COMMUNICATIVE DESIGNS FOR INPUT SOLICITATION DURING ORGANIZATIONAL CHANGE: IMPLICATIONS FOR PROVIDERS' COMMUNICATIVE PERCEPTIONS AND DECISIONS

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ABSTRACT OF THE DISSERTATION

Communicative designs for input solicitation during organizational change: implications for providers' communicative perceptions and decisions

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Organizational change is a prevalent phenomenon in our society. During change, input is solicited from stakeholders and lower level employees often as a way to lower resistance and uncertainty due to change. However, little is known about the specific manner in which input is solicited and used. This study uses a case study approach to investigate the beneficial and problematic features of the architecture of input solicitation and explores ways in which designs for soliciting input are managed and negotiated by multiple stakeholders. These designs have various implications and consequences for stakeholders and the organization.

The study is conducted with nurses in a medical center regarding their provision of input in the Magnet initiative-- a credential that recognizes organizations with excellence in nursing work. The study answered research questions regarding a) beneficial and problematic design features of input solicitation, b) differences in perceptions of those charged with soliciting input, c) management of input solicitation by

design teams, and d) differences in how individuals from various levels of the organization influence solicitation designs.

The study conducted 39 semi-structured interviews and one questionnaire with 125 respondents. Additionally, the researcher was able to observe three change related meetings. This investigation led to a number of important findings. First several designable features were found to be beneficial and problematic for participation from multi-stakeholder perspective. In addition to these features, the findings also suggest the role of change specific features and other long-standing features in influencing participation. Second, it was found that not all individuals charged with collecting input viewed solicitation designs in the same way. Third, implementers designed several features collectively to manage input solicitation through proactive and emergent designs. Last, a grounded practical theory analysis revealed that individuals from each level of the organization focused on different problem aspects during input solicitation and modified the techniques to fit their needs, which had several implications for the organization and the stakeholders.

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Chapter 1: Introduction

Change often is considered a signal of progress and growth in our society and organizations (Lewis, 2011). Beer and Nohria (2000) point that most traditional organizations have accepted and embraced the notion of constant change as necessary to survival. Change is viewed as an alteration of normal practice, where it may be categorized based on its intensity, form, and scope, among other distinctions (Zorn, Christensen & Cheney, 1999). Organizational changes can involve large scale restructuring or reorganizations such as mergers and acquisitions that can impact the entire organization (Kramer, Dougherty, & Pierce, 2004; Schweiger & DeNisi, 1991) or may be smaller in size that may affect a few people in the organization (Lewis, 2011). News like Microsoft's acquisition of Linkedin for $26.2 billion or Verizon's decisions regarding purchase of AOL have become commonplace in today's business realm and are examples of large-scale changes. Small reorganizations of organizational teams and departments are also commonly conducted in organizations. Changes may also be categorized as continuous, where organizations constantly modify their practices, or as episodic, which is related to certain bursts of highly directed activities aimed for short-term improvement (Weick & Quinn, 1999). Other forms of categorization include proactive or reactive change (Nadler & Tushman, 1989), and planned or unplanned change (Poole, 2004; Lewis, 2011). Crises such as the Deep Water Horizon oil spill serve as an example of unplanned change. This crisis forced British Petroleum and the other related organizations to take immediate actions to control damage, and drove the organization to invest in measures like 'greenwashing' for reputation management, which

was both a reactive and a proactive measure (Walter, 2014). In sum, organizational change is a prevalent feature of organizational life.

Organizations often implement change as a result of institutionalized pressures (Zorn et al., 1999). These institutional forces may be viewed as coercive "fashion" that are very important for the organization, and can make or break individual organizations. For instance, we are unlikely to encounter fast-food restaurants without a drive-thru partly because they are a popular 'fashion,' but more importantly because this trend has been institutionalized as a norm in the industry. Flanigan (2000) showed that social pressures at interorganizational levels were critical in website adoption, especially if the change was already adopted by other similar organizations. "If organizations believed that other organizations in similar businesses or fields had a website, they were likely to have adopted one themselves" (p. 637). Changes that start off as fads can evolve into common practices that become a necessity for the organization to survive. Furthermore, changes and innovation are also perceived to provide organizations with competitive advantage.

Implementation of Change

Although change can be very critical for organizations due to its role in organizational sustainability, it is also a complex process and often requires extensive planning for appropriate implementation. Implementation of change involves "translation of any tool or technique, process, or method of doing, from knowledge to practice (Tornatzky & Johnson, 1982, p. 193). This translation usually occurs through communicative activities aimed at persuading stakeholders to accept the change. As Lewis (2013) points out, "implementers often see a need to convince stakeholders to

alter practices, processes, procedures, work arrangements, and values as well" (p.508). Managers and implementers of change plan and execute communicative activities in hopes of successfully implementing change. Stakeholders also play a critical role during this process and define, resist, support, evaluate, and compare the new practices with the existing ones. Stakeholders, are the key constituents of the organization (Jones & Wicks, 1999), and may have power to influence organizational decisions (e.g., senior level executives), have legitimate claims during change (e.g., government bodies like the Environmental Protection Agency when the change influences health and environment) and can have urgent need for action (e.g., stakeholders who have a time sensitive or critical claim) (Mitchell, Agle & Woods, 1997). Negotiation of these various claims and relationships between the stakeholders and organization make the implementation process more complex.

Change is interpreted and negotiated by organizations and stakeholders through communicative processes such as sensemaking (Lewis, 2013). As stated by Weick, Sutcliffe and Obstfeld (2005), sensemaking is a retrospective activity, which suggests, "patterns of organizing are located in the actions and conversations that occur on behalf of the presumed organization and in the texts of those activities that are preserved in social structures" (p. 413). Sensemaking allows stakeholders to develop interpretations of communicative acts and events. Leonardi (2009) in his research found that, employees developed interpretations of change through material and social interactions. As Leonardi (2009) states, "materiality matters in how people form interpretations about a new technology" (p.436). Talks about the technology transform what the technology "is," where technology may be used in different ways than it was originally intended by the

leaders and implementers. Approaching change management and implementation from a communicative lens helps highlight the complexities within interactions associated with multiple interpretations of change or change processes. Change implementation is a demanding activity and can take a toll on the organization and its employees and other stakeholders.

One way to measure the impact of change on the organization is to assess change success or failure regarding goal accomplishments. According to Beer and Nohria (2000) change failures are very common, where nearly 70% of introduced changes fail to reach their goals due to ambiguity and loss of focus. Other studies have also narrowed in on several explanations of this type of goal failure due to inadequate communication (Lipman, 2016) and the narrowness of defining change as an event instead of a process (Kotter, 2007). Kotter suggests that change efforts should be viewed as a process that allows for identification and correction of pitfalls in each step of the way. He emphasizes the relevance of the process approach adopted by organizations that have successfully implemented change. Skipping phases may only have negative or unsatisfying outcomes for the organization with lukewarm to completely failed results. Accomplishment of change goals is just one way of assessing change success or failure.

Change success can also depend upon attitudes and reactions of stakeholders towards the change, where individuals might commit to the change or resist it due to its disruptive nature. The disruptiveness of change can affect the routines of individuals and the organization and cause discord until things stabilize again (Lewin, 1951). Even organizations that have met their change goals will see both commitment and resistance from their stakeholders.

Stakeholders might be committed to the change and communicate their openness (Miller, Johnson & Grau, 1994) or willingness to support the change. For instance, Miller and colleagues found that those well informed about their roles felt more included in the change and thus supported the change. As Herscovitch and Meyer (2002) note, commitment is "a force (mind-set) that binds an individual to a course of action deemed necessary for the successful implementation of a change initiative" (p. 475), making it an important factor in gaining support from employees. Individuals are known to commit to change due to a) beliefs that change will be beneficial (i.e., affective commitment), b) the obligation felt towards the change (i.e., normative commitment), and c) the recognition of costs associated with failure of change (i.e., continuance commitment) (Cunningham, 2006). Contrary to this, stakeholders might also react negatively to the change program by resisting the change.

Resistance is often characterized as an emotional reaction with a negative valence (Lewis, 2011). Resistance can crop up at the very idea of change (Dent & Goldberg, 1989), where individuals avoid making any changes to their routines. Oreg (2003) defines dispositional resistance as "an individual's tendency to resist or avoid making changes, to devalue change generally, and to find change aversive across diverse contexts and types of change" (p.680). Lewis (2011) discusses communicative and behavioral resistance to change including peer-focused dissent, active refusal, exit, or even extreme reactions such as sabotage. Individuals who resist are often viewed as dissenters or cynics, where dissent is communicatively expressed through disagreements or contradictory opinions (Hastings & Payne, 2013) and cynicism likewise "emphasizes a fairly enduring attitude (if not personality trait) of change stakeholders" (Lewis, 2013, p. 512). Resistance,

dissent, and cynicism are viewed as problems for the management, where controlling them becomes an essential task that the organization engages in order to generate more buy-in for the change (Lewis, 2011). Scholars have also suggested that if organizations want more commitment and lack of resistance they must increase readiness and support towards the change (Armenakis & Harris, 2009; Armenakis, Harris & Mossholder, 1993).

'Readiness' for change can be created by emphasizing the need for the change and by justifying the organization's capacity to achieve that change (Armenakis & Harris, 2009; Armenakis et al., 1993). Stakeholders assess the readiness based on five factors that argue the necessity of the change (i.e., discrepancy), the situational match (i.e., appropriateness), capability of the organization to execute the plan (i.e., efficacy), commitment of higher executives (i.e., principal support), and individual benefit from the change (i.e., valence) (Armenakis & Harris). These authors believe that appropriate communication and participation can better prepare the organization for change. Communication is critical for collective and individual sensemaking, and thus plays a significant role in change implementation.

Communication and Organizational Change

Two key foci for communication during change implementation include the dissemination of information and the exchange of input (Lewis, 2011). "Initially, stakeholder groups will be receivers of change announcements. Then, they will be involved in clarification and sensemaking activity that involves asking questions and offering opinions to one another and to implementers" (Lewis, 2011, p.151). According to Lewis (2011), the formal dissemination process is important during change as it provides an opportunity for implementers to clarify information regarding the change.

But, dissemination is not always formal, and other stakeholders also share information informally regarding the change. Appropriate dissemination of information has been found to be valuable for the organization as it helps reduce uncertainty (Bordia, Hobman, Jones, Gallois, & Callan, 2004). Uncertainty occurs due to lack of information or may be caused by confusion if there are conflicting interpretations of the information (Lewis, 2011). Individuals might be uncertain or ambiguous about organizational positioning, organizational operation, and their individual job or status in the organization (Bordia, Hobman et al., 2004).

