward change efforts.

Vakola and Nikolaou (2005) contend that positive attitudes to change are vital in achieving organizational goals and successful change programs. The way change is implemented must get the entire organization engaged and committed, and the new processes employed must foster commitment (Fedor, Caldwell & Herold, 2006; Senge et al, 1994). Lau and Woodman (1995) provide evidence indicating that while employees who are highly committed to the organization may more easily accept and contribute to organizational change efforts, they may also strongly resist if change efforts are seen as incongruent or harmful to the organization. In contrast, others say that you don’t have to get the entire organization engaged and committed, but can have successful change at the

individual or work-group level, based on an employee's individual attitude. These attitudes are explored below.

Positive Attitudes Toward Change

Many factors determine an employee's attitude and participation in organizational change efforts. These include working conditions, pay, opportunity for promotion, supervision, co-workers, and job security (Yousef, 2000). Additionally, Iverson (1996) contributes the factors of short tenure, higher level of education, and non-unionized environment. Low perceived job options outside of current employment (Allen & Meyer, 1990; Yousef, 2000) and job level (Fedor, Caldwell & Herold, 2006; Senge et al, 1994) are also identified as factors determining an employee's attitude toward change efforts.

Yousef (2000) identifies six facets that impact attitudes toward employee commitment and toward organizational change participation. He contends that an organization that wants to gain employees' acceptance of organizational change is reliant on the employees' satisfaction with these six specific facets. Satisfaction with these facets increases organizational commitment, which positively impacts an employee's acceptance of change efforts. These facets are: working conditions, pay, opportunity for promotion, supervision, co-workers, and security (Yousef, 2000). When an employee is satisfied with their working conditions, pay, the opportunity for promotion, supervision, their co-workers and when they sense job security, they will accept the organization's change efforts (Yousef, 2000). Iverson's 1996 study conducted in a hospital corroborates Yousef's findings that these same facets increase employee commitment and therefore acceptance of change initiatives. Iverson (1996) further finds that, "the acceptance of organizational change is increased when employees have shorter tenure, have higher

education, are not union members, where there is a harmonious industrial relations (IR) climate, and when employees are loyal to the hospital” (Iverson, 1996, p. 137). IR climate refers to the relationship between the organization and the union, specifically the level of harmony between the two (Iverson, 1996).

Another factor found to impact an employee’s acceptance of change is the availability of like-jobs in the market. Yousef (2000) notes that when there are low perceived employment options outside of the organization there is a direct effect on the employee’s attitude toward organizational change. Evidently, “when there are few alternatives available outside of their organization, employees are more receptive to change...[and] when alternatives are plentiful, employees are less tolerant of change” (Yousef, 2000, p. 581).

In contrast to Yousef (2000) and Iverson (1996), Lau and Woodman (1995) find that “organizational commitment does not directly influence attitudes toward specific changes,” rather the attitudes toward change are related to valence and inferences each individual makes for each specific change (Lau & Woodman, 1995, p. 540). Valence refers to the individual’s perception of the *significance* and *meaningfulness* of the change, and inference refers to the employee being able to determine what to expect from the change effort. When an employee perceives the change as meaningful and significant to the organization and knows what to expect from the change effort, he or she is more willing to participate in or support the change. These two components of valence and inference form, with others, a whole change schema that Lau and Woodmen contend all individuals bring to bear on organizational change efforts (Lau & Woodmen, 1995). This

schema is not static, but is altered for each change experienced and has not been causally linked to predicting how employees will participate in change efforts.

Drew's (2005) findings echo Lau and Woodmen's inference concept, when he asserts that fear and uncertainty play a role in acceptance of change. However, when employees feel adequately trained and informed during change, this fear and uncertainty are reduced (Drew, 2005). When employees know what to expect or what to infer from a change effort, fear and uncertainty are abated (Lau & Woodmen, 1995). When fear and uncertainty are reduced, resistance to change is reduced. Both Drew (2005) and Vakola and Nikolaou (2005) contend that effective communication reduces fear and uncertainty. Effective communication during a change effort includes providing adequate training and informing employees about the change effort.

Job level is another variable that affects employees' attitudes toward change efforts. Fedor, Caldwell and Herold (2006) find instances in which employees accept organizational change when they do not have to make a significant adjustment at their job level. Coyle-Shapiro (1999) assents that employees choose to participate in change initiatives when they perceive the change as beneficial, whether to themselves or the organization. Yousef's (2000) findings agree with this stance that employees support and participate in change initiatives as long as the change does not modify the basic goals and values of the organization and as long as the change is viewed as beneficial to the organization. Fedor, Caldwell and Herold (2006), Coyle-Shapiro (1999), and Yousef (2000) all reinforce Lau & Woodmen's 1995 concept that employees support change efforts that are significant and meaningful.

Resistant Attitudes Toward Change

Adversely, when the change affects employees at their job level, adaptation to the change may create uncertainty, fear of failure, or difficulty in sense-making, which results in a negative attitude toward change (Fedor, Caldwell & Herold, 2006). Over the span of 25 or more years, employees will invariably experience change at all three of these levels—job, work-group and organization-wide. This makes the long-term employee a good candidate to determine under which circumstances they are likely to contribute and go along with the change and under which circumstances they refuse or intentionally defy change efforts. Coyle-Shapiro (1999) puts forth that it is the beginning stages of change implementation that determines the employee's attitude toward the change. When employees do not see the benefit of change in these beginning stages their commitment to participate in the change is diminished (Coyle-Shapiro, 1999).

Iverson (1996) provides evidence that union membership has a negative impact on an employee's acceptance of organizational change. Employees are more likely to support change if they are allowed control over their jobs (Cunningham et al, 2002), task complexity/significance (Leana & Barry, 2000) and feedback (Argyris & Schon, 1996; Schien, 1992). Iverson (1996) shows that these exact variables are not integral in union membership. Essentially, union members experience less autonomy, less task complexity and significance, and less feedback from their co-workers and supervisors than non-union members (Iverson, 1996). Iverson states that “the most important determinant of the acceptance of organizational change was that of union membership” and found that union members, even when the relationship between the hospital and the union was harmonious were less accepting of organizational change than non-union members” (1996, p. 140.).

Why Employees Stay and What Makes Tenure

Employee tenure can be defined as “the amount of time that a worker has spent working for the same employer, even if the person’s job within the firm has changed” (Auer, Berg & Coulibaly, 2004, p. 2). This study used Auer, Berg and Coulibaly’s definition because it includes the possibility for a variety of positions within one organization for the long-term employees. Reasons employees stay, or have long tenure, are multi-faceted and include both affective/non-concrete reasons and non-affective/concrete reasons. Each of these reasons contributes to the employee’s overall commitment to staying with the organization and this commitment is discussed widely in the literature. This study focused not on the factors that increase or decrease commitment, but rather the reasons why employees stay and how they contribute to change efforts. These same affective/non-concrete and non-affective/concrete reasons shed light on an employee’s reasons for staying, reasons for contributing, and reasons for not contributing to change efforts.

Yousef establishes that employees stay with “their current organizations because they want to do so, and not because they have to do so or because they feel they ought to do so” (2000, pg. 577). Employees stay when they are highly satisfied with the affective facets of working conditions, supervision, and co-worker, even if the employee has low satisfaction with the non-affective facets of pay, promotion, and job security (Yousef, 2000).

Commitment as a Reason for Staying

Commitment is often viewed as a moderating variable on an employee’s willingness to stay with an organization. Allen and Meyer’s (1990) definition of

commitment is a compilation of earlier definitions in the literature. They define organizational commitment as, “a psychological state that binds the individual to the organization, making turnover less likely” (Allen & Meyer, 1990, p. 14). This meta-analysis arranges the various research views on commitment into three components that explain myriad reasons an employee will stay with the organization. The three components are affective commitment, continuance commitment and normative commitment.

Affective refers to an employee’s emotional connection and involvement with their organization—the employee *wants to stay* with the organization (Allen & Meyer, 1990). Continuance commitment is a result of the costs an employee would experience if he or she left the organization—the employee feels they *need to stay* with the organization. And finally, normative commitment is a result of the feelings of obligation the employee *has to stay* with their organization (Meyer & Allen, 1991). These feelings of obligation include pressures placed on an individual prior to beginning employment with the organization. These normative pressures can be family-driven, societal-driven or even individually self-imposed.

These three components of commitment “provide valuable insight into the employee-organization link” that although commitment isn’t necessary for tenure, as defined it is one construct that binds the employee to the organization (Allen & Meyer, 1990, p. 14). Allen and Meyer continue in further studies to show that the psychological state of these three types of commitment characterize the employee’s relationship with the organization and has implications for the decision to stay with the organization (Meyer & Allen, 1991).

Yousef's (2000) finding that employees remain with their current organizations because they *want* to do so, not because they have to do so or feel they ought to do so, supports Meyer and Allen's (1991) concept of affective commitment. Becker (1960) and Strebel (1996) support the concept of continuance commitment. Strebel (1996) introduces commitment in terms of personal compacts, in which the organization and the employee have reciprocal obligations and mutual commitments that define the relationship between the organization and the employee. When the organization does not honor this relationship by revising it during change initiatives, the commitment level of the employee is reduced. One reason employees stay during change initiatives is because the organization revises the personal compact (Strebel, 1996).

Similar to Strebel's concept of personal compacts, Becker (1960) introduces side bets to indicate when someone "has acted in such a way to involve other interests of his, originally extraneous to the action he is engaged in, directly in that action" (p. 35). Side bets include items of value to the employee that the employee will lose or acquiesce on if they quit employment. This could be the employee's reputation, pension, social connections or any number of societal or personal constructs (Becker, 1960). Becker proposes that employees stay with their current employer because of the side bets they have made or associated with that job, position or organization. What would be lost in side bets if the line of activity (i.e. employment in that organization) was stopped contributes to longer tenure. Whether deliberate or not, "sizable side bets will produce consistent behavior" and this consistent behavior often results in staying with an organization (Becker, 1960, p. 38).

Mitchell, Holton, Lee, Sablinski, and Erez (2001) agree with Yousef (2000) and Allen and Meyer (1990) when they state that, “people stay if they are satisfied with their jobs and committed to their organizations and leave if they aren’t” (p. 1102). An employee being satisfied with his or her job is the key to lengthy tenure, and this satisfaction is determined by many variables including both concrete/non-affective reasons and non-concrete/affective reasons. Boverie and Kroth (2001) contend that lengthy tenure is a result of an employee’s commitment to stay with the organization in good times and in bad, resulting in low turnover. This is widely supported in the literature, including the assertion that it doesn’t matter the type of commitment, any type of high commitment, whether for affective or non-affective reasons, decreases turnover (Allen & Meyer, 1990).

Concrete/Non-Affective Reasons for Staying

Non-affective reasons for staying employed with an organization include the items most people think of when they contemplate staying with an organization for a long period of time (more than 25 years). Job security tops this list, union membership, benefits packages (or additional reimbursement an employee receives in addition to their salary), lack of an alternative position in a different company, and job embeddedness. Job embeddedness is a construct developed by Mitchell et al (2001) that refers to the links that keep an employee from leaving an organization. The aspects creating job embeddedness are,

the extent to which people have links to other people or activities, the extent to which their jobs and communities are similar to or fit with the other aspects in their life spaces, and the ease with which these links can be broken—what they

would give up if they left, especially if they had to physically move to other cities or homes (Mitchell et al., 2001, p. 1104).

Although Mitchell et al include one affective component in their definition of job embeddedness—links to other people or activities—the concept of job embeddedness acts as a concrete construct. “The more people are embedded, the less they search and the lower the probability that they perceive alternatives” (Mitchell et al, 2001, pg. 1111), which increases tenure.

Job security.

Job security is potentially the most common or well-known assumption regarding an employee staying with the same organization for more than 25 years. Gilliland (1997) states that, “job security, of course, is at the core of the tenure system” (p. 32). Although job security is a concrete/non-affective variable, what Gilliland is leading to is an affective reason for staying, “the freedom to take a risk with an idea and not lose one’s job or be penalized” (1997, p. 32). This is an example of how concrete variables or reasons for staying contribute to an affective reason for staying—job security manifesting in risk taking. Job security in and of itself has also found to be declining in the United States, meaning that individuals are not choosing to separate from their organizations voluntarily (Valletta, 2000). This puts job security as a weak reason for staying—impacting long tenure.

Union.

Union membership is shown to have a positive impact on an employee staying with their organization. In fact, tenure is often attributed to a result of union membership (Mumford & Smith, 2004) or organizations large in size that bring in many employees

(Haveman, 1995). Union membership is one variable that positively impacts tenure. Union members are more likely to stay longer in their organization than non-union members, averaging about one full year longer (Mumford & Smith, 2004). Auer, Berg, and Coulibaly (2004) also include collective bargaining agreements as a factor that positively affects tenure.

Benefits packages.

While pay and additional incentives (pensions, stock options, bonuses) have been utilized to increase employee commitment (Mowday, Porter, & Steers, 1982), the correlation between this variable and an employee's willingness to stay with an organization is positive but weak (Allen & Meyer, 1990; Mathieu & Zajac, 1990). Mathieu and Zajac (1990) propose that this positive correlation is accounted for by salary levels increasing an employee's feelings of self-esteem and contribution to the organization, thus influencing their willingness to stay.

Alternative positions.

Allen and Meyer (1990) find that lack of employment alternatives also increase the perceived costs of leaving an organization so employees stay, increasing employee tenure. "The fewer viable alternatives employees believe are available, the stronger will be their continuance commitment to their current employer" (Allen & Meyer, 1990, pg. 4). Mowday, Porter and Steers (1982) also recognize this variable impacting an employee's willingness to stay; they tie it to widespread economic and market conditions.

Non-concrete/Affective Reasons for Staying

Affective or non-concrete reasons for staying are also sufficiently studied in the literature. They are more closely linked with the potential of long-tenured employees contributing to change in their organization because it is these same affective reasons for staying that may spur involvement in change efforts. Affective variables have been “linked to employee performance and other behaviors that have an impact on an organization’s effectiveness” (Beck & Wilson, 2000, p. 129). Affective reasons include 1) involvement with the organization (Leana & Barry, 2000; Wallace, 1995), 2) doing challenging work (McCaffrey-Boyle, 1997; Mumford & Smith, 2004), 3) feeling safe to take risks, 4) having the opportunity to be innovative, (Auer, Berg, Coulibaly, 2004; Leana & Barry, 2000) and 5) increasing skill or competence (Meyer & Allen, 1991; Mowday, Porter & Steers, 1982). Evidence of employee involvement as a determining factor in employees staying with an organization is provided by Leana and Barry (2000) who support Wallace (1995) when they agree that the more involved an employee is in the organization, the more likely they are to have a long tenure there. Involvement means that “individuals seek stimulative variation and change in order to propel personal achievement and ward off boredom” (Leana & Barry, 2000, p. 756). Being more involved includes autonomy in one’s work and the belief that there is opportunity for promotion or career advancement (Wallace, 1995). Autonomy is also shown to bring about loyalty, resulting in longer tenure (Mathieu & Zajac, 1990).

Involvement includes doing work that is meaningful to employees, inspires them, and even includes jobs that are more stressful (Boverie & Kroth, 2001; Mumford & Smith, 2004). The concept of employees being involved when jobs are challenging or

stressful is not a new phenomenon. McCaffrey-Boyle (1997) finds this among nurse practitioners who “stay because they like being in a challenging, changing, non-stagnant work environment” (pg. 1169). Stressful and challenging jobs are also associated with longer tenure (Mumford & Smith, 2004, pg. 288). Individuals are more likely to stay with a job if they feel that job provides them with challenges. Other job characteristics that affect tenure are innovation, autonomy, flexibility and opportunities for promotion. Workers with an opportunity to be innovative are less likely to separate than employees in traditional firms (Auer, Berg, & Coulibaly, 2004; Leana & Barry, 2000). Mumford and Smith (2004) and Wallace (1995) also find that greater autonomy, flexible working patterns and opportunities for promotion increase commitment to the organization, and are associated with longer tenure.

Mowday, Porter and Steers (1982) add that a greater sense of belonging, competence, and more positive work experiences will lead to increased tenure. This is supported by Meyer and Allen’s (1991) definition of affective commitment, which states that an employee’s desire to stay with the organization is a result of work experiences that “create comfort and personal competence” (p. 82). Mathieu & Zajac (1990) earlier find that perceived personal competence had a strong, positive correlation with affective commitment. This correlation supports the assertion that competence as an affective variable is linked to the organization’s effectiveness.

Yousef (2000) finds that the non-concrete/affective factors including working conditions, relationships with supervisors and co-workers were the job facets that induce high job satisfaction while the concrete/non-affective factors of pay, likelihood of promotion and job security induced low job satisfaction. This points to affective factors

increasing job satisfaction, which in turn increases an employee's intention to stay with the organization.

Tenure and Commitment to the Organization

Current research points to tenure as both increasing and decreasing employees' commitment to the organization (Auer, Berg & Coulibaly, 2004; Chang & Choi, 2007; Gilliland, 1997; Wright & Bonett, 2002). This study focused on why employees stay more than 25 years and how they contributed to change efforts, while acknowledging that levels of commitment fluctuate over more than 25 years of employment. After a brief review of changes in commitment, this chapter examined why employees stay more than 25 years and how they have contributed to change efforts. Mowday, Porter and Steers (1982) illustrate this waxing and waning of commitment over time with their finding that commitment levels increase with tenure after an initial decrease. They attribute this fluctuation to the result of the social exchange process between an individual and his or her organization that develops commitment (Mowday, Porter & Steers, 1982).

Beck and Wilson (2000) find that "affective organizational commitment can be mapped as a developmental function that decreases with increasing experience of the organization" (p. 127). This supports Cohen's (1993) finding that "commitment theory must include recognition of the fact that commitment may decrease with increasing tenure" (p. 128). The assumption that commitment will increase with tenure and that people who are not committed to the organization will leave, is an implicit assumption in the commitment-turnover relationship. Cohen (1993) and Beck and Wilson (2000) find this assumption to be wrong as their evidence shows a decrease in commitment with longer tenure.

Chang and Choi (2007) find an increase in commitment after just 37 months of tenure. Several researchers demonstrate a variability in commitment depending on tenure, typically with commitment high upon employment, decreasing between 6 months and 3-5 years, then increasing again (Auer, Berg & Coulibaly, 2004; Chang & Choi, 2007; Wright & Bonett, 2002). Though their findings are encouraging when considering that longer tenure leads to increased commitment and the assumed willingness to participate in and support organizational change efforts (Iverson, 1996; Yousef, 2000), these findings continue on to show a decline in commitment after approximately 13 years of tenure, and a further productivity drop of more than 9% for employees with more than 20 years of tenure (Auer, Berg, & Coulibaly, 2004). It is unknown if this u-shaped phenomena continues up to and past the 25-year mark, as studies on how commitment changes with tenure greater than a few years are lacking (Beck & Wilson, 2000). Additionally, tenure shows a positive effect on productivity up to 14 years, but then levels off (Auer, Berg, & Coulibaly, 2004). These studies further demonstrate the fluctuation of a long-tenured employee's organizational commitment.

Contrary to the theory that both employers and employees have an interest in stable employment (Auer, Berg, & Coulibaly, 2004), Wright and Bonett (2002) find that tenure decreases productivity and commitment to the organization. They state that there is "strong evidence that the relation between organizational commitment and job performance depends heavily upon tenure" (Wright & Bonett, 2002, p. 1187). This statement is not referring to increased levels of commitment. Instead their findings, supported by Auer, Berg and Coulibaly (2004), show that employee commitment and performance decrease rapidly with increasing levels of tenure (Wright & Bonett, 2002).

Beck and Wilson (2000) also find that increased tenure was associated with a decline in organizational commitment. Becker (1960) introduces the relationship between commitment and tenure as not fixed or standard. Commitment does not equal tenure, rather “commitment and consequent behavior will seem confounded and irremediably mixed” (Becker, 1960, pg. 36). This statement lays the groundwork that commitment is not a good indicator of employee support of change efforts. Affective organizational commitment has been shown to decrease with longer tenure and that it is this affective commitment that is “linked to employee performance and other behaviors that have an impact on an organization’s effectiveness” (Beck & Wilson, 2000, p. 129).

Organizational effectiveness includes change efforts. This presented the argument that the affective reasons employees stay have an impact on their contribution to organizational change efforts. If these affective variables decrease with tenure as indicated above—there seems little hope that employees with more than 25 years would support or contribute to change efforts—thus, sustaining the adage, *you can’t teach an old dog new tricks*. Since tenure and commitment are variable indicators of whether an employee does support organizational change, as indicated above, this study sought not *why* long-tenured employees are for or against change, but rather *how* do these long-tenured employees affected change efforts.

