

Is every changing process a learning process?

- *A case study of middle manager`s experience under a changing process with a hospital closure and their leadership role*

Mary Diana Ladislaus



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Mary Diana Ladislaus

<http://www.duo.uio.no/>

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Abstract

The purpose of this study is to learn and study a changing process of managing change in Scandinavian`s largest hospital. The closure of Aker University Hospital can be seen as one of the biggest changes in the health care sector in Norway. I wanted to investigate the middle managers role on this process by looking at an innovation model which can be associated with a process of improvement. The focus on the paper will lie on the five- stage model, and the reaction path of change a theory of Rogers (2003) and Scott and Jaffe (1989). By investigating these stages I will also studying the organizational culture and the importance of leadership.

I have collected the data material by conducting qualitative research interviews with five informants, five middle mangers in Aker University Hospital. I chose to use a qualitative method to illuminate the manager`s experiences with every stage in the changing process.

The analyses show that the middle managers were positive to the closure when they were moving toward the process and could see new opportunities`. The majority of these middle mangers wasn`t happy to lose their working place but didn`t see any other alternative solutions. The information have been a barrier to managing the change and the departments have been felt alone during the process where all the decisions have been taken top-down. The middle manager had little influence in the changing process where new routines and structures have been demanded to follow.

My findings indicate that the middle managers do not react fully in accordance with the change curve of Scott and Jaffe. Resistance, which is a reaction early on the changing curve, occurs on every stage in the innovation model. The changing curve is transited faster than expected and the reactions have correlations in all the stages in the changing model. The changing process can be a success, if the middle managers, manage the change in an integrated way into the culture of the organization.

Acknowledgements

This paper is written to understand a major changing process in a hospital and to see the important role of the middle managers in the process of a closure. While finishing this paper I am also finishing an important chapter in my life, the student life. I am ready to move into my next chapter in my life and before that I want to give my acknowledgements to several people:

First, I would like to thank my five informants, who were willing to give me valuable information and their time to help me with my master thesis. This thesis is a product of my informants and I am thankful for their contribution and their trust in me. I will also thank my supervisor Lars Erik Kjekshus, for valuable comments and guiding on this paper. He motivated me and made me believe in myself.

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Mary Diana Ladislaus

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1 INTRODUCTION

Hospitals are today under organizational changes and issues like down -sizing, restructuring, and closure is a diversity of the reality. My focus on this thesis will be about the closure of Aker University Hospital and around the process of experience, understanding, handling and adopting the changes. The changing process will be the overall focus and the middle managers awareness of employees' path of change on different organizational levels. This kind of outcomes can be seen as innovation, growth and new opportunities but for others this can be experienced as crisis, loss and collapse (Grønhaug et al, 2001, ch.14). According to this, I want to investigate the importance of leadership and the way of leading among middle managers in this closing hospital.

1.1 Interest for the study

We have seen small and bigger changes in the organizational development in Aker University Hospital. Today, all activities centered round in Aker are going to be transferred to Akershus University Hospital (Ahus) and Ullevål University Hospital. This local hospital that was established in 1895 is going to be shut down to achieve better cooperation between the hospitals, and increase the quality of the health care services by making coherence in the treatment offer. A closure will lead to organizational changes where the employees will experience uncertainty related to downsizing and layoffs. To manage this kind of redesign is challenging and this caught my keen interest. I wished to look at the changing process and study the mechanism and instrumental tools that managers have used to handle the challenges in a changing process. I wanted to study this process, which I assume is one of the biggest changes in the health care sector in Norway. Leadership is an interesting topic in any organization and I was very keen to see the importance of this phenomenon in increasing modern hospital organization.

1.2 Hospital Background

Aker university hospital was established on 1 July 1895 as “Ager sygehus & pleiehjem”. In 1948, the hospital was affiliated with the faculty of Medicine at the University of Oslo as University Hospital. In 1996 Gaustad hospital was organized under Aker University Hospital’s administration. Further the hospital experienced a lot of organizational changes between the years 1993-2000. But in 2002 the hospital was transformed from a health trust in Oslo to a government health trust, owned by Eastern Regional Health authority. And in 2007 the ownership was again handed over to South- Eastern Regional Health Authority (OUS, 2010)

In 2009 Aker, Rikshospitalet and Ullevål hospital were merged to a new trust of Oslo university hospital from former health trusts. The merger has been widely discussed and it is still a topic of burning discussion today. The arguments for such a merger are that there is now a new future towards a better health service for patients and their families, and to bring together professional environments. And since the January of 2010 the hospitals has a joint management and have been working to provide unified geographic health services. From previously, Radiumhospitalet was merged with Rikshospitalet. The new Akershus university hospital was opened simultaneously outside Oslo in Lørenskog. This new hospital has good capacity and is today one of the modern hospitals in Europe. In February 2010 the decision was made to close one of the trusts of university hospitals. Aker university hospital which existed as a local hospital for a long time was standing in front of a closure. Thus, patients are going to be transferred to Ahus or to other locations like Rikshospitalet og Ullevål. (OUS, 2010).

Aker university hospital has a comprehensive enterprise, located in 16 locations in Oslo. Akershus, Sinsen, Gaustad and Ski are the three places where the largest part of the hospital is running. Mainly distributed on these three places there are around 3,400 employees. Aker is also offering community functions in Alna and Bjerke in Oslo, and in Ski, Oppegård, Nesodden, Ås, Frogn and Vestby which are municipalities in the region of Follo. Residents in the district of Stovner and Grorud belonged to Aker but were transferred to Ahus in 2004. Aker university hospital is a highly specialized and has extensive local and regional features. In 2006 and 2007 the hospital took over urology and all vascular surgery from Ullevål

university hospital. The hospital has several national centers of competence and also possesses the importance role of nationwide responsibility of multi- regional and national assignments. Aker University Hospital is also known as a highly specialized organization which has both regional and local hospital assignments form the citizens of Oslo (OUS, 2011). By caring and extending its services out for more than 1.2 million patient treatments each year, the hospital is Scandinavian`s largest hospital today (ibid).

1.3 Research question

By choosing the field of organizational change in hospital management as a learning topic, it is important to underline the importance of the comprehensiveness of this field. It is hard to get insight of all the dimensions for success in a health care organization, like the understanding of the external environment which is defined as “all of the political, economic, social, and regulatory forces that exert influence on the organization” (Shortell et al, 2006, ch, 12). The dimension I want to learn about is the strategies and ability to adapt and change. With my thesis I want to grasp a very deep knowledge of the process from a decision that is made to the point where the decision is transformed into the organization and when the decision is committed. I do not have the possibility to measure the effect of the decision since it has not happened in practice and I can only have access to get knowledge of how the middle managers have been informed and how they have been involved in the process and how their influences are true and valid to their leadership skills which have affected the employees. I also wanted further to study how they have contributed to achieve the goals of the organization. “Ultimately the goal of health services managers is to help maintain and enhance the health of the public” (ibid).

I want to get insight in the process of change and see how this has been experienced among the middle managers.

My research question:

“How do hospital managers experience a closure through the different stages in a changing model and through a changing curve, and what kind of leadership approaches have they used to handle the changes on the different levels of change in the hospital organization?”

2 PUBLIC ORGANIZATION

In Norway we have public and private hospitals. The main differences among these are that public hospitals have to take into account a broader set of values and goals. Many different considerations like democratic, values and interest of the total community have to be weighted up each other to make decisions. Another solid and undisputable argument that creates a difference is that hospital management is the responsibility for total citizens and they are required to give the citizens equal treatment, impartiality, openness and transparency. Public hospitals are not operating in perfecting competitive market, they are owned and financed primarily true and faithful to the government (Christensen, 2009). The hospital market has limited capacity and existing in an integrated system with the political administration, and to fulfill the need for the citizens and to give better health care. Under these circumstances changes are something we cannot avoid. When we talk about decision behavior, we can think about distribution of resources and responsibility between different hospitals in different levels. As a public hospital, decisions have to be democratic, and then we have to wonder in which extent the decision is representative in relation to the total population. In which degree the requirements and wishes of the citizens are considered and fulfilled. We can divide the decision behavior in to two types. The first one can be decisions pointed out directly to citizens, users of health care services. This can be a topic that involves some specific groups in the population or distributing of resources and burdens. The other can be directed towards internal effects in the hospitals. This type of decision behavior is more relevant in this paper when this is about decisions that involve reorganization of the formally structure through mergers or relocation and changes in the existing procedure and rules in the organization.

2.1 The closure

Most regional and national tasks will be gathered to Rikshospitalet, in existing and new buildings. These objectives in the long term include a gathering of all the local hospital activities at Ullevål hospital. This process is planned to run until the year 2015. We will be witness to impact of the decision early 2011 when approximately 170 000 patients from Aker

University hospital will be moved to Akershus University Hospital and new health trust Vestre Viken. This is a starting process for the University Hospital towards a better cooperation between the hospitals so they can provide better health services for the patients and gather up the knowledge which is spread among different entities. Their vision is to contribute to one unity and make coherence in the treatment offer to the individual patient and increase the quality which will happen when there is larger hospital expertise. The focus will still lay on the importance of education, innovation and research on a high international level (OUS, 2010).

In the magazine of Oslo university hospital from November 2010 we can read an interview of vice president Jan Eirik Thoresen and his thoughts around the restructuring work. When a question came up about quality or economy he underlined that economy is central but he said it is not always contradictions between these factors. The objective is to reduce internal competition, gathering communities and give the patient's better health care on the long term. Aker university hospital will be phased out over time and Thoresen clarifies that the employees at the hospital has the same rights as the others in the University Hospitals. Restructuring can hurts and it is demanding for everyone included. It is human natural to hold on to things but Thoresen sincerely believes that when they reach the goal, this will be good, both for patients and staff (Bayer, 2010).

3 THEORETICAL FRAMEWORK

Leadership plays a major key role in an organization to coordinate and motivate people to achieve the overall goals within the organization. Hospital is a complex sector with so many professionals involved where the need is determined by both the internal and the external conditions like patients and funding authorities. The hospital management has a crucial role to play not only to look for better changes but also to put it into practice. This process is determined with a lot of different factors. A decision taken in a hospital is a result of a strategic plan, coordinated by set of decisions. The closure of Aker University hospital is a result of a vision to have a better coordinated health care system in Norway. To realize this vision it is important to make the managers and every health personnel to believe the need for the change. This can only be achieved by a process of communication and clearly defined goals. It is important to make an atmosphere where the motivation creates a commitment and willingness to invest. This process is difficult in radical changes like a closure. This process is depending on how people are experiencing, understanding and how they are willing to act on changes they have not wanted. My intention to focus on a changing process with five- stage innovation model adapted from Rogers (2003) in an organization which is associated with a process of improvement which is presented in Shortell 2006. The stages in the process contains: agenda setting, matching, restructuring, clarifying and routinizing. I want to see how the “reaction path of change” a theory of Scott & Jaffe`s has been emphasized under the model of change. What kind of tools have been used to the changing process and to which extent can we see the managers’ awareness of the employees’ path of change and degrees of resistance on different organizational levels. To look into these kinds of processes it is necessary to give a further preparation of different leaderships. I think by introducing the communicative, instrumental and cultural leadership will give some knowledge to understand the organization as a unit where leadership is an important factor. I think it is important to see where these approaches get in the work of change and see how the middle managers are experiencing the importance of leadership.

3.1 First period in changing model

When undergoing a change we have to look at the different stages in the organization. Managing change is a challenge and the middle managers will normally go through these stages differently depending on the art of change. By looking at these stages we can get an impression of how the managers and organization have handled the process of change and how the process of a closure has been experienced. This model can give further vehicle of discussion about what we find and what we don't find in the changing process.

3.1.1 Agenda setting

The first stage of the process is about adopting a change. This process identifies important factors in the health care sector of Norway. One of the most important factors which always will be a topic is to improve the health services for the entire population. How can we achieve more regional cooperation and avoid dual functions is one of the challenges we are standing in front. South- Eastern Regional health authority looked for new ideas and tried to solve these problems and wanted to meet the needs with better cooperation. This can be a rough period when few solutions exist in such cases. The overall goal is to benefit the organization. And when we are talking about a closure of a hospital it can not be beneficial for this particular hospital, but Aker is a part of a bigger unit, University Hospitals. So, the benefit has to be seen in a bigger view and on a larger perspective. The changing process is mostly driven by how the members in the decision committee perceive and prioritize the needs by the information they have (Shortell et al, 2006, ch.12) Another factor which is important to consider is the influence members have on the course and the outcome, according to their position in the hierarchical structure in the organization. We must not exclude that senior managers have a tendency to have considerably more influence and therefore it is important to include middle managers and make the contribution by interpreting information for a strategic change (ibid). It is important to consider their experiences and perspectives from professionals when it comes to agenda setting. The diversity of information gives great significance on the amount of information and contributes to a better changing process. The most important members which have the last word in a decision making process have to be

open minded and see situations as opportunities rather than threats to be able to weigh the correct advantages and disadvantages.