Uncertainty is common during organizational change. Stakeholders often desire more information than they get. Further, those who possess information typically engage in increasing dissemination strategies in order to reduce uncertainty. Kramer et al. (2004) found that increase in information access was not always the way in which individuals resolved uncertainty. Individuals use both formal and informal channels to receive information and they might bank on alternative sources for information for their information needs. Also, not all information is straightforward and usually has competing and numerous interpretations, where sensemaking is used to resolve uncertainty, instead of looking for additional information. Providing realistic previews about the change (Schweiger & DeNisi, 1991), giving regular updates (Duck, 2001), and assistance with sensemaking are viewed as helpful dissemination strategies during change.

From a more traditional managerial view, implementers are depicted as processors of information who disseminate to other stakeholders. However, Lewis (2011) proposes this characterization is problematic since it privileges the voices of executives and top-level decision-makers and understates the value of information possessed by

other stakeholders. Stakeholder voices are critical in the change process, and have been found to reduce uncertainty through unique information (Bordia, Hobman, et al., 2004). Stakeholders are likely to participate in informal dissemination activities during change. Some organizations are developing formal mechanisms to surface the voices of non-managerial stakeholders during change. Organizations are increasingly adopting participatory mechanisms like input solicitation during change processes (Lewis, 2013; Lewis, Schmisseur, Stephens, & Weir, 2006; Sahay & Lewis, 2016).

Organizations that offer participative decision-making or claim to empower their employees are usually viewed to have a positive communication climate (Levi, 2015). Furthermore, participation yields various benefits for the organization and management (Barge, Lee, Maddux, Nabring, & Townsend, 2008). It offers trust and supportiveness by empowering and enabling employees (Lines, 2004; Monge & Miller, 1988; Stohl & Cheney, 2001). Lines found participation to have a strong relationship to goal achievement and resistance, where participation was positively related to goal achievement and negatively related to resistance. Despite these benefits, participation can have various unplanned consequences for the organization. The paradoxes and tensions that arise from offering participation warrant attention (Barge et al. 2008; Stohl & Cheney, 2001). Stohl and Cheney (2001) identified four paradoxes, including paradoxes of structure, agency, identity, and power that pose challenge for participation. They defined a paradox as "the sense of pragmatic or interaction-based situations in which, in the pursuit of one goal, the pursuit of another competing goal enters the situation so as to undermine the first pursuit" (p. 354). For instance, telling stakeholders to participate creates a paradox. 'Forced' participation challenges the very idea of a democracy by

negating free will of the activity. The challenges and paradoxes of participation necessitate planning and careful designs, especially during periods of change that are already plagued by complexity and instability.

One important form or mechanism of participation strategically offered by the organization to its non-managerial employees is known as input solicitation (Lewis, 2011; Lewis & Russ, 2012), which is a key focus of this dissertation. Benefits of soliciting input are similar to those of broader participation, and may include increased commitment to change and reduced uncertainty and resistance (Bordia, Hobman, et al., 2004; Lewis, 2011; Piderit, 2000; Schweiger & DeNisi, 1991). According to Lewis (2011), input solicitation can range from a symbolic activity to a resourceful activity. Symbolic activity of input solicitation "merely creates an appearance of participation" (p. 68), whereas the resource effort empowers employees to actually have an impact on the change. For instance, creation of venting sessions conducted to merely monitor employees is an example of symbolic approach to solicitation, whereas, enabling participatory decision-making practices with provisions of psychological safety is an example of the resource approach (Edmondson, Bohmer, & Pisano, 2001). It has also been found that management and implementers favor more restrictive or selective models of input solicitation and they may disregard negative feedback obtained even when input is sought and received (Lewis & Russ, 2012). Individuals who provide critique of the change are usually viewed as "whiners" and "complainers" (Lewis & Russ, 2012).

Very few studies have examined input solicitation during organizational change (Lewis & Russ, 2012, Sahay & Lewis, 2016). Also, there is little information on the manner in which input is solicited and used by organizations. A key takeaway suggested

by Sahay and Lewis is that simply asking for feedback does not generate high quality knowledge. Stakeholders' interaction with the tools and technologies and engaging in sensemaking with others may elicit different reactions towards participation, the change at hand, and the organization. This can shape the quality of feedback provided by stakeholders.

Research in upward communication suggests that employees are not merely passive audiences, but react with voice or silence in dissatisfied situations (Hirschman, 1970). Employee voice and employee silence are two widely studied concepts that are based on Hirschman's voice-exit-loyalty (1970) framework. This framework was expanded later to include the concept of 'neglect' (Rusbult, Isabella, & Zembrodt, 1983), which made it an exit-voice-loyalty-neglect model, where exit pertains to leaving the organization or taking a transfer to another department, voice is a reaction used to bring about change, loyalty is to passively wait for the situation to improve and is especially true in organizations with higher entrance costs, and finally neglect is to stop paying attention in a manner that worsens the existing conditions. Turnley and Feldman (1999) found that violations of psychological contract, which are employees' beliefs about informal exchange agreement in organizations (Rousseau, 1989), were strongly related to measures of exit and decreased loyalty. "In contrast, voice and neglect may be riskier responses because they occur at work and are more likely to be observed by supervisors and/or co-workers" (p. 917). Literature on upward communication underscores the cautious and often very deliberate approach employees assume regarding the information to be shared with seniors in organizations (Bisel, Messersmith & Kelley, 2012, O'Reilly, 1978).

Employee silence is viewed as a choice that is influenced by dominating management techniques/styles that discourage communication through intolerance towards dissent. Thus, "voice and silence are determined by an interaction between personal characteristics of the employee and the context within which that employee operates" (Morrison & Milliken, 2000, p. 1355). An employee's self-esteem and locus of control, along with the organizational climate, can influence the decision to speak up or stay silent. Social stigma and fear play an important role in motivating silence, where the power-centered role of management through their floppy designs can perpetuate silence in the organization (Donaghey, Cullinane, Dundon, & Wilkinson, 2011). The authors further stress that employee silence is not always a product of lack of management support, but may be produced from cynicism and distrust in the organization that forces employees to become more defensive. Silence may mean that employees have withdrawn from the organization because they disapprove of it or its policies. Furthermore, employees might even choose to actively dissent or voice their opinions in order to influence, maintain, or modify another person's behavior, cognitions, emotions, or identities (Garner, 2009b).

Dissent, according to Kassing (1998), is a multistep process, where individuals first feel apart from their organization and then they express dissent through disagreement or stating contradictory opinions. One way of categorizing dissent is to view it as articulated dissent (i.e., expressing dissent to internal audiences that have effective influence on decisions), antagonistic dissent (i.e., expressing dissent to management), and displaced dissent (i.e., expressing disagreement without confrontation) (Kassing, 1998). Of late, studies have also found dissent to be a sensemaking tool, where dissent is used

for information and advice-seeking and is not actually focused on bringing about change (Garner, 2009a).

Other literature on upward feedback outline cautious moves by individuals where they are afraid or reluctant to share their feedback due to reasons such as negative repercussions (Bisel et al., 2012), but instead of adopting silence, they might smoothen the negatives or distort information. “Evidence suggests that communicators often have distaste for delivering bad news or even previewing that a message contains bad news” (Lewis, 2011, p. 158). Bisel et al. (2012) talk about Hierarchical Mum Effect, where employees are reluctant to provide negative feedback that can harm their relationship with managers and may lead to job uncertainty. Furthermore, O’Reilly (1978) talks about the concept of distortion, where individuals might block, omit, summarize, condense, expand, emphasize, and modify message form in order to distort. Employees can use various techniques and strategies when pushing the information upwards through the chain with different motivations.

This makes the input solicitation process complicated where requests for feedback are not enough for generating useful, candid, high quality feedback. Research needs to look at the manner in which input is solicited. There is limited guidance on the processes by which input can be and is most often solicited, and how all this data is sifted and analyzed (Lewis et al., 2006). More studies are required that can strengthen the practical knowledge about not only how input is solicited, but also how these designs of solicitation are negotiated and to explore the outcome such designs have for stakeholders and the organization. Additionally, research will have to break away from the

management perspective and involve a more comprehensive stakeholder picture to better understand change processes.

Current study

The research uses a case study approach to examine challenges surrounding the architecture of input solicitation and ways in which designs for collecting input are managed and negotiated by multiple stakeholders with various implications and consequences for stakeholders and the organization. A key focus of the study is to understand how input providers interact with the designs of input solicitation, ways in which they adapt these designs, and to explore the outcome of such design negotiations such as perception of risks, concerns and benefits of the process, level of candor and completeness of input provided, intention to resist change, and evaluations of the organization once input has been provided.

Choices associated with communication design might help determine whom to include in input solicitation, why to include them, when to include them, where to include them, and how to engage them. Communication as design perspective helps capture more complex aspects of how such choices are managed and negotiated by multiple stakeholders (Barbour, Gill & Barge, forthcoming). Communication designs may include decisions regarding messages, interactional formats or tools (e.g., online versus offline formats, public versus private formats), architectures (e.g., structure, timing, and organization of discourse), and production and management of interactional flow (i.e., generating certain messages to control other types of messages) (Ballard & McVey, 2014; Barbour & Gill, 2014; Barbour et al., forthcoming).

This study takes on a communication as design perspective (Aakhus, 2007) and pays special attention to how designs are collectively managed and negotiated during change implementation. As Aakhus suggests (2007), "design is an activity of transforming something given into something preferred through intervention and invention" (p. 112). Organizations make a variety of design decisions in creating opportunities for employees and other stakeholders to provide input during change. The dimensions of these communication design choices matter because they have implications for a) initial and subsequent willingness for providers to offer input, b) the culture of the organization regarding how input is viewed, assessed, and used, c) quality and scope of input that is provided, d) input providers' perceptions of risks and benefits surrounding providing input, and e) the relationship between key stakeholders.

Research Questions

One of the key contributions of this study is to examine challenges surrounding the architecture of input solicitation through a stakeholder approach. Communication designs can both afford and limit participation in organizations. Designs of participation can yield various consequences and implications for stakeholders that can both encourage or discourage candid voice. Therefore, the first research question asks:

RQ 1A: What are the features of design that are perceived as problematic or beneficial during input solicitation and implementation of change?

These benefits and challenges might be perceived very differently by those in charge of implementing change. Perspectives of mid-level managers might vary from those in the executive positions (Lewis & Russ, 2011; Sahay & Lewis, 2016), which lead into the second question:

RQ 1B: How do those empowered to execute the change or implement the change see these designs differently?