Tenure Impacts Change Efforts & Change Efforts Impact Tenure

Long-tenure and Positive Change Experiences

Tenure and change have an interwoven relationship; both can and do shape each other for better and worse. The change process and outcomes that occur during organizational change are shown to influence the employee’s commitment level (Fedor,

Caldwell & Herold, 2006; Senge et al, 1994; Strebel, 1996). Further, Vakola and Nikolaou (2005) find a positive relationship between commitment of employee to the organization and positive attitudes to change, indicating that increased tenure may result in a positive attitude toward change efforts. Haveman (1995) bolsters this assumption by her findings that show it is actually the long-tenured employees who move into new ventures, or organizational changes, consider it an opportunity. Opportunity to be innovative is shown to be one of the reasons employees stay with their organization and have longer tenure (Auer, Berg, & Coulibaly, 2004; Leana & Barry, 2000) signifying that tenure and an employee's contribution to their organization's change efforts impact each other positively.

Iverson (1996) finds that the same variables that increase tenure (commitment) are the same job-related variables that increase the likelihood that an employee will follow or positively contribute to changes in their organization. These are promotional opportunity, job security, supervisory and co-worker support, and autonomy (Iverson, 1996). Mumford and Smith (2004) add to this by stating that well-planned and well-implemented change increases tenure when employees are informed and sufficiently prepared for the change and the change results in a positive effect. These long-tenured employees also provide stability to the organization, which has a beneficial effect on change (Auer, Berg, & Coulibaly, 2004; Leana & Barry, 2000). "A stable, skilled workforce also can provide a firm with a competitive advantage that is not easily imitated" (Leana & Barry, 2000, p. 753).

Long-tenure and Negative Change Experiences

As with tenure and commitment, the tenure and change picture isn't always rosy. Tenure is shown to have a negative impact on change efforts, and vice versa. Wright and Bonnet (2002) assert that more tenured workers may increasingly become more burned out and less motivated which makes them less likely to take risks. Risk-taking, or the opportunity to be innovative, is a key component to increased tenure. These long-tenured employees are less likely to get behind or follow change efforts because they are burned out and not motivated.

Beck and Wilson (2000) state that if an employee's commitment is low, and the organization is embarking on change, the long-tenured employees who are not committed to the values and goals of the organization are unlikely to be committed to the change goals. This impacts productivity, organizational performance and change implementation effectiveness. These long-tenured employees may hinder the change efforts if they're not committed (Beck & Wilson, 2000). Lau and Woodman (1995) bolster this stance when stating that long-tenured employees may actively resist change if they perceive the change to be incongruent with the organization's vision and mission.

One of the concrete, non-affective reasons an employee stays, thus creating long tenure, has implications for long-tenured employee change acceptance, too. Yousef (2000) finds that employees are less tolerant of change when employment alternatives are plentiful, and receptive to change when there are few alternatives.

Summary

The literature indicates a variety of affective/non-concrete and non-affective/concrete reasons that employees stay with their organization, resulting in long

tenure. The question remained, *how* do these long-tenured employees contribute to organizational change efforts? The assumption that long-tenured employees resist change and have lower productivity (Auer, Berg & Coulibaly, 2004) is juxtaposed against the assertion in the literature that it is these long-term employees who move into change because they feel comfortable taking risks and need opportunity for growth (Cunningham et al, 2002; Haveman, 1995).

Do long-tenured employees feel that they are involved with their organization, do challenging work, and have an opportunity to be innovative, greater autonomy, flexible working patterns, the opportunity to be promoted, and growth from increasing their skill or competence? While these may be keys to long tenure, “what is not recognized in such logic, however, is the fact that what employees do on the job is as important, or more important, than whether they remain” (Allen & Meyer, 1990, p. 15). This provides reason for why this study was not concerned with why they stay, but for those who do stay, how they contributed to the inevitable change they experienced in their organization over the course of 25 or more years.

CHAPTER III

Methodological Framework

The grounded theory approach used for this study was structured under the paradigms of organizational learning theory and action research theory. Organizational learning theories focus on deliberate acquisition and application of knowledge, and emphasize employee contribution to deliberate change initiatives in organizations (Argyris & Schon, 1996). Senge et al (1994) note that, “change and learning may not be synonymous but they are inextricably linked” (pg. 11). Action research theory complements organizational learning theory in this study. I used the strategies identified by participants and organizational learning theory to work with others as agents of change (Glesne, 2006) in the organization.

Grounded theory was appropriate for this topic because my goal was to define a generic process so other organizations can utilize the findings to capitalize on long-term employees during change processes. A generic process “cuts across different empirical settings and problems; it can be applied to varied substantive areas” (Charmaz, 2006, p. 92). By defining a generic process, findings from this study provide practical information for other organizations to address the challenge of gaining long-tenured employee support during change efforts. Grounded theory fits the topic of employee longevity and its impact on organizational change efforts because it is inductive, uses participant’s knowledge to develop a theory, and provides understanding of what is happening in a specific context. Argyris verifies, “research methods appropriate for organizational change is one designed using the same stages as inference, that describes how individuals attribute causes or reasons for actions or the effectiveness of these actions because it will

minimize any gap between knowledge produced by the research and its actionability” (Argyris, 1993, p. 253). By using a constructivist grounded theory approach, I bridged participants’ experiences with change in their organization to actionable information. This information is practical and such that the organization can use it to get long-tenured employees to support change efforts.

This study questioned employees who have more than 25 years of tenure at a large hospital on how they respond and contribute to organizational change efforts. Employees with 25 years or more tenure are assumed to resist change and have lower productivity (Auer, Berg & Coulibaly, 2004). This assumption is in contrast with the assertion that it is these long-term employees who move into change because they feel comfortable taking risks and need opportunity for growth (Cunningham et al, 2002; Haveman, 1995). Thus, organizations may have not been capitalizing on their long-tenured employees’ energies to spur change initiatives (Auer, Berg, & Coulibaly, 2004). What role have they played in change efforts? How do they help or hinder these efforts? What is their perception of change in their organization? What changes have they experienced during their long tenure? What factors or organizational variables help get them on board with the change or not? These questions were answered by utilizing an emergent design, and questions naturally evolved from the focus group, survey and interview-to-interview, based on participants’ responses.

Setting

This study took place in a large, Southwestern academic medical center, Mountain View Hospital. Mountain View Hospital is a public, teaching hospital—one of only 30 in the United States. Organizational structure is deeply hierarchical as confirmed

by viewing the organizational chart and common reference to “chain of command.” However, leaders of the organization advocate for shared decision-making, collaboration, and equal voices by inviting staff members participate in service teams (a.k.a. committees), councils, and volunteer projects while on the clock. These committees and projects are intended to increase employee visibility and understanding of the hospital while supporting it, but leaders are often in a quandary about allowing their staff to participate while simultaneously covering their staffing needs.

This facility has served as the public hospital for over 60 years in this community, and has a history of advancing medicine through research and technology. This history is evident in the beginnings of the hospital, from a tuberculosis sanitarium in one facility to the nationally ranked, multi-site healthcare facility it is today. The first implantable insulin pump, the no-prick blood testing for diabetics and the vaccine for ovarian cancer are some of the many advances in medicine the staff of Mountain View Hospital originated. Mountain View Hospital has embarked on numerous organizational changes throughout its history, both externally imposed and internally driven, and provides ample experiences to investigate.

Participants

Of approximately 6000 employees at Mountain View Hospital, 194 (3%) have been employed for 25 years or more. Positions held by these 194 employees include nursing, admitting, patient financial services, food services, management, and many others. Mountain View Hospital employs all positions in the hospital with the exception of physicians. Physicians are employees of the adjacent medical school. All participants were staff, not leadership, and their level of education and job type varied. Levels of

education ranged from high school diplomas through Masters of Science degrees. Job types represented included nursing, nurse education, transcription, clerical, administrative, clinical technicians, patient care coordination, IT technicians and call center technicians. Varied job type is important because it provided a holistic view of the organizational culture, and how changes are implemented across the organization rather than in just one work type. This provided for maximum variation in experiences and perceptions of the whole environment (Creswell, 1998). It also provided multiple examples of change at the organization, job and work unit levels, as sometimes organizational change may be minor in one work unit or job level and major for another (Fedor, Caldwell, & Herold, 2006).

There were a total of 94 participants invited to participate, with 35 completing the online survey, 14 participating in the individual interviews, 13 participating in the priority ranking card sort (see Table 1) and five participating in the focus group. Surveys were sent to all 94 participants, with the final question asking for participation in the focus group or interview. Participants completed the final question field with their name and contact information if they were willing to be individually interviewed or participate in a focus group. Eight of the interviewees were sampled from the administered survey, and six of the interviewees and five of the focus group participants were identified through theoretical sampling. Participants who contributed to the interviews, focus group and card sort were 65% Hispanic, 10% Native American, and 25% Caucasian. This self-identified demographic was not a determinant in findings nor a focus of this study, but is provided to show the representation of groups.

Participants were selected based on two criteria. First, employees with more than 25 years of experience who had opted out of the Inspection of Public Records Act were eliminated from the sample list. Second, pay plan status informed participant selection. Pay plan status indicates management or non-management personnel. I wanted to ensure that all participants were non-management-level employees, as management level is responsible for implementing change in the organization. Management pay plan employees were not invited to participate. Though the sample size is small, the participants were purposefully sampled from a variety of departments. This ensured that participants, who are “information-rich sources,” provided varied intense descriptions of Mountain View Hospital (Wiersma, 2000, p. 285).

TABLE 1

Participants

<i>Employee</i>	<i>Current Role</i>	<i># of years in organization</i>	<i># of positions</i>	<i>Interview</i>	<i>Card Sort</i>
Valerie	Technician	27	4	Y	Y
Cindee	RN	33	3	Y	Y
Heidi	RN	26	7	Y	Y
Tim	Clerk	34	4	Y	N
Rachel	Transcriptionist	29	3	Y	Y
Rich	Coordinator	38	6	Y	Y
Emma	RN	28	5	Y	Y
Vivian	Administrative Assistant	38	3	Y	Y
Mel	RN	34	3	Y	Y
Whitney	RN	31	2	Y	Y
Doris	Technician	43	5	Y	Y
Elaine	RN	35	6	Y	Y
Rosemarie	Department Secretary	44	6	Y	Y
Becky	Technician	37	5	Y	Y

Each participant relayed their journey in the organization, and that is provided to familiarize the reader with the participants in order to put them in context before reading the findings in Chapter 4.

Valerie's journey in the organization began in a support area, where she stayed for the first 10 years of her 27-year career. She then moved into a clinical area and has been in her current department for 10 years. During this time, she has had four jobs and earned two associate's degrees and a bachelor's degree. Valerie is inspired by people who have been in the organization who are older than her and have been there longer than she has. Cindee has held only three jobs in the organization, staying close to her nursing area of expertise. She is passionate about infant care, and has "done babies for so long I don't know much about big people anymore" (p. 1). Cindee works for a teaching hospital because it allows her to continue learning.

Heidi has held seven positions in the organization over her 26 years, including a few management positions. She "learned to be an RN on 4West" before moving after two years into a leadership position (p. 1). Two years later, she sought a new challenge by moving to an intensive care unit, where she has remained—in various positions—for over 20 years. Tim joined the organization as part of the Vietnam reintegration program, and he "said yes to the wrong job! I thought it was the other job...but I thought well, I'll give it a try" (p. 1). During his 34 years, he has been an equipment tech, a business office clerk, and a billing representative in both clinical and non-clinical areas.

Rachel started out as a nursing student but then started working part-time at the hospital. She took a full-time position in the business office before finding her niche in her current role. She describes herself as, "being adventurous enough to try other

departments but I've never seen myself not being part of it [the hospital]" (p. 2). Rachel and Tim are married. Rich has held six jobs over his 38 years at the hospital, and is proud to work there. He started in central supply, and then moved into an office environment. After a short stint in a clinic, he moved back to his previous department where he has been in his position for 9 years. He gets to interact with patients and community members every day, even though he is not in a patient-care role.

Emma completed her "capstone as an RN student here...and I loved it so much I took a job" (p. 1). Her 28-year journey has allowed her to use her expertise on kids of all ages, in five positions including leadership. She is now on a nursing unit, "I'm a bedside nurse, I take care of patients, I am happiest here" (p. 1). Vivian started in an office support department when all business operations were in one department. She has remained in that department for her 38 year tenure and believes, "if you ever think of leaving what you really need is a vacation. If you get frustrated, a two-week vacation will cure you" (p. 1).

Mel moved from out of state and wanted to ensure she worked at a teaching hospital, which led her to Mountain View. She transitioned from one nursing specialty to a completely different specialty one-third of her way through her 34 years at the hospital. Whitney was a stalwart fixture on her unit for 29 years, before deciding to change departments two years ago. She is a passionate patient advocate, and ties everything she does to the care of her patients. She provides patient education in the form of brochures and flyers, as well as ensuring her patients receive adequate time with their caregiver.

Doris has held almost every staff role in her department over the last 43 years. Like Valerie, she is also motivated by others who appreciate her work. She believes that,

“life is a celebration, a celebration every day that we come in to work...we need to help each other” (p. 4). Mountain View Hospital provided Doris’ first job. Elaine has worked primarily part-time during her 35 years at Mountain View, but has evolved into her current role. She started as a new nurse on a general unit, and then quickly moved into critical care. With experience in the ICU’s and in the ER, she took a new challenge and finished a graduate degree in education. She provided community education and prevention before moving into her current role in the Emergency Department.

Rosemarie started her first job when she was 18; in the same department she is in now. She initially thought it was hard work and didn’t like doing it, but she enjoyed the people and the challenge so she stayed. In her 44 years, she has held just about every role in her department and has been in her current role for 15 years. Becky “fell into the job by pure accident” (p. 1). A friend asked her to come to the hospital for six months as a temporary worker, and after that 6 months, she was floated to clinic. Less than a year later, 35 years ago, she was offered the job she currently holds.

Protection of Human Subjects

Participant risk for this study was minimal and did not affect their employment in any way. My own interest and employment based on implementing organizational change raised concern for the researcher exploiting or taking advantage of participants. Questioning employees about their change responses and contribution may have been perceived as researcher exploitation (Glesne, 2006) since I was the primary beneficiary of the data collected and controller of the process through which they were collected. To preserve separation between employees sharing their experiences and participation in change efforts and their position within the organization, I did not use the information or

data collected to influence the organization, and I did not share data collected separate from the findings and recommendations of this study. I built researcher skills, but the participants did not receive any benefits other than the opportunity to share experiences, create bonds with others in the organization, and self-reflection.

Design of the Study

This study used the traditional qualitative design components of triangulation, purposeful and theoretical sampling, attending to participants' language, member checks, and memo-writing. Triangulation of data collection methods occurred through (1) archival documents, (2) survey, (3) focus group, (4) individual interviews, and (5) a card sort. Triangulation of methods helped ensure that the data provided a more complete account of perceptions of change in the organization. A more complete account provides context and richness to the data, aiding in the development of accurate assertions from that data.

Small sample size in grounded theory is not a limitation in and of itself. I used purposeful sampling to initially identify employees to participate in the focus group. Purposeful sampling from the long-tenured employee population provided "representativeness or typicality of the settings, individuals or activities selected...[and] to adequately capture the heterogeneity in the population" to "adequately represent the entire range of variation" (Maxwell, 2005, pg. 89). Purposeful sampling for the focus group means that participants were selected from the population of 94 long-term employees who worked in different departments and who had different job types.

Purposeful sampling also occurred with the survey administered to all employees with more than 25 years. This is a sample of the entire Mountain View Hospital staff, as

they provided critical information related to the research topic (Maxwell, 2005). The survey results will provide opportunity for theoretical sampling. Theoretical sampling is the hallmark of grounded theory research: it is used to ensure comprehensive emerging theories.

Theoretical sampling is the process of seeking people, events and information to illuminate and define the boundaries and relevance of the emerging categories (Charmaz, 2006). This type of sampling can take the study across substantive areas in an effort to gather more data that focuses on the categories and deepen their properties. Theoretical sampling allowed me to detail my emerging categories in order to create a definition and be able to explain those categories (Charmaz, 2006). Theoretical sampling also occurred from survey results of the long-tenured employees. Participants were invited for individual interviews based on their responses to the survey. Valid results were achieved through creation of conceptual categories from the initial focus group, further developing the picture of long-tenured employees from the survey, and using individual interviews to even further define and explicate the emerging categories.

My goal was to define a generic process, and this was accomplished by identifying conceptual categories. Generic process cuts across different empirical settings and processes and can be applied to a variety of professions and fields (Charmaz, 2006). Grounded theory can elaborate and refine a generic process by gathering more data from diverse sources, and theoretical sampling can contribute to this purpose.

As an ethical researcher, it was my responsibility to capture the participants' intention and perception instead of imposing my impressions on them during interviews

and the focus group. Attending to participants' language included using audio recording during data collection, and by using *in vivo* codes.

Audio recordings of the focus group and individual interviews allowed me to transcribe participants' actual statements for data analysis. Tone of voice, pauses and other non-verbals were noted in my data notes. Recording what was seen as well as heard aided in obtaining rich, substantial and relevant data (Charmaz, 2006). Initial data was coded using *in vivo* codes. This ensured that I captured the participants' language instead of my assumptions of what was meant. *In vivo* codes are words and phrases in the participant's own language, which provides an understanding of the meaning informing participant's responses and actions (Maxwell, 2005).

The focus group determined the initial themes and categories of the card sort items. Audio recordings, deliberate observation and notation of non-verbals, and *in vivo* coding all helped the researcher attend to the participant's language. This allowed bridges to be built between participant experiences and the research questions that were based on participant meaning rather than researcher assumption (Charmaz, 2006).

Finally, member checks were used to ensure that participant perceptions were recorded and used correctly, and that identified themes were authentic. Member checks occurred when participants of the study reviewed identified categories, notes, and emerging themes to verify accurate representation of their experiences and viewpoints. Member checks occurred after the survey was administered with the individual interviews, and after the individual interviews. Member checks also occurred naturally since data from the focus group and interviews were carried through the data collection process and used in the card sort.

“Memo-writing constitutes a crucial method in grounded theory because it prompts you to analyze your data and codes early in the process” (Charmaz, 2006, p. 72). Memo writing aided this study by providing opportunity for the researcher to collect and explicate new thoughts, and identified additional data during collection. Memos informed new questions and themes for additional data collection, which informed not only the emerging theory but theoretical sampling as well. Memo writing was used during both the focus groups and individual interview data collection periods, and also throughout the life of the study.

Methods of Data Collection

There were six main steps and five methods for data collection in this study: identifying all employees who have 25 years or more tenure, identifying major changes the organization has experienced over the last 25 years, surveying all long-tenured employees, conducting a focus group, conducting individual interviews, and administering a priority ranked card sort (see Table 2).

TABLE 2

Methods

	<i>Method</i>	<i>Qualitative Design</i>	<i>Participants</i>	<i>Data Use/Purpose</i>
<i>Step 1</i>	Archival	Purposive sampling	NA	<i>Identified all employees who have 25+ years tenure; created purposeful sample set</i>
<i>Step 2</i>	Archival	Initial data in natural setting; member checks	NA	<i>Identified major changes in org. over last 25 years; sparked participant recall of events; verified by focus group</i>
<i>Step 3</i>	Survey	NA (quantitative)	35 of invited 94 long-tenured employees	<i>Tested level of cynicism toward org. change; added to the picture of long-tenured employees' contribution/perception of change efforts; provided sources for</i>

				theoretical sampling
<i>Step 4</i>	Focus group	Purposeful sampling; attending to participant language; audio recording; member checks; in vivo codes; memo writing	Sample from all 94 long- tenured employees	Verified changes in org.; began answering research questions— how long-tenured employees contribute to change; informed main topics for card sort
<i>Step 5</i>	Individual interview	Theoretical sampling; member checks; in vivo codes; memo writing	8 from survey, 6 theoretically sampled; total of 14	Verified focus group data; enriched emerging themes/categories; Informed card sort items
<i>Step 6</i>	Card sort	Theoretical sampling; member checks; data redundancy	7 from survey, 6 theoretically sampled; total of 13	Contributed to the emerging theory on how long-tenured employees contribute to change efforts

First, all staff of 25 years or more were identified by name, date of hire, current position and current department. Second, all major changes in the organization over the

last 25 years were identified. These changes included physical changes such as building additions, demolitions and moves; and also internal structural changes to the hierarchy including high-level position changes and job classification changes. Data in these two steps were initially collected through archival documents.

Archival Documents

Long-tenured employees were identified through a formal request to the organization's legal department. This request was a query of the human resources employee personnel database. This database provides all demographic and employment data for each employee. The request included names, date of hire, position, department and contact information for employees with more than 25 years of tenure. Once received, a second sorting of the data removed all management personnel from the sample set. This provided the working list of participants for this study. Organizational documents—the mission, vision and core values of the organization, videos, and the Standards of Performance—helped verify attempted changes, allowed for examination of the values of the organization, and explained the history of the changes in the organization. Documents were used to assess the exposure that employees had to new implementations at the time of implementation. This was done by reviewing organizational communication (newsletters, daily briefings, etc.) that was dated according to the change effort. The type and amount of education, communication, training, responsibility and answerability that were given to employees by the organization evidenced exposure to implementations. While there is no evidence or guarantee that the employee read these documents, they were utilized by the organization to communicate the change efforts, and were one way to let employees know of upcoming expectations. Documents also indicated the specific

responsibility of the employee during change efforts, which will help identify if the participant contributed to change efforts in the way the organization was requesting. Archival resources provided employee length-of-employment records for participant identification, and documents on organizational history and change.