3.1.2 Matching

Under this second phase of the changing model the decision to “adopt” in the way that a closure has been decided is final and ultimate. Here the benefits and costs will be anticipated, the problems which occur under the implementation will be identified and strategies will be outlined to overcome the problems (Shortell et al, 2006,ch.12). This matching process involves change of two different factors. The first is “change characteristics” and affect the process and the adoption decision by relative advantage, compatibility, complexity, triability, observability. The second factor which also influences the process is “Social system characteristics” and is more directed against members` feasibility of implementation and adoption and about their perceptions. This includes the network structure and opinion leader. This matching phase is important stage for the middle managers to create a guiding vision and generate motivation and using every opportunity to communicate about the importance of the change. The top management has to defend each other in this process and should discuss, argue and criticize inside but be cohesion when it comes to the outsiders. The conclusion for a change or not a change will be concluded on this phase and will occur on point in time.

3.1.3 Restructuring

This stage is a beginning of the implementation process where the members in the organization get committed and consistent. The implementation of a closure has to be starting with a restructuring because it requires a mutual adaption of the organization and the change (Shortell et al, 2006, ch.12). This form must come through implementation policies and practices to make the change. The required actions that follow with the changes have to be done in this phase. These kinds of policies and practices can vary among different changes and should be handled on different ways, but generally it is important to consider training, technical support reorganization, workflow and workload changes (ibid).

3.1.4 Clarifying

Some time is needed to enter this stage and the change within the organization either get diffused or stalled (Shortell, et al, 2006, ch.12). The change effectiveness differs from the implementation effectiveness. The distinction of these two is important where the change effectiveness refers to the benefits from the change, where it can include the increased productivity, customer service, employee satisfaction or profitability. The implementation effectiveness refers to the overall consistency and quality of the change and the organization. To achieve the expected outcomes from the particular change the change must be effectively implemented. To use this understanding in a process of a closure we have to see the importance of a good process with good facilitation and guidelines. But it has to be said that a change can not be guaranteed being effective due to effective implementation because it is depending on various factors. The clarifying stage is an active process where special efforts have to be made to make the employees in the organization aware of the change and make them accept. But this encouragement within the organization has to be done by distributing information with various forms like written reports, newsletters, presentations and intranets. It is important to focus on the information strategy to increase awareness and knowledge (ibid). In a big organization where managers tries to transfer the right attitude of being willing to change from one part of an organization to another it could be effective to use dissemination strategies (ibid). The characteristics of this strategy are to do cross- training, opinion leaders and staff rotation. In a hospital with tremendous amount of employee's strategies has to be done to convince and look forward.

3.1.5 Routinization

In the innovation process or in a changing process of a closure the routinization is the final stage. The decision becomes a reality and the organization are working towards a closure and the "innovation" in the term of change in the management of the University Hospital of Norway gets incorporated in the regular activities. But this stage depends on the continued allocation of five types of resources which are training programs, budgetary resources, personnel resources, organizational policies and procedures and supply and maintenance operations (Shortell, et al, 2006, ch.12). This stage is also supported by ongoing monitoring

and providing performance feedback. The resource type I have mentioned varies from different innovation and different organizations. When the duration of commitment is long more resources are being used and the process will be more routinized. But the leaders have an important role on this stage outside the types of resources, monitoring and providing feedback. The leaders can affect the change to be routinized by reducing the resistance to change and by motivating. Acceptance is an important factor and this can be promoted with participation and by giving information about what the change will be and the main cause behind the decision. Participation gives the employees greater sense of ownership and commitment and this can help to understand the needs and value of resources used (ibid).

3.1.6 Applying the first period in changing model

Change is a learning process where the managers and their employees work together hand in hand to gain experience, build competence and pursue in new behavior (Shortell, et al, 2006, ch.12). But this organizational learning which happens through the different periods has some limitations when the middle managers process only with limited information. And the information they had, had the power to shape the perceptions they formed. The middle managers have the importance of understanding the process as complex and unpredictable under areas of personnel selection, task design, resource allocation and the overall organizational structure (ibid). These administrative changes may affect the employees and the middle managers with different reactions and experiences. To predict the changing curve as a normal path of change during this model, I wanted to look at the changing curve of Scott and Jaffe`s.

3.2 Scott and Jaffe`s change curve

This theory has practical value when we want to investigate how people in an organization experience, react and behave through organizational changes. By interviewing middle managers I want to see how their reactions can fit into Scott and Jaffe`s changing curve described in four phases; denial, resistance, exploration and commitment. These four phases

can be experienced differently among individuals based on the specific situation, personality, earlier experiences, and support around them and based on what the organization is doing around the four phases. The theory I have chosen to use is basically based on knowledge from traumatic incidents and the reactions which follows. Which means it is based on changes, events that occurs suddenly, changes you may haven't planned or wanted (Grønhaug et al, 2001, ch.14). A closure is a dramatically change which can be experienced in so many ways and I want to see how this changing curve can be applied in a changing model

3.2.1 Phase 1 - Denial

Denial is a normal first reaction to an unpleasant, uncomfortable fact. This reaction is a mechanism to avoid or understand the reality. Therefore many people continue their work like before and are determined to hold on to old habits and patterns. This situation can lead to misunderstanding among leaders when they interpret this reaction a form for accept for a change (Scott & Jaffe, 1989, ch.3). Therefore leaders can misjudge and think their employees have already reached stage four commitment, and be careless. In the future this can create a more tension situation for the employee and the leader where the productivity can be impaired. Leader's role on this first stage of the changing curve is to be clear on the reality and present the actual changes that are going to happen in the nearest future. This has to be done actively and sometimes it is even necessary to inform on different ways with meetings, personal conversations, letters and notes in the department. Many repetitions are required in some working places to help the employees true the first phase. The leader has to play an important role in the first step in an organizational change to create both accept and understanding (Grønhaug et al, 2001, ch.14).

3.2.2 Phase 2 – Resistance

When you understand the reality and how this will affect you, different form of reactions will appear. In a situation like this the existing silence when you got the news will be replaced with many feelings which will be shown in many different reactions in several forms and

degrees, like anxiety, anger, depression, uncertainty and sadness. This kind of reactions can be focused on the environment with negative thoughts or against a self which can lead to bad self respect. The productivity goes, many mistakes are being done and everything will seem to be hopeless. This is caused by a lot of chaotic thought that can not be controlled. This experience can vary among individuals where some will be enclosed and others will protest loudly, openly and sabotage the work with refusing to following orders. An organizational problem in these kinds of situations outside the declining productivity is that the absence can increase due to sickness. It is important that the organization is open for these kinds of negative expressions among the employees. A closure of these feelings can cause a longer and stronger reaction phase. Expression of feelings and sharing thoughts makes it easier to understand and assess yourself and others feelings (Scott & Jaffe, 1989, ch.3). A change like a closure takes time to understand. This process is handled differently among individuals and something that has been so safe and valued is hard to let go. The leader has a difficult situation being the informer and a personal subject for all the employees' frustration. They have an important role to be calm of the situation and keep perspective with coping ability (ibid). A problem which often arises is that managers and leaders down the system do not always get the acquired knowledge, practice, support and necessarily follow- up to succeed in the restructuring work. The important role of the leader in this phase should be shown true active collegial and personal support and give space for sharing emotions and show emphatic for each other. Communication is really important to understand, to get and give social support among the employees, among the employees and the leaders and among leaders and their close colleagues. To be focused and concentrated on the right direction it is important for the leaders as well to get support and understanding to maintain the balance. Declined productivity cannot be avoided under such circumstances but overcoming this phase true good communication and good support can be a starting point for new ideas and innovation (ibid).

3.2.3 Phase 3 – Exploration

It can be a long period of time even up to several months. But in this phase the employees will have reached the lowest point in the changing curve and start to move into an exploration phase. The darkness of the truth will start to disappear and the perspectives will expand when the forces will return (Grønhaug et al, 2001, ch.14). The interest and the motivation for the

work will increase when the opportunities for the future will be more clearly. But at the same time it can also be a stressful stage where the work is not structured. Confusion and enthusiasm can be both identifying phenomena for different individuals in the stage. Restructuring or a closure is a huge change and new roles can therefore be tried out and new connection can be made within colleagues. The management have a responsibility to give clear and sufficient information, consulting and personal guidance while the focus should also be to create and seek for new and better opportunities. The employees need some defined short-term goals and plans and the management has to secure that these are followed. To be concrete and with positive energy this phase and increase the coping ability and effort (Scott & Jaffe, 1989, ch.3).

3.2.4 Phase 4 – Commitment

Individuals and groups in the organization start to see the new structures and moves into the fourth phase, commitment (Grønhaug et al, 2001, ch.14). People are now willing to make an effort and move forward when the meaning of the change and direction are more clearly and stronger. Cooperation increases when the roles are clearly and the tasks are meaningful. When the cooperation increases the relationship will get stronger too. This last phase of the changing curve has been reached after a long process with denial, resistance and exploration. The time of this process can vary between different organizations depending of the size of the organization, number of employees`, the structure and the culture of the organization. This “adaption phase” (Scott & Jaffe, 1989, ch.3) is also depending on the leader to play an important role. The leader’s responsibility isn’t over when your employees` are ready to commit, the leader has to make some further goals to make the employees` involvement more active when it comes to problem solving and planning. Every organizational goal has to be understood and clarified. The priority has to be centered around team building and team work (ibid).

3.2.5 Applying the change curve

This model which I have been described can be applied on several ways. It is a good tool to utilize when you want to predict how the employees` in the organization will react differently through an organizational change. So it is a good instrument to use when you make plans for the implementation. This is also helpful when you want to locate where individuals, teams and the overall organization are situated in the changing process (Grønhaug et al, 2001, ch.14). When changes normally are adopted at different rates it is useful for the top management who are the early adopters to see this process. Because they have in advance discussed, prepared and thought through the whole process. Being conscious of the phases will get the middle leaders to be more prepared to make clearly communication, be more patient, and be realistic and to carry out control of the situation (ibid). This will also be helpful to understand the time perspective and realize that each phase is important to go through and time is needed. The main challenge for the management is to undergo these four phases on a good way for themselves and the employees (ibid).

3.3 Different degrees of resistance under change

Any organization change will in some extent trigger some degrees of resistance (Grønhaug et al, 2001, ch.14). In this resistance we can find energy which can increase the degree of difficulties and strain in the implementation. In some situation the degree of resistance can be a barrier for positive outcomes. Resistance can be an expression of control and security in a complex and changing organizational culture enteritis. Change can be both enormous and continuous and changes are normally adopted at differently rates. Therefore leaders should deal with the resistance on a sensibly way. The energy which is coming should be channeled in a positive way for true learning, innovation and creativity (ibid). Resistance should be expected in any change and depending on the situation the leader should try to experiment when there are no correct guidelines to succeed, because any change is unique situation. The resistance under the changing model should not be defined as unwanted, danger or something which we have defeated. Therefore the challenge for the middle leaders is to understand what we mean by resistance, be aware of how this appears. It is important to assess and analyze so

you can apply strategies and different methods (Grønhaug et al, 2001, ch.14). Resistance can be identified on several forms. But overall it is a power which slows or stops a motion. This is a social and biologically system which provides the reaction, often on the basis of it is dangerous or harmful. Leaders should remember that it is impossible to have a progress without resistance (ibid). Employees` can express this resistance on so many forms. In Grønhaug (2001), according to Maurer (1996) we can see a list which is not exhaustive but still informative about the different forms. Confusion, immediate criticism, denial, sabotages, open rebellion and silence protest are all expressions in some cases due to resistance (ibid).

3.3.1 Managing resistance

In the past twenty years the demand for hospital management has increased. This has something to do with the increase in peoples` expectation for health care services and the change in attitudes to management changes (Bakke, 2002). This trend creates a need to set some eligibility requirements for leaders in the hospital on the basis of tasks that are necessary and must be fulfilled. The aim of improving the health services today without increasing the expenses is done by restructuring and closing of some hospitals to gain large economic of scale. But the question which arises when it comes to these changes is our knowledge to build good hospital organizations and manage the importance of resistance among the employees and the leaders. To get the information we want, we have to reach into the source of information which are the middle managers of the organization. They are experiences every process on a model of change and they have to handle the changing curve among their employees on the basis of leadership.

3.4 Managing the change

In a process where important decisions have to be taken, different actors are involved. Different actors are involved with different knowledge and information. They are influenced in so many ways that this influences the process of decision making. In a management with diversity of these kinds of factors give the need for time, consideration and evaluation. I want

to see how the middle management handles the experience of change. The way of managing gives a huge impact in every stage in the model and on every level of the changing curve. This will help me to understand the hospital organization in the light of leadership perspective and see the most applicable and most used leadership approach in this hospital.