In order to implement change and manage input solicitation, implementers plan or develop in the moment collective designs to control the interactions. The enactment of these collective designs during meetings provides opportunities that allow participants to negotiate the interactions by adopting or rejecting the existing designs. Participants may also propose or adapt alternative designs to negotiate their positions. Barbour et al. (forthcoming) shed light on the importance of collective subjects in the design process, where they discuss how collective choices about communication for the team may enable or constrain the micro social processes of individual designers in interactions. "The designs and design process that individuals employ are in a reflexive relationship with the designs created by the team, as each influences the other" (Barbour et al., forthcoming). As outlined earlier, there will always be multiplicity of contested ideas regarding communication design in organizations. Negotiation of these designs becomes evident in interactions during input solicitation meetings. Thus, the next research question asks:

RQ1C: How do design teams manage challenges with collective design?

Last, the study will explore how individuals at different organizational levels influence communication design. As discussed above, each stakeholder group can have their normative expectation of how input solicitation ought to be designed and conducted. The implementers might design solicitation in specific ways to accomplish their implementation goals, which may or may not be used by other stakeholder groups based on their needs and motivations. Therefore, the last research question asks:

RQ2: How individuals at different organizational levels influence solicitation designs?

The study suggests important theoretical and practical implications surrounding design choices during organizational change. The findings of the study suggest that different designs such as timing of input solicitation and level of information are strongly correlated with distortion of information and hesitation to provide feedback. Furthermore, the study explores how the very problem space differed for different stakeholder levels during the solicitation process. Also, different levels in the organization distinctly appropriated technologies provided for implementation.

In the following chapter 2, the dissertation will provide a review of literature and will explore different design choices associated with input solicitation. Further, the chapter will provide a review of the context of nursing work—the setting for this research. Chapter 3 will present the site information, timeline for research, and the methodology. Chapters 4 and 5 will present results to the research questions. The dissertation will conclude with chapter 6 with a discussion tying back the results to theory and proposing practical and theoretical implications.

Chapter 2: Review of Literature

In chapter 2 three general areas of relevant literature and extant research are reviewed: (1) organizational change and participation, (2) communication design through an exploration of key design choices and (3) the context of healthcare industry and specific challenges associated with nursing work.

Organizational Change and Communication

Organizational change has received substantial attention in different fields, including communication and management (Lewis & Sahay, 2017). Earlier change models often viewed change as discrete periods of disruption, which were followed by stability. These periods consisted of highly directed change activities that were temporary in nature. For instance, Lewin's (1951) model of unfreezing, changing, and refreezing, directs our attention to momentary periods of disruption that are eventually stabilized over time. Another classic innovation model was proposed by Rogers (1983), where ideas related to diffusion of innovation were explained. Rogers (1995) viewed diffusion as a "process in which an innovation is communicated through certain channels over time among the members of a social system" (p.5). Rogers (1983) also categorized adopters of innovation as innovators, early adopters, early majority, late majority, and laggards, and outlined the importance of communication in diffusing change to these individuals. Importantly, in chapter five of his book, Rogers discusses the role of re-invention. He argues for the importance of re-invention, where adopters of innovation view re-invention in a positive light. Re-invention for them is a good thing where "the choices available to a potential adopter are not just adoption or rejection; modification of the innovation or selective rejection of some components of the innovation may also be options" (p. 178).

This highlights how users can modify planned changes. As Lewis (2013) points out, both these models brought to light a language of contrasts, where change was contrasted with continuity or stability and innovation with familiarity.

While there are various ways and models of categorizing change, change at a very basic level is considered an alteration of normal practice, process, or activity or as something introduced as new (Zorn at al., 1999). Planned organizational change generally refers to relatively infrequent, discontinuous, and intentional change (Lewis & Sahay, 2017). This is in contrast to unplanned changes, which are brought into the organization due to environmental or uncontrollable forces (e.g., fire burns down plant, governmental shutdown of production) or emergent processes and interactions in the organization (e.g., drift in practices, aging of workforce, erosion of skills). Much of research on planned organizational change has focused on effective managerial practices directed at easing uncertainty and reducing resistance during change implementation (Bordia, Hobman, et al., 2004; Piderit, 2000).

Uncertainty during change, in general, causes psychological strain and is negatively related to communication quality (Bordia, Hunt, Paulsen, Tourish & DiFonzo, 2004). Bordia, Hobman, et al. (2004) categorized uncertainty as a) strategic uncertainty that pertains to organizational issues such as reasons behind change, b) structural uncertainty that is related to the inner-functioning of the organization that may occur during internal restructuring, and c) job-related uncertainty, which is related to job security and changes in roles of individuals. Organizational change can exacerbate uncertainty, where studies propose controlling uncertainty through more systematic programs of communication that match change activity (Bordia, Hunt, et al., 2004). This

literature discusses how better information dissemination from the top down can help reduce uncertainty brought about by change. Allen, Jimmieson, Bordia, and Irmer (2007) found that employees who thought they received more quality communication were more open to change. Similarly, scholars have addressed the need to curb resistance (Jermier, Knights & Nord, 1994).

Resistance might be viewed as "a reactive process where agents embedded in power relations actively oppose initiatives by other agents" (Jermier et al., 1994, p.9). It can be expressed in various forms through passive (e.g., reluctance) or intense reactions (e.g., boycotting) (Lewis, 2011). Studies have often viewed resistance as damaging or detrimental to creativity because of the widespread assumption that it prevents stakeholders from taking risks (Hon, Bloom & Crant, 2014). Hon and colleagues suggest that in order to generate more creative climates, managers must develop supportive work groups with employees who have higher levels of dispositional resistance (Oreg, 2003). Such strategies are meant to provide encouragement to individuals that have a tendency to resist, which can both proactively and actively control resistance.

Given this frequent focus, research related to change management often casts communication practices as centrally concerned with effective information dissemination and channel use for reducing uncertainty and resistance based conflict during change (Allen et al. 2007; Larkin & Larkin, 1994; Rogers, 1995, Young & Post, 1993). While, information dissemination is an important step during change management, which allows organizations and stakeholders to share and make sense of information regarding change (Lewis, 2011), much research has focused on the implementers' choices regarding dissemination, as compared to other stakeholders' views.

Implementers use various channels and technologies to disseminate information. Studies have broadly looked at the role these technologies and channels play. For instance, Rogers (1983) states that mass media channels help during the initial knowledge stage, as these have the capacity to spread maximum information and trust about the change, and interpersonal channels are more useful in the persuasion stage in pushing individuals to adopt the innovation. As suggested by Fidler and Johnson (1984), acceptance of change "often rests on the extent to which communication can act to reduce uncertainty by ameliorating such factors as risk and complexity" (p. 704). This approach thus tends to overly highlight getting change to happen as it is intended/planned by leaders in lieu of consideration of alternative perspectives on any given change and/or high involvement of stakeholders in planning or developing a change to meet multiple goals.

The managerial thread of literature is limited in that it tends to take the transmission view portraying communication as chiefly concerned with sending and receiving change related information (cf. Allen et al., 2007; Fidler & Johnson, 1986; Smeltzer, 1991; Wager, 1962). For instance, Allen et al. (2007) conducted a study that examined the role played by various sources of communication in addressing employee uncertainty during change. Through a mixed methods study they found direct supervisors to be better-preferred sources for disseminating implementation related communication, while the senior management was perceived to be better at providing general strategic information. Despite the comprehensiveness of the dissemination process, the focus has been skewed towards management whose chief concerns are to gain compliance of employees and other stakeholders. Here, managers and implementers are tasked with

identifying and clarifying misinterpreted information so as to conduct the change as planned (Lewis, 2013).

This prevalent approach to change management and information dissemination tends to be overly focused on managerial goals, resistance-prevention, and is downward in orientation. Ignoring dynamics of other stakeholder communication is a negative consequence. Additionally, the assumption that uncertainty and resistance are externalities that need to be controlled through directed information is flawed. First, outcomes like uncertainty and resistance may be viewed as communicative sensemaking tools. For instance, Kramer et al. (2004), in their study related to an airline merger found that employees used various channels and targets, including peers, to seek information. Their study revealed that information seeking was done for several motivations aside from uncertainty reduction including seeking social support and sensemaking. Several change scholars have recast resistance as a sensemaking and uncertainty reducing social support mechanism (Piderit, 2000).

According to Ford, Ford, and D'Amelio (2008), the perceptions and scholarship associated with change resistance is somewhat biased and tends to favor implementers or management by devaluing perspectives of employees as irrational and dysfunctional reaction. They argue that "resistance is a form of conflict" (p. 369), which has the capacity to improve the quality of decisions made by the organization. While it is difficult to unweave the functional conflict from the emotional conflict, the authors propose reconstructing resistance by looking at it as interplay between three elements, namely, recipient's action (i.e., recipient's response to change), agent sensemaking (i.e., interpretation and meanings agents provide to recipient's actions) and agent-recipient

relationship. Also, the literature on both uncertainty and resistance management are increasingly suggestive of the positive role participation may play in organizations and specifically during change (Bachrach & Botwinick, 1992; Bordia, Hobman, et al., 2004; Cheney, 1995; Wanberg & Banas, 2000).

Participative Workplaces and Organizational Change

Notions associated with participation or participative decision-making have gained popularity over the years, where "worker participation, in many forms, has moved from the periphery to the center of corporate philosophies and organizational restructurings" (Stohl & Cheney, 2001, p.350). Organizational scholars and practitioners have long discussed the dimensions, benefits, and challenges of participative workplaces. The current foundations and ideologies of workplace democracy are embedded in larger political and economic systems that seek to dismiss authoritarianism (Collins, 1997). According to Cheney (1995), workplace democracy is a system of governance, which values both individual goals and organizational objectives, and seeks to foster a connection between the two by encouraging individual contributions in organizational choices. Research in this tradition has highlighted positive aspects of workplace democracy, which allows for widespread participation, equalized status, ability to vote, and fair allocation of resources in decision-making (Cheney, 1995). Participation can take forms of direct communication, upward problem-solving, or representative participation (Budd, Gollan & Wilkinson, 2010). The full scale of types of democracy at work may range from input systems such as employee surveys to open door policies to shared governance and even employee ownership. For instance, study of alternative organizations that are based on ideologies of shared governance and/or ownership has

gained significant attention over the last decade because they identify other normative standards of practice for evaluating organizations that was earlier invisible in highly bureaucratic systems (Deetz & Mumby, 1990). These values primarily include equal opportunities of participation in decision-making. Buzznell et al. (1997) discussed the motivation behind formation of such alternative organizations, which was to counter mainstream concerns such as individualistic ethics, making these organizations contra-bureaucratic in nature. Thus, the core element in such organizations or democratic systems is to resist bureaucratic structures in order to correct injustices thwarted by powerful actors.