Surveys

The next step in this six-step study was to administer a survey to all 94 employees with more than 25 years of tenure at Mountain View Hospital. The survey administered was the Cynicism About Organizational Change (CAOC) tool developed by Reichers, Wanous, and Austin (1997). The survey instrument has a consistent internal reliability co-efficient of .86 (Reichers, Wanous & Austin 1997). High reliability means that results can be interpreted with confidence, and would be similar if conducted more than one time. Reliability of .86 on a scale of 1.0 is considered high reliability. This survey identified the overall beliefs that employees with 25 or more years have about their organization's ability to change. The online survey was open for four weeks. A link for the survey was sent to 94 valid participants via email, with an invitation to participate. The email invitation included rationale for the study, time commitment of the survey, and an invitation to participate in an interview or focus group even if the participant did not complete the survey. Thirty-five surveys were completed. This is a 38% response rate.

Twelve individuals answered the final question, which was requesting participation in an individual interview or focus group. This was a free-form comments field that only requested name and contact information. Interviews occurred with eight of the 12 individuals who responded in this section. Three individuals did not respond to multiple follow-up emails requesting additional participation. One individual did not

provide the name or contact information requested in the question/comments field, but provided a paragraph stating that of all the change she's been through, the latest one is the worst. The individual indicated that this was an "administration" change in their working area. It is not clear what is meant by "administration" as it could be any level of leadership, or movement of the area to another reporting structure within the organization.

Focus Group

A focus group of five long-tenured employees helped to discover general themes of employee contribution throughout the history of the organization's change efforts. The focus group allowed participants to make connections with each other, resulting in creating knowledge about changes in the organization. Participants selected from the 94 employees were invited to participate in a focus group in which individuals were asked to discuss and brainstorm the following:

- changes that they recall in the organization and their perceptions at the time of the change,
- variables/qualities that make them support a change effort,
- specific changes they actively supported,
- specific changes they did not actively support,
- variables/qualities that influenced them not to support the change effort,
- their current perception on change initiatives, and
- why they stay with the organization.

Structured questions on these topics were prepared and utilized (See Appendix A—Focus Group), but in keeping with grounded theory methodology, emerging questions

also informed the data collected during the focus group. The focus group was used to check the accuracy of the organizational change efforts identified through archival document data collection in step two. Data collected from the focus group was used in a variety of ways. First, it was used to verify changes throughout the history of their tenure with the organization. Second, it was be used to begin answering the main and sub-research questions by identifying why long-tenured employees stay and what organizational changes they have contributed to and how they have contributed. Finally, and most significantly, responses to the above questions formed initial variables/topics for the card sort that interview participants performed (see Table 3).

Interviews

Interviews were conducted with 8 participants who completed the survey and who agreed to be individually interviewed, and with six participants who were identified by other long-term employees. Individual interviews were conducted with eight long-tenured employees who completed the survey but did not participate in the focus group. Participation in the focus group excluded interview participation. This ensured that data collected in the interviews verified the focus group data, and enriched the themes initially identified for the card sort variables/topics. This contributed to data saturation. Data saturation occurs when fresh data does not reveal new properties of identified categories (Charmaz, 2006). Saturation indicates to the grounded theory researcher that further data collection for the studied topic or category will not result in additional insights.

Each volunteer participating in individual interviews explored the same items asked of the focus group:

- changes that they recall in the organization and their perceptions at the time of the change,
- variables/qualities that make them support a change effort,
- specific changes they actively supported,
- specific changes they did not actively support,
- variables/qualities that influenced them not to support the change effort,
- their current perception on change initiatives, and
- why they stay with the organization.

This information painted a picture of why the long-tenured employee has stayed with the organization or in the same job for such a long period of time, what they felt their general perception or response to new initiatives was, and examples of how they have participated (helped or hindered) the identified change efforts.

Though specific questions were established and asked of all participants, interviews were emergent in design and informally structured. This allowed for unidentified questions to arise during each interview, and new questions to emerge based on data collection and coding. See Appendix A—Interview Questions for a sample of interview questions.

Data collected in initial interviews was collated with the focus group data and produced card sort variables/topics around five main topics:

1. why they stay with the organization,
2. variables or qualities that influence them to support a change effort,
3. specific changes they actively supported,
4. Specific changes they did not actively support, and

5. variables or qualities that influenced them not to support the change effort.

Priority ranking occurred for topics 1, 2 and 5. Card sort topics 3 and 4—specific changes long-term employees actively supported and did not actively support—resulted in too varied of responses to priority rank. These responses were not common among the participants, so no information related to the emerging theory could be garnered.

Results from interviews and the card sort were be used to strengthen the emerging theory. The categories and their relationships from collected and coded data and the card sort further contributed to the emerging body of knowledge.

TABLE 3: Structured Questions

<i>Focus Group</i>	<i>Interviews</i>	<i>Card Sort</i>
Changes recalled in the organization and perceptions at the time of the change	Changes recalled in the organization and perceptions at the time of the change	Why they stay with the organization
Variables/qualities that make them support a change effort	Variables/qualities that make them support a change effort	Variables or qualities that influence them to support a change effort
Specific changes actively supported	Specific changes actively supported	Specific changes they actively supported
Specific changes not actively supported	Specific changes not actively supported	Specific changes not actively supported
Variables/qualities that influenced not to support the change effort	Variables/qualities that influenced not to support the change effort	Variables or qualities that influenced them not to support the change effort
Current perception on change initiatives	Current perception on change initiatives	
Why they stay with the organization	Why they stay with the organization	

Reliability

Reliability in this study was addressed by attending to participant's language, by memo-writing, and by using a constant comparative method. Attending to participant's language allowed the researcher to bridge participant experience with the research questions (Charmaz, 2006). For this study, attending to participant's language involved using *in vivo* codes during initial coding, and by noting body language during the focus group and interviews. Noting body language provided the implicit meaning behind the participant's words and experiences. For example, when participants were discussing their position as being their calling, they leaned in, their voice intonation was higher, and they smiled. This indicated an excitement or engagement and belief in what they were relaying. Memo-writing also helped ensure reliability because it allowed the researcher avoid forcing participant data into concepts and theories, helped to discover gaps in data collection, linked data-gathering with analysis, demonstrated connections between categories, and allowed for new ideas to materialize (Charmaz, 2006). This study used memo writing to collect and explicate new thoughts, questions and ideas that were sparked by and during data collection. Memos will inform new questions and themes for additional data collection, and will aid in the constant comparative method that will also be used as a reliability measure. The constant comparative method refers to taking new data and comparing it to emerging categories in order to saturate that category (Creswell, 1998). Saturation is needed for grounded theory research because it indicates a fully developed category related to the phenomenon, which informs the emergent theory.

The survey instrument, developed by Reichers, Wanous, and Austin (1997), has a consistent internal reliability co-efficient of .86. High reliability means that results can be

interpreted with confidence, and would be similar if conducted more than one time. For this study, high reliability meant that the instrument provided results accurately depicting the perception of long-tenured employees toward organizational change. Survey results were compared with data from the focus group and interviews, and provided additional depth in the emerging picture of long-tenured employees' impact on and contribution to organizational change efforts.

Validity

How did I know that conclusions met in this study were valid, or that the grounded theory is accurate? Ensuring validity in this study was accomplished by attending to established validity measures (Charmaz, 2006; Creswell 1998) for both qualitative and grounded theory research. Methods used for qualitative research validity included triangulation, member checks and clarifying researcher bias (Creswell, 1998). Assuring fit, relevance, theoretical sampling and systemic and explicit data analysis were employed, and can strengthen validity of a grounded theory study (Charmaz, 2006).

Qualitative Research Validity

Triangulation and member checks.

Triangulation refers to using "multiple and different sources and methods for collecting data (Creswell, 1998; Lincoln & Guba, 1985). As described above, collecting data through archival documents, one focus group, a survey, individual interviews and a card sort achieved triangulation. The focus group verified the archival document data collected, survey results informed and augmented qualitative themes, and interviews authenticated the survey results. This also provided the opportunity to sufficiently

saturate categories and develop themes by modifying and asking additional questions, clarifying collected data, and pursuing developing ideas. Clarifying collected data occurred through member checks. Member checking involves sharing themes, analyzed data and emerging categories with participants to ensure their experiences and ideas are being represented accurately (Glesne, 2006). Member checks occurred throughout the stages of data collection—from initial identification of changes through the individual interviews and the card sort. Member checks bolstered validity of the emerging grounded theory.

Clarifying researcher bias.

Clarifying researcher bias was important because, as a fellow organizational member at Mountain View Hospital I have experienced the same change initiatives that study participants experienced in the last 10 years of the organization's history. This created a potential limitation because I may have had a more difficult time testing my own assumptions and/or not placing my assumptions on what my participants were saying because of my own frame of reference toward the organization's actions and intents.

I explained to participants that my role in this study was that of a learner instead of employee or change agent. I relayed that I would be listening and asking questions as a researcher, *not* as an emissary of the organization. Being an organizational member benefited the study because, "inquiries from the outside are usually not effective at uncovering the implicit schemata of organizational members; insider-outsider teams are more effective for this purpose" (Bartunek, Lacey, & Wood, 1992, pg. 205). As an internal organizational member, I was able to effectively identify the implied meanings

and intent of the participants' statements and language. To ensure this did not become a limitation, member checks were used throughout data collection.

Grounded Theory Validity Measures

Fit and relevance.

Attending to fit, relevance, theoretical sampling and systemic and explicit data analysis allowed me to develop a sound grounded theory study. Charmaz's (2006) standards of fit and relevance were met through coding. Fit refers to the study's link to the empirical world and is met when codes and categories are developed so well that they crystallize participants' experiences (Charmaz, 2006, p. 54). Relevance is when the researcher can offer an "analytic framework that interprets what is happening and makes relationships between implicit processes and structures visible" (Charmaz, 2006, p. 54). This occurred by collecting and coding data that documented participant's reactions to change and the actual organizational changes experienced.

By looking at what long-term employees valued about past change efforts, the organization can replicate or consider these items deliberately to create the desired change effect. This information was garnered through the focus group and individual interviews. Involving employees who have longevity with the organization allows the organization to embark on double-loop learning. This requires using the data collected to make modifications in subsequent change efforts, and identifying the underlying norms and policies in place at the time of the change effort that created the experience for the long-term employees during those change efforts. This utilizes the model II theory-in-use characteristics of making inferences by using good-quality data including views and experiences of participants at the time (Argyris & Schon, 1996). Double-loop learning

meets Charmaz's (2006) relevance criteria for validity because it looks at the relationship between the long-term employee and the change process at the time of the change in order to identify actionable data to manage that relationship for current changes.

Theoretical sampling.

Theoretical sampling is the process of gathering data that focuses on a category already identified by the researcher through data collection, in order to focus and refine that category for the emerging theory (Charmaz, 2006). Theoretical sampling of the 94 employees with more than 25 years helped to “construct full and robust categories” that helped clarify selected categories and showed the relationship between categories (Charmaz, 2006, p. 103). Theoretical sampling lent validity by producing comprehensive emerging theories. Theoretical sampling allowed me to detail my emerging categories in order to create a definition and be able to explain those categories (Charmaz, 2006). This occurred at the individual interview stage of the data collection. After the survey, participants for individual interviews were selected based on survey responses. Theoretical sampling allowed me to increase the number of interview participants because requests for interviews on the survey did not yield enough participants.

Systemic and explicit data analysis.

The overall tone of grounded theory study is one of rigor and scientific credibility, and this is accomplished through application and delineation of a systemic strategy (Charmaz, 2006; Creswell, 1998). I ensured my process of data collection and data analysis was systemic—detailed out and specific—and that the described steps were followed. Second, data collected through archival documents, the focus group, survey, interviews, and the card sort were checked in each subsequent data collection method,

which allowed for member checks. The way data was analyzed also contributes to the validity of this study. Data analysis was systemic in initial coding stages. Categories were developed through open coding. Open coding is a hallmark of grounded theory, in which the researcher “forms initial categories of information about the phenomenon being studied by segmenting information” (Creswell, 1998, p. 57). These categories were then reviewed for links or interrelatedness. These connections informed further researcher questions, and also the card sort. This process from open coding to connections was iterative, occurring several times during data collection. This was intended to seek data that continued to inform the emerging theory. The iterative and emergent process provided a trustworthiness of the categories. Further questions from the researcher related to the categories allowed the researcher to return to the data to look for evidence that supported or refuted these questions. This verified the data itself. Constructing conceptual categories from the data and sampling to develop these categories—theoretical sampling—allowed the category to be fully fleshed out (Charmaz, 2006; Creswell, 1998). This is how I systematically and explicitly analyzed my data.

Data Analysis

Data was analyzed following grounded theory guidelines, specifically in the interpretive paradigm. In order to seek understanding of long-tenured employees’ impact on organizational change, I prioritized finding patterns and connections rather than causality during analysis (Charmaz, 2006). Coding began with an initial level intended to capture the actions and language of participants that spoke to their role in change efforts. In vivo coding was an initial step used to attend to the language meaning of participants; it helped with initial labels that identified themes and dynamics. In vivo coding led to a

base level of coding that was used to identify gaps where there were further needs for data collection. Initial coding led to focused coding, which put the data in context, illustrating through larger categories the patterns evident in the participants' experiences. Charmaz (2006) recommends coding in action words and participant's language to assist in developing accurate themes rather than implied or assumed themes. This guideline was followed in the current study.

Data analysis was an iterative process, and one that was concurrent with data collection to ensure an iterative, emergent process. Memo writing was used to track and prompt this ongoing process. Categories found during focused coding were used to tell an analytic story grounded in the data. Theoretical sampling was used until category saturation occurred, providing enough detail and support for the emergent theory.

Summary

This chapter describes the research methods used for this grounded theory study. The researcher's hope was that through application of sound qualitative design—ensuring validity through triangulation, member checks and clarifying researcher bias (Creswell, 1998)—and grounded research practice of assuring fit, relevance, theoretical sampling and systemic and explicit data analysis (Charmaz, 2006), the purpose of the study was met. This purpose was focused on providing applicable information for organizations on how to capitalize on their long-term employees to benefit the most when implementing organizational change efforts. Identifying how and when long-tenured employees positively support organizational change through this study can provide information so organizations can more effectively plan change efforts with the intent of engaging all employees, including long-tenured employees.

CHAPTER IV

Findings

The purpose of this study was to determine how employee longevity impacts an organization's ability to change. Since current research lacked a definite response to an employee's length of tenure and their contribution to organizational change efforts, this study meant to contribute to understanding employee longevity and how this longevity impacts the organization's ability to change. Findings are intended to inform organizations on how to capitalize on their long-term employees in order to benefit from these employees' contributions when implementing organizational change efforts. By identifying how and when long-tenured employees positively support organizational change, organizations can more effectively plan change efforts with the intent of engaging all employees, including long-tenured employees.

The primary research question is best understood and answered by first identifying what the findings indicate about the four sub-questions. These questions were answered through a survey, a focus group, and individual interviews with a card sort. The subjects were employees at Mountain View Hospital who had worked there for more than 25 years.

Before presenting findings as they relate to the guiding research questions, I first present findings related to personal and organizational characteristics (see Table 4) that provide the foundation for analyzing how long-tenured employees respond to change efforts at Mountain View Hospital.

TABLE 4

Personal and Organizational Characteristics

<i>Personal</i>	<i>Organizational</i>
Viewpoint of Change	Theories of Action
Self-monitoring	Academic, Public Institution
Objectivity	Opportunity
Calling	

Personal Characteristics

Long-tenured employees demonstrated four personal characteristics in this study. These are: their viewpoint about change, self-monitoring, objectivity, and feeling that their job was their calling. These shared characteristics shed light on why the participants are long-term employees and how they view and enact change. The four personal characteristics are explored below.

Viewpoint of Change

Of the four personal characteristics, viewpoint about change may be the reason why they 1) are long-tenured employees, and 2) have participated in change efforts in the roles in which they have (see sub-question A). Overwhelmingly, the viewpoint is favorable toward change. Participants revealed this viewpoint poignantly with statements at different points during their interviews, captured here:

- “You have to try it [the change]; you don’t want to be stagnant” (Tim p. 2)
- “There’s always a better way to do something” (Rachel, p. 3)

- “I try to affect change” (Rachel, p. 2)
- “You have to roll with the change or get out, and that’s your option” (Rich, p. 3)
- “You always have to change, to risk, to grow” (Emma, p. 5)
- “If things are always the same, we don’t improve, we stay stagnant; the organization brings things in to help us achieve” (Whitney, p. 4)
- “Change is good” (Vivian, p. 3)
- “I try to support change” (Cindee, p. 5)
- “It’s age, as you get older you get a better perspective, that change is good, beneficial.” (Elaine, p. 2)
- “To move forward you have to change, you have to go with it sometimes and it’s not easy” (Mel, p. 2)

This viewpoint about change was supported by the COAC survey (Reichers, Wanous, and Austin, 1997) completed by 35 participants. Survey results showed a positive perception on change with every measure on the ten-question survey receiving 54% favorable ranking (strongly agree or agree) or higher. The items that garnered strongly disagree/disagree rankings are specific to suggestions, ideas and programs targeted at improving the organization. The highest-ranking item demonstrating a favorable viewpoint about change was *plans for future improvement will amount to much*. This item was ranked favorably (strongly agree/agree) by 80% of participants (see Appendix B—COAC Survey).

This acceptance toward change resonates with the assertion from Leana and Barry (2000) and Vakola & Nikolaou (2005) that organizational change is a reality, it is continuous, and organizational members must embrace it. Further, it validates Vakola and

Nikolaou's (2005) assertion that positive attitudes to change are vital in achieving organizational goals and change programs.

This viewpoint may not be unique to long-term employees, but it is significant because through their length of service they have demonstrated acceptance of this viewpoint as being true. Twenty-five or more years of service ensures that participants have experienced change sufficiently at the hospital.

Self-monitoring

In addition to a favorable viewpoint toward change, participants also shared the personal characteristic of self-monitoring. Self-monitoring is the ability to observe oneself in a specific situation, and exert self-control to remain situationally appropriate (Gangestad, & Snyder, 2000; Snyder, 1974). In the case of Mountain View long-tenured employees, self-monitoring kept them from getting burned out, but it is also what spurred them to take on new challenges and opportunities to grow. Self-monitoring led to conscious decision-making resulting in changes in the employee's work life. These changes included taking on an entirely new jobs, or returning to school for a different type of degree.

Whitney had been in the same inpatient work unit for 29 of her 31 years when she made a significant career change. Two years ago she moved to a clinic setting, which requires a different work shift (she went from nights to days) and a completely different skill set of nursing (inpatient to ambulatory). This change was the result of self-monitoring. She was in a situation where she felt unsupported by her leadership team, she was getting "burned out" and "felt like if I stayed I was acknowledging that they were right" (p. 2). Heidi moved out of a management position and into a staff role, accepting a

pay cut to do so. “People won’t tell you when you’re burned out and doing a sucky job. I self-monitored” she admits (Heidi, p. 4).

Rich, who has been at Mountain View Hospital for 38 years, almost quit working at the hospital. He had transferred to a clinic, and for six months he knew “it wasn’t for me...so they found a place for me in the organization” (Rich, p. 1). Emma too, acknowledges that after 8-10 years in a position, she needs something new and seeks growth. She admits, “I also saw a need to quit complaining. I was getting burned out on bedside nursing, I was exhausted after every shift. When I start getting like that I know it’s time for a change” (p. 5).

Self-monitoring allowed these long-tenured employees to navigate through the organization to find positions that fulfilled them, which contributed to their longevity. Self-monitoring it is also tied to influencing, which is one of the ways long-term employees help their organization implement change efforts (Barbuto & Moss, 2006). Ways long-term employees help during change efforts is explored more deeply in the findings for sub-question B.

Objectivity

Objectivity was described by participants as something necessary to have as a long-term employee. This was described as acknowledging that there are “two sides to every story” and trying to see the “360-degree viewpoint” or “whole picture” when presented with the charge of implementing a change effort. Emma directly ties the need for objectivity to change efforts, “I try educating and understanding all sides of whatever the change is” (p. 4). Objectivity was brought up by both unionized and non-unionized employees. When discussing the unionized environment, Rachel who is a union delegate

states, “my role is to be partisan, I look at it from both sides. I want a good working relationship” between the union and the organization (p. 3). Tim agrees, that “you have to get both sides of every story and help in any way you can” when the hospital or the union is proposing change (p. 3).

Calling

The long-term employees in this study feel passionately about the work they do, to the extent that they expressed the belief that their profession, at the hospital, was their calling.

- “I believe beyond a shadow of a doubt that I was meant to have this position because I can help them [patients]” (Rich, p. 5)
- “I stay because I like the job I do. This position was made for me” (Cindee, p. 7)
- “I always felt fortunate that I found my niche” (Heidi, p. 1)
- “I knew I was good at what I was doing and I’m meant to be doing it, it’s a calling” (Whitney, p. 3).
- “I enjoy doing what I do too much. I love doing what I do, it was made for me” (Rosemarie, p. 1).