3.4.1 Communicative leadership

In this type of leadership we are observing that cooperation is a main matter of leadership. The quality of cooperation between leaders and their subordinates are important factors to success. Coordinating action through argumentation in the communicative leadership is a way of thinking about a democratic leadership. With democracy we are looking at collective deliberations and decision- making where the arguments are playing the major role with the power to convince (Eriksen, 1999). The importance with the communicate leadership is to achieve agreement with their subordinates through initiatives and implementations of plans (ibid). The collective expectations plays an important role when it comes to test the reasonableness of the objectives and able to generate agreement given time and information. The actor in a decision process involves mutual in a process of argument switching, where the power of arguments determines the validity. The leaders have to achieve authority in interaction with the power of arguments and reason rather than the use of physical force. It is important that the leader argues to explain what is efficient, fair and good for the organization. Through this social relationship which appears under communicate leadership the leaders has to handle the external and internal problems which occurs with mobilization of collective commitments (ibid). But some problems occur to achieve this relationship because of the asymmetric information among leaders and their subordinates. This makes it hard to maintain open communication and then accept and understanding will take longer time to achieve. Other problems in the hospital sector are the unbalance in power among professional skills and the difference in status among nurses, doctors and the management. These power differences in a hospital can be visible but sometimes invisible in the process of change. Some changes cannot always be achieved by communication and creates a need of force leadership (ibid).

By interviewing middle managers in the hospital I have got the opportunity to understand their leadership form and how in what degree they have been using a communicative perspective. I want to study how the leaders have communicated with their subordinates to achieve understanding, goals and create a good working atmosphere during the changing model. By looking at the communicative approach I want to investigate how the leaders have been explaining their actions and how they have been handling the criticism. Respect and trust are two important factors which are important to get to be effective under decision-making. Which arguments have been used to gain trustworthiness and anchor change, and have this leadership form proved to be applicable in the changing process?

3.4.2 Instrumental leadership

Hospitals in Norway are using instruments and tools to fulfill the increased expectations and have to be rationally in their decisions to meet their users need and wishes. Using this perspective, different alternative are considered with the consequences of different goals they are considering. This rational behavior can affect both the effects of an organization structure and the process of decision behavior (Christensen, 2009). The overall goals are given outside or given from the management, and therefore the importance or the works here is to find tools to achieve these goals. We can distinguish the instrumental perspective in two components. The Hierarchical is the first component and this concern about the relationship with a leader and a follower. With a superior position to others, some are able to impact their choice of action when it comes to decisions in an organization, where we can see that goal and funding relations as important tools. The management has high power enough to achieve their goals regardless of what other say in the organization. Designs of the instruments and the leadership is central and the main focus is how and in which degree the leader is leading forward to reorganization, decision making and their huge influences. The power in the organization is higher up the triangle. This means that the majority doesn't always get heard in an organization where the second component is used, negotiation (ibid). In this kind of organization we can find various sub-units and positions being composed together. This reflects that problems occur when it comes to conflicting goals, different interests and different knowledge in the same organization. Hospital is a good example of an organization with diverse knowledge, and makes it difficult to be affected without compromises and

negotiations (ibid). Instrumental leadership is where leaders achieve goals efficiently in the way of using cognitive instrumental knowledge by being rationally or strategically. Therefore we can also call this type of leadership as strategically leadership. Decisions are made on the basis of the expectations about the future and therefore incentives become an important factor to this type of leadership. The importance of convincing and explaining is not the main importance of this concept, the strategy is to maximize given preferences or goals in the organization (ibid). In an organization structure we can find a set of rules and norms that are adopted, and this give some understanding and thereby some choice of action. What kind of factors are included when choices are made and how these are compliance with the overall wishes.

My expected finding will be to study how the leaders can motivate others to make them be willing to change. If there have been any project groups or other help agencies to help employees to adopt a change under a closure. How the different departments work to follow the change management principles? And what kind of tools have been used to mapping the situation under the process? And I would like to see if the overall goal of the organization is adapted to the followers. My informants are followers in the degree they are not on the top of the management hierarchy and this can cause some problems where they have to be the informant and the follower at the same time.

3.4.3 Cultural leadership

This type of leadership gives the importance to independency. The organization has its own norms, values and institutional rules that make their influence on the decision process. This doesn't mean that they solve these kinds of problems simply but this reflects their cultural perspective. Earlier experiences and what perceived as reasonable are criterion behind this theory. Therefore it's been seen earlier that changes are more slowly adopted in organization where they are using this perspective (Christensen, 2009). The cultural approach is about how leaders understand and express behaviors through understanding of how the world works (ibid). Through this understanding we can get the subordinates motivated toward collectively defined goals. Leaders in this cultural perspective have to reduce the uncertainties, make people understand and communicate widely and convincing. A leader alone can not take this

role alone and therefore it has to be different people located in different roles. Cultural change needs a greater acceptance and the problem is to attract followers and unite them. To make this possible, leader needs to have some extra personal qualities. The leaders has to be effective, create an impression of success and competence, communicates high, be confident and motivate (ibid). The leader's role under a cultural leadership is to protect, develop or modify the existing culture in the organization by taking some critical decisions which will divorce from the regular decisions the organization is facing in regularly basis (ibid). It is important to know the norms and a value the organization stands for and takes this is account when it comes to a process with change. To success it is important to develop a common ground and the importance of solving conflicts, encourage coordination and cooperation is crucial.

My expected findings when it comes to the cultural leadership are to see how the leaders and the organization understand the change and the need for the change. A greater acceptance is required when the cultural perspective is strong, and I want to see what collectively defined goals were said to reduce the uncertainty and increase the understanding. I also expect to hear some statements which indicate the cultural influence in the decision process.

3.5 Challenges

My choice of theoretical framework consist with the first periods of changing model and to look at the experiences during this model among the middle managers, and how they have experienced the reactions among their employees. I have also included the theory of resistance, when this is an important reaction to acknowledge and work with under a changing process. To understand the middle mangers way of managing, it is interesting to see when these leadership perspectives are used and to what extent. Are the middle managers aware of the use of these management forms? I hope to get an insight of the leadership culture in the hospital organization and study the changing culture of the organization from the viewpoints of my informants.

4 METHODOLOGY

In the social world we can find a lot of different methods of investigation. In this chapter I want to describe which methodologically approach I have chosen as my tool to investigate my research question.

4.1 My choice of methodological approach

My research question is dealing with a social process in the health care management. My aim is to acquire information about the middle manager`s experience of a closure and how this changing process has been appearing through the different stages in the changing model, and the reaction curve. To learn about this process I chose to do an ordinary activity as listening and talking. Interviews is a qualitative methodological approach that involves relatively unstructured questions, open- ended where the interviewer seeks in- depth information about feelings, experiences and perceptions of interviewers` (Chambliss et al, 2006, ch.7). My purpose was to learn about experiences around the changing process. I found several advantages with interviews compared to the other methodological approach. Given the time and my purpose of the study I chose to use interviews rather than Questionnaires, mail or phone surveys. The interviewer can control the order in which questions are asked and the interview can be monitored. By having these kinds of advantages I was hoping to gain a full understanding of the changing process in this hospital (ibid). I created an interview guide with some open- ended questions for my semi- structured interviews, but at the same time I made room for open answers from the respondent to make sure I would not miss any important information.

4.2 Ethical guidelines

Every scientific investigation has an ethical dimension. By using qualitative research with interviews as a tool to collect data, we have to be aware of some unique ethical concerns which are important for the researcher and the informant. "Openness about research

procedures and results goes hand in hand with honesty in research design” (Chambliss et al, 2006, ch.7). With research on people, especially on behalf of personal interaction it is important with protection of human subjects. Four main ethical issues in qualitative research are given in the following.

4.2.1 Voluntary participation

Participating in a study requires voluntary participation, and this is not often a problem in research projects with interviewing. This is more a point of contention when we are dealing with observation studies (Chambliss et al, 2006, ch.7). When we are looking at voluntary participation it also involves the importance of getting the informed consent by the participants. The overall purpose of the study and my investigation should be given to my subject of investigation. This overall information about the research project should be given in advance for the informant (ibid).

When my research question was clear and I wanted to start my interview sessions I had to find my respondents. This was a rough process when I found it difficult to get voluntary participation. I found my topic really sensitive at the moment where the hospital managers were afraid to participate and they needed permission from the top management. I found my respondents by sending out an information letter about my research project and those who were interested contacted me through mail. The information letter contained the main features of the design and the main purpose of the study. In a translated version the information letter is enclosed in appendix I.

4.2.2 Subject well- being

As a researcher I should always consider carefully, before beginning a project how to avoid harm to my respondents. Not all possibility of harm is avoidable because I cannot be sure of the adverse consequences for any individual but I have the responsibility to avoid the direct harm to the feelings or reputations (Chambliss et al, 2006, ch.7).

4.2.3 Identity disclosure

Earlier studies have shown that the requirement of informed consent could be more difficult to define than we think. Persons who are competent to consent can only give consent. They have to be fully informed about the particular research. They have to consent voluntarily and everything which has been told has to be comprehended. As an interviewer we can tell by body language and actions to assure that the consent is voluntary. Therefore legal guardians have to consent for children to give them the opportunity to participate in any research. When we are dealing with this ethical issues we have to concern the necessary disclosure, but at the same time make sure that the main purpose of the study is understood (Chambliss et al, 2006, ch.7).

Under the interview sessions I asked my informants to get their written statements. They had already got the information letter about the study so I wanted to be sure that they had read and understood the content. In a translated version the declarations of consent is enclosed in appendix II.

4.2.4 Confidentiality

I was giving the importance of subject well being above. The harm we can give to our subjects can be minimized or avoided maintaining the confidentiality. The primary focus of ethical concern when conducting qualitative research interview is confidentiality. Because of the sensitive information we get through the tight connection with the informant, it is critical to disclosure such information. The key to succeed is to be aware of this issue and protect our informants and make them feel secured. This ethical obligation is informed in the information letter. The records are locked only for my research purpose, and it will be deleted after my projects is done (Chambliss et al, 2006,ch.7). When presenting the study is normally to use fictitious names for the informants` so they can not be identified in the study, but this is a problem because this doesn`t always guarantee the confidentiality. I have to be aware of this problem and make sure to expunge any possible identifying material from the study, and prevent identity disclosure (ibid). It is hard to provide fully anonymity since me, as an interviewer has to know the full name of the informants. But at the same time it is my

responsibility that “no identifying information is recorded that could be used to link respondents to their responses” (ibid).

In my information letter I gave my respondents` my trust that I will secure their anonymity and guaranteed their confidentiality. At the same time I believe the information I get is true and honest. So, it exist a mutual trust in the interrelation with interviews. Aker University hospital is a huge hospital with lot of employees. I have interviewed managers from different departments. I will be careful when I will analyze my findings so my respondents can not be linked to their responses. I won't mention which department my informants are working in and I have chosen not to give them any fictitious names but will present them as numbered managers. My thesis is written in English and all my interviews were all in Norwegian, so I think it will be harder to recognize my informants.

4.2.5 Consideration

It is important to consider that these ethical issues I have given can not be evaluated independently. Therefore the relative benefits and the risks which the participants are standing in front have to be weighted before doing such a research project. Qualitative research gives us the stories about real people. True feelings and emotions are coming out true these interviews. So, qualitative method is about getting “deeper truths of the human condition”. (Chambliss et al, 2006, ch. 2).

From the time I got email from my respondents and until the interview was conducted I was concern about the ethical guidelines. The results of the long process to get in touch with my informants made me really think about the ethical issues and how responsible I was to protect them. My informants were really interested in my topic and didn't hesitate to be open and honest. But in some situations I felt it naturally to repeat that their responses were anonymous and confidentiality when they were silence or if I doubted any hesitation.

4.3 Generalization, validity and reliability

The importance of the concepts, generalization, validity and reliability has been increasing when it comes to qualitative studies. In a social research validity is a necessary foundation and the concepts can be a wasted effort when we gather data without careful conceptualization or conscientious (Chambliss et al, 2006. Ch.3). Planning ahead and careful evaluation is the key word of these concepts. Although validity and reliability can be treated as separately in quantitative research, we can find these being used together when it comes to qualitative research, on the effort and the ability of the researcher. Some of the concepts can be assessed with several approaches but I am going to give a brief introduction on each measurement (ibid).

4.3.1 Generalization

Generalization is an important consideration when you review social science. When we talk about generalization of a study we talk about the extent to which the study can inform us about events, persons or places that were not directly studied. The social world is a complex place and our experiences are limited. So when conducting a study it is important to consider some errors in reasoning and be conscious so I can improve my own reasoning.

I had a limited span of time and I could only interact with a small fraction of individuals. But I believe my study on the changing model and reaction path of change can be applicable in other studies. Former studies have been conducted from different point of view of employees and restructuring. The leadership role is important when managing change and every changing process is a unique situation. The experiences from these studies are mixed but in the same time they have some similarities. Conducting another study in this field can help further research and can help to generalize in a longer perspective.

4.3.2 Reliability

It exist a various definitions of reliability from different perspectives given by a number of researchers. We can see this concept used in all kinds of research. In any qualitative study the most important test would be the quality. Through a qualitative research we can understand a difficult or confusing situation. Reliability is a concept which has a purpose to bring forth understanding (Kvale, 1996). The importance factor to ensure reliability in qualitative research is examination of trustworthiness. Therefore it is important to consider reliability during interviewing, transcribing and analyzing (ibid).