These participative/voice-rich workplaces accrue positive outcomes because leadership evolves through inclusionary practices and there is flexibility in goals. Seibold and Shea (2001) in their review of employee participation programs and decision-making, argue that these forms of employee participation greatly impact outcomes like organizational effectiveness, job satisfaction and group cohesion. Barge (2006) in his book chapter on dialogue, conflict and community, suggested that citizen participation can influence future involvement in voting and can aid development of more knowledgeable opinions regarding policies, which may transform communities. In their book that discusses radical theory of participatory democracy, Bachrach and Botwinick (1992) acknowledged that participatory experiences could pave way for interest in further participation. However, they underscored the communication challenges that came with it. They argued that progress towards workplace democracy would generate more desire to participate, especially in individuals that have encountered low levels of inclusion and

voice. This would lead to greater struggle by women and feminist organizations that work for equality.

While fundamental ideas of participatory practices and workplace democracy are strongly embedded in the tradition of democratic practice in the U.S, also known as deliberative democracy, the context in which the two function differ. “Participatory democracy emphasizes the participation and contribution of everyday citizens in making important decisions that affect their lives and common destiny” (Barge, 2006, p. 519). However, transferring these participative ideologies to profit making capitalist systems poses a challenge. Cheney et al. (1998) mention in their essay that the real challenge for alternative/democratic organizations is to find the right balance, which is difficult to attain because on one hand these organizations cannot exchange too much information with the mainstream due to fear of losing their distinctive identity, and on the other they cannot also completely remain isolated, as that can limit their success. Many scholars like Rothschild-Whitt (1976) have tried to capture the challenges felt by alternative systems of organizing by examining their functioning. Rothschild-Whitt outlined several conditions including transitory orientation (i.e., organization should be willing to dissolve itself rather than changing its goals), supportive professional base (i.e., sympathy from supportive community members and institutions), identification with a broader social movement, diffusion of relevant knowledge throughout the organization, mutual and self-criticism, required by alternative organizations to maintain itself.

While scholars have highlighted the importance of workplace democracy, and most of the arguments surround the required balance for workplace participation, we still

lack strong empirical bases to judge how participatory practices in organizations work or how best to create "empowerment" through participatory design.

Participative Process During Organizational Change. During organizational change, decision-makers and change implementers seek the input of lower-level employees about the change or the change process. As Lewis (2011) in her book points out, participation may be offered to stakeholders in various forms and with varying degrees of intention. Participation may be accomplished through direct or indirect representation, forced or voluntary activity, and formalized or informal structures. For instance, having a labor union offers provisions to employees to choose their representative who can put forth their voices. Also, informal communication evolves over time and may be observed in water cooler type of interactions in organizations.

Intentions to involve employees during change can range from monitoring employee reactions such as resistance during change (Hon et al., 2014) to actually involving stakeholder voices in the change (Edmondson et al., 2001). For instance, while Hon et al., proposed participation as a way to monitor and control resistance, Edmondson et al.'s research found that organizations could actually include stakeholders in reflective teams that could help better organizational practices.

Research on benefits of participative and empowerment strategies in the context of organizational change suggests that involvement of multiple stakeholders in decision-making tends to promote trust and felt support (Lines, 2004; Stohl & Cheney, 2001), controls uncertainty (Bordia, Hobman et al., 2004), and reduces resistance (Piderit, 2000). Lines (2004) in his research explored outcome of participation during change by examining a major strategic reorientation in a telecommunication organization and found

that participation was positively related to goal achievement and commitment and it was negatively related to resistance. Stohl and Cheney (2001) point out that participation is a set of interactions that has been traditionally thought as a necessity for the organization to accomplish work goals. According to Bordia, Hobman et al. (2004), participative decision-making, also known as PDM, is a great solution for resolving uncertainty and ambiguity during change. Individuals feel empowered and in control of the situation and also use collective sensemaking to ease their concerns. In another study, Wanberg and Banas (2000) pointed out that commitment to change might be increased by providing a supportive environment, where employees should be allowed to participate in change.

The degree to which efforts of participation are truly empowering to those participating is unclear. Empowerment has been defined as a process whereby employees form important relationships for achieving more control over one's own organizational life (Seibold & Shea, 2001). A situation where participation is offered to stakeholders just as a way to increase buy-in or for organizational monitoring purposes does not fit this definition of empowerment. According to Potter (1994), for employees to participate in organizations, they must be able to identity with the organizational values, should be able to develop competence and self-esteem and must have the opportunity of coaching. Participation or participatory mechanisms require various infrastructures that can support true empowerment. While empowerment is a complex term without a consistent definition, the basic trends in the literature suggest a need to develop an encouraging and rewarding environment, where employees can participate freely (Erstad, 1997). Simply offering participation is not sufficient for empowerment. While this debate continues,

participation remains to be an important activity during change implementation that is offered due to several motives.

Input solicitation during change is one mechanism of participation strategically offered by the organization to its non-managerial employees (Lewis, 2011). Here, the organization is interested in asking for opinions, feedback and reactions from those not in charge of implementing change. Research suggests the need for early and successive solicitations during organizational change in order to create change readiness (Edmondson et al., 2001). Edmondson, and colleagues (2001) in their study, which was conducted to understand the development of new routines during technology change for cardiac surgery in a hospital, illuminated the importance of preparatory practice sessions in organizations. Here participation was offered to stakeholders at multiple stages, which concluded in team discussions of the data in the last step, also known as reflection. “Reflective teams explicitly asked themselves, through formal meeting, informal conversation, and shared review of relevant data, "What are we learning? What can we do better? What should we change?" (p. 10).

Some scholars have argued that input solicitation during organizational change may merely be a symbolic activity as opposed to an effort to develop input into a resource to the change effort (Lewis, 2011; Lewis & Russ, 2012). That is, implementers may be more or less sincere and /or authentic about the degree to which they seek input to potentially “change the change” or to merely suggest that they are open to feedback from those lower in an organizational hierarchy. Solicitations can be offered for a multitude of reasons that may include improving the change, monitoring a change process, discovery of concerns about a change or the process of changing, learning about

misinformation or myths about a change or change process, gaining compliance, clarifying orders, mollifying those who are upset about change, or to indicate willingness to listen among others.

Lewis et al. (2006) in their content analysis on popular press books on change found that participation during change is often recommended to be used as a way of gaining commitment towards change. More importantly, the authors pointed out that while these books may genuinely recommend input solicitation, there is little advice on how to apply that advice. "Areas of underspecified advice in these books might prompt many practitioner questions as they decide how to apply the advice to their own organizations" (p.132). For example, in regards to input solicitation, the advice is often confusing about how much participation is desirable or how to balance communication focused on dissemination and input solicitation. While authors of popular press books make clear references to genuine solicitation strategies by highlighting the specific tactics used for soliciting input, such as 'be good listeners' or 'ask lot of questions', they offer few specifics about how input should be solicited or used. Thus, while implementers understand the importance of solicitations and receive messages that highlight the importance of it, best practices of inviting input, gathering and analyzing input are left underspecified.

Very few empirical studies have examined input solicitation during organizational change (Lewis & Russ, 2012; Sahay & Lewis, 2016). Lewis and Russ (2012) conducted a set of interviews with change implementers and found that even those charged with soliciting input were not always focused on hearing all voices or all types of input. They found that not only was negative input generally avoided, but also "carriers of such input

are sometimes stereotyped as 'whiners' and 'complainers' or as inflexible and lacking innovation characteristics" (Lewis & Russ, 2012, p. 19). Lewis and Russ noted, "very little scholarship specifies the manner of input solicitation and use of input during change that connects to a variety of outcomes" (p. 18). Their study stands one of very few examples of empirical efforts to describe practices of solicitation and use of stakeholder input during organizational change.

There is occasional research that takes into consideration some participatory design decisions; however, as Lewis and Russ (2012) suggest, "at this point, scholarship on this issue is scarce. We know little about the manner in which implementers process input and the value they place on input" (Lewis & Russ, 2012, p. 3). Kuhn and Deetz (2008) point out that managers may lack the skills or the knowledge to adopt the ideal speech approach, even if they want to do so. What they refer to as an "ideal speech situation" underscores the importance of involving stakeholders in important decision-making.

To sum, organizational change is current due to its prevalence in our society as it signals growth and development. Communication plays a critical role during change implementation as it helps individuals make sense of the change. Research on change implementation has been limited in studying management practices that often misses the perspectives of stakeholders involved in the change. Participation, like the mechanism of input solicitation are offered to stakeholders during this time for multiple reasons and is a subject of scholarship and practical questions. There is very limited information on a) best practices for gathering input, b) what design elements matter and why, and c)

reactions/responses from providers. This gap warrants attention, as it is critical for input solicitation.

Communication Design of Input Solicitation

Input solicitation is inherently communicative, where not only its provision but also the way it is designed impacts stakeholders' perceptions of their roles as participants in the change process. When organizational leaders and managers engage in a process of solicitation of input they create communication processes and structures for employees, and possibly other stakeholders, to voice their ideas, perspectives, questions and concerns.

As implementers and conveners of input solicitation activities consider how to approach input providers and potential input providers, they must consciously and/or unconsciously make a variety of design decisions. Design entails numerous decisions about process, involvement, evaluation, and use of input. As suggested by Deetz and Brown (2004) central questions association with workplace participation is "whose objectives should count?' 'How much should they count?' and 'How will they be accounted for?" (Deetz & Brown, 2004, p.172). These design decisions are based on the goals and purpose of input solicitation, which as suggested can range from merely symbolic participation provided to appease stakeholders to widespread participation that resourcefully includes stakeholder voices in decision-making (Lewis, 2012). These goals help dictate the type of solicitation design offered to employees for participation. This can be illustrated through three very simple examples, where input is solicited to surface or generate a) faux voice, b) limited voice, or c) full voice regarding the change. Each of

these designs comes with certain affordances that can either support or discourage interaction (Aakhus, 2007).

In the case of faux voice, input might be sought simply to provide an appearance of interest in the perspectives of input providers. A "faux voice" method might be used by a manager to provide employees (or other stakeholders) with a channel to deposit their concerns, complaints, ideas so that they have "vented" and may "feel better.' It also may be done in order for the managers to be able to claim that they took steps to get feedback and input or used as a monitoring tool by the organization. For instance, implementers may bring together employees in a room and ask them to talk about the problem just as a way to provide a venting session. This is similar to Lewis and Russ's (2011) categorization of restricted participation where management uses input to assess support of the change vision. In this first example, "look like" voice is the goal where implementers may not be truly looking to surface "voice".

Moving on to the next design, organizations may solicit input to provide 'limited voice.' Organizations can be selective about what they hear and address from stakeholders. Here not only can the management claim that they have taken the appropriate measures to collect feedback, but they also have some information to back that claim. Managers might invest in such designs again as a way to 'check the box' of participation, to focus on more salient issues of the organization and the change, or to focus on some easier identified problems than the truly challenging ones. In order to implement the change and make the stakeholders feel heard, management may cherry pick topics that are doable or manageable and leave out those which are complex or conflict-ridden. An example here would be to design a public meeting with formalized

agendas that can limit voice. In such meetings, employees might be asked to provide feedback on certain topics, while other topics are kept out of the conversation.