This calling was expressed with enthusiasm and certainty by 60% of participants. Each participant, when mentioning their calling, connected this to providing service or care to the patient population of the hospital—one of the organizational characteristics described below.

One interesting note is that there were no clear differences among this study’s findings along participant ethnic groupings. Participant representation was 65% Hispanic,

10% Native American and 25% Caucasian. The four personal characteristics, a favorable viewpoint toward change, self-monitoring, objectivity, and belief that their work is their calling may be necessary for long-term employees to contribute to the success of organizational change efforts.

Organizational Characteristics

Three main characteristics of Mountain View Hospital (see Table 5) provide insight to why long-tenured employees respond to change the way they do, and why they have stayed with the hospital for more than 25 years. These three characteristics focus on the organization's theories of action, that it is an academic, public institution and that it provides an opportunity for growth to its long-term employees. The three characteristics are explored below.

Theories of Action

One organizational characteristic illustrated by interviewees at Mountain View Hospital is described by Argyris & Schon (1996) as the idea of an organization's espoused theory v. theory-in-use. These two models fall under the concept of theories of action. Theories of action are defined as "strategies of action, the values that govern the choice of strategies and the assumptions on which they are based" (Argyris & Schon, 1996, p. 13). This definition describes how underlying values drive action, whether at the individual, group, or organizational level. An organization's espoused theory is "the theory of action which is advanced to *explain* or *justify* a given pattern of activity," while theory-in-use is "the theory of action which is *implicit* in the performance of that pattern of activity (Argyris & Schon, 1996, p. 13). More simply put, espoused theory is the

stated, explicit explanation of an organization's reasons for doing what they do. Theory-in-use is the actual reasoning driving behavior, which is unspoken and even unknown in some cases. The disparity between the espoused theory and the theory-in-use is what provides an opportunity for learning and change.

At Mountain View Hospital, several participants in this study relayed situations that illustrate espoused theory v. theory-in-use at the organizational level. Heidi told a story about the a senior nurse administrator verbally communicating in multiple forums that she was open to feedback, wanted to hear the opinions from nurses, and had an open-door policy. When a nurse asked the nurse administrator about a perceived gap between what she was stating and what the nurses were experiencing—unit-based educators being paid less than RN supervisors and the nurse administrator telling unit-based educators that they were important and equal to the RN supervisors—the nurse administrator said that they were not paid less. To Heidi, the nurse administrator's response “gave me a lot of information about [her]. I thought she was a straight shooter but she's not” (p. 3).

This discrepancy between Mountain View's espoused theory and theory-in-use was also described by Valerie. In Valerie's example, the organization:

encourages us to go to school, to better ourselves. They help us get degrees [through tuition reimbursement and flexible scheduling to attend school], but then we can't move up, they promote somebody else from the outside or even somebody you've trained. It's a slap in the face. (p. 2)

Theories in action are tied to this study as a significant finding, because for organizational changes and learning to occur, it is evidenced that long-tenured employees are on board with change that results from discrepancy in espoused theory and theory-in-

use, thus bringing the hospital's actions closer to its espoused theory, its values. Long-term employees are therefore willing to drive double-loop learning, which is beneficial to the organization. Long-term employees driving double-loop learning during change initiatives is indicated by the situations in which they take on the innovator or early adopter roles. Every example of the long-tenured employees taking an innovative role is a double-loop learning situation. Double-loop learning refers to considerable organizational change, including policy changes, identifying needed change and consequences, and ways to perform the change (Argyris & Schon, 1996).

Long-term employees will also try single-loop learning even when they *don't* think it's going to work, if it is aligned with the espoused theory of the organization. For Mountain View Hospital, this means change that is meant to improve or provide for patient care. Elaine provides an example of change that targets the discrepancy between espoused theory and theory-in-use, and the willingness of the long-term employee to continue to try to fulfill that espoused theory. "We've changed the triage process three time in the last three years because the need is so bad, it's getting better...we try it, if it doesn't work, we try something else" (Elaine, p. 3). Tim (p. 2) echoes this attitude when he states that:

They keep bringing in these programs that don't work, they bring in a new program that costs a lot of money and it works for about a year but then we go back to how it was. It's not participate or not, I've yet to see any of them work and we go right back [to how things were], but you have to try because it might work.

These learning experiences, whether double or single loop, drive the organization forward through behavior and process changes. Mountain View Hospital's long-tenured employees are tolerant of espoused theory v. theory-in-use discrepancy when it provides for a double-loop learning opportunity. This change is seen as good change because it is aligned with the hospital's values. The card sort category, Supports our Patients, was ranked as one of the top five influencers of change by 85% of respondents. Of this 85%, 73% ranked this item in their top three. Similarly, of the factors that influence long-term employees *not* to support change, 73% ranked the category, Not Safe for Patients, in their top three reasons for not supporting the change.

These findings emphasize that long-term employees support changes of the espoused theory of the organization, and not those that widen the gap between the espoused theory and the theory in use. Change targeted at closing the gap between espoused theory v. theory-in-use is one of the factors that distinguishes if the long-tenured employee will engage in helping or hindering behaviors during the change initiative.

Academic, Public Institution

The fact that Mountain View Hospital is an academic medical center and a public hospital play in its favor in terms of employee longevity and their acceptance of change. Participants had strong feelings about working for an organization where, "the collaboration between physicians and nursing staff is different" (Mel, p. 1). Cindee was adamant that she, "won't work for a hospital that is not a teaching hospital." Over half of the participants selected this reason for staying as one of their top five out of 12.

Every single participant mentioned one of these two factors during their interviews as reasons that they stayed, and many of them stated that both were reasons they stayed and believed in change in the organization.

It's rewarding to work for an organization that is a teaching hospital. We provide for the patients who have nowhere to go. I feel proud to work here, we're the only level 1 trauma center, patients get referred here from other hospitals, I believe we're the best in the state (Rich, p. 1).

Participants connect with the type of customer the hospital serves, acknowledging that providing service to the most vulnerable in the community is a reason that they stay with *this* organization.

The long-term employees accept change because they recognize that as a teaching hospital, innovations are brought in to improve patient care. This acknowledgement is captured in statements from clinical and non-clinical participants. Rich, a non-clinical staff member says, "change can be difficult, but here the state of the art makes it more interesting." Whitney, a clinical staff member, relays,

I know great time is spent by the institution researching ways to get better. The new ideas that are brought to me I try, if things are always the same we don't improve, we stay stagnant. The hospital tries to bring things in to help us achieve (Whitney, p. 4).

These two organizational characteristics definitely contribute to *why they stay* but they also help pave the way for change acceptance. The indication is that longevity and acceptance of change can potentially be promoted if the organization can tie change reasons into the mission and vision. This indication supports the assertion that employees

are “more willing to accept change as far as such a change is not expected to alter the basic goals and values of the organization” (Yousef, 2000, p. 580).

Opportunity

Mountain View Hospital provides a great deal of opportunity to perform a variety of jobs, but also provides its employees with growth. “You can have a career and grow here...there are lots of different avenues in this organization” (Emma, p. 2). Participants feel like Elaine does, “I do have the option to move to other areas,” acknowledging that there is “growth and the opportunity to learn if you take advantage of it” (Becky p. 4).

A distinguishing factor besides, “there’s a lot of stuff to do here” (Whitney, p. 2), is that employees are trusted with the opportunity to learn different jobs and tasks. One of Valerie’s early experiences contributed to her longevity, “Certain people in HR gave me opportunity to grow...that kept me here.” Becky had a similar experience when she “fell into the eye clinic...I was given the opportunity to learn and grow. He [her boss] valued me.” When Mel mentioned that she “took the opportunity, I wanted to train” she was directly referring to the merging of three inpatient units, an organizational change situation that resulted in many staff leaving the unit (p.2). Mel recognized the opportunity to grow and build skills. Seventy-three percent of respondents ranked learning and growing as one of their primary reasons for staying. Of this 73%, this feature as a retention strategy was ranked in the top three by 63%.

The organizational characteristics of Mountain View Hospital—including theories of action, academic and public institution, and providing opportunity—smooth the progress of change for the hospital. These attributes allow employees to recognize how change:

1. can connect day-to-day activities to be more in line with the vision and mission,
2. is beneficial to our patient population, and
3. provides growth opportunities for the employees themselves.

Personal and organizational characteristics inform how long-term employees engage in change efforts in the organization. These characteristics establish a framework in which to analyze how long-tenured employees respond to change efforts at Mountain View Hospital. Findings as they relate to the guiding questions of this study were discovered through a survey, a focus group, and individual interviews with a priority ranking card sort. Card sort items were derived from initial interviews with 15 participants (see Appendix A—Card Sort Categories).

Guiding Question A

What role have long-tenured employees played in change efforts?

This question provides the most telling information on how organizations can tap into their long-tenured employees as proponents of change for future change initiatives. At Mountain View Hospital, the response is rich with examples of employees spearheading change efforts that moved the organization forward in its mission to be one of the nation's leading university hospitals. These change initiatives are examples of double-loop learning, embarked upon to address the gap between the organization's espoused theory and its theory-in-use. In some cases, these actions helped obtain or maintain the organization's Level 1 trauma status—as is the case with Emma's story. The first time I sat down with Emma, she started our interview with the story of how she was instrumental in bringing new technology to the hospital. Extracorporeal Membrane

Oxygenation, or ECMO as it is known, is an advanced respirator ventilation medical technology (Bartlett, Gazzaniga, Toomasian, Coran, Roloff, Rucker & Corwin, 1986).

Emma didn't say she was instrumental in bringing ECMO to Mountain View or even that it was one of the reasons she has stayed. She also did not know she was acting as an innovator on a double-loop learning initiative.

Emma told the story as an introduction to her 28-year journey in the organization. Emma took the challenge to learn ECMO by traveling to another facility—a facility known as one of the best in the nation, Children's National. She was sent to learn, and was then charged with implementing ECMO within Mountain View. This was a team effort, but Emma was central in coordinating this program. She wrote the policies and procedures, guidelines for use, coordinated the vendor suppliers and clients, and was the program manager for the first eight years that Mountain View had ECMO capability. In the beginning, there was no financial impetus or backing from the organization for this program. This resulted in Emma and one colleague, a perfusionist, taking on-call shifts without pay so they could respond and operate the equipment should a patient need arise. Emma performed the extra work of on-call shifts and program management of ECMO, all while she continued to fulfill her regular floor-staffing position. The organization did not commit to ECMO by providing financial backing and support until the program was established and consistently producing positive patient outcomes.

Emma's role as an innovator is not uncommon among the long-term participants in this study. Change adopter roles, including the innovator role, are best defined by Rogers (1995). In his work, Rogers (1995) found five adopter roles, or categories, labeled as innovators, early adopters, early majority, late majority and laggards. Innovators are

marked as, “an individual or other unit of adoption [who] is relatively earlier in adopting new ideas than other members of a social system” (Rogers, 1995, p. 261). Table 5 briefly describes all five adopter roles and their characteristics.

TABLE 5

Adopter Categories

<i>Category (% of individuals-generalized)</i>	<i>Dominant Characteristics/Values</i>
Innovator—2.5%	New ideas; global social circle; ability to understand complex technical knowledge; ability to cope with high degree of uncertainty; launches ideas from systems outside of the system's boundaries
Early Adopter—13.5%	Integrated to local social system; has greatest degree of opinion leadership; serve as a role model; respected by peers; decreases others' uncertainty about a new idea
Early Majority—34%	Interact frequently with peers but do not hold opinion leadership; provide interconnectedness in the system's interpersonal networks (between early adopters and laggards); deliberate follower
Late Majority—34%	May adopt because of economic or social necessity; skeptical and cautious; system norms must favor the change; do not feel it's safe to adopt unless most of the uncertainty is removed
Laggards—16%	Possess no opinion leadership; isolated in the social network; point of reference is the past; traditional values; suspicious of change agents/innovation; must be certain the change will not fail before adopting

Emma was the first nurse to bring this innovation to Mountain View Hospital, and since ECMO was brought from outside of the organization, she can be considered an innovator. Emma's is not the only example of long-term employees adopting an innovator or early adopter role during change efforts. Table 6 shows multiple examples of long-term employees who embarked on change before other members in the hospital.

The examples of long-term employees who took on innovator roles—Emma, Valerie, Cindee, and Becky—are categorized as such because their change initiatives were innovations brought from outside of the system, and for the benefit of the hospital. These examples also demonstrate the uncertainty for success, as these programs each took many years to be accepted and backed by the organization. Valerie's development of cabinets for special medical printers was a change adopted by the hospital's vendor, because they could meet other like-clients' needs.

Mel was an early adopter in the merging of three units. "I was on the task force of people from all three units...I had been there 8-9 years, I had more seniority. I was more accepting of the change than other people because change is always coming, nothing is static" (Mel, p. 3). This change was an unpopular one, creating divisiveness among the staff and refusal of staff to complete tasks--almost half of the staff quit. "The first year or two getting the RN's trained in the three different areas" is what led Mel to her position today, 15 years later (p. 2).

Heidi's example of bringing pediatric technology to adult clinicians was similar. Told by her unit director not to bring ECMO to the unit, Heidi persisted. The staff did not want ECMO on their unit but Heidi now receives accolades from them because she has

advanced their clinical skill set. “The staff trusted me because I was a constant. Just a constant in a lot of change, so they followed” (Heidi, p. 4). Heidi was considered an early adopter in this case rather than an innovator because the change she brought was already a capacity within the organization, it was not an idea from outside of the system’s boundaries.

Rachel’s role as an early adopter in voice recognition software for transcription can be attributed to the success of that change. Rachel has significant opinion leadership with the transcriptionists, “I was barraged with negativity over the voice recognition, I had to tell them that nobody was losing their job...and I just kept encouraging them, saying ‘let’s try it, we can figure this out’” (p. 4).

The findings of long-term employees assuming the role of innovator or early adopter support Cunningham et al (2002) and Haveman’s (1995) assertion that long-term employees move into change because they feel comfortable taking risks and need opportunity for growth. The described changes are a sampling of the changes the long-tenured employees in this study discussed. They were selected because they highlight the roles of innovators and early adopters, and because of their impact on the organization.

These change examples and their corresponding roles played by long-tenured employees demonstrate organizational change that is the result of *filling the gap* between the espoused theory and the theory-in-use at Mountain View Hospital. The reality that these changes were initiated and successful because of the roles long-term employees played indicates that organizations should determine how to engage their long-tenured employees as innovators or early adopters of desired change processes.

TABLE 6

Changes in Which Participants Have Adopted Innovator or Early Adopter Roles

<i>Participant</i>	<i>Change</i>	<i>Role (defined by Rogers, 1995)</i>
Mel	Merging of 3 units (newborn nursery, obstetric high-risk special care, and post-partum)	Early Adopter
Heidi	Brought ECMO to Trauma/Surgical ICU within the last year	Early Adopter
Valerie	Developed New Employee Orientation process/created special cabinets for printers	Innovator
Tim	Union advocate	Early Adopter
Rachel	Brought in voice recognition software to transcription	Early Adopter
Cindee	Developed the newborn clinic	Innovator
Becky	Began billing for services to increase revenue and provide access to patients in the Eye Clinic	Innovator

Guiding Question B

In what ways do long-tenured employees help or hinder organizational change efforts?

In addition to the change roles long-term employees played, they also have varied ways of helping or hindering the hospital's change efforts. More examples of helping behaviors were shared than hindering, but participants did acknowledge their hindering behaviors. When change is tied to one of the organizational characteristics—the gap between the espoused theory and theory-in-use, academic/public institution focus, or opportunity—the long-term employee will engage in helping behaviors. Helping behaviors close the gap between the espoused theory and the theory-in-use. Helping behaviors also fulfill the long-term employee's need for opportunity and meet the organization's mission of public service.

These findings emphasize that long-term employees support changes of the espoused theory of the organization, and not those that widen the gap between the espoused theory and the theory in use. Change targeted at closing the gap between espoused theory v. theory-in-use is one of the factors that distinguishes if the long-tenured employee will engage in helping or hindering behaviors during the change initiative. Three types of behaviors that long-term employees engage in during change efforts are:

1. behaviors specific to *helping*,
2. behaviors specific to *hindering*, and
3. *questioning*.

While Iverson & Roy's (Iverson, 1996) hypothesized model of organizational change described personal variables, job-related variables and environmental variables as first

conductive to organizational commitment and then organizational change, this study emphasizes the behaviors long-tenured employees demonstrate *during* change initiatives. These behaviors are keys or indicators for organizations seeking to measure or identify the impact of their current change initiative (see Table 7).

TABLE 7

Behaviors Demonstrated by Long-term Employees During Change

	<i>Helping</i>	<i>Hindering</i>
Intrapersonal	Reviewing data and best practices Thinking through the change Learning the change Learning how to comply Being positive, open-minded Participating	Sitting back and waiting Going to ground
Interpersonal	Engaging others for change Influencing others to participate Educating others Providing rationale Encouraging staff to talk about change Getting involved Making it easier for others to comply	Giving feedback Bucking the system

Helping Behaviors

“I’m part of the team—that’s what a team is all about, if you’re part of the team you work hard to make it happen”—Whitney, p. 5

Helping behaviors are crucial for organizations to recognize because these behaviors, driven by long-term employees, can significantly impact the outcome of a change effort. Helping behaviors occur when the individual’s personal characteristics and the change the organization embarks on reflect the espoused theory or are tied to the organization’s vision and mission. There are two levels of helping behaviors: *intrapersonal* and *interpersonal*. First, intrapersonal behaviors are those in which the employee gets *himself or herself* on board with the change. These include looking at data and best practices from other hospitals, thinking through the change, learning what the change is and how to comply with different actions, being positive and open-minded, and participating in the change. These *intrapersonal* behaviors are important, conscious and performed by the employee when they recognize or are presented with a change effort.

The second, consciously performed type of helping behaviors demonstrates leadership and influence for change. Behaviors demonstrating leadership and influence for change are the *interpersonal* behaviors that long-term employees carry out. These behaviors are all focused on engaging with others, and influencing others to participate in the change effort. They include educating others, “explaining decisions to people on the unit” (Cindee, p. 5), providing rationale for the change, encouraging the staff to talk about the change, making it easier for others to comply getting involved by attending meetings, encouraging others, saying to others “here’s what we’re doing” (Valerie, p. 4), “give it a chance before you say it isn’t going to work” (Mel, p.3) and “You have to try whether you like it or not, it might work” (Ted, p. 2).

Other ways to influence include telling others, “if it doesn’t work it’ll go away, if it does stay it’s probably good for the organization” (Rich, p. 2) which also demonstrates the long-term employee’s positive viewpoint about change. Even when faced with a tough critic, long-term employees may coerce with statements like, “if you come against change it’s going to hurt you (career-wise), and you’re gonna have to do it anyway” (Rich, p. 4). Rosemarie makes the case for change by telling others that, “once you start doing it you get used to it, and then you forget what you did before” (p. 4). When asked how she contributed to change, Elaine enthusiastically responded, “I promote it! I say, ‘hey this is a good thing.’ I verbalize that it is going to be a benefit” (p. 3).

Early adopters are known for “conveying a subjective evaluation of the innovation to near-peers through interpersonal networks” (Rogers, 1995, p. 264). Long-term employees’ statements to others are early adopter behaviors. Early adopters are sought by change agents to speed the process of implementation because people look to them and they inform their peers (Rogers, 1995).

Hindering Behaviors

“I’m not very tolerant, I buck ‘em as much as I can”—Becky, p. 2

The long-term employees at Mountain View Hospital engage in hindering behaviors in different scenarios. One scenario is when the employee cannot discern if the change is filling a gap between the espoused theory and the theory-in use. Another is if the change is not aligned with the vision and mission of the hospital. A third scenario is when the employee does not see the benefit to the patient or fellow employees, and the final scenario is when the employee simply does not see a need for the change. These

scenarios are reflected in the ranking of reasons why long-term employees do *not* support a change effort. The three highest-ranking items from the card sort were:

- when the change is seen to be not safe for patients—67% ranked this in their top three reasons for not supporting a change
- when the change is directive or authoritarian—50% ranked this as one of their top three reasons for not supporting a change
- when the change is a reactionary change or seat-of-the-pants change—50% ranked this as one of their top three reasons for not supporting a change

Hindering behaviors include sitting back and waiting, going to ground, and giving feedback. Employees stated that they use hindering behaviors when they are not on board with change, even while they acknowledged that hindering behaviors did not work in their favor. Going to ground refers to “a very conscious thing. I just do my job, not getting involved” (Heidi, p. 5). Giving feedback was identified by participants as a hindering behavior, which is why it is on the *hindering* behaviors list. This behavior of giving feedback occurs *after* the change has been decided upon and implemented, not before.

Long-term employees do “buck the system” (Becky, p. 2). They do resist change, primarily when they do not see the benefit to patient care or employees, thus reinforcing, or attempting to help the organization live up to its espoused theory. They judge the changes based on the stated ideal outcome, and their previous experiences. The scenario that garners the most vehement hindering behaviors is when the employee perceives the change as threatening patient safety. Long-term employees stated that they flat-out refused to perform the changes, and “strongly rebelled.”