Under my interview I was sure I had good equipment and knew that everything was clearly recorded. Under my transcription I was careful and wanted to transcribe clear and distinct. I choose to use a simple style where I included everything that was said.

4.3.3 Validity

Validity is defined simply by asking the question if the researcher is measuring what you think you are measuring. In which degree we can measure something we want to investigate (Kvale, 1996). We want to learn the truth, the goal of qualitative study should be to reach for valid conclusions and figure out why and how some part of the social world we want to investigate operates as it does (Chambliss et al, 2006. Ch.1). Looking at the validity with a wider conception we can see that validity in qualitative research can lead to valid scientific knowledge.

To understand the truth and validity I will find my knowledge through the interviews. My informants are the witness of my study so I had to believe on the interviewers' statements. To be certain of validity I have to be critical on my analysis. I have to state explicitly on behalf of my informants and avoid my opinions.

4.4 My choice of informants

The process of choosing my informants was a difficult procedure. I wanted my sample to be leaders in the top management who have been involved in the decision process and knew how changes were determined and how they experienced a closure. I wanted to represent how these changes were experienced through a decision model and the different stages in changing curves. But unfortunately I didn't get any positive feedback. I got their consent in conducting the study on the hospital but they weren't capable to set up an interview. I knew this was a sensitive topic and I was aware of such outcomes. My interest of the topic did not let me lose my motivation. Then I contacted an acquaintance and asked this person if the head manager in her ward were interested to participate in a research study I was conducting. I got in touch with the head manager through email and I send the manager an information letter about my research. I got some positive feedback but the person needed to get approval higher up in the management hierarchy. The response was positive and I could finally start to prepare my interviews. The division manager forwarded my information letter to other division managers and unit managers in the hospital and those who were interested in my topic contacted me. Later I reconfirmed the interest through mail, contacted them and gave them further information about my master thesis, and their right to be anonymous, and my responsibility to treat all the information I get with full confidentiality. Eager to begin I started to make appointment to conduct the interview. I let my informants choose the time and place of the interview to make the comfortable with the situation. I was really flexible and wanted to get started with my data collection. The total number of informants in my study is five, three men and two women. Three division managers and two unit managers, and they all had the same background and were all nurses. This was really interesting because they were able to speak on behalf of their employees when this was their reality some years ago. From 32 to 52 were the range of my informants and seniority varied from 9 to 30 years. I have chosen to replace the informants name with numbering, and present them as division and unit managers, where this presentation gives a correct interpretation of the informants. The hospital hierarchy is long and the hospital management consists of several division and unit managers. I will make sure my presentation of each informant will not harm them in any way.

4.5 Interview guide

I have chosen to use a semi- structured interview guide to conduct the interviews. It has a specific purpose and structure but proceeds like a normal conversation (Kvale, 1996). Systematic forms of simple and brief questions are given. A concrete situation will be asked through open questions and this can lead to other dimensions that it opens up. As an interviewer it is important to catch up immediate meaning of an answer which can give us an insight of the concrete situation. This can only be achieved through knowledge and interest of the topic and the interaction between the interviewer and the subjects. While making the interview guide it is important to remember the later work with “analysis, verification and reporting of the analysis” (Kvale, 1996).

My interview guide was divided mainly into four part which were, defining, information, activation and adaption. Under these four parts I asked questions which were directly related to the stages in the changing model and the four parts in Scott and Jaffe`s changing curve. I let my informants speak freely by asking open ended questions and made them answer specific by including some fixed questions (Kumar, 2005). I felt this combination of questions was natural in my interview guide in order to obtain the information I was looking for. I gave my informants the opportunity to add some other relevant information which they could not answer through my questions. I realized after the first interview that the interview guide could not be followed punctually because the informants were so excited that they talked themselves through a number of questions. I made them continue because I felt it very unnatural to cancel the conversation. This caused some changes underway but it did not give any effect on the outcome of the interview. It really helped me being prepared and being interested in the topic.

4.6 Interview and conducting the interview

We can see the research interview as a specific form of conversation (Kvale, 1996). A conversation is part of our everyday interactions through dialogues. The purpose of this conversation is to have an oral exchange of observations, ideas, opinions and sentiments

(ibid). Every professional interview has different structure, purpose and has a variety of forms. A researcher has to be aware of questions forms, focus on the interaction and the dynamic between an interviewer and the respondent, and has to be awake and be attention to what is being said. In research interviewing with professionals we can see a degree of asymmetry of information which gives the respondents a power. As a researcher we have to believe we are having a joint commitment where the informants are telling us the true knowledge. The interviewer is the main instrument for obtaining knowledge in the interview process. The decisive factors in this process will be integrity of the researcher which will show through fairness, honesty, knowledge and not least experience (ibid).

When I got in touch with my informants I let them choose the time and place. I knew they wanted to conduct the interview on their working hour so I had no problem conducting an interview on an environment they felt safe. Because of the long process of finding informants I wanted the interviews to be carried out as soon as possible. But I experienced some interviews had to be postponed due to illness and other causes. However, all the interviews were conducted at their working place with quiet surrounding. But my interview object was working in a busy environment and we were interrupted some cases, but with good audio recorder which could be stopped I did not experience this as a problem. On the other hand this made the informant a little bit out of focus. I had to repeat the questions and this could have contributed to the exclusion of any relevant information.

4.7 Data collection

I assumed that the interviews would last between 40-50 minutes, and they lasted an average of 45 minutes. I did not know my informants from before and we had only exchanged words through emails before the interviews. Every interview started normally with some small talk and they were kind and asked me if I wanted to have something to drink. I wanted the circumstances to be normal as possible to get my informants to feel comfortable so I always thanked yes for a cup of coffee. I brought with me the information letter they had received on mail, and asked if they had any questions about it before I asked them their written statement. I also made arrangement to contact them later on my study if the need should be there. I felt a need to repeat their right to anonymity and some ethical issues they were probably concern

about when I brought up the tape recorder. Everything went naturally and they seemed to be really comfortable with the whole situation. The interview experience was new for me as a researcher but I realized quickly that this was not there first time. My nervousness disappeared very quickly when we started our conversation and my informants answered well and rich to my questions to broaden my vision.

4.8 Recording Interviews

Audiotape recording, videotape recording, note taking and remembering are different kind of methods used for recording interviews. All these methods are significant when we work with the later analysis (Kvale, 1996). To get the full concentration on the topic and of the interaction between the interviewer and the informant it is normally to use a tape recorder. We can then return to the interview and listen to the words, pauses and what kind of tone they got again and again (ibid).

I used a tape recorder which is the most common method. To be secure I chose to take some notes along the interview. This was my first experience with conducting interviews and I was really prepared with the use of the tape recorder. I had heard about painful memories where nothing got on the tape due to errors due to human or technical errors (Kvale, 1996). Even though the experience was new, the first meeting with the informants went on very well. I was confident in my interview guide and knew that my equipment was good. My informants selected places where the background noise was not a problem and I was able to put the recorder close enough me and my informant. I kept in my mind that my later work with transcribing and secured that I got good recording quality along the whole interview (ibid).

4.9 Transcription

Transcription can only take place if the interview was recorded in the first place. Before starting the work with analysis it is a common procedure to have the recorded interviews transcribed into written texts (Kvale, 1996). The transcription contains a number of theoretical

and methodical problems which involves a number of decisions and judgments. The transcriptions “are artificial constructions from an oral to a written mode of communication” (Kvale, 1996). The method of transformation of one narrative mode to another is a difficult task when we are working with two different languages, the oral and the written. The purpose of the investigation and the time available are great factors which determine the amount and form of transcribing. The quality of the recording plays a huge role when it comes to time needed and other factor such as typing experience and the demand for exactness. Transcribing interview materials are a stressing and tiresome job. Choices can be made when it comes to the transcription when there does not exist any standard form or code for the method (ibid).

The transcription demanded much time and energy. I did not have any problems with the quality of my recorder and I got everything that was said on tape. The fact that I did not have any experience made me chose to transcribe everything, word by word. I wanted to include pauses and some emotional expressions where I felt the details could be relevant in the analysis. I was afraid to make justice to the interviewees so I did not formulate on behalf of the informants` to reduce the possibility for misunderstanding the information. To save time I transcribed the interviews in the language the interviews were hold which were Norwegian, Bokmål. I chose to do this so I did not lose any valuable information by incorrect translation. When I was working with the transcription I was mindful about the ethical issues concern to the subject and of the institutions.

4.10 My role as a researcher

My role as a researcher involves behavior which is depending of my commitment, sensitivity and ethical knowledge to moral issues and action (Kvale, 1996). I have a responsibility to secure the information I achieve and my action thereafter by considering the ethical guidelines. My relationship to the subjects is also important to consider and my independent. A researcher has different roles in relation to their subjects and Glesne and Peshkin (1992) in Kvale are assuming some roles as exploiter, reformer, advocate and friend (Kvale, 1996). This is my first research and the role as a researcher were really different and to a degree scary. I was really preparing myself before the first interview. I knew my subjects where peoples with lots of experience, people who have been working for a long time in the same

hospital and people with a lot of knowledge and opinions. My topic was sensitive where my subjects had to get permission from the top management, before they could participate in my study. As a researcher I felt this was frustrating when I used a lot of time and energy to make appointments for interviews. But when this process was over I was really surprised to see how my subjects were interested in the topic and had a lot of information they wanted to share. We had conversations where they shared personal information and gave me their trust completely. They were asking if they had answered my questions correctly and if they had said something wrong. In situations like this I acknowledged the importance of my role as a researcher. My subjects were the informers and had the information I needed but were unsure of their answers and were afraid to answer incorrectly.

5 ANALYSIS

The basis of the analysis is based on my theoretical framework with the five- stage model adapted from Rogers, EM (2003) and Scott and Jaffe`s change curve. The analysis is based on statements and citations from my informants and forms the following chapter. In correspondence with the five stage model, I have divided the chapter into five main sections. Under these five sections I will analyze how these periods have taken place and how the middle managers have experienced the process of change.

5.1 Agenda setting

The first stage of this process is about adopting a change due to improve the health services. This period of time can be difficult when few solutions exist. When the organization are working with the agenda setting the diversity of information from middle managers and professionals can give great significance and contribute to a better process (Shortell et al, 2006,ch.12). Who took the final decision in the organization? And when I asked my informants this question and about their influences on the decision process, Division manager I says the following:

“[...] it is the South- Eastern Regional health authority that had the access to decision making process. Every head manager of every department has also been involved in several meetings where this has been discussed” (Division manager 1)

The head manager had meeting with the middle leaders and the middle leaders had to make meetings with their employees. The information for the division manager 1 came through the line and they had little influence when it came to the final decision. Information from the middle managers to their employees is significant but the unbalance in power among professionals and the differences in status make it harder to make them adopt for an organizational change. One of the several informants was really affected around this issue and he said followed:

“[...] Lack of leadership and lack of loyalty to our system of government is the problem. It is prima donnas’ that rules and they have unfortunately allowed this. Such processes we are being in have to be driven top-down” (Division manager 2)

Division manager 2 wanted to emphasize the strong environment within some professionals that have been the reason for the slow changing process. He points out that the management has not been honest about the decisions which were going to take place and concealed it to avoid and have been hiding behind hidden agendas. This reinforces the fact about the unbalance in the hospital management between the management and all professionals. Even though the final decision was made of health authority the agenda setting was also influenced by senior managers who had no connection with Aker University Hospital:

“[...] there is no one from our hospital in the top management roles [...] if I may say so, there are older people from Rikshospital and Ullevål University hospital with their strong attitudes and cultures in the leading roles” (Unit manager 2)

Unit manager 2 said she expressed this statement on behalf of her department, and was unsatisfied with the decision process where she did not see that the decision was made for the hospital beneficial. She was frustrated over the senior managers who still were able to manage on behalf of their interests. It is not surprising that senior managers have a tendency to have considerably more influence when it comes to the stage of agenda setting. So the decision taker has to be open- minded and measure the correct advantages and disadvantages.

5.1.1 My findings

This initiation phase of agenda setting consist of making the decision to a change. This stage is a process within the organization where the organizational members identify problems and search for solutions. I can recognize some problems by interviewing the middle managers, in the trust of Oslo University Hospital. The decision is based on financial, regional tasks, small geographical distance between the different hospitals and a certain degree of competition.

This process can begin with perceived need and then search for change or it can learn by a change and then find a need for it (Shortel et al, 2006, ch.12) I assume the problem came first and the solution was a closure. But at the same time I see the closure as a change which the organization can learn from. So the problem and the solution came at the same time, and the organization is going through a learning process where the middle manager has to contribute

by synthesizing and interpret information, discover new opportunities and have to look at strategy issues as opportunities rather than threats (ibid).

5.2 Matching

Under this second stage of the model the closure is a final decision. A closure can be experienced as a dramatic change and the reactions which follow this kind of change can be many and varied depending on different individuals. Under this stage the problems will be identified and strategies will be outlined. The middle managers have to be clear on the reality and present the actual changes that are going to happen. The first reaction to this kind of unpleasant fact is denial. I was excited to hear what my informants were going to reply for their initial response to a closure. The responses I get varied a lot from each informant. What was their initial response?