The last form of solicitation design might be geared at providing 'full voice' to stakeholders. Here, implementers and management solicit feedback from diverse stakeholder groups with the anticipation of actually using the valid input they receive. This is similar to the open approach suggested by Lewis and Russ (2011), where implementers solicited and evaluated input from a diverse set of individuals and were open about the possibility of modifying the change based on any valid input they received. However, very few implementers actually engaged in this approach, and restricted participation (i.e., to solicit input from specific stakeholders and disregard issues that are not widely shared) was most common. Full voice can be provided to stakeholders through participative decision-making, by empowering stakeholders to engage in conflicts and creativity of problem solving (Kuhn & Deetz, 2008). Therefore, provision of participation along with a strong culture of psychological safety is important for open forms of solicitation.

Design decisions are subject to evaluation by those who are invited to provide input, those who choose not to participate, those who do participate but who do not speak, and witnesses of the input solicitation process. The sense that these individuals make of input approaches is based on the choices regarding, who is approached, how they are approached, the conduct of input solicitation, and use of input. These considerations are important because they yield several implications and consequences for the organization and the stakeholders.

Aakhus (2007) defines design as an intervention activity that transforms something given into something preferred. He goes on to suggest that design is natural (i.e., evident in the use of language), hypothetical (i.e., specialized roles for intervening), and theoretical (i.e., cultivates further knowledge about communication designs, where hypothetical reveals the theoretical). Communicators constantly make choices about how to communicate in different contexts. Communication designs may emerge over time as people interpret meanings and actions (i.e., people mutually construct their conversations through language) or are planned formally (e.g. organizational activities) (Aakhus, 2007).

Jackson and Aakhus (2014) outline the potentials of designing to include "messages, campaigns, interaction formats, organizational forms, and so on" (p. 3). Designers are interested in either developing new procedures and formats or altering the existing ones in order to influence communication in organizations. In this light, any organizational policy implemented to alter forms of interactivity within the organization may be viewed as strategic intervention geared towards resolving once difficult communication. Each communication design comes with its affordances that can either constrain or support interactions (Aakhus, 2007). For instance, an organization may implement a strategy that discourages employees from discussing their organization on private social media accounts, and encourages employees to use enterprise social media. The motivation or end goal behind this policy might to mitigate risks associated with reputation management and also to strengthen intra-organizational relationships. While this strategy could possibly attain the expected outcome, there are also unintended consequences to it.

Revisiting our social media example, while the new policy may be able to control flow of information to external audiences, it can also limit dispersion of positive employee narratives that could have been helpful for generating social capital. Furthermore, increased employee communication through enterprise social media can also have inadvertent consequences for the organization, where employees might get overly involved in activities that do not support organizational goals that can lead to low productivity. Therefore, design activities can have several intended and unintended consequences for the stakeholders involved. This sheds light on the impact organizational designs can have on individual players in the organization.

Design scholars are increasingly paying attention to the collective management of organizational design (Barbour et al., forthcoming). These authors shed light on collective objects and importantly collective subjects of organizational design, where teams or groups of individuals in organization collectively make design choices about communication. Barbour and colleagues in their chapter explicate the difference between individual objects and subjects of design and compare it to collective objects and subjects of design (Barbour & Gill, 2014; Harrison, 2014). Individual objects focus on specific messages, while collective objects focus on clusters of actions including crafting messages, framing, and selecting tools to implement the message.

More importantly, Barbour et al. (forthcoming) make a novel attempt at discussing the difference between individual and collective subjects of design, where individual language production and evaluation (O'Keefe, 1988) is viewed to be distinct from team or organizational efforts of planning and implementing change. However, while these two types of subjects remain distinct, they are still very much intertwined

(Barbour et al., forthcoming). The authors explicate this complexity by providing an example of campaigns. They suggest that campaigns are made up of a) collective activities conducted by individuals who produce and evaluate messages and b) the communicative decisions made by the campaign team. The design choices made by the campaign teams can enable, constrain or interact with the activities of individual campaigners.

This complexity in interactions warrants our attention to understanding how such designs are planned and executed and the consequences such designs have for individuals in organizations who interact with them. Also, as the individual actors interact with these designs, they might negotiate the designs to accommodate their own needs by accepting, rejecting, or modifying the designs provided to them. For instance, if the employees are unhappy with their organization and not allowed to write about it on their social media, they might still vent using a gripe site, thus rejecting the design provided to them (Gossett & Kilker, 2006). Additionally, they might set up venting chat rooms within their enterprise social media platform, thus modifying the intended use of the channel.

In sum, the designs of technology—its features and flaws can be either adapted or become a space for struggle for the participants. For instance, Barbour and Gill's (2014) empirical study reveals that there is always going to be multiplicity of contested ideas regarding the conduct in organizations. There is seldom a unanimous perspective on what a design should be. Barbour and Gill illustrate this in their study of design in a nuclear power plant and its safety oversight system. They wrote, "We focused on how the status meetings worked and the collective negotiation of how they should and would work" (p. 171). A noteworthy finding was that collectively designed communication processes like

status meetings had no single design hypothesis. Therefore, we cannot assume that there exists a uniform way of thinking about how things ought to work, rather there will always be a contested terrain where designs are negotiated through interaction between the design of the technology and associated individuals.

The design perspective highlights the design interventions and the consequences they have for input-providers. At a fundamental level, these communication design decisions can be described in terms of determinations of whom to involve, why to involve them, when to involve them, where to involve them, and how to engage them in input provision activity.

Whom to Involve; Who Convenes. Design decisions concerning whom to involve in input provision concerns both the providers and the solicitors of input. Basic questions concern, who gets invited to the table and by whom. Who is invited is important in part because it creates a context for sensemaking (i.e., who's opinions matter, who is worthy, who is powerful, who is wanted), determines the types of information exchanged and knowledge created (i.e., what sort of conversations/information and knowledge can be accessed and exchanged), and specifies who will be involved in the follow up conversations in the organization (i.e., who will be telling the tale of what happened during input solicitation). Decisions about whom to invite to provide input may be viewed by witnesses and participants as a reflection of how implementers exercise their power in organizations, thus they are inherently communicative in nature. For example, implementers could choose employees that are already on board with the change or might balance known resistors and supporters, or

might focus on those with strong concerns. Each of these decisions will be "read" differently by those who are included, those excluded and those witness to the selections.

Another noteworthy element of the 'who' design decision reflects the relationship shared between the employee and the convener. This decision may influence the comfort level of the employees as they are asked to provide input to specific people within the organization. For instance, organizations invest resources for hiring outside consultants for conducting change. Employees may or may not be comfortable sharing their feedback with outsiders. In a similar manner, if employees have an autocratic leader, they may feel more comfortable talking or sharing their ideas with outsiders than with their direct manager. Thus, this is a critical design challenge that can communicate various messages to employees, and can shape their future involvement in the change.

Why Is Input Solicited. Design decisions also concern why input is being solicited as well as how those reasons are represented to input providers. As discussed by Lewis and Russ (2012), organizations may solicit input for a variety of reasons. In the resource approach, implementers empower "stakeholders to have impact on the manner, rate, timing, and possibly even the wisdom of implementing a change at all" (Lewis, 2011, p. 68). Here stakeholders might be asked to provide initial guidance or may be given decision-making power throughout the implementation effort. As Kuhn and Deetz (2008) suggest that in order to empower stakeholders and include them in decision-making, organizations have to provide equality of expression that would allow them to freely ascertain stakeholder interests. For instance, Edmondson et al.'s (2001) study identified this resource approach in the successful teamwork in hospitals where, status

differences between surgeons, nurses, and others were minimized for successful participatory practice.

Organizations may also solicit input symbolically. Lewis (2012) argues that a symbolic approach occurs in cases where stakeholders are merely asked to participate in order to be more persuaded to accept change and where changing the change is an unlikely or impossible outcome of input provision. Conversely, input collected as a resource informs the implementers in ways that might influence the path of the change. "Symbolic participation involves merely creating an appearance of participation whereas participation as resource empowers stakeholders to have impact on the manner, rate, timing, and possibly even the wisdom of implementing a change" (Lewis & Russ, 2012, p. 270).

Symbolic input solicitation paves way for low quality input (e.g., lacking candor and completeness) or may lead to information distortion. Meaning might be modified and transformed for a variety of reasons including self-protection, self-promotion, political concerns, and intention to derail initiatives, among others. Employees are often deliberate about what they share with senior management (Bisel et al., 2012). O'Reilly's (1978) seminal work on distortion suggests that people distort through blockage/omission of information, summarization/condensation, change of message form, and expansion or emphasis on certain details more than others. More current work on distortion seeks to explain the influences of organizational design on upward distortion by analyzing the organizational structure (i.e., formal reporting, communication, and authority structure), resource access structure (i.e., distribution of raw information to members), and organizational procedures for training (Carley & Lin, 1997). When employees sense the

symbolic nature of solicitation, they may distort the information as a way to manage impressions, where they are viewed as being on board with the change even when they are not. They may enact these distortion strategies to overcome retribution or when they fear being viewed as skeptics or cynics in an organization (Piderit, 2000). Cynicism manifests itself due to limited information exchange (Reichers, Wanous & Austin, 1997), which arguably paves way for more uncertainties. Individuals do not like to be tagged in a negative light or perceived to have limited information. Therefore, rather than asking for clarifications or requesting more information, they might just distort information or pretend to be informed in order to avoid retributions. According to Milliken, Morrison and Hewlin (2003) " since people tend to be silent about bad news, positive information is likely to flow up organizational hierarchies much more readily than negative information" (p. 23). Such silence does not only lead to procedural issues in the organization, but also distort the knowledge base that the management so heavily relies upon.

Providers may also distort information as a form of resistance (e.g., to mislead implementers about the change process in hopes that it will create disruption or failure). Whether distortion occurs more in input solicitation systems that are perceived as symbolic than in those perceived as resource-based is an important empirical question related to the design of these systems.

Symbolic input solicitation may create perceptions of breach in psychological contracts that are implied by an invitation for opinions and concerns to be shared (Colquitt, 2001; Heath, Knez, & Camerer, 1993; Korsgaard, Sapienza, & Schweiger, 2002). A psychological contract is defined as "employees' perceptions of the mutual

obligations between the employee and the organization" (Korsgaard et al., 2002, p.499). Rothschild-Whitt (1976) in his work argued that workplace democracy might not be adopted for its foundational values of widespread participation, equalized status, ability to vote, or even fair allocation of resources in decision-making, but rather it might be practiced as a strategic tool for managing joint ownership, where organizations benefit from their employees' perceptions of ownership. Such perceptions make it easier to manage the organization. But, when employees sense that their participation-- time and effort spent--is all for symbolic reasons, they may view that negatively as a breach of a psychological contract by the organization. Moreover, this assessment may play a role in the sensemaking process about input solicitation (Weick, 1995). For instance, if employees think that the process was inauthentic or biased towards or against some voices, they might not want to participate in the future, or could provide low quality input (e.g., lacking candor).