Mel used the example of being cross-trained in another clinical department. She was cross-trained to provide clinical care in a department that was within her service line but a higher-risk area. She did not have an opportunity to use the newly learned skills for three months. When she was called upon to perform the task, she refused because of the criticality of the patient's situation. She did not trust her skills to perform patient care and was not willing to put a patient's well-being or life at risk because it had been so long since she learned or used the cross-trained skills.

The dynamic of not having skills, or being uncomfortable with a skill set was often cited as a reason long-term employees resist change. In these cases, long-term employees took on the late majority role, because they did not feel it was safe to adopt the change until most of the uncertainty of that change was removed (Rogers, 1995). Elaine admits to being intolerant of change if it affects her schedule, but she is willing to comply if the change is intended to benefit her department. This puts her in the early majority role, as a deliberate follower of the change. Whitney also displayed early majority characteristics by complying with the electronic medical record even though, "vitals and med rec are on paper and I have to put it in the computer in just five minutes. I have a hard time doing that but I try. I don't do it 100%, but I try" (p. 4).

Long-term employees do recognize when they perform hindering behaviors and they demonstrate a willingness to improve their performance. "I have to work at it, too. I ask for feedback. I want to do what I need to do for the organization, I want to help" (Doris, p. 2). Becky also identifies that "when I've tried the change before and it doesn't work, I know it's not going to work. I'm not trying to be negative. I want to be part of the team" (p. 4). Elaine states, "I am most resistant to this [EMR] because it's not in my

comfort level...it's been a hard one for me...but I'm embracing it, it takes time" (p. 3)

Demonstrating a willingness to improve when performing hindering behaviors is a quality that the long-term employees revealed in this study.

Questioning

"I'm seen as a trouble-maker because I question things. I question because I want to know how it [the change] impacts patients."—Whitney, p. 2

The most interesting of behaviors demonstrated by long-term employees during change is that of questioning. This behavior is utilized in both situations—when employees are intentionally helping or hindering change efforts. Long-term employees question their leader and the organization during change efforts.

Participants identified this questioning as being perceived and labeled as challenging by their superiors. When proposed change efforts are filling the gap or benefitting patients, questioning is used to garner information about the change so the long-term employee can understand it, and then explain it to others. When the employee does not see how the proposed change closes the gap between the espoused theory and theory-in-use, or how the change benefits the patient, they use questioning. This use of questioning is intended to be challenging, and results in the hindering behaviors of *wait and see* or *going to ground*.

Questioning benefits the organization regardless of whether the long-term employee's intention is to help or hinder the change. The organization benefits because questioning from a long-term employee is an indicator that they are *participating* in the change. They are arming themselves with information so they can take on the early

adopter role. They are questioning to understand the change rationale and intention in order to use this information to get other employees on board with the change.

Guiding Question C

What is the perception of organizational change efforts from employees with more than 25 years of service in that organization?

Employees with more than 25 years of service at Mountain View Hospital have four major perspectives about change initiatives. They are:

1. that the changes embarked upon are beneficial for patient care and employees,
2. that while they perceive the change efforts as beneficial, the manner in which change is implemented is lacking,
3. that change as due to regulatory obligations, and
4. that how the community perceives changes at the hospital is important.

This question was also informed by the quantitative survey completed by 35 long-term employees. Of these 35, eight also participated in individual, qualitative interviews that were conducted with 14 total participants. Highest-ranking items on the survey were:

- Management influences change around here (90.3% agreement)
- The people who are responsible for making things better around here care about their jobs (81.9% agreement)
- The people who are responsible for making improvements around here know what they are doing (81.3% agreement)

- Plans for future improvement will amount to much (80% agreement)

Responses to the survey indicate that participants think that leadership influences change in the organization, that they care about their jobs, that they know what they are doing and that future improvements will amount to better practices or a better environment. The 80% agreement that “plans for future improvement will amount to much” is reflected in the four major perspectives about change described by long-term employees. These four perspectives are that changes are beneficial, the manner in which change is implemented is lacking, changes are due to regulatory requirements, and the community perceives the changes at the hospital as beneficial. Described first is the perception that the changes embarked upon by the organization are beneficial to the patients or employees of the hospital.

Changes are Beneficial

“Most of the changes that have occurred here have been for the good.” (Mel, p. 4)

Mirroring the perspective long-term employees expressed in the survey regarding future changes, the overwhelming perspective regarding change as it is currently implemented is positive. Participants saw changes embarked upon as benefiting patients, patient care, and employees. The noted changes ranged from patient care to patient registration to employee cultural tools.

The “hospital is very fair in making changes that support our patients...like how we register patients and centralized scheduling” (Rich, p. 4). Participants stated that most of the change that has occurred has been for the good of the patient, and that it is, overall, positive in the institution. Rachel gave an example of how the process has improved in the emergency department over the last seven years, “the improvement has been

tremendous” (p. 2) while Elaine relayed this as one of the changes she has been working on, “we’ve changed the triage process three times” (p. 3). Every interviewee agreed that the patient care changes have been positive, and provided multiple examples of changes that focus on improving patient care. On the priority ranking, 71% of respondents ranked this item (change that “supports our patients”) as one of their top four reasons why they support change. Of this 71%, 85% ranked this reason in their top two reasons for supporting change.

One employee cultural tool that was referenced by participants was the recent change to required scrub uniforms. Scrub colors were specified to indicate the job position of the employee and were primarily implemented for customer service—intended for patients to be able to more easily identify their healthcare team members. This change had an unexpected benefit for employees as well, who can now more easily determine job roles, especially if they are new to a unit. Cultural tools also include recognition programs and communication avenues. Rachel gives an example of how cultural change tools have been beneficial:

The Monitor [internal newsletter] has such an incredible impact on changing people’s perspectives for the good. It has classes, Employees of the Month with pictures and narratives, and informative articles. It’s on the intranet, it’s amazing. The intranet, whoever crafted that, is great! You can find forms, union contracts, everything. We used to have a paper newsletter; it was hard (p. 4).

Doris echoes this statement in reference to a daily briefing tool, “you see things different in Special Delivery, and shared governance has helped...I can see that they are doing

things to make it better for employees” (p. 3). These cultural tools have impacted the perception of change in the organization.

When the changes implemented are beneficial to patients or employees, they are perceived as good changes. Rich pragmatically shared a perspective repeated in the individual interviews, “most changes are good. If they are not, then they won’t stick” (p. 7). While employees agreed that implemented change is good for the patients and employees at Mountain View Hospital, they did indicate that the way these changes are brought about is not always as positive.

Change Effort v. Implementation

“The change effort is good, but the manner in which it occurs is to be desired. You always have to change, to risk, to grow. But sometimes the way it’s done is dictatorial, not democratic”—Emma p. 5

Recognizing that the change efforts themselves are beneficial to the organization, participants strongly communicated that the way in which change is introduced, brought into the organization, and executed was not always done well. Because implementation is not handled well, it affects how long-term employees feel and respond to the change.

Much of the feedback from participants regarding how change was implemented focused on communication. “Change just filters down, they [leadership] do not communicate” (Cindee, p. 5). This general statement led to more specific examples. Valerie illustrates a situation in which communication was lacking, “I don’t like the way they’re doing it, changing people’s times [schedules]. They didn’t tell us” (p. 5). Doris agrees, stating that her job in the call center would be much easier, “if they tell us, keep us informed. If we know, we can troubleshoot a call right away” (p. 3). Heidi goes on to

say that “good ideas are being implemented, like Shared Governance, but we’re ‘not there yet’ because of the way it’s being implemented” (p. 6). The card sort item, directive or authoritarian change, was the second highest reason participants do not support a change—with over 50% ranking this in their top three reasons. This item tied in priority ranking with changes that are due to regulatory requirements.

Participants also stated that some programs brought into the organization don’t work, and indicate that “it works for about a year, but then we go back to how it was” (Ted, p. 2). This speaks to the *manner* in which change is implemented. If it is implemented poorly, without care as to how it connects to the existing environment, values and resources, then the change will not be lasting. Elaine sums up the dynamics of change not implemented well:

Magnet, it’s a good idea, but...I...that’s another thing, the Daisy award. They bring in all this stuff you know? They hire a consultant—like for lean, QSE—every four years or so. What is this about? I know it’s about quality but it would be nice to get feedback on what has really been improved with these. I know that’s what an institution has to do, but sometimes I don’t see the point. (p. 4)

This statement paints a clear picture of efforts that don’t last, lack of communication and misunderstanding about the purpose of implemented changes. All dynamics that drive the finding of change efforts are beneficial, but they do little to get the employee on board with the change.

Regulatory

Participants expressed that many changes are due to regulatory requirements imposed by the hospital’s accrediting bodies, insurance organizations, and governmental

and legal laws. The effect of this has made “changes more business-focused, rather than care-focused” (Cindee, p. 2) with “lots of changes coming out the year before regulatory bodies arrive” (Emma, p. 3). This correlates with the literature statement that one major source of change is due to the external influences of government laws and regulations and political and social activities (Beckhard, 2005; Schein, 1992; Yousef, 2000). Elaine mentions how this has changed her work life, “when I was a staff RN the focus was more on patient care and less on TJC [accrediting body]. I’m sure it was around but it was not a big force...now it’s looming” (p. 2). This item on the priority ranking tied for the second-most influential reason not to support a change, with 33% of participants ranking this as the number one reason they don’t support a change.

This focus on the bottom line has resulted in a participants feeling that, “it’s not people friendly at all anymore. Now we’re so worried about being sued, you can’t even say a patient’s name. It’s like being a machine versus a human being” (Becky, pp. 5, 6). Cindee agrees, “I started being a nurse to do nursing care. Now we’re pushed to do more and more business instead of caring because of insurance” (p. 2). Change required by regulatory bodies elicited multiple responses from participants about losing the human touch in healthcare. “We need to give a more human touch. Automation is good to a point, but people really want to talk to a human” (Tim, p. 4).

Community Perceives Change as Good

“The community sees us as a premier teaching hospital, like UCLA”—Vivian, p. 3

The final perception of current change in the organization was actually expressed as how the long-term employee perceives community reaction to the organization.

Participants mentioned a positive perception of the hospital from the community. Part of

this positive perception results from being “affiliated with the University” (Mel, p. 2). Affiliation with the university was a primary comment when participants were discussing community perception. Emma sums up several participants view, “Our reputation in the community has changed...we were the Indian hospital, then the county hospital, now we are a premier Level 1 trauma center.” Becky recognizes why this positive community perception is desirable, “it’s because patients know they can come here and get care” (p. 7). This perception helps the organization fulfill its mission of “serving as an accessible, high-quality, safety-focused, comprehensive care provider for all the people of Bernalillo County, and providing specialized services for people across the state” (Mountain View Hospital vision statement, 2009).

The four categories of perceptions that long-term employees hold about their organization’s change efforts reinforce the personal characteristic; a favorable viewpoint toward change. “Our growth, our hospital, no matter what we open is always full. We need to keep growing...and change people in a positive way. (Tim, p. 3)

Guiding Question D

What organizational initiatives/changes have been experienced and contribute to an employee’s longevity?

Determining what organizational changes contribute to an employee’s longevity is challenging, but can be narrowed down to three categories (see Table 8). The impact of changes experienced at the job level, the organization’s leadership, and changes related to being a “state-of-the-art healthcare facility,” have contributed to the longevity of the long-term employees in this study.

TABLE 8

Categories of Change that Contribute to Longevity

Individual job level or work-group level
Leadership
Local
Administrative
State-of-the-Art/Electronic Advances

Changes at Job & Work-group Levels

The opposing viewpoints about change at the job and work group levels are addressed by findings in this study. Gardner, Dunham, Cummings and Pierce (1987) found that employees who focus on their individual job level and work group level are more likely to contribute or work toward the change efforts than employees who focus on the system-wide level. The participants in this study support this finding. Changes made at their individual job or work group level are changes supported by long-term employees. Study participants used examples of changes that were immediate to either the job they perform, or the unit in which they work. Specifically, changing positions, an immediate job level change, was mentioned as a change that increased longevity.

- “I really enjoyed the transition from Patient Education to Unit-based Educator, that’s the beauty of the profession, you can do many things.” (Elaine, p. 1)
- “I didn’t want to do shift work anymore, by that time I had been doing it for 20 years. Right around that time, in 1998-1999 there was a new position.” (Mel, p. 2)

- “About every 10 years I move...when I left NICU I thought I could put my caring and skills to better use instead of just walking out the door” (Cindee, p. 2)
- “I think people tend to grow a career rather than just walk” (Emma, p. 2)

When asked if he ever thought about leaving, Rich said,

Only once, when I went to the ortho clinic. My job position was upgraded to an RN, so they found a place for me in the organization. They put me in ortho and I was there six months. It wasn't for me. My manager talked to the manager in Quality Assurance and said that I would be good for the job, then my manager gave me interview tips. And I've been in Quality ever since (p. 2).

Whitney was also considering leaving the organization after 29 years on the same unit. She moved from inpatient nursing to clinic nursing, and “I decided to stay” (p. 6). Heidi was going to leave the organization because her job was increasing in hours to a 1.0 FTE. Taking a new position in her area of expertise allowed her to stay with the organization and is teaching her new skills. “I like being a unit-based educator because I don't have to work full-time but I'm still involved in the unit...I'm not very good at it yet, even after a year, I still have to learn” (Heidi, p. 4).

In addition to moving into new positions, long-term employees also experience change at the job level that impacts their retention by building new skills in their current positions. Rosemarie recounts when an outside vendor came into her department, Food & Nutrition Services, and they taught her new skills and ways of working. After 15 years, this resulted in the FNS workers advocating for taking on all the work themselves if the organization would remove the vendor from onsite. One of the managers from the

vendor, “taught me a lot, he showed me how to use the computer which helped me get my job now” (p. 4).

Other changes that are organizationally sanctioned but still impact the individual job or work-group levels also increase longevity of the employee ,because employees are getting the support they feel they need. In these instances the changes were related to other employees being allocated to share the workload of the long-term employee. Instead of feeling threatened, the long-term employees were excited to have help. Doris conveys, “the superusers, that is the best thing that has happened because they help us” (p. 4). Superusers are floor-staff who has been trained extensively on computer systems in order to act as a resource or trainer for their team members during shift. Rosemarie has, “been training the supervisors to do my job, I’ve been asking for year for this; I think it’s good, maybe I can take some time off” (p. 7). And Rich too, has embraced teaching another person his job, “I’m not going to be here forever, I’m training him. I see where it’s going to help me and help the organization” (p. 4).

Finally, changes in which the employees took on the roles of innovator or early adopters have impacted their longevity. Becky has felt frustrated and ready to quit because of leadership changes but “my stubbornness would kick in, I wasn’t going to let them take away what I built...the last 15 years have been difficult but it’s my baby [the clinic], I need a job and I will stick it out until I retire” (p. 2, 3). Cindee, Heidi and Whitney share similar passion for the work they’ve done for more than 25 years.

I believe in the patients because I am a nurse and I take care of patients. Whatever is tossed my way personally is processed by how I am going to take care of patients. If I let the past guide my *now* I shouldn’t be an RN. (Whitney, p. 6)

When the long-term employee played an innovator or early adopter role, changes were all at the individual job level, and employees exhibited inspired passionate tenacity to remain in the organization, thus increasing their longevity. Fedor, Caldwell and Herold (2006) asserted that employees are resistant to change if it requires adjustment at the job level. Participants in this study indicated that changes at their job level, specifically changing positions, learning new skills, and previously spearheading change contributed to their longevity. Changing positions and learning new skills allowed for opportunity and growth. Seventy-three percent of respondents ranked learning and growing as one of their primary reasons for staying. Priority ranking data supports this finding, as changes affecting individual job level was a low-ranking item as a factor for long-term employees NOT supporting a change effort.

Leadership

Changes in leadership at Mountain View Hospital have contributed to employee longevity at two levels: the local level and the administrative level. The local level is the employee's immediate supervisor or chain of command, and the administrative level refers to the governing executives of the hospital. Local leadership provided the opportunity for long-term employees to make changes within the organization, and in some cases it contributed to the factors that made these long-term employees long-term. Leadership changes at the administrative level contributed to longevity because of the implication on the organization, and the reinforcement of what the organization stands for—that is, reducing the gap between its espoused theory and theory-in-use.

Local-level leadership.

Local leadership was cited as providing change opportunities for long-term employees and also acting as trusted allies in the organization. These leaders sometimes acted as *safe harbors* by providing the opportunity for long-term employees to make changes within the organization, resulting in the organization retaining the employee. When long-term employees identified that they had considered quitting the organization, it was a local-level leader who was referred to as being the reason for not quitting—thus, contributing to longevity. Whitney candidly shared her story of why she was going to leave, regretfully saying that after 29 years she “couldn’t trust the organization anymore” (p. 3).

Instead, Whitney went to work for a colleague she had known for years. This leader was Whitney’s coworker when she first started in the organization, on the unit she was now leaving 29 years later. This change at Whitney’s job level was significant, resulting in a change of work hours, type of nursing, and a completely different service line in the organization.

Lisa has been trying to get me to work in the clinic with her for years. I told her when I was ready. I trusted Lisa, I knew her yeses would be yes and her no’s would be no...that is part of retention for me. (pp. 1, 3)

Becky reinforces this finding when describing her current leader, “the last five years we’ve had a new office supervisor. She saw my potential, my desire, my value, how I was being treated. She stuck up for me, made me feel like I was worthy and important, like my complaints were legitimate” (p. 4). These leaders were retaining long-term employees who otherwise would have quit the organization.

Local leadership also influences longevity from the very beginning of a long-term employee's career. Local leadership is often the grantor of opportunity for learning and growth, providing the employee with the ability to take on the innovator or early adopter roles. Becky's leader, Dr. Rashida, gave her opportunity by increasing her skill set and "insisting that I be lead tech" (p. 1). She "learned tech skills" and "then I started going to conferences and classes to become certified" (p. 1). In addition to opportunity, long-term employees recognize their longevity has been impacted by the role of their leader:

- "I haven't had a bad boss, I've had good bosses." (Vivian, p. 2)
- "I've been fortunate enough to have really good managers...change is hard but they've been good." (Elaine, p. 1)
- "I've been pretty fortunate with bosses. They look at best practices, they bring in data, they are both smart and supportive of their staff." (Elaine, p. 3)
- "My old boss shared the work with us, I liked working for her." (Rosemarie, p. 4)
- "Certain people in HR gave me opportunity to grow...that kept me here."
(Valerie, p. 1)
- When I first started I had two good bosses. The first director I had was a good director who listened, that I could talk to, that was a plus. That kept me around quite a bit." (Doris, p. 2)
- "You stay if you're lucky enough to have a good supervisor like Doris. She listens to me." (Tim, p. 1)

These statements authenticate the assertion that local-level leaders do impact longevity of employees.

Administrative-level leadership.

Changes at the administrative level also contribute to longevity. As the organization has promoted executive-level leaders from within the organization, long-term employees note that this is helpful to them. As Elaine explains, “Administrators are more visible now. The CEO, CNO, they are more in the trenches because they were brought up through the trenches” (p. 2). Emma still keeps in contact with an old co-worker, who is now an administrator of the hospital, “we go for coffee once a month, she tells me what she’s up against and I tell her what I’m up against” (p. 7). Whitney sums up what all interviewees referenced, “I’ve known the CNO for years and years” (p. 5) and Vivian illustrates why changes in the form of promotions are beneficial:

I got here early enough to know folks before they were big wheels. You get to know them other than “he’s my boss.” You can chitchat with them about kids, or dogs, or whatever; it doesn’t always have to be about work. I like the people I work for. (p. 2)

Participants also noted the current CEO’s foresight as spurring beneficial change in the organization. “Most of it [change] that has occurred has been for the good. Murphy, he has foresight...it’s positive, overall in the institution” (Mel, p. 4).

I give James credit for his foresight, his dreams took him to where he’s at and the fact that he’s making them a reality has kept him there. James had the idea for the ACC, and it was on the cutting edge with doc offices and clinics right there so they can go back and forth. They’re very busy with research and clinic and that set up helps them. James was instrumental in the ACC. (Tim, pg. 3).

The examples above indicate how leaders at both the local level and changes in leadership at the administrative level have contributed to retaining long-term employees.

State-of-the-Art/Electronic Advances

Changes identified as *state of the art* at Mountain View Hospital have contributed to employee longevity because “here, the state of the art makes it more interesting” (Rich, p. 1). Becky agrees that part of her longevity is due to “all the new equipment that came in. We went from minor procedures to doing surgical procedures. It was exciting to see new equipment and learn how to use it” (p. 2). “The NBICU level III, we’re the only ones who could take care of those babies. We were innovators in that stuff. We were the community hospital but the care we gave was state-of-the-art; we were doing things no one else was” (Emma p. 3).

Access and development of computer applications also impact longevity. “Going from punch cards to CRT’s” kept Vivian working at the hospital “because it was a different world and easier. I used to have to do it manually” (p. 4). Rosemarie is looking forward to “ordering caterings online...it’s gonna be good. This will be a good change” because it will allow her less manual tracking of orders and ensure quicker response to customers (p. 5). Even when individuals self-admitted that they were not computer savvy, they agreed that the electronic medical record was beneficial. “It’s okay, my typing is slow but my handwriting is worse so it’s okay” (Cindee, p. 4). The benefit that state-of-the-art or electronic advances has is that it forces an employee to learn, which was identified by long-term employees as being the primary reason they have stayed with the organization.