“I couldn’t believe the fact because it was so long in the future. I didn’t think it was possible” (Unit manager 2)

Unit manager 2 had to think a little while before she could answer this question. She heard about the possibility of a closure for three or four years ago and it had been a while ago. Even though she did not think it was possible her subconscious said it was possible. However Unit manager 1 had a clear idea about the closure:

“There was no jubilation, but I do not see any other alternative” (Unit manager 1)

Unit manager 1 wanted to emphasize that this was not a closure but a relocation of operations. Division manager 3 said something in a opposite direction:

“I thought this wasn’t possible. The closure won’t take place in reality” (Division manager 3)

Division manager 3 didn’t think this was possible at all in the beginning, but she soon realized that this could be a reality. But she was really sad about the fact of loosing Aker university hospital because she thinks that it is unique and has a tremendous ability to interact and holistic patient care. Even though some leaders felt it was difficult to understand the reality others felt the opposite, like Division manager 2:

“I was really quiet and saw it as a natural process” (Division manager 2)

Division manager 2 was really positive to the fact and was more worried about the process after the decision and how this was going to take place. He was not the only one who was positive because Division manager 1 had the same opinion:

“I was really positive to the news and eager to see how it is going to go. It is not a problem that occurs, but on the other hand it is a challenge” (Division manager 1)

Division manager 1 wanted to look at the positive aspects of the decision and he seemed really convincing. Denial is a change characteristic. Relative advantage refers to one of the attributes of change which is involved in the matching stage which affect the process and the adoption decision (Shortell et al, 2006, ch.12). This can refer to the members’ perception and their tolerance for uncertainty and risk. Others attributes can be compatibility which refers to change and in which degree it is consistent with the values, beliefs and history of the organizational members (ibid). Complexity is also important to be considered by the middle managers, because the experience of the change can be seen as difficult to understand for some employees. A social system characteristic is also influencing the matching process where this is directed against members’ feasibility of implementation and adoption to a change (ibid). This involve the opinion leaders and their strongly influence of how changes are perceived. I will return to the opinions leaders’ role at this particular change later on the analysis. All of these factors have to be considered by the middle managers and they have to create a guiding vision, and generate motivation and communication.

5.2.1 Information and communication

The way of thinking about the closure varied among my informants. My informants had all something in common; they were trained and have practiced nursing for many years before they became leaders. Their personal feelings and reactions can not get in the way of being a good leader even though they were not satisfied with the decision. They have to inform the true facts about the reality and be followers of the information which is coming from the higher management in the hospital hierarchy. By being a follower and an informer put the leaders in a difficult position where they have to work with their feelings at the same time being a positive informer to their subordinates. Information and communication are two important factors in order to succeed and leaders need the time to undergo these four phases

in the changing curve themselves. I wanted to ask my informants how they experienced the way of getting information, and division manager 3 had this experience:

“[...] the information was not good. It was very messy. It was whispering in the hallways. It is impossible to achieve a proper flow of information because of rumors. However, one cannot claim to have completely accurate information early in the process. We had to deal with this on day by day. I understood that a change had to come but it was very much unclear to begin with”. (Division manager 3)

As a manager, she was aware of the problems with lack of information under a starting process. The information which was given was not sufficient and the reality was therefore hard to see. The organizations were moving from something known to unknown (Grønhaug et al, 2001, ch.14). By not having all the information can be a way to understand the loss. The difficult part of this experience for Division manager 3 was:

“Very much was easy for us managers to tackle, but it was very difficult to explain to the employees. That's where the big crisis. I was obliged to inform the employees but had nothing to inform, confirm or disprove” (Division manager 3)

Even though division manager 3 had difficult time being a manager when the information was limited, she felt the need to present the information to her employees. The lack of information didn't get in the way of submitting a message for her employees. She thought it was really bad to black paint a process when she knew they were eventually going to be a part of it. She worked a lot with informing her employees with what they had to inform and avoided some information and informed it gradually when she saw it became too much for them. At times when there was no new additional information to give she gathered her employees to focus on what they had and their working environment. She said further:

“I cannot lie. Honesty and openness were the most important factors during this process because it was often I didn't know anything on par with my employees” (Division manager 1)

Division manager 3 was aware of the information problem and she wanted to create an understanding through honesty and openness. She was focused on some areas which she had control over and took a day by day. Division manager 2 had another opinion whether the information was good enough:

“I have never been dissatisfied when it comes to this issue. One could have done a lot of things different with big meeting, a greater degree of inclusiveness but I do not have any faith on that. I think it has to be top-town” (Division manager 2)

The information came from the management line in the organization. Division manager 2 did not believe on inclusiveness in a greater level because of the size of the organization and the total employees. These kinds of decisions had to be made from a top-down perspective and he believes the decision have been taken from a good foundation. Another leader who only sees the challenges of the decision and not the problem is division manager 1:

“The process has gone the right way, it is been step by step and the information has come gradually” (Division manager 1)

Division manager 1 has always wanted to distinguish between the processes and of what people feel. But it is been tough when emotions have been strongly influenced the process. The employees have experienced the whole process differently and some have experienced it easier than others:

“Some look forward to changes and good at it while others have it hard to leave something that is safe and has existed for many years” (Division manager 1)

One of the management problems Division manager 1 had to deal with was to handle the emotional changes when it came to his staff. He makes no secret of telling his positive thoughts about the decision but he has tried to disclose the information on a good way. Guidance and information has been given high priority.

5.2.2 My findings

This first phase of denial is normally experienced as a shock and people don't want to realize the fact and the reality (Grønhaug et al, 2001, ch.14). To avoid is an emotional block which is normally expected to find in this phase. By asking my informants I realized the experiences of the handling the news and the information float varied. The length of time has been long for this organization where the news of closure has been introduced really early in the stage such as three to four years. So the denial with the leaders has been going on for some years before the actually decision was made in 2010. A changing process takes time and the leaders have in their conscious always known that a change like a closure could be a fact. Even though some believed that this would not be a reality others did not see any other alternative and was positive. This tells us that people do not only experience the change differently but also see the possibilities and the need for the change in different viewpoints. So the organizational

culture could be different under the same organization, between different departments and between different professionals. When it comes to the degree of information I have an impression that it was good overall considering the circumstances. The information came gradually and it was because decision was not made for shore. From my point of view I could see that the information was an important factor but at the same time a really sensitive factor. Because they were not always sure about what information it was necessary to give to their employees. But at the same time they had the dilemma to play a loyal role and therefore had to be honest. The importance of getting understanding and accept laid on the fact of how the leaders behaved and how they communicated with their employees. The matching process is a stage where the middle managers' have to reach out to their employees and using every opportunity to communicate about the importance of the closure and cooperate and help each other (Shortell, et al, 2006, ch.12). My informants experienced the process of getting information differently but I got an impression that they all, as middle managers, knew the importance of expressing interest and communicate with their employees. This stage during the process of change concluded the decision to a closure or not. So it is a difficult stage for middle managers to relate with the employees when the conditions are uncertain.

5.3 Restructuring

The beginning of the implementation starts on this stage, a transition period where the organizational member gets committed and consistent. This work of implementation begins with a restructuring work like workflow and where the workload changes. This third phase of the changing curve occurs when the reality of the closure is acknowledged and the employees gradually start to look forward (Grønhaug et.al, 2001, chap.14). This happens in the restructuring when the initiation phase moves over to an implementation phase. Moving from a downward sloping curve by experiencing the denial and resistance the employees starts to move upward ahead new opportunities. I expect to find motivation and energy in this third stage. I can also imagine to find some chaos which occurs from the energy and some stress among the leaders due to unstructured work and unpredictability transition period (ibid).

5.3.1 New routines

The reality of a closure is a fact and to acknowledge this can vary a lot among leaders depending on the time, personality, specific situation, support and earlier experiences (Grønhaug et.al, 2001, chap.14). The management has made the leaders moving forward by giving them a lot of responsibility when it comes to changing shifts, lay-offs, staff meetings, guiding and giving information.

“[...] everything happens at once. When it comes to the daily duties as a manager I had to protect our staff, give performance reviews, holding regular staff meetings and staff absence. It's just something you have to do” (Division manager 3)

As a division manager she experienced that everything happened at once. She said it had been very little time to be a manager and she felt the difficulties to make lay-offs when it was few people to consider. When things had to be done as a leader the phases from denial and resistance went over to explore phase on a natural basis:

“[...] we realized that there was no way back. A bunch of meetings and a bunch of stuff that I never had time that needed to be done. Provide and deliver short deadlines” (Division manager 3)

Division manager 3 felt she needed to make a choice. The alternatives were to join this process or to stand outside. Then she felt the answer was easy because she wanted to be a part of the change. I asked her how she had arrived to this particular phase from being negative to the process. She was really quick on the answer and she said:

“[...] my denial was swallowed up by work” (Division manager 3)

The change for her came from the amount of work with the short deadlines. She did not have any choice and this was very hard in the beginning but as this was a reality and a must this began to be natural in the sense that she got used to it. The decision was made and changes had to be done to achieve the overall goal. The amount of work was overwhelming at some points but this had to be done and it started to be a habit for several leaders which made it a natural changing process. The exploration phase has been really stressful for the middle managers and was sure one of the reasons for that was the lack of capacity. This made the difficulties for the top management to give the necessarily support and follow up. The middle managers experienced a lot to be alone and unit manager 2 knew this problem when she was lucky to participate on project groups and information sessions before and after the decision.

My informants received budget and templates for how it should be reported and followed up for their departments. A huge amount of tasks, and new tasks was added in their work as leaders with no help from the top management. One thing was sure and that was it had to be done. This was a huge frustration among my informants in the process of exploring the change. A group which was called a facilitatorgroup was created by the top management who had the responsibility to make sure that there was a progress in every department so they had to meet the demand even though it was little help to get. The leaders are the first who have to accept the implementation of a decision, and thereafter the employees. The exploration stage was shorter for the leaders than the employees seen from my informant's angle. Unit manager 1 felt he had to push himself to see some positive aspects of the decision to overcome the resistance. He felt this process for him was short and straightforward. The next step for him like it was for the others was to convince their employees. But he had some difficulties during the period when he experienced other leaders and managers in the top management to disagree with the decision:

"[...] Leaders over me were very negative. They spread bad thoughts about how silly and stupid it all was "(Unit manager 1)

This made the situation worse and this affected the employees. Unit manager 1 was really frustrated over this fact and made him arrange a lot of unnecessary meetings when this raised a lot of questions and doubts.

5.3.2 New opportunities

This exploration phase is also about increased motivation when the opportunities for the future will be more clearly. My informants started to see new opportunities:

"[...] the positive is that things could be better. Now we can think long term (Unit manager 1)

Unit manager 1 has been positive to the closure since the day he heard the news and he did not see any other alternative. He wanted to be positive all the way because he meant if leaders did not have any positive view they could quit the job. He is aware of the problems and the amount of work which is in front of him but he still manages to see some opportunities in the decision like, better cooperation among the hospitals activities in the capital, avoid

unnecessary rivalry, get better patient logistics and we can use the scarce resources in a better way. In contrast to other leaders Unit manager 1 has in the process of change been remained on the upward sloping curve looking forward to the future and all opportunities it can give. But personally Unit manager 1 gets some negative consequences of the decision. He will have a longer journey to work every day, problems with logistics when it comes to children and kindergarten. But as a leader he wanted to emphasize that these kinds of problems will be avoidable for a better change. The closure is one of the biggest changes in the health sector in Norway and he takes the process of change as a learning process. A common trend among my informants has been that they do not see any other outcome and have forced to follow the process. This process has taken time and has been tarried a few years. So the commitment has come slowly but for sure and ultimately. Leaders who want to be a part of the change have stayed on but a lot of leaders and employees have quit during this time. This experience is individually where some take it as a natural process where others have not reached the commitment and have not followed the curve. Even though my informants have reached the last stage of the curve they mentioned a lot of other challenges with the process:

“I think many of the principles and conditions for this here have failed and not been present” (Unit manager 2)

Unit manager 2 saw the decision as appropriate and reasonable in view to collect the health services. At the time she reached the commitment stage she was disappointed over the situation around the process. Firstly she underlined that the process has gone to fast because the conditions have not been prepared. It was promised building to us and that is not the case and we are threatened daily by closures of hygiene, and the computer system which should have been completed in 2010 is still not finished, she said. The computer system was going to help us working across and it is still largely not completed. She was really frustrated over the conditions and the problems which appear due to the poor planning and management. But at the same time Unit manager 2 says it will work out but it will take time. Another important factor which is relevant is the different culture background every single hospital has despite the common ground as University Hospitals. Cultures and attitudes are different and this appears among professionals from the different hospitals. But overall it is important to be committed and see the opportunities the change can give outside the problems and challenges which is inevitable. Division manager 1 who sees the whole process as one big challenge rather than a problem says the following:

"[...] it is a long process that will take both time and effort from health care personnel" (Division manager 1)

Division manager 1 has under the whole process seen the closure as the only alternative and has only positive thoughts around the decision. But he says it is still a long way to everything is in place. This is supported by Division manager 2:

"[...] as long as the willingness exists, the decision will work in practice" (Division manager 2)

Division manager 2 is also positive to the future but at the same time a little bit skeptical to the management. Even though people are willing to change and are commitment the management has to play an important role to facilitate.