When to Solicit Input. A third important design decision concerns the timing of solicitation. A first consideration relates to the absolute point in time during the change process when input is solicited (i.e., before change implementation has started; midstream in implementation; after significant time has passed since implementation has started) and relative timing of invitations from one group of input providers to others (e.g., lower-level employees before or after high-level employees; content experts before or at same time as non-experts; those with known concerns before or after those who are highly supportive). These decisions too can shape sensemaking about the genuineness of the solicitations, and subsequently shape attitudes, willingness to provide input, candor, and evaluations of the convener's motivations.

Inviting solicitation once change is underway may be perceived negatively by potential input providers. Some may believe that a last minute attempt to incorporate their input is merely an attempt to gain stamp of approval on already set plans. Even if the solicitation is perceived as genuine, it may feel to providers that there is a limit on how much the change can be altered at the point that their thoughts are solicited. On the other hand, input solicitations very early in a change process may limit potential providers ability to make useful contributions if they are ignorant of background information and context that led to the change proposal. Further, some potential providers may wish to wait until more senior, or more influential individuals weigh in before they declare their own support or provide advice. This is more likely in the case of a perceived controversial change. Clearly, the early or late timing of input solicitation creates different burdens for conveners since they will need to be sensitive to the different challenges of being at the front of a decision-making process or after major commitments to change are made. Further, considerations of the political risks involved in "going first" or "being asked last" as compared to other input providers may create design challenges.

Barge et al. (2008) conducted a case study on a planned organizational change in a multi-stakeholder initiative, where they identified three dualities of that of inclusion-exclusion, preservation-change, and centrality-parity in the dialogues. The duality of inclusion-exclusion, which was specific to participation surfaced as a design issue, where conflicting needs to include different stakeholders in different phases of the change was essential. A strategy of "commonplacing" was used to overcome this issue, where shared mission and vision were created in the initial phases to keep the group intact. This decision of who gets invited to the table and at which phase is a critical one for the

organization. Inviting employees at specific phases and leaving them out of others can create more ambiguity, leading to greater uncertainty and resistance. According to Lewis (2011), resistance may be situated on a continuum with subtle forms at one end and more forceful forms at another. Therefore, resistance may be expressed in more subtle ways, which include ambivalence or peer-focused dissent, and in more forceful ways, such as active refusal, exit, and sabotage. Gossett and Kilker (2006) in their study discuss the importance of peer-focused dissent, which is generally avoided in organizational studies due to its unproductive reach to higher-level audiences such as supervisors. Therefore, the challenge is to design the solicitation in ways that communicates genuine commitment of the organization towards employee input, where timing is a critical concept.

Where and How to Solicit Input. Design decisions related to where and how input is solicited are highly interdependent. Although the 'where' decisions generally surface when determining "places" for solicitation (e.g., in office or at lunch; online survey or face-to-face focus group), the 'how' decisions are focused on the process for solicitation (e.g., anonymous versus identified; public versus private; in presence of peers or in presence of supervisors; highly structured facilitation or lightly structured conversation).

Considerations of setting, mode, and manner (where and how questions) of input solicitation design must take into account several major communicative dimensions. Conveners make intentional or habituated choices that have implications for the comfort level of providers, the mix of providers in discussions (including who will have direct and indirect access to comments made), ease of participation, ability of provider to

"participate" without voicing a comment (e.g., could a provider show up to an input session and be witness to others' comments without contributing?), methods to encourage contributions (e.g., facilitator, questions, prompts), degree to which convener or other leader respond immediately to comments (e.g., engaging in back and forth dialogue or merely hearing commentary), methods used to structure the focus of desired contributions (e.g., disallowing some topics; asking for specific focus) among many others.

Computer mediated interaction is one possible method for convening input solicitation. Computer mediated communication (CMC) may assist participation by overcoming physical and structural barriers, and equalizing participation, thus increasing democratic action (Rice & Gattiker, 2001). Moreover, research has also examined differences between face-to-face and CMC settings in decision-making scenarios (Baltes, Dickson, Sherman, Bauer & LaGanke, 2002; Benbunan- Fich, Hiltz & Turoff, 2002). While some of the drawbacks of CMC include disinhibited behavior, longer time to complete task, fewer socio-emotional remarks, reduced task understanding, and poor judgment (Baltes et al., 2002; Dubrovsky, Kiesler & Sethna, 1991), CMC has also been found to increase participation (Rice & Gattiker, 2001), which may be viewed as a positive outcome by conveners.

The degree to which an input provider is identified as such to the convener, to higher level decision-makers, or to peers in the organization is another consequence of where/how design decisions. According to Bronco (2004) "anonymity—whether online or not—is the condition in which a message source is absent or largely unknown to a message recipient" (p. 128). Anonymity should be viewed "along a continuum from fully anonymous to fully identified" (Bronco, p.129). As Scott and Orlikoswki (2014) argue

"anonymity is multiple, dynamic, and sociomaterial" (p.887), and its constituted through specific practices. Leonardi (2013) argues that technological concepts are inherently social in nature, where "all technological artifacts were created through social interaction among people and that any effects that those technological artifacts could have on the organization of work were buffered and shaped by social interaction" (p.65). Concerning anonymous communication, this suggests that degrees of anonymity may be performed as a part of the key activities in organizations, and the same provision of anonymity may lead to different outcomes when appropriated by different people under different circumstances.

Anonymity can be especially helpful where identifiable designs make employees uncomfortable discussing information in front of a large group due to fear of retribution, but where employees might be very comfortable on an anonymous online setting as they develop feelings of deindividuation (Diener, 1976; Postmes & Spears, 1998; Zimbardo, 1969). However, much will also depend on how they perceive these communication technologies or how affordances like anonymity are enacted, especially based on how anonymity is conveyed by the organization and perceived by the employees. Part of this consideration is how anonymous input-provision is represented to input providers and what the fact of the availability (or not) of an anonymous channel communicates in and of itself. Input providers may doubt that anonymity is genuine and that their identities may be detectable by the implementers or other employees. They may wonder why an anonymous channel is being provided and if that option suggests heightened risk through participation. Some input providers may not want to present their voice anonymously. They may wish to contribute in ways that ensure they will be credited for their

commentary and may their input be valued more if their identity is known. Also, anonymous channels can provide veil of secrecy for those who wish to derail either a change effort or criticism of a change effort.

Lewis (2006) argues that during change processes, employees evaluate both the substance of change and the process of communication whereby they are informed about the change and are asked to provide their input. "Information must be of high quality, but employees must also feel that they have been heard" (p. 42). In order to be heard, employees evaluate technologies, as well as other methods of input solicitation, based on not only their functional properties but also the symbolic notions. For instance, when employees are not provided with proper channels of participation they become cynical about the change (Kassing, 1997). This directs us towards understanding both data carrying capacity of a medium and the symbol carrying capacity (Sitkin, Sutcliffe, & Barrios-Choplin, 1992).

A medium has both data carrying capacity and symbol carrying capacity. Data carrying capacity is associated with conveying task-relevant data, where media richness may be matched with hard (i.e., convey large volume) or soft data being transmitted. Symbol carrying capacity "refers to the degree to which a medium is able to convey or manifest symbolic meaning" (Sitkin et al., 1992, p.567). The medium conveys meanings and is also a symbol itself, where symbolic values vary from organization to organization. For instance, email might symbolize power in some organizations, but not in others. In situations of organizational change, an employee survey might be viewed as a tool for empowerment or as a strategy for surveillance, based on the symbolic values associated with it in a particular organization. Moreover, the survey may be viewed as an

impersonal tool that does not symbolize power. Therefore, even though organizations provide technology for participation, the symbolic notions associated with the technology will influence how people respond and participate.

Another design decision directly related to how input is solicited concerns what is done once the organization is done collecting input. Informational justice is a concept discussed by management scholars that underscores the importance of provision of reasonable explanation by implementers in the aftermath of the organizational event or decision-making (Bernerth, Armenakis, Feild, & Walker, 2007). The findings of this study suggested that withholding information, even negative information regarding the change, was not the key to successful change management. Commitment to change can be achieved with more candid communication from management. Therefore, when designing participation, creating a candid feedback loop with the providers of input can affect commitment or resistance towards the change.

As mentioned by Jackson, Poole, and Kuhn (2002), "Communication is a discipline concerned with design—design of messages, design of organizational communication systems, and—in this era of burgeoning technology—design of ICT-enabled communication environments" (p.35). The way technologies of participation are socially constructed through the complicated interplay with other solicitation designs, and how various affordances offered by the technologies are enacted by the participants will help decide the consequences and implications of the 'how' and the 'where' design decisions.

Design Challenges

There is seldom unanimity on preferred designs. Barbour and Gill (2014) illustrate this in their study of design in a nuclear power plant and its safety oversight system. They wrote, “We focused on how the status meetings worked and the collective negotiation of how they should and would work” (p. 171). A noteworthy finding was that collectively designed communication processes like status meetings had no single design hypothesis. This has been defined as the hypothetical nature of communication design by Aakhus (2015), where communication design and its associated knowledge is defeasible because it incorporates both information on how communication works and how it ought to work. In fact, Barbour and Gill found that there was no uniform way of thinking about how these meetings should work. This suggests that for any given process there is no one ideal design that can fit the needs of all stakeholders and individuals. Communication designs are formed through negotiations, where stakeholders respond and react to each other’s designs, making communication design a matter of ongoing discussion.

These organizational interventions and stakeholder responses have various consequences and implications for employees and the organization. For instance, soliciting anonymous input-- a form of communication design, will generate different responses and claims from employees, shaping the consequences and implications for them. While some employees might be comfortable providing their input through these channels, others might skeptically analyze them providing very little input of value to the organization, which can be viewed as a negotiation tactic by the organization. Additionally, as suggested above, there might also be individuals who feel no need to participate anonymously, where they openly discuss their views with implementers or

choose not to participate via anonymous channels. All these responses will have consequences for employees and the organization, and implications for future participation in solicitations. Furthermore, employees will also negotiate these designs by interacting with them and will either accept, modify, or disregard them.

This makes it important to understand design offered during organizational change from a multi-stakeholder perspective, especially negotiation of these designs and the implications these designs might have for different individuals and groups.

The Study Context

The current study took place in a hospital. The key informants in this case study of change were nurses. To provide overall context to this study and informant population, the following section outlines the importance of change in the healthcare industry and then provides an overview of nursing work.