Union Impact/Responses

One of the changes experienced by long-term employees was the unionization of the hospital. The online survey showed that 66.7% agreed that the union leadership influences change in the organization. However, this significant component of the organization was not supported in the interviews and focus groups as a change that contributed to longevity. Two union stewards were interview participants and their viewpoint was that they are pro-employee—not necessarily pro-union/con-management, or vice-versa. They emphasized the importance of the *best* solution, regardless of whose “side” that comes from, demonstrating the personal characteristic of objectivity. Emma stated that she is appreciative that we have the union, even though she does not agree with what they advocate. She appreciates that Mountain View Hospital is protective of its employees.

The questions: *Union leadership influences change around here*, and *Management influences change around here* showed interesting perspectives of who is implementing change. Fifty-four percent of participants ranked these two questions similarly—meaning they ranked both questions either agree/strongly agree or disagree/strongly disagree. This indicates that both the union and management influence changes, not one over the other. Only two individuals ranked that the union influences change and management does not. Card sort data also indicated that union influence was not a significant reason long-term employees didn’t support a change with 92% ranking this in their bottom three priorities for not supporting a change effort. These results show that union influence is not a component in employee longevity.

State-of-the-art changes/electronic advances, changes in leadership, and changes at the individual or work group level are types of change that have been experienced and contribute to an employee's longevity.

Primary Research Question

How do employees with at least 25 years of service to an organization contribute or respond to the organization's change efforts?

The primary research question findings are a culmination of the findings from each of the guiding sub-questions for this study. The four personal characteristics, a favorable viewpoint toward change, self-monitoring, objectivity, and belief that their work is their calling, may be necessary for long-term employees to contribute to the success of organizational change efforts. Organizational characteristics of theories of action, academic and public institution, and opportunity are characteristics of this hospital and contribute to long-term employment at Mountain View Hospital. These two types of characteristics together interplay with the findings from each sub-question and provide the basis of the five primary findings in this study. Primary findings answer the question of how long-term employees contribute and respond to organizational change efforts.

Finding #1—Long-term employees act as informal leaders and influencers to get others involved with change

One of the ways long-term employees contribute to organizational change efforts is by influencing others to participate in the change (Barbuto & Moss, 2006). This study identified this by the demonstration and conscious application of *helping* behaviors. Helping behaviors include intrapersonal behaviors in which the long-term employee first

gets himself or herself on board with change, and interpersonal behaviors focused on engaging with others, and influencing them to participate in the change effort.

Intrapersonal behaviors include reviewing data and best practices from other hospitals, thinking through the change, learning about the change, learning what actions need to be taken to comply with the change, and trying to be open-minded and positive about the change.

Interpersonal behaviors intended to engage others in the change effort are educating others about the change, providing rationale for the change, encouraging the staff to talk about the change, making it easier for others to comply with the change, getting involved, and influencing others to participate in the change. Intrapersonal behaviors heavily rely on the long-term employees' relationships and opinion leadership (Rogers, 1995) with their peers. Intrapersonal behaviors primarily take the form of statements the long-term employees say to their peers regarding changes.

The impact of the long-term employee engaging in helping behaviors is noteworthy because these employees have extensive relationships with others in the organization. While referring to herself and her husband, Tim, who is also a long-term employee, Rachel humbly commented, "we are really well-known, the employees turn to us and ask us questions. We mentor them." (p. 2). Vivian comments, "people come to me to vent, from all over. I just try to make them feel better" (p. 4).

This finding is imperative for organizations to recognize in order to take advantage of long-term employees' influence on staff during change efforts.

Finding #2—Long-term employees will get on board with change even if they disagree with the change

Long-term employees will participate in change efforts when they disagree with the change *if the change is seen to close the gap between the espoused theory and the theory-in-use*. Long-term employees will engage in single-loop learning even when they *don't* think it's going to work, if it is aligned with the espoused theory. For Mountain View Hospital, this means change that is meant to improve or provide for patient care. "When I understand why there is change, even if I disagree with it, I can get behind it" (Whitney, p. 6). Long-term employee demonstrated an inclination to stick by the organization, even when they disagreed with leadership's decisions because they believe in what the organization is doing for the patients. "If they're [leadership] up front with me saying 'here's what's going to happen'—even if I don't like it I will contribute" (Heidi, p. 4).

Long-term employees staying with the organization and contributing to change efforts that they don't necessarily agree with are examples of Allen & Meyer's (1990) affective commitment. That is, the employee is staying and contributing because he or she wants to do so, and is emotionally connected to the organization. "I realize there will be changes I don't like...but I try to support change" (Cindee, pp. 4, 5). Questioning behavior is an indicator when the long-term employee may not agree with the change. Questioning is beneficial for the organization because it means the long-term employee is either arming themselves with information so they can take on the early adopter role, or they are questioning to understand the change rationale and intention in order to perform helping behaviors.

Finding #3—Long-term employees want to be informed of changes and have input to change efforts

Overwhelmingly, participants agreed that when the communication around a change effort was satisfactory, they were more willing to contribute to the change. In addition to sufficient communication, long-term employees want to have input into change efforts even if that input is not heeded. “Let me put in my two cents even if they’ve already made up their minds, just ask. We all want to have input, whether it’s listened to or not we all want input” (Vivian, p. 4). Input is important, and recognized by long-term employees as a contributing factor of if they participate in change or not. “I am least willing to contribute when the directive that comes down without a process of participation from the people it will impact” (Emma, p. 4).

Directive change is not well received by long-term employees. The card sort item, *directive or authoritarian change* was the second highest reason participants do *not* support a change—with over 50% ranking this in their top three reasons. Interviews also emphasized the importance of input, involvement, and understanding the rationale for change. “If they let me be involved, not in the decision but in the process of bringing it in” is a key indicator of if the long-term employee will participate in the change effort (Becky, p. 3).

Finding #4—Long-term employees drive change

Long-term employees take on the innovator or early adopter role when given the opportunity (Rogers, 1995). When long-term employees take on these roles, the organization is able to meet its change goals, which advances the organization. This study’s findings support Haveman’s (1995) assertion that long-term employees are the

employees who move into new ventures and organizational changes as an opportunity. In turn, this opportunity has influenced the employee to have longer tenure in the organization (Auer, Berg, & Coulibaly, 2004; Leana & Barry, 2000). This is a positive relationship between tenure and an employee's contribution to their organization's change efforts.

Long-term employees at Mountain View Hospital shared multiple examples of taking on an innovator or early adopter role, taking on change before other members in the hospital (see Table 6). These change initiatives were innovations brought from outside of the system, for the benefit of the hospital. Long-term employees have influence because of their significant opinion leadership, and they are trusted. These components ensure success when long-term employees take on early adopter roles.

When long-term employees take on innovator or early adopter roles, the changes embarked upon result in *filling the gap* between the espoused theory and the theory-in-use at Mountain View Hospital. As long-term employees have demonstrated their ability to influence, and their ability to engage as an innovator or early adopter, organizations should prioritize how to engage their long-tenured employees as innovators or early adopters of desired change processes.

Finding #5—Long-term employees engage in change targeted at theories in action

Theories in action are tied to this study as a significant finding because long-term employees are on board with changes that result from a discrepancy in the organization's espoused theory and its theory-in-use, and for changes that support its espoused theory. This benefits the organization because it more closely aligns these two theories of action for the hospital. Alignment of these two theories allows the organization to more fully

meet its mission and vision. When long-term employees are willing to contribute to change addressing the gap between the espoused theory and the theory-in-use, they are simultaneously driving double-loop learning. Double-loop learning refers to considerable organizational change, including policy changes, identifying needed change and consequences, and ways to perform the change (Argyris & Schon, 1996).

When long-term employees engage in change targeted at closing the gap between the espoused theory and the theory-in-use, they propel the organization forward by being emissaries for the change. Double-loop learning occurs as an unintended byproduct of the long-term employees behaviors—described in the findings above.

Summary

How do employees with at least 25 years of service to an organization contribute or respond to the organization's change efforts? They act as informal leaders and influence others to get on board with change, they get on board with change even if they disagree with the change, they want to be informed and have input into change efforts, they drive change, and they participate in changes targeted at aligning the organization's espoused theory and theory-in-use. There are conditions to these findings; for example, long-term employees will get on board with change even if they disagree with the change *only if they understand the rationale for the change*. Even with conditions, all five of these findings can be used for the benefit of the organization.

CHAPTER V

Conclusion

Findings from this study support the assertion that long-term employees engage in change efforts and bring change into the organization (Cunningham et al, 2002; Haveman, 1995). Organizations rely on all employees, including long-tenured employees, for successful implementation of change efforts. The assumption that long-tenured employees resist change and have lower productivity by Auer, Berg and Coulibaly (2004) was not supported by the findings of this study. Knowing that long-term employees at Mountain View Hospital view contribute to change efforts and view these efforts as an opportunity to grow provides a basis for recommendations. These recommendations for Mountain View Hospital are provided in order for the organization to capitalize on their long-tenured employees' energies to spur change initiatives (Auer, Berg, & Coulibaly, 2004).

This study took place in a large, academic medical center with employees who had more than 25 years tenure. Data collected through a focus group, the CAOC survey (Reichers, Wanous, & Austin, 1997), individual interviews, and a priority ranked card sort (see Table 3) were analyzed to determine how long-term employees contribute and respond to their organization's change efforts.

Discussion of Findings

Five primary findings shed light on how long-term employees contribute to change in their organization. These five findings are put in context with personal and

organizational characteristics that were also discovered from the data. Personal characteristics include the long-tenured employees' positive viewpoint about change, self-monitoring, objectivity and feeling that their job was their calling. Self-monitoring refers to the long-tenured employees' awareness for needed change for themselves, and objectivity refers to the long-tenured employees' ability to view organizational happenings from more than one perspective.

Organizational characteristics include theories in action, that the hospital is an academic public institution, and that it provides opportunity for growth and learning. Theories in action focuses on the alignment of the organization's espoused theory—what it says it does—and its theory-in-use—what it actually does. The personal and organizational characteristics together interplay with the findings from each sub-question and provide the basis of the five primary findings in this study.

Finding #1—Long-term employees act as informal leaders and influencers to get others involved with change

One of the ways long-term employees contribute to organizational change efforts is by influencing others to participate in the change (Barbuto & Moss, 2006). This study identified this by the demonstration and conscious application of *helping* behaviors. Helping behaviors include intrapersonal behaviors in which the long-term employee first gets himself or herself on board with change, and interpersonal behaviors focuses on engaging with others, and influencing them to participate in the change effort. Intrapersonal behaviors include reviewing data and best practices from other hospitals, thinking through the change, learning about the change, learning what actions need to be

taken to comply with the change, and trying to be open-minded and positive about the change.

Long-term employees use interpersonal behaviors intended to engage others in the change effort. These include educating others about the change, providing rationale for the change, encouraging the staff to talk about the change, making it easier for others to comply with the change, getting involved, and influencing others to participate in the change. Intrapersonal behaviors heavily rely on the long-term employees' relationships and opinion leadership (Rogers, 1995) with their peers. Intrapersonal behaviors primarily take the form of statements the long-term employees say to their peers regarding changes.

The impact of the long-term employee engaging in helping behaviors is noteworthy because these employees have extensive relationships with others in the organization. This opinion leadership is a result of the employee's longevity. While referring to herself and her husband, Ted, who is also a long-term employee, Rachel humbly commented, "we are really well-known, the employees turn to us and ask us questions. We mentor them." (p. 2). Vivian comments, "people come to me to vent, from all over. I just try to make them feel better" (p. 4).

This finding is imperative for organizations to recognize in order to take advantage of long-term employees' influence on staff during change efforts.

Finding #2—Long-term employees will get on board with change even if they disagree with the change

Long-term employees will participate in change efforts when they disagree with the change *if the change is seen to close the gap between the espoused theory and the theory-in-use* (Argyris & Schon, 1996). Long-term employees will engage in single-loop

learning even when they *don't* think it's going to work, if it is aligned with the espoused theory. For Mountain View Hospital, this means change that is meant to improve or provide for patient care. Long-term employees participate in changes aligned with the espoused theory because they are directed at patient care improvements and providing for the community, which are reasons these employees stay. "When I understand why there is change, even if I disagree with it, I can get behind it" (Whitney, p. 6). Long-term employees demonstrated an inclination to stick by the organization, even when they disagreed with leadership's decisions, because they believe in what the organization is doing for the patients. "If they're [leadership] up front with me saying 'here's what's going to happen'—even if I don't like it I will contribute" (Heidi, p. 4).

Long-term employees staying with the organization and contributing to change efforts that they don't necessarily agree with are examples of Allen & Meyer's (1990) affective commitment. That is, the employee is staying and contributing because he or she wants to do so, and is emotionally connected to the organization. "I realize there will be changes I don't like...but I try to support change" (Cindee, pp. 4, 5). The long-term employee, tapping into the personal characteristic of objectivity, realizes that the change may be beneficial for the organization even if he or she does not agree.

Finding #3—Long-term employees want to be informed of changes and have input to change efforts

Overwhelmingly, participants agreed that when the communication around a change effort was satisfactory, they were more willing to contribute to the change. In addition to sufficient communication, long-term employees want to have input into change efforts even if that input is not heeded. "Let me put in my two cents even if

they've already made up their minds, just ask. We all want to have input, whether it's listened to or not we all want input" (Vivian, p. 4). Input is important, and recognized by long-term employees as a contributing factor of if they participate in change or not. "I am least willing to contribute when the directive that comes down without a process of participation from the people it will impact" (Emma, p. 4).

Directive change is not well received by long-term employees. This item on the card sort, *directive or authoritarian change*, was the second highest reason participants do *not* support a change—with over 50% ranking this in their top three reasons. Interviews also emphasized the importance of input, involvement, and understanding the rationale for change. "If they let me be involved, not in the decision but in the process of bringing it in" is a key indicator of if the long-term employee will participate in the change effort (Becky, p. 3).

Finding #4—Long-term employees drive change

Long-term employees take on the innovator or early adopter role when given the opportunity (Rogers, 1995). When long-term employees take on these roles, the organization is able to meet its change goals, which advances the organization. This study's findings support Haveman's (1995) assertion that long-term employees are the employees who move into new ventures and organizational changes as an opportunity. In turn, this opportunity has influenced the employee to have longer tenure in the organization (Auer, Berg, & Coulibaly, 2004; Leana & Barry, 2000). This is a positive relationship between tenure and an employee's contribution to their organization's change efforts.

Long-term employees at Mountain View Hospital shared multiple examples of taking on an innovator or early adopter role, taking on change before other members in the hospital (see Table 6). These change initiatives were innovations brought from outside of the system, for the benefit of the hospital. Long-term employees have influence because of their significant opinion leadership, and they are trusted by others in the organization. These components ensure success when they take on early adopter roles.

When long-term employees take on innovator or early adopter roles, the changes embarked upon result in *filling the gap* between the espoused theory and the theory-in-use at Mountain View Hospital. As long-term employees have demonstrated their ability to influence, and their ability to engage as an innovator or early adopters, organizations should prioritize how to engage their long-tenured employees as innovators or early adopters of desired change processes.

Finding #5—Long-term employees engage in change targeted at theories in action

Theories in action are tied to this study as a significant finding because long-term employees are on board with changes that result from a discrepancy in the organization's espoused theory and its theory-in-use, and for changes that support its espoused theory. This benefits the organization because it more closely aligns these two theories of action for the hospital. When long-term employees are willing to contribute to change addressing the gap between the espoused theory and the theory-in-use, they are simultaneously driving double-loop learning. Double-loop learning refers to considerable organizational change, including policy changes, identifying needed change and consequences, and ways to perform the change (Argyris & Schon, 1996). Alignment of

these two theories allows the organization to more fully meet its mission and vision. In this way, long-term employees are working to advance the goals of the organization.

When long-term employees engage in change targeted at closing the gap between the espoused theory and the theory-in-use, they propel the organization forward by being emissaries for the change.

Recommendations for Organizations

While answering the research questions identified in this survey was the main focus of data mining, another focus developed in the research process out of the responses from participants—the focus on what the organization can do to 1) retain long-term employees, 2) engage them/keep them engaged for the success of organizational change efforts, and 3) use them for the success of implementing change efforts. The five primary findings resulting from this research provide a roadmap for organizations to engage employees in change efforts while simultaneously retaining employees so that they become long-term employees. Long-term employment is important because these employees hold tacit and deep knowledge about the organization and its workings that benefit the operations of the organization. These findings are also significant because they can assist an organization in implementing successful change efforts, which is often difficult to do (Senge, 1990). Here, I recommend five strategies for organizations in order to fully take advantage of their long-term employees during change efforts.

Findings indicate that as the change becomes more and more significant in the organization, the need to engage long-term employees becomes more imperative. Engaging long-term employees in change can significantly increase the likelihood of successful change management. This can be accomplished by applying five basic

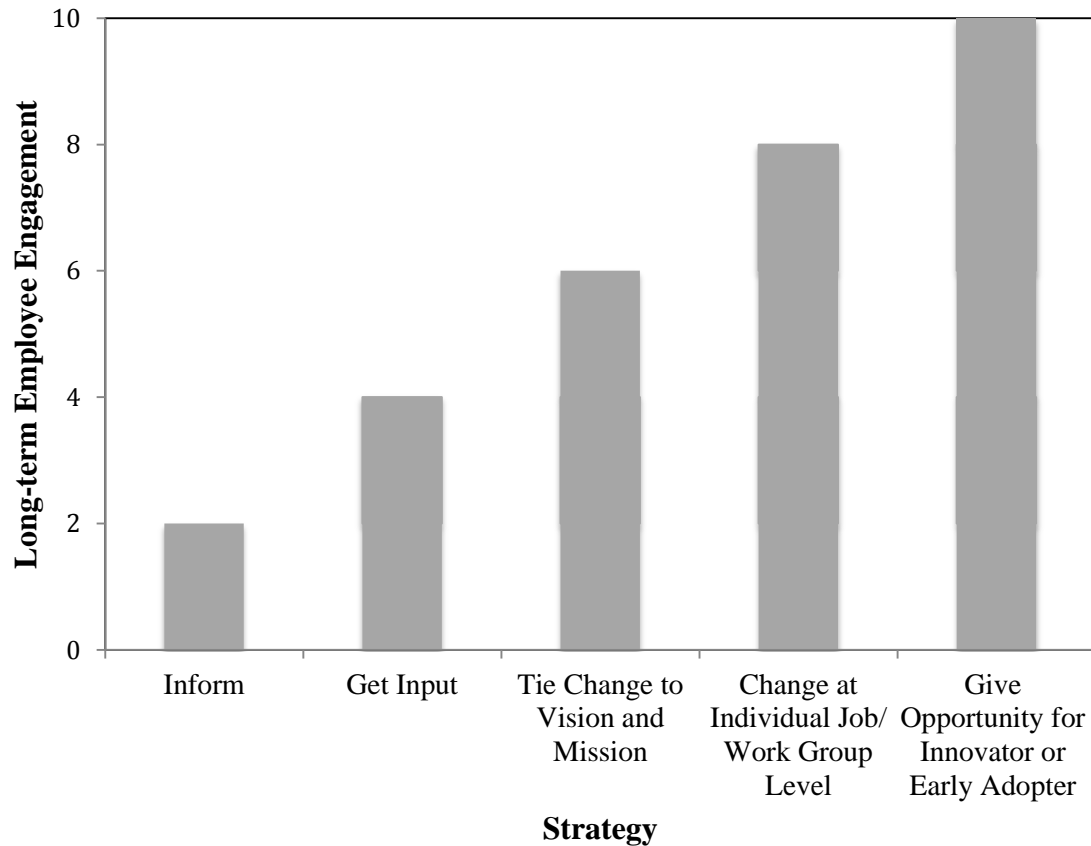
strategies. Mountain View Hospital, specifically, should adopt these strategies during change efforts. There is a positive relationship between the strategy used to implement change and the level of engagement of the employee. As the strategies get more intricate, the engagement of the employee increases. These five strategies are:

1. Informing employees of the change
2. Getting employee input to implement the change
3. Tie the change to the vision and mission of the organization
4. Implement change at the individual job or work group level
5. Provide long-term employees with the opportunity to take on the innovator or early adopter roles

The strategies that have a greater impact on engagement require more effort for the organization to plan, organize, and implement. It takes more effort for an organization to provide opportunities for employees to engage in change as innovators or early adopters than it does to inform employees of the change. This effort is rewarded with increased engagement (see Figure 1).

Figure 1

Strategy and Impact on Long-term Employee Engagement in Change



The first strategy, informing, requires the lowest level of effort from the organization, and it results in the lowest level of engagement of the employee. Informing employees of the change includes providing the rationale and intended purpose of the change, how the change will be implemented, and what actions are expected from the employee during the change effort, (Lau & Woodman, 1995; Mumford & Smith, 2004). This strategy directly addresses the finding that long-term employees want to be informed of change efforts. This finding is also accommodated by the second recommended strategy to engage

employees. The second strategy that should be employed is getting input from employees on the change effort. Getting input from employees regarding the change effort should be conducted prior to implementing the change. Getting input is also more valuable and beneficial if the organization demonstrates how they have used information from employees to craft/deliver the change effort. Using this strategy and the first strategy of informing employees further engages the long-term employee in the change effort.