5.3.3 Commitment

When the opportunities get clearer and people are more willing to change the commitment phase will also appear. The phase has been reached through a phase of exploration. The commitment is the last phase of the changing curve moving into the future. In this phase the leaders start to get some solid ground under their feet (Grønhaug et.al, 2001, chap.14). The past is over and they are working ahead a new future and have put the threat behind them. I expected to find positivity which occurs from an understanding of the change and direction the organization is ahead. The goals should be clarified and understood among my informants and this should make the cooperation go smoother. This was the case on this restructuring stage where the transition period with new routines and understanding new opportunities gave a transition into a commitment phase. To be committed the leaders have to be positive and be willing to change. My informants are moving forward and the cooperation increases among my informants and their employees. The tasks are meaningful when they experience the change in practice. They see some progress in the decision where patients are shifted to Ahus and departments are being moved to Ullevål. It is now going on a routinization where the decision becomes a reality. I think this can be motivating among the middle managers when they see changes in the organization which can give some positive opportunities in the future. Changes happen slowly but it has started to happen after a long process with denial and exploration.

5.3.4 My findings

The restructuring phase is taking form by implementing different policies and practices. Top management put into strategies into use by giving the middle manager the massive workflow but there is some action that follows from these strategies. The middle managers have also been putting in strategies and changes in the workload which is a necessary practice when an organization is facing a change, such as a closure. The exploration phase is a period of time when you start to move from a negative to a positive existence. The middle leaders are going through a difficult time when they receive little support and guidelines from the top management. The top management has not taken into account the importance of matching under a process of change. They have to generate motivation and communication and discuss and support the middle managers. I got the impression that my informants have been left alone and the top management have assumed their commitment and consistent. The middle managers have handle the situation and the process at their best possible way but this could have been handled differently and maybe more effectively with some more clarified guidelines. The mechanism of information strategy increases the awareness and knowledge. Cross- training could be a form of support with staff rotation. Cooperation is an important factor to achieve success when it comes to management on different levels. Management is about the relationship between the different actors which is depending on each other to get things done, like we see in the hospital hierarchy.

5.4 Clarifying

The time of a clarifying stage occurs after a process of restructuring, which can take some time. The changes which have been implemented will now be diffused or stalled (Shortell et al, 2006, ch.12). In this process we can distinguish between the change effectiveness and implementation effectiveness. In an early process of a change, where changes have only happened gradually we can not see the full impact of the closure and it is difficult to see the benefits and improvements when it comes to the customer service, employee satisfaction or profitability. But on the other hand we can look at the implementation of effectiveness when this refers to the overall consistency and quality of the change.

5.4.1 Distributing information

I have already mentioned the importance of information and communication in the matching stage but in the clarifying stage I wanted to study the quality of information by looking at the different ways the middle managers distributed the information. Even though the commitment has occurred among the employees in the stage before, the information strategy will still be an important factor to increase the awareness and knowledge. The middle managers in the hospital have made some risk assessment based on the information in their departments. The Norwegian Board of Health Supervision has also made some analyses called “good shift”, to investigate the process of information in the hospital. But the answers of these analyses have always been rated as high risk. Unit manager 2 was really surprised when she got the answers and said:

“[...] they were involved in the sense that they got information and some were also involved through the project groups [...] we have provided information through various meetings and it is still considered as high-risk (Unit manager 2)

The problems she experiences was that she felt that information was not good enough for the employees and some middle managers, and they felt they have not been included good enough through the process. It also appeared through the analysis that they felt the information only was top- down and they were not able to give any feedback. Unit manager 2 and other middle managers have tried to figure out the reason behind these feelings, when she felt they operated with so many meetings to inform the employees. The managers concluded this experience among their employees as a way of handling the change. They catch the information that only regard them and exclude other relevant information.

“We had many meetings with information and we had weekly newspaper where new information could be disclosed” (Unit manager 2)

The middle managers way of distributing information consisted firstly of meetings with their employees. Secondly they used weekly newspapers and written reports which they hung up in their information table on their departments. A lot of information was also available for the middle managers and their employees on their intranets. The impression I got from my middle managers was that they had tried and used a lot of tools to inform their employees to increase the knowledge. But when the information still was rated as a high risk they felt helpless and felt they had tried every method. The information was available on different forms and everyone has a responsibility to reach out and find the information they need or looking for.

My informants also provided information on the process where they did not have any new additional information even on the early or late process. Their responsibility of giving information that reached everyone in the organization was prioritized and they did their best with meetings, dialogues, newsletters and information papers in the hallways. But another strategy on this stage is the role of the opinion leaders or the elected representatives.

“Elected representatives have played an important role” (Division manager 1)

Most of my informants including Division manager 1 mentioned the role of their elected representatives and the role of opinion leaders which have been considerably strengthened during the process. The leaders have been holding a lot of meetings with their employees and the employees had meeting with their leaders. There has been much to convey and the leaders’ feelings and opinions have been brought forward through the elected representatives.

5.4.2 My findings

The stage is handling about the strategy of increasing the awareness and the existing knowledge among their employees. The middle managers have to contribute to put these strategies out on practice and give room for the availableness of information. Of the information I got from my informants I found some lack of important strategies which could be performed to make the clarifying stage more successful. In a hospital where tremendous amount of employees have to be convinced, other strategies like cross- training and staff rotation could have been done. The top managers who are located with the overall information could have been working down with the middle managers to increase their awareness. And employees could have been cross- trained where this could have increased the motivation among the employees. Motivation is contagious and by making cross- training with employees who have already adopted the change and are willing to look forward the process, could have helped others who have not understood or accepted the change. But the hospital was standing in front of some capacity problems where they could not help the middle managers and their departments during the process. But after all, the hospital management, especially when it comes to the middle managers, I got the impression of their focus on information strategies and their wish to include their employees. They have used dissemination strategies where they have been working under an active process where the

main objectives have been to make the employees aware of the change, receive information about the change, make them accept and work with the changes that occurred in the organization (Shortell et al, 2006,ch.12). All of this factors which have been prioritized have contributed to greater acceptance. But this process of information distribution has also been a result with diffusion where the employees have taken this as a passive process which the analysis has been confirming.

5.5 Routinization

The routinization is the final stage of the changing model and now the closure has become a reality and now the organization is working toward a closure. But the middle managers work has to be continued where they still have to focus and provide some guidance.

5.5.1 The redesign project

The hospital has working with a redesign project which started on spring 2010. The project has been an organization policy and procedure to supply and maintain operations (Shortell et al, 2006, ch.12). The project has been divided with five days. The first day of the project was the day the hospital was merged into the health trust of University Hospitals with joints management. Day two consisted with some organizational structural change which did not impact the organizational members. The third day of the project was when the new health trust, Akershus University Hospital early 2011 took over responsibility about approximately 170 000 patients from Aker University Hospital. The project is already underway and the forth day is expected to be on 1.1.2013 were the emergency operations are planned to move to Ullevål University Hospital. The project is working continuously with the change in the activity and change in operational concepts. Unit manager 1 is a project manager under this redesign project and was happy to inform me about the project. Every department has got its own project where they have to work with and do changes which I have mentioned earlier about lay-offs and dismissals. Under this project every department has got their budgetary and

personnel resources. The facilitator group supported the routinization stage with ongoing monitoring and providing feedback.

5.5.2 Strategies to improve a routinization process

The middle managers used different strategies to make the process more routinized, the strategy to reduce the resistance to change and the strategy with active involvement.

Resistance is a reaction which occurs after denial from the Scott and Jaffes` changing curve.

This phase of the resistance curve is when you understand the reality and see how this will affect you. Many feelings will be shown in many different reactions and in different forms.

This experience can vary among individuals and it is important here to express their feelings and sharing thought to get a better understanding. My expected experience among my informants will be sadness, uncertainty and depression due to lack of knowledge, practice, support and follow up to succeed (Grønhaug et al, 2001, ch.14). Resistance is a reaction which occurs in an initiation phase and normally in the stage of matching. But I chose to mention the importance of this reaction at the end of the changing model because I illuminate this reaction in every stage of the model. And it is important to consider this even on the last stage where the closure is a reality.

5.5.3 Reduce resistance

The important role of the leader plays a crucial part because it should be shown through personal support and communication. But at the same time it is important for the leaders to get support and understanding to maintain the balance (Grønhaug et al, 2001, ch.14). But the process of understanding the changes have not been easy:

“[...] my employees did not understand what is going on, because there are so many patients, many corridor patients. Why cannot we just continue as we have always done?” (Unit manager 1)

As a leader unit manager 1 saw the frustration among his employees. They were sad and disappointed and could not see the positive side of the decision which was made. But he did

not blame them because he said he would most probably think in the same direction if he had worked as a nurse. The role as a leader makes him see some other aspects as operating through some financial perspectives. Unit manager 1 is not the only leader how saw the frustration among the employees, he was supported by others including Unit manager 2:

“[...] the employees cried! I saw everything from frustration and aggression. It was almost like they did not understand what was going to happen, and was simply sad” (Unit manager 2).

Unit manager 2 saw the whole situation as more difficult for the employees than for the leaders. It was a time with a lot of changes and this created uncertainty for their workplace. But it was not only the employees who felt threatened in this because unit manager 2 got uncertain as well:

“The day it was resolved and decided finally that the hospital should be closed down, I had already got a new job” (Unit manager 2).

Unit manager 2 was aware that it was an escape for all the uncertainty. Changes like a closure takes time to understand and as I have mentioned earlier this process is handled differently among individuals. As some people choose to escape, others decide to stay. Division manager 2 was one of many who chose to stay and tackle the problem that arose and he was really eased in relation to the closure, and the difficulties' the consequences of the closure gave to the employees and the working atmosphere in the ward. Division manager 2 described the situation as followed:

“There has been unrest among the employees and we have lost employees. Something happens to the environment when people leave, even worse when good employees leave. There has been, to some extent, very tough. We have felt the pressure” (Division manager 2)

The closure has made an impact on the employees where new shifts that had to be made and a many changes that came with this. New leaders have been hired but old leaders sitting back and still controlling. Division manager 2 made it clear that they still experience changes and this makes it harder for the employees and for the leaders. There are lots of arguments between both employees and management and this have been really hard to tackle, to a certain extent. But Division manager 1 and many others leaders know this process is long and will take both time and energy from the employees and the leaders:

“The fear was obvious when the layoffs of some were not to avoid. We have already asked people who are at risk of losing their jobs to seek out further to other hospitals. This is a part of a closure” (Division manager 1)

The employees knew the fact that everybody could not be transformed to Ahus or Ullevål University Hospital. By looking at seniority we have kept a lot of employees but at the same time he said they had to dismiss others due to the position they were in. My informants experienced many forms of resistance among their employees but they had different reactions as well. I was surprised over the answer I got from my informants when I asked how this closure affected you. The initially response I got was around the situation of the employees and their feelings. But I got the impression of all my informants that this closure resulted in many feelings like uncertainty, sadness and anger. But their roles as leaders made them overcome these feelings and replaced them with positive thoughts. But Unit manager 2 was one of several who were frustrated over the management:

“[...] we were very frustrated because we wondered if it was something that was already decided (Unit manager 2)”

Unit manager 2 was one of many who were frustrated about the closure and the process around the decision. She was really frustrated about the way the information came out for the middle leaders and did not understand the hidden information in the line which created unnecessary speculations and daily battles. The middle managers, who had responsibility when it came to information and dialogues to their employees, felt the importance of this phenomenon was not always priorities when it came to the information line in the management hierarchy. Aker University Hospital has previously experienced small and large changes with relocation of departments and wards. Therefore the earlier experiences can be associated with mistrust and defeat. But one thing they all had in common was that they did not see any other outcome and felt they had no choice but to join the process. This process of handling resistance has varied and they have got time and knowledge to overcome this phase of the change.

5.5.4 Active involvement

This is a mechanism to handle the resistance, the importance of active involvement. This involvement which creates a feeling of loyalty and responsibility is good way to handle the

resistance on level one. The resistance has also been remained on the level 2 and other procedures were required to succeed. Here we can see methods of meetings, dialogues with every employee where they used time and talked about what affected them. The leaders have to show that they care about them and I got the impression of all my informants that they wanted the best for their employees. I did not recognize any sign of resistance on the third level which is deeper due to long- term conflicts or ideological contradictions. But the leaders have used huge amount of time with their employees and I think they have been working really good given the information and time they got. It did not seem like the leaders defined the resistance as unwanted or danger. I think the leaders recognized their own feelings in this process of moving from something known to unknown (Grønhaug et al, 2001, ch.14), and their methods of applying strategies and different methods of overcoming this phase seemed to be natural. The resistance among their employees did not seem to be a surprise and the middle managers were they who paid for it with attention, patience and recognitions (ibid). In situation like this when you are dealing with resistance it is normal to experience that the productivity goes. I asked Unit manager 2 if she had experienced any decline in productivity.