Change in the Healthcare Industry. Changes in the healthcare industry are occurring because of several factors including advancement in medical technology, population growth, rising health care costs, and specialization efforts to name a few (Apker, 2012). More importantly consumerism has taken over the healthcare industry, which has commoditized the service value offered to patients, resulting in higher expectations from healthcare professionals such as physicians and nurses. Apker (2012) in her book states that health organization changes can include structure, process, and cultural change, and may result in uncertainty, conflict, and resistance. For instance, changes like managed care can decrease professional autonomy and control from physicians making them uncertain about their future.

Change in the healthcare industry holds specific importance for nursing work. As posited by Apker, Ford and Fox (2003), "in response to change in health care delivery, how nurses perform their roles is open to interpretation" (p. 228). The break up of hierarchical organizational structures into more team-oriented forms is a key change in the health care industry (Apker, 2012). While these new governance approaches offer a flatter organizational structure, they increase workload for various stakeholder groups, specifically for nurses. These team structures now require more of nurses' communication skills including increasing focus on collaboration with other team members in addition to traditional patient care responsibilities (Apker et al., 2003; Apker, Propp, Ford & Hofmeister, 2006).

Nurses are in many ways a homogenous group who are perceived as having low power status in the healthcare realm, and their professional identity is often marked by lack of voice and power. This is especially true in relation to physicians and management. Additionally, nursing work has been reported as being invisible, where work that is interpersonal, dirty, associated with death or body is unrecognized work (Wolf, 1989). Even some visible aspects of nursing work such as participation in routine procedures can make nursing work more vulnerable to scrutiny and control, thus reducing autonomy (Mikesell & Bromley, 2012).

Researchers increasingly are focused on issues related to nurse empowerment (Baker, McDaniel, Fredrickson & Gallegos, 2007). In their comparative study of Latina and Mexican nurses, Baker and colleagues measured empowerment scores based on reciprocity (i.e., leader-follower engagement in delegation and decision-making), synergy (i.e., sharing of common vision), and ownership (i.e., sense of belonging). The study

found that Latina nurses had lower synergy scores, where the connectedness between manager and nurse was missing. They concluded that empowerment was critical for nurses in the ever-changing healthcare industry. "The potential relationship between empowerment and retention makes continued study beneficial to administrators coping with a global shortage of nurses" (p. 129). This research also highlights the similarity within nursing work and the challenges associated with retaining nurses that crosses national boundaries.

Although there is much diversity within nursing work, including variation in levels of education and degree of specialization, there is also a good deal of commonality in terms of training and professional socialization. Traditionally, the meaning of nursing was characterized by "care delivery driven by technology, is institutionally based, and is oriented around diagnosis and treatment of acute illness" (Miller & Apker, 2002). Thus, the expectation in the past from the nursing profession was based on bedside service and patient care and that became an important part of the professional identity and identification. For instance, Apker et al. (2003) found that nurses' professional identification increased with higher levels of autonomy, support from colleagues, and increased traditional bedside duties.

With the changes in the new healthcare delivery system, where there is an increasing push towards collaboration and partnership, the traditional focus of bedside obligations for nurses (e.g., treatment of disease and repair of injury) are also changing. There is a push towards patient amenities and customer service, where commodification of patient services has become important (Apker, 2012; Mikesell & Bromley, 2012). In their research on patient-center restructuring of a hospital, Mikesell and Bromley found

that nurses viewed their new roles to be more difficult as they challenged their professional identity. “The restructuring made visible the work of customer service while obscuring the medical and caring work that nurses saw as crucial to their role” (p. 1667). In addition to commodification, collaboration has gained significant importance in the workplace, where nurses have additional responsibilities and are required to communicate in order to negotiate their identity with other team members (Apker et al., 2006)

Nurse Retention and Empowerment. Retention of nurses is an increasing concern in the healthcare industry (Bureau of Labor Statistics, 2012). The Bureau of Labor Statistics reported a growing demand for nurses, partly due to increasing elderly population, where projected percent change in employment from 2012 to 2022 for registered nurses [RNs] is 19%. Furthermore, projected number of new jobs will also increase for advanced practice registered nurses [APRNs] like nurse anesthetics, midwives, or nurse specialists who have a minimum of master’s degree to 31%. Thus, retaining nurses has become an important challenge for the industry. Apker (2012) argues that “ten prominent work environment factors continue to be cited as reasons for heightened nurse turnover: insufficient wages for work efforts, stagnant salaries, rising patient loads, declining patient care quality, dissatisfaction with scheduling, mandatory overtime, lack of professional recognition, problematic work relationships, unsatisfactory working conditions, and heightened job dissatisfaction” (p. 226). These unsatisfactory practices lead to dissatisfaction resulting in resistance and greater turnover.

Managers noted that lack or participation in decision-making was one of the key stressors during this change period. “Several managers described feelings of frustration

about "not being heard" by their supervisors and being ‘dictated to’ by upper management” (Apker, 2002, p. 78). Moreover, the author emphasized that even when some nurse managers discussed their involvement in the decision-making groups, they felt that their participation was superficial. Additionally, some members voiced their frustration associated with the cost of hiring change consultants for the organization. Further, Apker et al. (2006) found that in order to improve patient care processes nurses should participate in decision-making. However, superficial participation and feelings of disconnectedness from the organization/management were responsible for lower retention rates, which also elaborates the importance of communication in nursing work.

As mentioned in Baker, McDaniel, Fredrickson & Gallegos’s (2007) study on Mexican nurses registered in an educational workshop in Monterrey Mexico and Latina nurses registered in a university course in New York City university, the researchers found that 40% of these New York nurses reported that they were looking for new positions. Empowerment was found to be essential for nurse retention and consisted of “reciprocity between the nurse and ‘leader’, synergy between the nurse and ‘leader’ and a sense of ownership within the nurse” (Baker et al., 2007, p. 126). Also, these authors outlined three prevalent approaches to empowerment, namely the critical social theory (i.e., views the nursing profession as the oppressed group), organization theory as defined by Kanter (i.e., power is reflected in formal positions and informal networks and access), and the social psychological theory (i.e., an individual’s personal variables such as motivation and self-efficacy as related to empowerment). It appears that participation and empowerment are critical for nurses in this rapidly changing healthcare industry, making

communication an important dimension of nursing work, which is afflicted with burnout, uncertainty, conflict, and resistance (Apker, 2012; Murray, 2002).

Nurse Empowerment Programs. Various credential recognition programs such as American nurses credentialing center's (ANCC) Magnet Recognition program recognizes organizations that support nursing excellence and innovation in addition to basic patient care. These programs are meant to foster a collaborative culture, where the leadership is expected to create a vision for the future by informing and enlightening the organization and its members about the reasons/necessities behind the change. "The basis for Magnet Recognition includes four key domains: transformational leadership; structural empowerment; exemplary professional practice; and new knowledge, innovations, and improvements" (Stimpfel, Rosen & McHugh, 2014, p. 1). Thus, the centerpiece of this program is managing organizations through transformational leadership and structural empowerment and improving the image of nursing through professional development. Research has found that Magnet hospitals produce better quality care (Stimpfel et al., 2014) and offer better work environments for nurses, where nurses are less dissatisfied and are less likely to report lower burnout (Kelly, McHugh, & Aiken, 2011). Such recognized programs claim in their reports that they have higher registered nurse retention rate because of higher job satisfaction. Although, these mark some of the recent changes in nursing work that debatably empower nurses, nurse retention is still a major challenge resulting from various changes in organizations and lack of empowerment and voice. Moreover, as suggested by Stimpfel et al., despite the benefits of Magnet hospitals, very few organizations (fewer than 9%) have undergone

this accreditation process. The process requires heavy investment of time and resources, where most Magnet hospitals are large, urban, teaching hospitals.

Communication Research and Nursing. Communication researchers have examined nursing work in terms of role maintenance (Apker, 2002), conflict management (Nicotera & Mahon, 2012), negotiations & skills in team interactions (Apker at al., 2006; Apker, Propp & Ford, 2009), identification (Apker et al., 2003), and transitions into a changed workplace (Mikesell & Bromley, 2012; Miller & Apker, 2002) among other topics. Communication research has outlined the importance of stakeholder participation during change (Apker, 2012; Lewis, 2012). Even in the healthcare industry, approaches and opinions that support empowerment of the less powerful stakeholder groups, such as nurses have gained attention in organizations (Baker et al., 2007).

Apker (2002) studied the transformation to managed care by investigating how nurse managers interpreted their roles, experienced role stress, and coped with job stressors. She found that role stress was a result of not participating in decision-making. This led to lower job satisfaction and decreased feelings of commitment. Therefore, empowerment and participation were highlighted as important communicative concepts that influenced critical organizational outcome. Similarly, Mikesell and Bromley (2012) underscored the resentment, abandonment, and neglect that nurses felt when they were not considered in redesign decision during restructuring changes. These studies outline the importance of nurse participation during organizational change.

Nicotera and Mahon (2012) posited that it has become essential to study nursing work and the healthcare industry through the lens of organizational theory. They used the structural divergence theory grounded in institutional theory to understand the effects of

destructive organizational behaviors (such as role conflict, burnout, bullying, depression, and turnover intent) on nurses/ nursing school graduates. They found that structural divergence was strongly related to organizational problems. More importantly, they concluded that it was important to overcome the blaming paradigm, that suggested, "if only the nurses had more skill, greater understanding, or advanced knowledge, the problem would disappear" (p.112). They argued that this individual blame focus is unfruitful and we needed more organizational theory to understand nursing research in communication.

Summary: The focus of this study is to examine and explore the perspectives of implementers and input providers regarding input solicitation during an organizational change. The aim of the research is to take on a communication as design approach and contribute to our understanding of input solicitation processes during a change in nursing work.

Chapter 3: Methodology

This chapter describes the site for data collection, research timeline, and sampling strategy, data collection procedures, and data analyses. A case study approach was used to understand the dynamics in a single setting (Eisenhardt, 1989).

Site Information

The study was conducted at Midwestern Hospital (a pseudonym), a large suburban hospital and trauma center, which is affiliated with a Catholic health system and partners with a public university for neurological services. According to the website, the hospital has a patient capacity of approximately 500 beds, has a cancer care center, level II trauma center, pediatric intensive care unit, family birthing units, and mental health services, among other units with a total of about 40 departments. Currently, the medical center staffs about 2,600 employees, including 400 physicians with 50 medical specialties ("hospital website," 2015). The hospital has over 850 registered nurses with more than 50% nurses with a bachelor's degree, 3% with a master's degree, 55% with some form of higher education, and 17% with some special certification. This hospital has been providing patient care for over a century and also demonstrates their interest in advancing professional practices for nursing by 1) coaching new RNs and helping them strengthen their emotional /team intelligence, 2) helping RNs achieve requisite competencies like leadership and collaboration through classroom experience and clinical units (i.e., practice through case studies), 3) meeting grant objectives that would help enhance skills and knowledge base for nurses.