Informing employees and creating multiple opportunities for employees to voice input around a change initiative will engage long-term employees, but the third strategy has more impact on the organization. Tying change to the vision and mission of the organization is important for the organization to meet its goals, but it is also an engagement strategy. Long-term employees actively participate in changes targeted at the espoused theory of the organization—the mission and vision. By tying change efforts to the organization's vision and mission, the organization is proactively engaging its long-term employee workforce and also meeting its goals. Ensuring change efforts are aligning the espoused theory and the theory-in-use; in other words, driving change efforts that have a direct and known correlation between the vision/mission of the organization and the expected change outcome, tackles findings 2 and 5. Changes must match the espoused theory in order for the organization to develop in the way intended (Argyris & Schon, 1996), because long-term employees will get behind the change to implement even if the change doesn't match.

The fourth strategy is ensuring that change initiatives are targeted at the individual job or work group level. Changes at these levels were shown to engage employees. If the organization can apply change at these levels, it will further engage the long-term

employee in participating in the change effort. If the organization wants to implement an organization-wide change, getting employees involved in the change at their job or work unit level will result in systemic, implemented, lasting change. This recommendation supports findings by Cunningham et al (2002) and Iverson (1996) employees are more likely to support change if they are allowed control over their jobs.

The final recommended strategy for engaging long-term employees in the change process is providing the opportunity for long-term employees to take on an innovator or early adopter role during change efforts. This strategy will most fully engage long-term employees, but it is also the strategy that has shown to lead to large-scale improvement for the organization. Providing this opportunity at the individual job or work group level maximizes long-term employee engagement. Opportunity to be an innovator or early adopter, at the individual job or work group level, resulting in large-scale improvement for the organization links employee performance and other behaviors that have an impact on an organization's effectiveness (Beck & Wilson, 2000). The behaviors that have an impact are involvement with the organization (Leana & Barry, 2000; Wallace, 1995) and the long-term employee doing challenging work (McCaffrey-Boyle, 1997; Mumford & Smith, 2004). For the long-term employee, it results in them feeling safe to take risks, having the opportunity to be innovative, (Auer, Berg, Coulibaly, 2004; Leana & Barry, 2000) and increasing their skill or competence (Meyer & Allen, 1991; Mowday, Porter & Steers, 1982).

These all benefit both the employee and the organization and are provided for when an organization uses all five strategies in tandem. In addition to the five strategies for implementing change, Mountain View Hospital, and other organizations, should

overtly and widely discuss the contributions and roles that *all* employees can play in change efforts. Long-term employees bring specific qualities and skills to change efforts because of their longevity. Their experiences with previous change efforts, their perspective on what will help move the organization forward, and their relationships with others in the organization can all be utilized for the benefit of the change effort, but only if explicitly identified and included in the change planning.

Recommendations, including the five strategies and explicit dialogue regarding long-term employees' role in change, should be utilized collectively for the organization to fully benefit from its long-term employee workforce while implementing change efforts.

Implications

Taken individually, the five findings from this study indicate that organizations may have moved away from basic change management success factors—getting employee input on change, keeping employees informed, involving them in change efforts and implementing change targeted at organizational goals. These five findings, collectively, indicate a powerful force in an organization—one that can be capitalized on to successfully implement change. Findings 2 and 3 are important because if long-term employees get on board with change even if they disagree, this is indicative of their support of the organization. Being informed of changes seems basic, but long-term employees have significant opinion leadership—and if they are informed, they are able to influence the rest of the workforce to get on board with change, benefitting the organization. This results in the long-term employee facilitating the change, and helping the organization to implement change.

Findings 1, 4 and 5 may act as a wake-up call to organizations that do not intentionally work to make the most of long-term employees' contributions during change initiatives. The five recommended strategies for organizations to increase engagement also have a bigger effect if used collectively rather than individually. These strategies are supported in the literature as having a positive effect on employee engagement and the change goals of the organization. The costs of not engaging long-term employees in change efforts may be experienced in a variety of ways. Change that is poorly managed or implemented results in increased turnover, longer implementation, new behaviors that are not adopted, and many other undesirable set-backs (Anderson & Ackerman Anderson, 2010). Engaging long-term employees with the strategies outlined above can facilitate successful change management.

Recommendations for Future Research

While this study achieved its purpose of determining how long-term employees participate in change initiatives, additional questions for further research emerged. First, the dynamic of long-term employment may be further explored by comparing or contrasting reasons long-term employees stay with reasons employees stay for a short period of time. Do long-tenure employees stay for the same reasons shorter-term employees stay? This may provide robust retention strategies for organizational development.

In addition to reasons for staying, do long-term employees' contributions to change differ from those of shorter-term employees? Delving into contributions to change for all levels of tenure may prove useful. Comparing long-term employees' perceptions of change and long-term leadership's perceptions of change can provide a

more holistic view of an organization's needs to engage the entire workforce in change. Studying how shorter-term employees and leadership respond to change can lead to further recommendations on how to engage the entire workforce of an organization.

Characteristics and demographics specific to participants may be further researched to identify if findings hold steady for differences related to generations and ethnicities. Since age and tenure are positively related (Auer, Berg, & Coulibaly, 2004), it may be interesting to see if subsequent generations demonstrate the same findings. Do currently younger generations respond to their organization in the same way as the current long-tenured generation does?

Further research may also be conducted with other types of organizations. The organizational characteristics foundational to the findings of this study may not be applicable to non-academic, private, medical centers. Are these characteristics and findings only applicable to other academic, public medical centers? Would non-academic healthcare organizations provide the same reasons for employees to stay? Do organizations in other industries provide the same reasons for tenure? Are healthcare employees more likely to support change efforts because of the innovative nature of healthcare? Study on these questions would broaden what is known about change in organizations and how employees respond to change efforts.

Summary

This study was inspired by a desire to understand how long-term employees contribute to change, and how organizations can engage this often-overlooked cohort of its workforce. The questions posed have been answered through a survey, focus group, individual interviews, and priority card sorts of employees with more than 25 years in

their organization. The driving belief that these Mountain View Hospital employees do so because they believe in the vision and mission of the organization, and that they strive to further that vision and mission through positive support and contribution to change efforts was supported by these findings.

Long-term employees act as informal leaders and influencers to get others involved with change, and they will get on board with change even if they disagree with the change. They want to be informed of changes and have input to change efforts; they drive change; and they engage in change targeted at theories in action. These findings, in concert with one another, provide a roadmap for organizations in planning change efforts. This roadmap contains five recommendations including informing long-term employees of the change, getting employee input to implement the change, tying the change to the vision and mission of the organization, implementing change at the individual job and work group levels, and providing long-term employees with opportunities to engage as innovators or early adopters. If used together, these recommended strategies will lead to successful change efforts. Increasing engagement results from using the strategies that require more effort. Using all five strategies meets the needs of both retention and support of change initiatives; workers with an opportunity to be innovative are less likely to separate (Auer, Berg & Coulibaly, 2004; Leana & Barry, 2000).

Long-term employees can be an organization's biggest asset when implementing change efforts. The initial question posed in this study was, "Can you teach an old dog new tricks?" This study discovered that organizations don't need to teach their long-term employees new tricks, but rather by engaging long-term employees and encouraging their contributions, they will successfully implement change.

APPENDIX A
DATA COLLECTION TOOLS

Appendix A—Focus Group

Focus Group Process

1. Thank participants for participating in the focus group, and remind that participation is voluntary.
2. Introduce self and role in the study.
3. Verify and acknowledge signed consent forms from all participants.
4. Explain the focus group process including audio taping and flipchart notes; obtain verbal consent.
5. Review purpose of study, use of data collected during the focus group, and confidentiality intent.
6. Ask if participants have any questions about the process, and answer questions as necessary.
7. Conduct focus group.

*Focus Group Questions**

1. What changes do you recall over the last 25 years?
2. What was your perception at the time of that change? (when group begins focusing on one change)
3. Besides physical (building addition) changes, what other changes has our organization initiated?
4. Were they successful? Why or why not?

5. What changes do the employees support and why? When do employees not support change?
6. What is your current perception of change initiatives? How has your perception changed over the last 25 years?
7. Do you remember these changes (those identified through archival docs)? Is anything missing?
8. What made you stay for more than 25 years?
9. How has our organization changed as a whole during this time?

*Questions may emerge during the focus group process that are not reflected here; this is inherent in an emergent design like grounded theory, in which this study most closely aligns.

Appendix A—CAOC Survey

Please complete the following questions according to the scale below, and think about leadership (both union and hospitals') while answering:

1= strongly agree

2= agree

3= disagree

4 = strongly disagree

Your answers will be kept confidential, and will only be used under the purposes described for this study. Thank you for your contribution!

- | | | | | |
|-------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Most of the programs that are supposed to solve problems around here work. | 1 | 2 | 3 | 4 |
| 2. The people who are responsible for solving problems around here try hard to solve them. | 1 | 2 | 3 | 4 |
| 3. Attempts to make things better around here produce good results. | 1 | 2 | 3 | 4 |
| 4. The people who are responsible for making improvements around here know what they are doing. | 1 | 2 | 3 | 4 |
| 5. Suggestions on how to solve problems produce real change. | 1 | 2 | 3 | 4 |
| 6. The people who are responsible for making things better around here care about their jobs. | 1 | 2 | 3 | 4 |
| 7. Plans for future improvement will amount to much. | 1 | 2 | 3 | 4 |
| 8. The people who are responsible for solving problems | 1 | 2 | 3 | 4 |

around here have the skills that are needed to do their jobs.

9. Union leadership influences change around here. 1 2 3 4

10. Management influences change around here. 1 2 3 4

If you are willing to be interviewed or participate in a focus group on your experiences with change in this organization, please include your name and contact information below. All information will be kept confidential and will only be used for the purposes of this study. This information will NOT be provided to the organization in any identifiable manner.

Name:

Email:

Phone:

Appendix A—Interview Questions

The first interview will be conducted using the following questions as a guide. Since this study is emergent in design, questions may be asked during the interview that are not reflected here. All questions will be documented and included in the final research notes. Second interview questions with the card sort feature will be determined and finalized after initial data analysis (from the focus group, survey and first interview).

Initial Interview Process

1. Thank participant for volunteering for an individual interview.
2. Verify and acknowledge signed consent form from participant.
3. Review purpose of study, use of data collected and confidentiality.
4. Explain the interview process including audio taping and researcher notes; obtain verbal consent.
5. Ask participant if they have any questions about the process or study, and answer questions as necessary.
6. Conduct interview.

*Initial Interview Questions**

1. Why does an employee stay with a single organization for more than 25 years?
2. Why have you stayed? Do you stay because: you feel like you ought to? Want to? Have to?
3. Were there times when you thought about leaving? Why?
4. What changes do you recall in the organization?
5. What were your perceptions at the time of these changes?
6. What makes you more tolerant of changes in the organization? Less tolerant?

7. What makes you most willing to contribute to change? Least willing?
8. What do you *do* to contribute?
9. Which changes did you actively support and why?
10. Which did you not actively support and why?
11. What is your current perception or your organization's change initiatives?

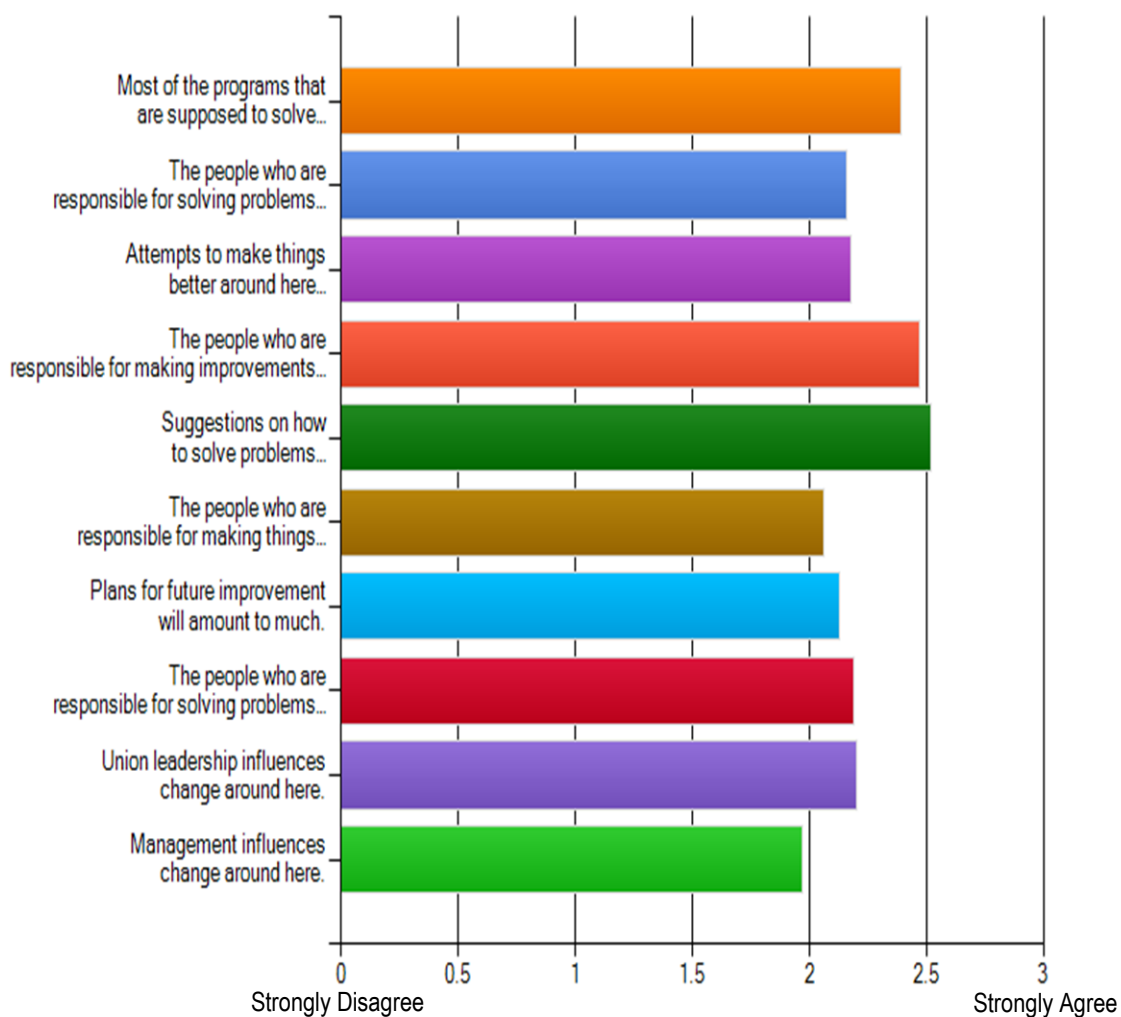
*Questions may emerge during the interview process that are not reflected here; this is inherent in an emergent design like grounded theory, in which this study most closely aligns.

APPENDIX B

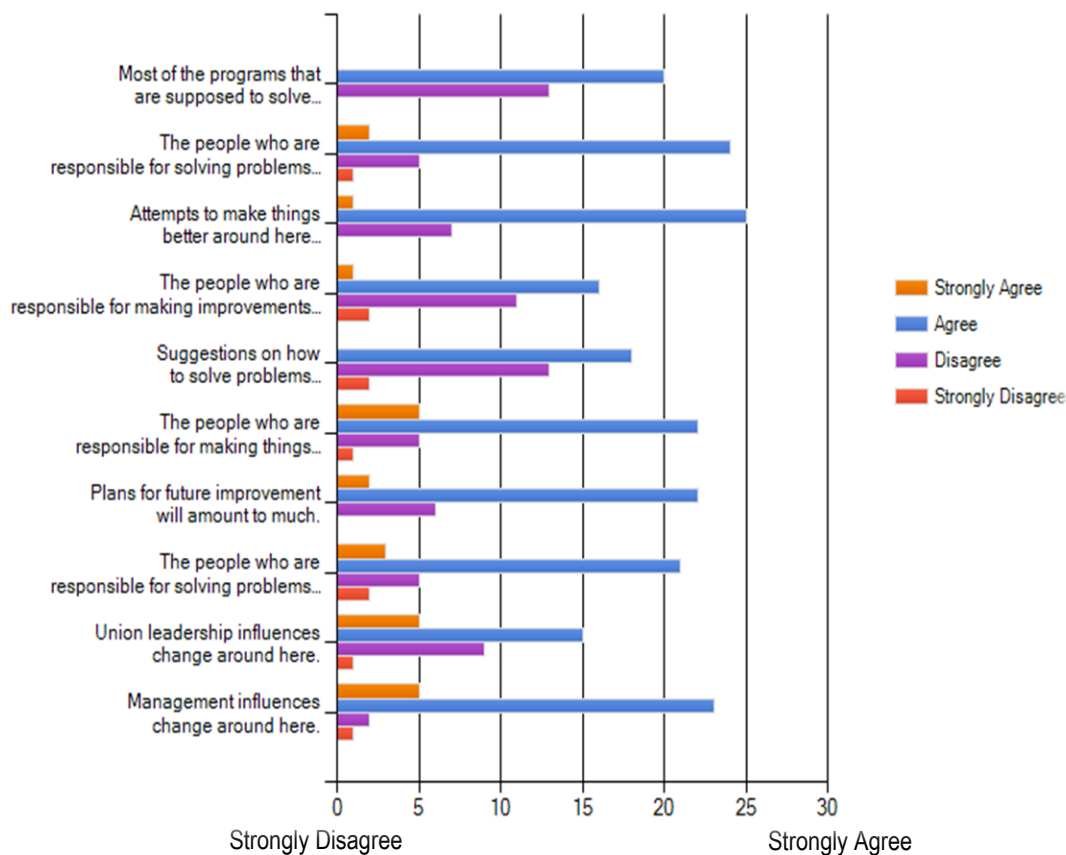
DATA

Appendix B—COAC Survey Data

Please complete the following questions according to the scale below, and think about leadership (both union and hospitals') while answering. Your answers will be kept confidential, and will only be used under the purposes described for this study. Thank you for your contribution!



Please complete the following questions according to the scale below, and think about leadership (both union and hospitals') while answering. Your answers will be kept confidential, and will only be used under the purposes described for this study. Thank you for your contribution!



Appendix B—Card Sort Categories

Card Sort Category #1: Why they stay with the organization

Think about your years in the organization. Rank from 1 to 12, with 1 being the most important to 12 being the least important, the reasons why you have stayed for more than 25 years.

Seniority: You don't want to start over someplace else. You don't see the benefit of changing.

Make A You have an impact on others and patient outcomes.

Difference:

Teaching Hospital: Teaching hospitals provide continual learning; there is collaboration as teachers/learners.

Calling: This is what you are meant to be doing.

Opportunity to Grow: You had an opportunity to learn new skills and were challenged early in your career here.

All About the Patients: The benefits you receive from the bedside or the philosophy of care of this organization.

Job Satisfaction: You simply like your job. It's been good to you.

Leader: You've had good bosses.

Security: You can do your job and feel comfortable here.

Loyalty: You are motivated by other people who have been here longer than you.

Flexibility: This organization provides a lot of different types of jobs and projects to engage in.

Family: You enjoy working with the people here. You view them like family/friends.

Card Sort Category #2: Variables or qualities that influence them to support a change effort

Think about what has influenced you to support a change in the past. Rank from most influential to less influential, the variables that are important to you when you have supported change efforts.

Well-thought Out: The change is well-thought out, needed and safe to implement.

Easy: The change is easy to implement.

Supports our The change is something that impacts patient care and families.

Patients:

Learn/Grow: The change helps you learn and grow as an individual, it keeps you from getting stagnant.

Improves The change makes a better or safer environment for employees.

Environment:

Recognition: The change is about recognizing the good work of employees

Respect: The change is led by someone you respect.

Informed: You implement the change because you understand the reasoning for the change.