“No, not at all” (Unit manager 2)

I was really surprised when she gave me this answer. Unit manager 2 said they had risk analyzing the productivity and they thought it may be possible, but it was not a fact. She was surprised as well when she did not see the decline. Unit manager 2 thought it was unbelievable on the one hand but not that surprised on the other hand. Hospitals are not like other organizations she said and we have a duty and responsibility to our patients. This phenomenon is not unknown when it comes to closure. It is a form of mobilization which is going on with such processes and where the consciousness increases and people work a little harder in hope of that one should not be closed. This could be a theory which is on line with several other studies related to a closure or it could be the fact that hospitals cannot be compared to other organization when it comes to production.

5.5.5 My findings

Any organization change will have some degrees of resistance and this can have an impact of the difficulties and strain in the implementation (Grønhaug et al, 2001, ch.14). The leaders

should therefore consider the complexity of resistance which is not avoidable and seek to understand the appearance on different levels. It is useful to figure out how intense the resistance is on the starting point. Then it is easier to make some strategies to overcome the problems. (Grønhaug et al, 2001, ch.14). The understanding of the levels makes it possible to make the process easier. But knowledge of these levels is not enough to succeed. The middle managers in the organization who do not know all the steps in the analysis or the reasons behind the decisions have a different role when it comes to their employees`. It is not given that the middle managers are for the change, but they still have a role to be loyal and credible. Their role is to give constructive information which is easy to understand and has to be adaptable for the employees` which are moving true a reaction path of change. The communication climate plays an important role to reach employees` with a message. Important dimensions here are transparency, clarity and truthfulness (ibid). Managers have a responsibility to provide information early on the process even though they do not know thing for sure. They have an authority position and the information has to be given in the same way and they have to make sure that it reaches everyone in the organization. A proper flow of information with many different methods allows for fewer problems later in the process. When we are looking at the frustration and experience around the process among the middle managers, we can see that the information was not enough to work with the resistance. Unit manager 2 has some mistrust to the leaders and the management and an important asset is required to get movement in the organization. Here we see the lack for agenda setting where the senior managers have on a degree excluded the middle managers where more inclusiveness could have given a better changing process. The leaders have to create credibility and they have to give room and time for support and advice. I got an impression of that middle managers have to handle the resistance among their employees out from level one and two, where they have been focusing on information and communication. They have not always known all the steps in the decision process and all the reasons behind but have played the role as being loyal and credible. It is not given that all the middle managers have been for the change, the closure of their working hospital. My informants have been truthful and have shown that they gave clarity and constructive information so their employees easily could understand and go through the process. Active involvement is another important mechanism the middle managers used to work with the resistance in level one and to create a feeling of loyalty and responsibility among employees` (ibid). The managers also listened actively by giving their whole attention to feelings and interest by asking questions, show interest, clarify

and confirm. I think the managers' way of handling the resistance improved the process. Level three normally starts with a dialogue and this dialogue is a beginning of a long process with hard work which can change people, systems, structure and culture (ibid). But I did not find the need for my informants to work with resistance on this level.

6 DISCUSSION

Regardless of the responsibility and where you are in the hierarchy of the management we can see that every leader has to overdo a change. This is something individually and is experienced differently. But the problems with leaders in the top management are that they have greater problems when it comes to change. On a complex organization as a hospital, attitudes do affect each other. One must be cautious where it may impact others on a negative way. People experience the changing curve differently and some get over the curve faster and smoother than others. But the important thing is to include everyone and make sure that everyone is following and is taking into account.

Hospitals are a complex organization with many different professions where a change will always be at several management levels. In the management hierarchy we find many leaders on different levels with different responsibility and power, where information and communication is really important factors. In a changing process like this I have seen the difficulties my informants had to get the right information and the amount of information. Everything is going through the line and the farther down you are in the hierarchy the more difficult it can be to deal with some problems which concern the employees.

How have the middle managers experienced the changing process in connection with the large closure? Have the organization and the leaders been concerned of the communicative, cultural or the instrumental leadership? Is there anything special about hospitals when it comes to change management compared to other organizations? Is leadership and different changing work been considered during this process and how have my informants been aware of the problems which occur among each other's and their employees? These kinds of questions were the starting points or the crucial points of my departure of my thesis. I wanted to draw some interpretations of this particular changing process. I think this can be helpful for a further study when it comes to restructuring or closure in a hospital.

6.1 Managing the change

The importance of managing a change can give a huge impact in every stage in the changing model and on every level of the changing curve. We can divide the changing model into two parts where the first two stages with agenda setting and matching are an initiation phase where the adoption decision is made. The next three stages contain the restructuring, clarifying and routinizing stages and is an implementation stage. I wanted to see if I could recognize any leadership approaches in their management to handle the different stages and levels of the change. Are the middle managers aware of the different leadership approaches and what impression do I get from their way to manage their employees.

6.1.1 Initiation phase

The first part of the changing model consists of information about an organizational change, which could be a reality in the nearest future. The middle managers got the information from the top management and the information had to be transited further down the line to their employees. So, the middle managers played an important role to make their employees understand the need for the change. This has been a top- down process in the organization within a strong environment of professionals and managers. Cooperation was an important prerequisite to succeed and the middle managers had to create this relationship through argumentation by using the communicative leadership. The focus in the agenda setting and the matching stage was the communicative leadership. The organization was on a phase to identify problems and look for solutions where the arguments are playing the major role with the power to convince (Eriksen, 1999). By having discussed the importance of information and communication make me see the importance of argumentation in a process to achieve understanding, goals and good working atmosphere. By having meetings and conversations the leaders had to be clear and correct in their responses and their argumentations.

Communicative management plays a major role to gain trustworthiness and the overall goal for the organization had to be said with the right argumentation which has an important power to convince. My impression of the leadership in the first phase is that the middle managers created a social relationship among their employees and used every opportunity to have an

open communication. Their way of communicating with several meetings, personal conversations and information letters on the hallways gave them an increased trustworthiness. They focused to be honest and loyal and the understanding of the complex decision process led to increased cooperation. Truly during my interviews I could see the use of another leadership approach outside the communicative. Although the majority was convinced and gained an understanding, others needed to be treated differently. The strong environment of professionals made the difficulty for the middle managers to manage just by using the communicative leadership. When the cooperation does not work and it cannot be achieved with the communicative leadership we have to look at another perspective. The democracy leadership through communication cannot be a solution when the strongest argumentation does not achieve any mark when it comes to numerical strength of voice from prima donnas'. So the importance here is to make the others follow the decision without the need of changing their view. Then we have to look at the instrumental or the strategically leadership. An important consideration when it comes to strategically leadership is that the majority does not always get heard in an organization and therefore we see the necessarily with compromises and negotiations (Christensen, 2009). The organization and the process are so complex with different and strong interest groups. To make big changes like a closure the leader has to be rational and strategically. The future is assumed and the leader has a role to make the employees to follow the decision and create the importance of understanding. When it comes to a strategically management it is seen to adopt and implement collective decisions. And this leadership is featured by planning, deciding, coordinating and controlling from a set of formal goals and frameworks (ibid). The leadership is trying to change behavior with the strategically management. But when we are considering a changing process we have to look at the cultural leadership as well. The cultural leadership accepts the formal leadership less than before. The reality now a day is more decentralized management with degrees of freedom and greater participation (ibid). The cultural leadership is about the organizations and their condition to be willing to change. The use of the communicative and instrumental leadership is depending overall of the organization culture. How the members of the organization accept their manager's authority. The tendency of being critical to the hierarchy system due to the higher education in society (Christensen, 2009) can be a reason for not accepting the managers' authority. The critical view of the authority leads to the middle managers responsibility to be more aware of the support, stimulations and motivation of their employees at lower levels (ibid). The cultural viewpoint in the organization can be an obstacle to manage on

strategically way because this can be conflicting to the traditional norms and values in the organization. But I felt that the middle managers experience a few conflicts due to the organizational culture but more because of personal feelings and affiliation.

6.1.2 The Implementation Phase

The second part of the model can be divided into the implementation phase. The adoption decision is made and now the organization must be working towards a closure. The organizational members have now gone through phases with denial and resistance and have moved forward with exploring and commitment phase. I have tried to look for the leadership approaches the middle managers have used in this phase. Not surprisingly, I found the communicative leadership as most applicable together with the strategically leadership. The organization is still on a phase of interest conflicts and professions battle where cooperation is a necessarily to do a good job (Eriksen, 1999). Hospitals departments are developed to become more independent and rational through decentralization of decision- making and this requires mutually understanding and communication. When a closure is going on and departments have not been involved largely the decision have not been made for the total community in the hospital. So the middle managers have a responsibility to clarify what the organization wants to prioritize, clarify goals, norms and values. The managers have to put the interest and need of the whole department rather than focusing on single groups (ibid). The leadership has been conducted through a communicative process where the managers have been focusing on information and informing. The managers' roles have not been to instruct but rather to make a transformation of their selves and to make a transformation of their employees. Both management and leadership are about the influencing behavior of their employees. The strategically leadership approach is also appearing when this is about decision made from the management top of the hierarchy. The top management organizes and manages on a way that the middle managers have to work inside some specific formal frameworks which channels their thinking, attitude and action. Under the stage of restructuring we see that new routines have been put into practice and can be seen as some instrumental tools which are required to meet the need of a new organization structure and to achieve the organizational goals. It was very clear that the middle managers are more concern

with a communicative management while the management top up in the hierarchy is more dominated with the instrumental leadership. The middle managers are working as followers on a hierarchical structure where the instrumental leadership is used systematically to promote the collective goals. The middle managers have also been managing strategically a certain degree in this phase with not only focusing on convincing and explaining, but also to maximize given preferences or goals in the organization. This has been shown through the layoffs, downsizing and changes in shift. But at the same time the middle managers had to focus on distributing information in the clarifying stage. Information and communication were not something that was obvious and visible in the management on the first phase but was also crucial in the implementation phase. The middle managers had a huge workload and they were overwhelmed with new tasks and short deadlines, so every organization member has during this process experienced some changes. The top management has created a facilitator group to monitor and make sure the managers followed the instructions and made the changes that were determined. The instrumental way of affecting the middle managers, by changing the formal organizational structure has not been the only change in this process. The organization has also used some informal tools, affecting the organizational members by the cultural leadership by the use of the hospital norms, values and awareness raising efforts (Christensen, 2009). Management is an organizational behavior, the behavior of using the formal structure that surrounds them which are influenced of the cultural context they are embedded in. Informal values and norms give opportunities for action but at the same time some limitations and clear guidelines (ibid). Hospitals are complex and have cultural traditions and values they have to consider under a changing process. But in the recent years we can see the tendency of hospitals management as modern and change- oriented where they are not bounded to the cultural of the organization but also accept and mediate a cultural change that pushes out from the environment. I get the impression that this closure is a change which has been pushed in from the environment, seeking for new opportunities toward a future with better health care services for the patients. And my informants have been influencing a lot but still are bounded when it comes to the cultural leadership. The changes are more slowly adopted where the cultural leadership is being used and are depending of understanding the collectively goals, and can only be achieved through communication and convincing. The resistance is a natural phase on the changing curve and occurs as the second phase. This reaction if further expected to be replaced of exploration and commitment. But when we look at the changing model we can see that resistance is a reaction which can

emerge independently of the model. It can occur early on the initiation phase, following the denial. But I have understood by talking to my informants that this reaction can continue on several stages in the changing model and that resistance does not only occur on one time in a process of change. The understanding of resistance creates the need for management on a certain way and I got an impression of that the middle leaders was dealing with resistance on level one and two. So the leadership approach that was applicable in these cases was the communicative and instrumental leadership. The experienced resistance among the employees was considering their way of thinking and about the organizational structure. On the level two the resistance contained more emotionally motives where the closure created some fear and sense of loss. I did not get the impression of the resistance of level three and therefore the middle managers did not manage in any way to handle the resistance on this level. Leadership and management are complex and sometimes difficult to distinguish. So therefore I have consciously used these terms interchangeably (Eriksen, 2009). Both of these terms are used to affect behavioral among organizations members and to involve the use of different instruments to affect. I got an impression that different management approaches are used simultaneously and up in each other. So I found it difficult to point out one particular to be the most applicable one. I do not think it is possible to view any of these leadership approaches as the most important one. These together contribute to good leadership and management. The communicative and instrumental leadership are the two approaches which I can easily recognize by talking to my informants. This is because of the direct communicative and strategically tools which are used to make the organization member move in a positive changing curve. But the overall willingness to change depends heavily on the culture of the hospital and their way of handling a change. I did not get the impression that the middle leaders managed based on the different leadership approaches or the changing model. The leadership they performed was based on gaining trustworthiness. The application of these leadership forms was a natural way to gain to manage employees under a changing process. Not only can we say that the hospital is a complex organization because of the diversity of the professionals, but the leadership and management are also complex because of the long management hierarchy.

6.2 Hospital as an organization

Hospitals are experiencing changes frequently on different degrees and it is not an unknown topic. But it seemed to me that hospitals have their own way of handling the problems and issues it follows. Hospitals may survive each change that comes in the way by having a culture that makes a quick adaption. This comes from the fact that hospitals are not like others organizations. Hospitals are selling products which are health care. This product is a need and a right for the population. Hospitals are not running due to economical incentives. But make changes to improve and save resources to spend it more effectively. Hospitals are a resource and a good, which exist to give a health care service for the patients, the customers. What is special about downsizing when it comes to hospitals compared to other organizations that experience this in a greater degree? This was a question I wanted to ask my informants and their responses were following:

“[...] the need for care will never decrease. There is always a need for care and provide health care so it is very rare that people lose their jobs” (Division manager 1)

Division manager 1 was not negative to a downsizing in a hospital sector because he saw the need for care as a continuously increasing demand. If people lose their job the need will be to find another place not far away. Division manager 3 had the same response and was focusing on the need for health care and the increased expectations. The increase in democracy and technology will make it harder for a hospital compared to other organizations to undergo an organizational change as a downsizing. Division manager 2 saw the problem on a different angle and he says:

“[...] hospital is primarily a knowledge company. The resources are in the individual, much more than in the product” (Division manager 2)

Division manager 2 was concerned with the knowledge and the resource which were rationalized away. He expressed this as giving away what they sell, the knowledge. The problem with a downsizing on a hospital for him is to exploit this value chain in the best possible way. When some mentioned need, increased expectations and knowledge other mentioned Patients:

“The difficulty with the hospital, I think because it is about patients. There are always patients who are on the corridor, all the patients waiting, patients who want to lie anymore” (Unit manager 1)

The special with the hospital organizations compared to other organizations was that a downsizing would be difficult for patients and employees to understand. The change will be difficult to understand when the need seems to be so great. Unit manager 1 said further that a hospital does not work like other organization when it comes to measure efficiency and production. And this is the reason why a downsizing or any organizational change is difficult to understand when it is about hospitals. Unit manager 2 on the other hand did not share any of these viewpoints and said:

“I don’t know if it is anything special when it is comes to a hospital” (Unit manager 2)

With many strong opinions it was surprising to get this answer from Unit manager 2. But she looked at the hospital as any other organizations where they have something distinctive.

The distinctive of the hospital are many. For the first the hospital has a hierarchy organization model with formal frameworks which secure rationale resource utilization, where ethical concerns like justice and safety are ensured and an organization where the responsibility and authority are clearly located (Eriksen, 1999). A second distinctive is that hospitals can be seen as a profession model with the numerous of professions and their different need, interest and understanding horizon. These professions have clear rights and conflicts which arise in such areas and have to be solved with other mechanism than just communication like compromises. The third distinctive of the hospital is that it can also be seen as a workshop model where the communication is a crucial factor between the different actors involved of patient care and making the most convenient recourse allocation and disposal. The organization has been under change and it can be seen from different organization models. Earlier structures have been replaced and competition among hospitals has created a degree of uncertainty. This is a result of the development in technology and new solutions. For my informants we can see another new trend in the hospital organization where the decision authority has been delegated to a lower management level. The middle managers have now more responsibility and a higher influence power down to the providers of the health care. My experience as a researcher during the process of change gave me the insight of the management and leadership in the hospital. I see the cultural leadership in the overall hospital management and the instrumental or the strategically leadership as more dominating, more used as tools among middle managers. The communicative leadership on the other hand is

crucial and an important factor regardless of the management level. Communication is bridge between all levels in the hospital, from the top management to the single employee. My interviews with my informants reinforced my belief on the importance of communication. The reaction path of change from my individuals varied and that was not surprising when I knew this experience is individual. Even if I had interviewed several informants I think the final remarks would have been the same. Any organizational change is unique and people experiences the changes differently, so the curve of Scott & Jaffe can be applied among middle managers to be aware of the problems which can arise under a change and to understand how this can be handled. The acknowledgement of the changing curve alone cannot contribute to successful leadership because the managers have to know the importance of different leadership approaches. The use of strategically mechanism can be essential to achieve the desired outcomes and use of communicative methods can motivate and make people convince.

I chose to interview three divisional managers and two unit managers. I was a bit skeptical in the beginning of my choice of informants. They are leaders at different levels and had different managing responsibilities. Therefore I expected to see some differences in their responses and experience around the decision process. As expected, I felt the unit managers had some difficulties' to understand the information problem among the division leaders. They felt the information was clearly available. I assume this has something to do with the management level and followed by a shorter information line. The unit leaders were also focusing more on project groups and facilitator groups when the division managers where more focused on the employees and the changes that affected them. The small differences may be due to the close working atmosphere and that they are working closely together. But my sample is too small to make any conclusions.

7 CONCLUDING REMARKS

I wanted to focus on the process of experiencing, understanding, handling and adopting a change among middle managers in a hospital. Through qualitative interviews with five middle managers I wanted to investigate the importance of leadership and the way of leading through a changing process. Organizational changes happen when the organization moves from something known to unknown (Grønhaug et al, 2001, ch.14). This movement can be experienced as a loss of something valued. The understanding of the loss, the experience of letting something go, can be related to several factors which are important to recognize. Leaders have to be attention when it comes to these factors which give a feeling of loss among employees such as loss of security, loss of competence, loss of affiliation, loss of meaning and territory (ibid). All this factors which is a signal of the new change is a cost for the organization where they have to pay for it with attention, patience and recognitions. The leaders have to see this as a normal path of reaction to change. This has to be understood and viewed as a healthy transition into the organizational change. I chose to structure the elements of my thesis around the changing process with five- stage model adopted from Rogers, E.M (2003) in a organization which is associated with a process of improvement (Shortell et al, 2006,ch.12). At the same time I chose to look at the “reaction path of change” (Grønhaug et al, 2001, ch.14) a theory of Scott & Jaffe`s, which I have tried to emphasize under the model of change. The purpose of my research was to investigate how the middle managers experienced the changing process and the different reactions which followed them and their employees. At the same time I wanted to look at their way of managing using leadership as an important tool. I wanted to see if I could recognize some important aspect from leadership approaches and see where they can be associated in the work with the changing model and the changing curve.

Through the thesis I have tried to answer my research question: *“How do hospital managers experience a closure through the different stages in a changing model and through a changing curve, and what kind of leadership approaches have they used to handle the changes on the different levels of change in a hospital organization?”* My journey with my interviews and interpreting the theoretical framework has shown me the comprehensiveness of this field. The hospital management is complex and I have only touched the topic with my thesis.

In recent years, hospitals have increased the focus on leadership and this has strengthened the management function. The organizational culture in the hospital has developed where managers at all levels, from middle managers to senior managers take overall responsibility for the results and activities in the organization. This is a result from the parliament decision from 1st Jan 2001, with the introduction of “unified leadership” at all levels in Norwegian hospitals. This legislation has contributed to a developed leadership culture we can experience today. The leadership culture is changing while people’s attitudes to the management change, as expectations increase. But hospitals will always find some barriers for change when it comes to employees and on different management level in the organization. One of the major challenges is that changes take time and the management has to work hard and be confident in their work toward the future. Every change in an organization has to be integrated into the culture of the organization to give desired outcomes (Shortell et al, 2006, ch.12). The cultural leadership is therefore important overall, to managing change in the hospital organization. Aker University Hospital has given me an insight in an enormous change process and I can understand the importance of all three leadership approaches I have mentioned, to gain a successful process for all employees and middle managers.

This changing process has been complex with network of different interest groups. The changing curve has been experienced differently when I see that some leaders on a higher management level have transitioned more slowly through the curve. The changing model has been an interesting way to study the process but either the model or the changing curve has been followed in sequence. But not any changing process is identical and the importance of cooperation, awareness and knowledge is important factors during any changing process. Middle managers role as follower and informer is clearly visible in the hierarchical organization model. It looks like that Aker University Hospital has through experiences developed to have an organizational culture which make it easier to adopt toward collectively defined goals. The process was although affected of lack of capacity to follow up and support. But the middle managers had to make progress when there was created a facilitator group to control the progress in every department. The information which is the most important tool has been continued gradually through the management line. This process had ups and downs, expectations and disappointments. But overall the middle managers experience this process as overwhelming with new routines and tasks, and do not see any other alternatives. They wanted to be a part of the change and their negative thought was swallowed up early in the

process. The leadership role had great significance. Execution of management has contributed to a better change process for both employees and managers.

Changes in the hospital organization are a learning process where the changes come from the organizational members. Therefore it is important to get further studies in the change management in the hospital. Hospitals will go through small and bigger changes and it is important to understand and work with every change, where we have to consider every change as unique. The budget- constraints and the issue with effectiveness and policy will contribute to these changes but we will still see the main focus lay on the customers – oriented patients (Berg, 2006). The need for restructuring and adaption skills increases where the competition between the private and public hospitals increases. The increasing demand, increase in choice of possibilities' and wealth has become a reality and changes have to be done to meet the need (Rogne, 2007). Further studies comparing the hospital organization with other organization can be helpful to see the difficulties' with restructuring and changes in the hospitals. We are moving toward a future where the hospital organization is competing in the market in line with other profit organizations. Further studies are therefore required to understand the trend. My paper can contribute to further study on a change process in a hospital. Every change process is a learning process and through this thesis I have illuminated that the middle managers and employees have gain experience, build competence and pursue in new behavior by working together (Shortell et al, 2006, ch.12).

In the recent years we can see the tendency of hospitals management as modern and change-oriented where they are not bounded to the cultural of the organization but also accept and mediate a cultural change that pushes out from the environment. This closure is a change which has been pushed in from the environment, seeking for new opportunities toward a future with better health care services.

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9 APPENDICES

APPENDIX I: LETTER OF INFORMATION TO INFORMANTS (TRANSLATED)

Letter of information

My name is Mary Diana Ladislaus and I am master student in "Health Economics, Policy and Management at the University of Oslo. I am writing my thesis on decision-making process and how the middle managers have been involved in defining and activating aspects surrounding the closure of Aker University Hospital.

I want to conduct 5 interviews with middle managers who can possibly help with the experiences surrounding the process of change. How was the need of a closure defined? What were the changes that had to be done? These are examples of questions that can be asked.

During the interview, I want to use an audio recorder, to assure me that I get with all important information. I will also take notes along the way. The interview will last for approximately 45 minutes.

As an interviewer I want to assure interviewees about the following;

- Your identity is anonymous.
- All information will be treated with high confidentiality and I will be the only one who has access to all information.
- You are not obliged to reply, if there should arise questions you do not feel comfortable with.
- Audio recording will be stored until completion of thesis, and then everything will be deleted.

I hope the middle managers in the hospital have the opportunity to participate.

If you have any questions please contact me by phone 482 11770, or send me an e-mail to mdladislaus@studmed.uio.no

The thesis is hopefully going to be stipulated completed 15.May 2011-05-08

Regards,

Mary Diana Ladislaus

APPENDIX II: DECLARATION OF CONSENT (TRANSLATED)

Declaration of consent

I wish to participate on this study and I have received all the essential information about the study, manager's experience of a closure and their way of handling the different organizational changes in the hospital.

Oslo, _____/_____ - 2011

Signature Informant

Signature Interviewer

APPENDIX III: INTERVIEW GUIDE (TRANSLATED)

Interview guide

Background Information

Age:

Education:

Position:

How many years have you been employed at this hospital?

Defining

What do you think about the closure of Aker University Hospital?

What causes a closure? Background?

Has this been a long term plan? Who took the crucial decision? Was the closure on avoiding?

Where there any alternative solutions which could be chosen?

Information

When did you first hear about the closure?

What was your initial reaction to the closure?

Did you experience a denial phase?

How did you experience the process of information?

Could it have been better informed?

Did you feel management had enough information to make such a decision?

What are your positive and negative thoughts about the information process?

Can you describe the decision process?

Hospital does not have mechanism for closure, how was it handled?

Was the problem or need for this closure structured for you, middle managers?

How has this process been going?

How do the hospital lay-off their employees? Is there someone who handles these issues?

To what extent has the dispute from the union and the local population been taken into account?

Activation

What opportunities can be found in this closure?

What are the consequences for you in this decision?

How did the exploring phase take place within the department?

Which actors played a significant role in the decision making process?

What was your role during the process as a middle manager? How did you contribute? Did you have any influence?

There was disagreement among staff about methods for achieving goals? Have there been conflicts along the way? When did these problems? How have they been handled?

What were the reactions of employees under such a decision? How did this affect you?

How were the departments involved in the decision? How great was the influence?

Before, during and after the decision?

How do you think senior management has handled the process of closure?

Adaption

Acceptance is vital for effective implementation of a decision, how did you come to this level? What were the good arguments?

How did you come to an adaptation stage? What have you done to transit your employees to this phase?

How is the future? What are your expectations? Is closure a problem or a challenge?

Will the decision work in practice? Has the decision affected the atmosphere at work?

Is there anything that could have done differently from the management side?

Downsizing is common in other organizations, but what is special about downsizing in the hospital?

Something you want to add?