Card Sort Category #3: Variables or qualities that influenced them not to support the change effort

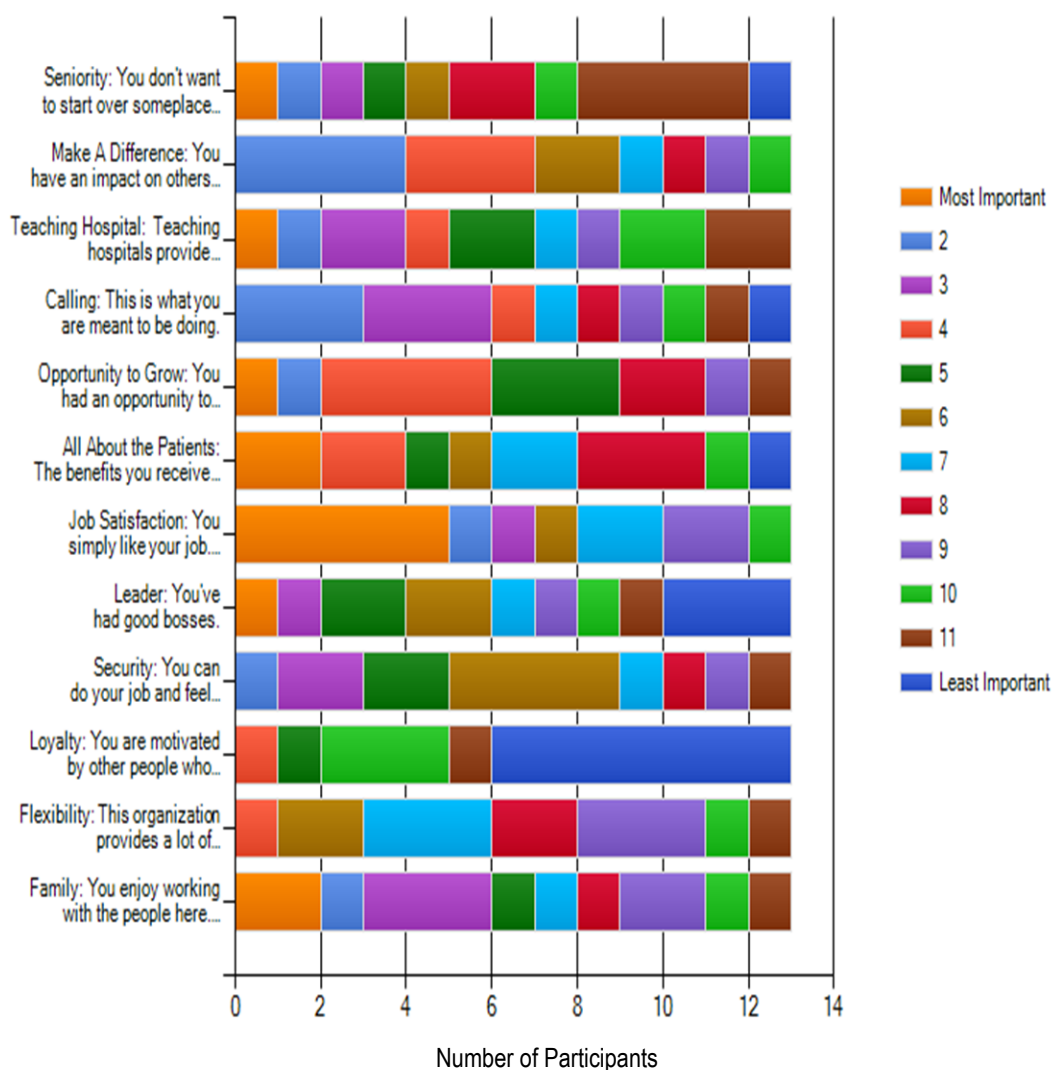
Think about what has influenced you to NOT support a change in the past. Rank from most influential to least influential, the variables that influenced you to decide NOT to support change efforts.

Directive or Authoritarian Change:	Organization doesn't ask the people the change will affect
"It Would Pass":	New program that works for a year but then we go back to the way we did it before
Not Safe for Patients:	Organization implements something that hurts the customer
Lost Expertise:	You are asked to perform skills/tasks that you don't feel expert at
Management:	When management "sticks together" or it's a political change
Seat of the Pants Changes:	Changes that are made to quickly as a reaction, sometimes to address regulatory issues (TJC, CMS, etc.)
Your Job:	If the change affects your individual job
Union:	If it is a change initiated by the union

Card Sort Category #1: Why they stay with the organization

Graph represents number of participants who ranked each item by priority from most important to least important.

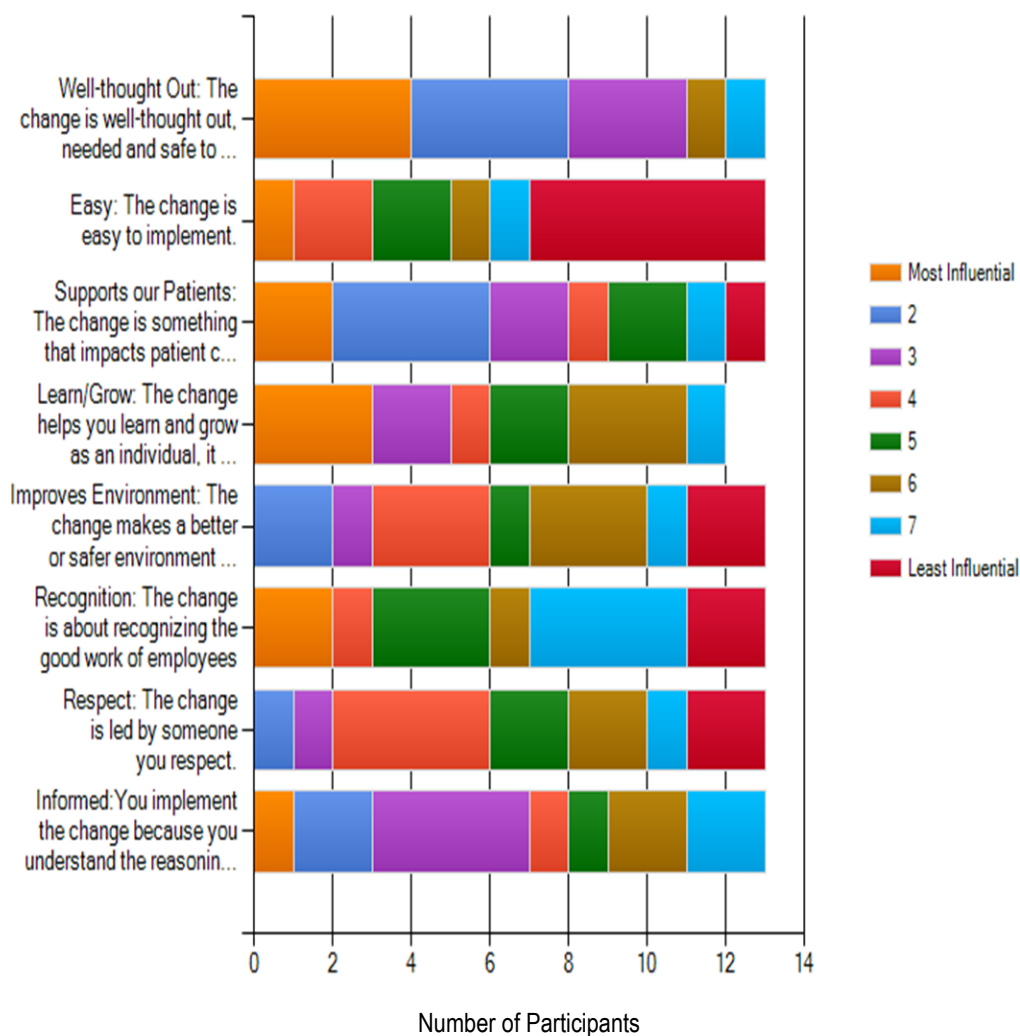
Think about your years in the organization. Rank from 1 to 12, with 1 being the most important to 12 being the least important, the reasons why you have stayed for more than 25 years.



Card Sort Category #2: Variables or qualities that influence them to support a change effort

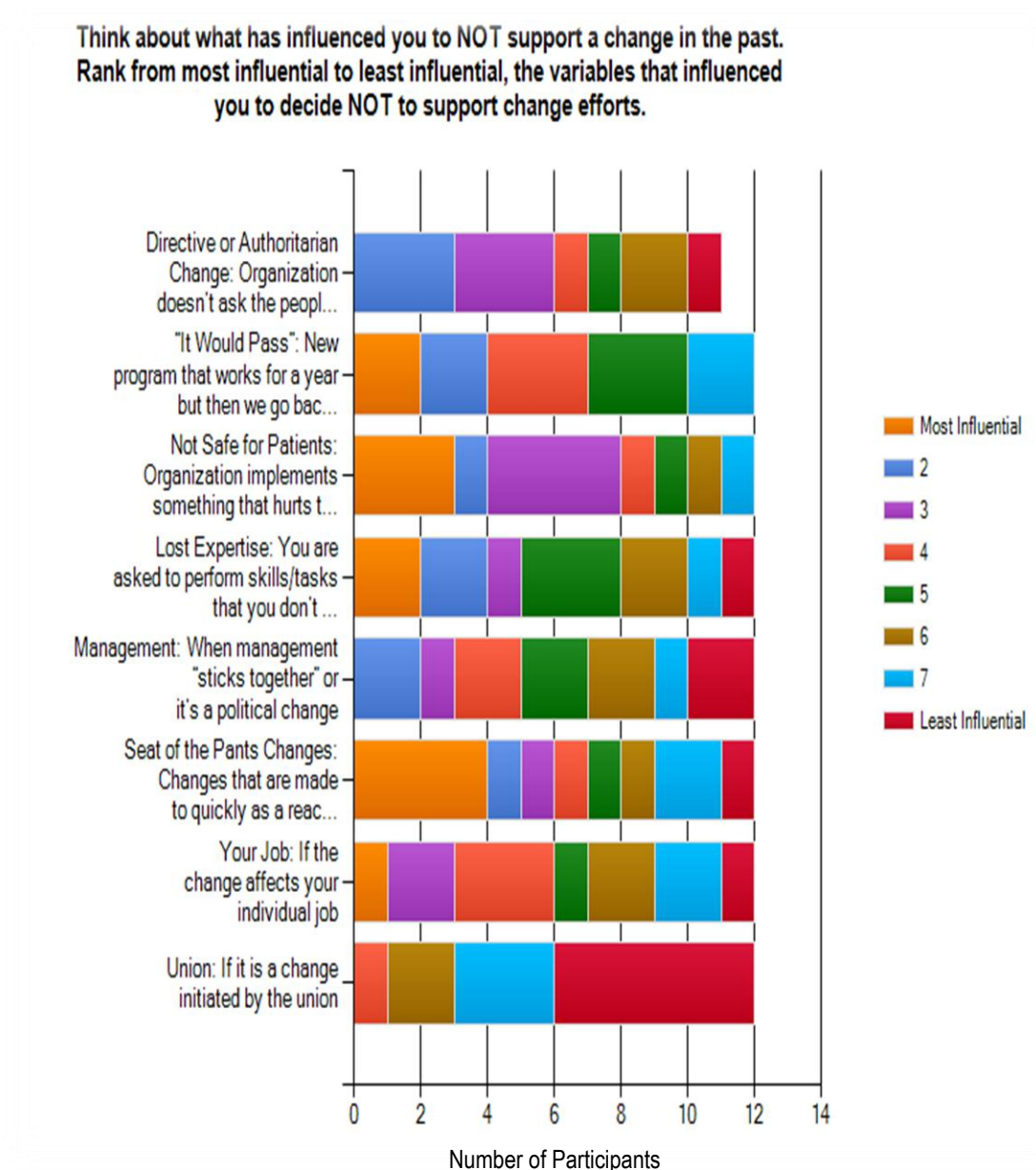
Graph represents number of participants who ranked each item by priority from most influential to least influential.

Think about what has influenced you to support a change in the past. Rank from most influential to less influential, the variables that are important to you when you have supported change efforts.



Card Sort Category #3: Variables or qualities that influenced them not to support the change effort

Graph represents number of participants who ranked each item by priority from most influential to least influential.



References

- Allen, N. J. & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology*, 63, 1-18.
- Ammer, C. (1997). *The American Heritage® dictionary of idioms*. New York: NY. Houghton Mifflin Company.
- Anderson, D. & Ackerman Anderson, L. (2010). *Beyond change management* (2nd ed.). New York, NY: Pfeiffer.
- Argyris, C. (1993). *Knowledge for action: A guide to overcoming barriers to organizational change*. San Francisco, CA: Jossey Bass.
- Argyris, C. & Schon, D. (1996). *Organizational learning II*. Reading, MA: Addison-Wesley Publishing.
- Auer, P., Berg, J. & Coulibaly, I. (2004). Is a stable workforce good for the economy? Insights into the tenure-productivity -employment relationship. *Employment Analysis and Research Unit, Employment Strategy Department*, August 2005/15.
- Auer, P. & Cazes, S. (eds.) (2003). *Employment stability in an age of flexibility: Evidence from industrialized countries*. Geneva: International Labor Office.
- Barbuto Jr., J. E. & Moss, J.A. (2006). Dispositional effects in intra-organizational influence tactics: A meta-analytic review. *Journal of Leadership & Organizational Studies*, 12(3), 30-53.

- Bartlett, R. H., Gazzaniga, A.B., Toomasian, J., Coran, A. G., Roloff, D., Rucker, R., & Corwin, A. G. (1986). Extracorporeal membrane oxygenation (ECMO) in neonatal respiratory failure: 100 cases. *Annals of Surgery*, 203(3), 236-244.
- Bartunek, J. M., Lacey, C. A., & Wood, D. R. (1992). Social cognition in organizational change: An insider-outsider approach. *Journal of Applied Behavioral Science*, 28(2), 204-223.
- Beck, K. & Wilson, C. (2000). The development of affective organizational commitment: A cross-sequential examination of change with tenure. *Journal of Vocational Behavior*, 56(1), 114-136.
- Becker, H. S. (1960). Notes on the concept of commitment. *The American Journal of Sociology*, 66(1), 32-40.
- Beckhard, R. (2005). What is organization development? In W. L. French, C. H. Bell, Jr., & R. A. Zawaki (Eds.), *Organization Development and Transformation: Managing effective change* (pp. 12-15). New York, NY: McGraw Hill.
- Beer, M. & Walton, A. (1987). Organization change and development. *Annual Review of Psychology*, 38, 339-367.
- Boverie, P. & Kroth, M. (2001). *Transforming work: The five keys to achieving trust, commitment and passion in the workplace*. Cambridge, MA: Perseus Publishing.
- Broadwell, M. M. (1985). *Supervisory handbook*. New York, NY: Wiley.
- Chang, J. Y. & Choi, J. N. (2007). The dynamic relation between organizational and professional commitment of highly educated research and development (R&D) Professionals. *The Journal of Social Psychology*, 147(3), 299-315.

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.
- Cohen, A. (1993). Organizational commitment and turnover: A meta-analysis. *Academy of Management Journal*, 35(5), 1140-1157.
- Cohen, A. (1993). Age and tenure in relation to organizational commitment: A meta-analysis. *Basic and Applied Social Psychology*, 14(2), 143-159.
- Coyle-Shapiro, J. A. M. (1999). Employee participation and assessment of an organizational change intervention. *The Journal of Applied Behavioral Science*, 35(4), 439–456.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among the five traditions*. Thousand Oaks, CA: Sage Publications, Inc.
- Cunningham, C. E., Woodward, C. A., Shannon, H. S., MacIntosh, J., Lendrum, B., Rosenbloom, D., & Brown, J. (2002). Readiness for organizational change: A longitudinal study of workplace, psychological and behavioral correlates. *Journal of Occupational and Organizational Psychology*, 75, 377-392.
- Dibble, S. (1999). *Keeping your valuable employees: Retention strategies for your organization's most important resource*. New York, NY: John Wiley & Sons, Inc.
- Drew, J. (2005). Sustaining the change. *Manufacturing Engineer*, December/January 2004/2005, 19-23.
- Fedor, D. B., Caldwell, S., & Herold, D. M. (2006). The effects of organizational changes on employee commitment: A multilevel investigation. *Personnel Psychology*, 59, 1–29.

- French, W. L. & Bell, C. H., Jr. (2005). A History of organization development. In W. L. French, C. H. Bell, Jr., & R. A. Zawaki (Eds.), *Organization Development and Transformation: Managing effective change* (pp. 16-39). New York, NY: McGraw Hill.
- Gangestad, S. W. & Snyder, M. (2000). Self-monitoring: Appraisal and reappraisal. *Psychological Bulletin*, 124(4), 530-555.
- Gardner, D. G., Dunham, R. B., Cummings, L.L., & Pierce, J. L. (1987). Employee focus of attention and reactions to organizational change. *The Journal of Applied Behavioral Science*, 23(3), 351-370.
- Gilliland, M. (1997). Organizational change and tenure: We can learn from the corporate experience. *Change*, 29, 30–33.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston, MA: Pearson Education, Inc.
- Goodstein, L. & Burke, W. (2005). Creating successful organization change. In W. L. French, C. H. Bell, Jr., & R. A. Zawaki (Eds.), *Organization Development and Transformation: Managing effective change* (pp. 352-362). New York, NY: McGraw Hill.
- Haveman, H. A. (1995). The demographic metabolism of organizations: Industry dynamics, turnover and tenure distributions. *Administrative Science Quarterly*, 40(4), 586-618.

- Iverson, R. D. (1996). Employee acceptance of organizational change: The role of organizational commitment. *The International Journal of Human Resource Management*, 7(1), 122-149.
- Lau, C. and Woodman, R. C. (1995). Understanding organizational change: A schematic perspective. *Academy of Management Journal*, 38(2), 537-554.
- Leana, C., & Barry, B. (2000). Stability and change as simultaneous experiences in organizational life. *Academy of Management Review*, 25(4), 753-759.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Mathieu, J. E. & Zajac, D. M. (1990). A review and meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychological Bulletin*, 108(2), 171-194.
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- McCaffrey Boyle, D. (1997). Lessons learned from clinical nurse specialist longevity. *Journal of Advanced Nursing*, 26, 1168-1174.
- Merriam, S. B., & Caffarella, R. S. (1999). *Learning in adulthood: A comprehensive guide* (2nd ed.). San Francisco, CA: Jossey-Bass Publishers.
- Merriam-Webster's collegiate dictionary (11th ed.). (2007). Springfield, MA: Merriam-Webster.
- Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61-89.

- Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablinski, C. J., and Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *The Academy of Management Journal*, 44(6), 1102-1121.
- Mowday, R., Porter, L. & Steers, R. (1982). *Employee-organization linkages: The psychology of commitment, absenteeism and turnover*. New York, NY: Academic Press
- Mumford, K., & Smith, P. N. (2004). Job tenure in Britain: Employee characteristics versus workplace effects. *Economica*, 71(281), 275–297.
- Organisation for Economic Co-operation and Development (2009). Retrieved December 12, 2009 from http://www.oecd.org/statsportal/0,3352,en_2825_293564_1_1_1_1_1,00.html
- Randall, D. (1987). Commitment and the organization: The organization man revisited. *Academy of Management Review*, 12(3), 460–471.
- Reichers, A. E., Wanous, J. P., & Austin, J. T. (1997). Understanding and managing cynicism about organizational change. *The Academy of Management Executive*, 11(1), 48-59.
- Rogers, E. M. (1995). *Diffusion of innovations* (4th ed). New York: The Free Press.
- Schein, E. (1992). *Organizational culture and leadership* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Schiemann, W. A. (1979). Driving change through surveys: Aligning employees, customers and other key stakeholders. In R. B. Dunham & F. J. Smith (Eds.),

- Organizational surveys: An internal assessment of organizational health* (pp. 88-116). Scott Foresman: University of Michigan Press.
- Senge, P. (1990). *The fifth discipline*. New York, NY: Doubleday.
- Senge, P., Kleiner, A., Roberts, C., Ross, R. B., & Smith, B. J. (1994). *The fifth discipline fieldbook: Strategies and tools for building a learning organization*. New York, NY: DoubleDay.
- Snyder, M. (1974). Self-monitoring of expressive behavior. *Journal of Personality and Social Psychology*, 30(4), 526-537.
- Sparrow, P. (2000). New employee behaviors, work designs and forms of work organization: What is in store for the future of work? *Journal of Managerial Psychology*, 15(3), 202-218.
- Strebel, P. (1996). Why do employees resist change? *Harvard Business Review*, 74(3), 86-92.
- Thomson, L., Griffiths, A., & Davison, S. (2000). Employee absence, age, and tenure: A study of non-linear and trivariate models. *Work & Stress*, 14(1), 16-34.
- Tyler, K. (2007). Leveraging long tenure. *HR Magazine*, May, 55-60.
- U.S. Department of Labor, Bureau of Labor Statistics (2009). Retrieved March 13, 2009 from <http://www.bls.gov/data>
- Vakola, M., & Nikalaou, I. (2005). Attitudes towards organizational change: What is the role of employees' stress and commitment? *Employee Relations*, 27(2), 160-174.

- Valletta, R. G. (2000). Declining job security? In D. Neumark, (Ed.), *On the job: Is long-term employment a thing of the past* (pp. 227-256). New York, NY: Russell Sage Foundation.
- Wallace, J. E. (1995). Organizational and professional commitment in professional and nonprofessional organizations. *Administrative Science Quarterly*, 40(2), 228-255.
- Wanous, J. P., Reichers, A. E., & Austin, J. T. (2000). Cynicism about organizational change. *Group & Organization Management*, 25(2), 132-153.
- Wiersma, W. (2000). *Research methods in education: An introduction* (7th ed.). Needham Heights, MA: Allyn & Bacon.
- Wright, T., & Bonett, D. (2002). The moderating effects of employee tenure on the relation between organizational commitment and job performance: A meta-analysis. *Journal of Applied Psychology*, 87(6), 1183-1191.
- Yousef, D. A. (2000). Organizational commitment and job satisfaction as predictors of attitudes toward organizational change in a non-western setting. *Personnel Review*, 29(5), 567-592.