This hospital was selected for the study because it was undergoing a major change implementation, which was directly related to nursing work (it was aiming to achieve

Magnet Designation). As discussed earlier, a Magnet Designation is a prestigious accreditation that recognizes organizations that support nursing excellence and innovation. These programs are embedded in the idea of a strong collaborative culture. Currently, there are 448 hospitals around the world that have earned this status, including hospitals in the USA, Australia, Canada, Lebanon, and Saudi Arabia (ANCC website). This has increased since 2016, when 422 hospitals with this accreditation were listed, making it an increase of 6%. According to the American Nurses Credentialing Center's website, there are various benefits to the Magnet Designation, including 1) attracting and retaining top talent, 2) improving patient care, safety and satisfaction, 3) fostering a collaborative culture, 4) advancing nursing standards and practice, 5) growing your business and financial success (ANCC website). In order to be receive this accreditation, the organizations have to adapt the culture to fit the expectations of transformational leadership; structural empowerment; exemplary professional practice; and new knowledge, innovations, and improvements (Stimpfel et al., 2014, p. 1).

As mentioned by the Chief nursing officer [CNO], Midwestern Hospital is trying to meet the goals of structural empowerment, where it is empowering the nurses to participate in organizational decision-making, including this change. The hospital in its change related documents mention new ways in which nurses are now collaborating to form shared decision-making subcommittees, which begins at the unit level. This reflects the authority/freedom provided to nurses for the decision-making processes. The hospital received its Magnet status last year, which took over 4 years of planning and execution. This makes it an ideal site to study designs of input solicitation in a hospital that is implementing a nursing related change and is also empowering nurses for decision-

making, while seeking their feedback on the change itself.

Research Timeline

Negotiating entry to the organization began in June 2015, when the medical center had already applied for this accreditation and was preparing the documentation to be submitted to the Magnet appraisers. The researcher first arranged a phone meeting with the CNO to discuss the topic and the access to the organization. The CNO agreed to provide an access letter for conducting on-site observations, interviews, and questionnaire research. She also connected the researcher to other key players involved in the Magnet journey who shared important documents about the organization and the change, including nursing demographics, stories that bolstered their case for Magnet that were being submitted to the Magnet appraisers, and nurse satisfaction evaluations from the year before.

Following this, a letter of support from the site was issued to the researcher, which facilitated the Internal Review Board [IRB] review and approval at both at the university and the medical center. The hospital agreed to provide private space for interviews and offered to assist with recruitment for the questionnaire. IRBs for both the university and the medical center approved four studies to be conducted including observations, interviews (with implementers and nurse input providers), and a questionnaire. At this point, the organization also shared minutes from previous Magnet related meetings and announcements (see table 3.1).

Table 3.1 : Documents received from the medical center

Items	Date/Year conducted
Magnet Steering committee meeting	Mar 2015, April 2015, May 2015, Nov

minutes	2015, Dec 2015, Feb 2016
Results from Nursing Satisfaction Survey	2015
Demographic List	2015
5 Narrative stories	Submitted to the Magnet Appraisers
Magnet presentation to stakeholders (physicians and executives)	2013
Magnet Myth busters (response presentation)	2014

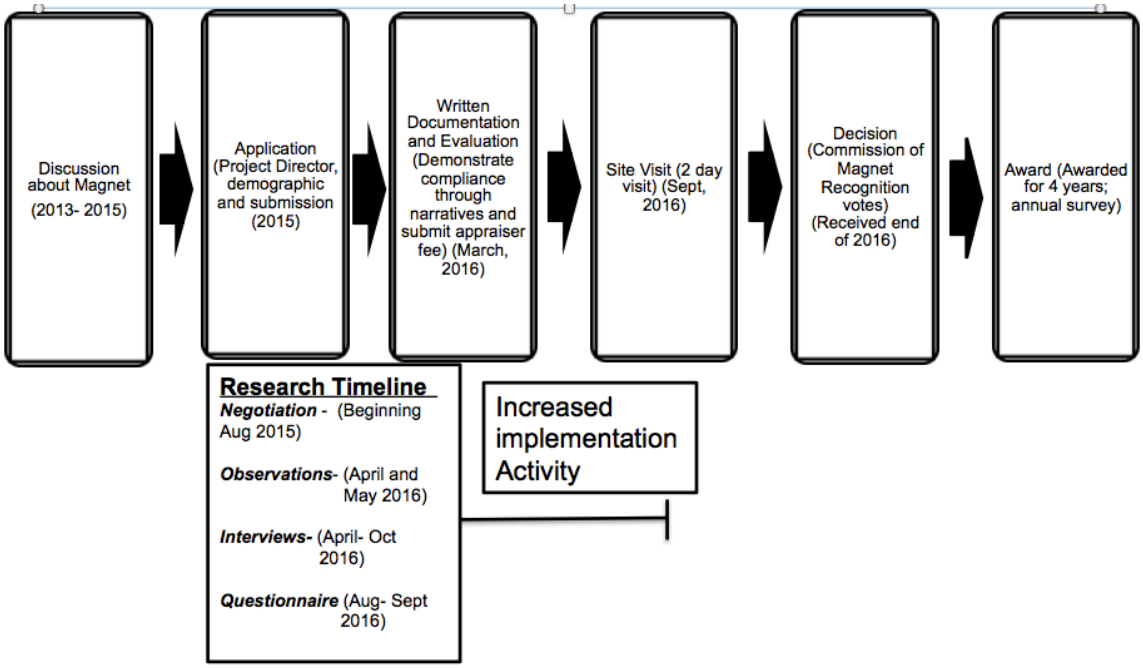

Figure 3.1: Research Timeline

As the above timeline suggests, the researcher entered the site when implementation efforts were in full swing (see figure 3.1). At this point, the organization was trying to involve nurses and educate them about Magnet certification because the

Magnet appraisers were coming in to assess the entire organization and its culture. The researcher was able to observe three meetings related to the change in April and May of 2016. Interviews were also conducted during this time on-site and over the phone. A paper and online questionnaire was distributed right before the site visit from the Magnet appraisers in September. The timing of the questionnaire was adjusted to fit the timeline of the Magnet process. The organization had just conducted their satisfaction survey earlier that year, which posed a burnout challenge for potential questionnaire respondents. The management surfaced this issue during a meeting with the researcher in July. As a result, the survey questionnaire for this study was shortened and offered only to 1/3rd of the organization's nurses instead of the entire population. Variable assessments were in many cases reduced to three items due to limited time nurses had and to avoid burnout following the long survey they had just completed. All data collection was completed by September 2016.

Sampling and Data Collection

The study adopted an engaged mixed methods approach that consisted of semi-structured interviews, observations, and a questionnaire (Barge & Shockley-Zalabak, 2008). According to Eisenhardt (1989), this case study approach with mixed methods is an iterative process helpful for theory building and exploration. The population for the research included registered nurses with associates, bachelors, or higher degrees and nurse managers from different sub-divisions/ departments within Midwestern Hospital and the management employees implementing this change. The data collection focused on answering research questions:

RQ 1A: What are the features of design that are perceived as problematic or beneficial during input solicitation and implementation of change?

RQ 1B: How do those empowered to execute the change or implement the change see these designs differently?

RQ1C: How do design teams manage challenges with collective design?

RQ2: How individuals at different organizational levels influence solicitation designs?

All data was collected in accordance to IRB regulations. Informed consent was sought and obtained from all participants. All interviews were audio- recorded with the permission of the participants. Also, as mentioned earlier, the researcher was introduced during the steering committee meetings as a non-participant observer. More detailed information on data collection follows.

Observations. The researcher observed two types of meetings, a) steering committee meetings held by the organization to prepare for the change, and b) council meetings, which are monthly meetings with nurse representatives from every unit and included Magnet updates. The steering committee consisted of 1-2 nurses from every unit in the medical center, who either volunteered or were selected by their management to represent their unit. The goals of this committee were to surface input upward and disseminate information downward regarding the change. Members of the committee were viewed as ambassadors of the change who assisted with knowledge transfer which was an important part of the implementation process. Magnet steering committee meetings were conducted on a monthly basis for approximately 2 hours to discuss the change and its implementation. Once the IRB approval was received, the researcher set

up a time with the implementers to visit the site and observed the meetings in April and May. The agenda for the meetings was emailed in advance and comprised a strict structure (see figure 3.2)

Magnet Steering Committee
Date
Place
Time

AGENDA

		Presenter	Time
I.	**WELCOME/REFLECTION**	Name of Implementer	9:00 am
II.	**GUEST INTRODUCTION**	Name of Implementer	9:10 am
III.	**KNOWLEDGE ASSESSMENT** **1) Components** **2) Model** **3) Mock questions for the visit**	Name of Implementers	9:15 am
IV.	**REVIEW OF KEY LEARNINGS**	All	10:00 am
	Next Meeting Info		

Figure 3.2: Example of Meeting Agenda

Approximately 20 members attended the two steering committee meetings observed by the researcher. The researcher was formally announced at the beginning of these meetings and was a non-participant observer. The researcher sat at the corner of the room away from the other members and observed the interactions.

The researcher also had the opportunity to observe the general council meeting, which was held right after the steering committee meetings. Council meetings are general monthly meetings organized for nurses where an assortment of topics regarding nursing research (e.g., new clinical work) and empowerment were shared in a large public space. This was a better-attended meeting with over forty plus members from different units and departments. These meetings had a reserved section where Magnet update was provided to all the attendees and this meeting recapped the discussion from the earlier meeting and

sought additional feedback. The researcher was able to observe one such meeting in April.

Jottings and preliminary field notes regarding interactions focused on communicative moments surrounding design/design formats were noted during the meetings, which included both discrete moments and thick description of the interaction. These notes were approximately 45 pages long. "In this respect, field notes offer subtle and complex understandings of these other' lives, routines, and meanings" (Emerson, Fretz, & Shaw, 2011, p. 13). These field notes and jottings were continuously analyzed and developed after returning from the site each time. The researcher would analyze and fill in the gaps in the field notes and compare those to the data collected in the interviews. Further, detailed memos were developed in the process.

Semi-structured interviews. The first round of semi-structured interviews was conducted with the five key implementers of this change, including the CNO. These interviews were conducted during March and April 2016 over the phone. The researcher also did a short round of interviews with two implementers later in August 2016 to follow up on the change. All interviews were recorded, transcribed and checked for accuracy. The length of these interviews ranged from 15 minutes to 54 minutes, which culminated into 69 pages of single spaced transcripts.

Thirty-four interviews were also conducted with non-managerial nurses within a four-month period beginning in April 2016, with a median length of 25 minutes and transcribed to 244 pages of single spaced transcripts. Six of the 34 nurses were a part of the steering committee. Additionally, one member from the steering committee and four

non-managerial nurses opted out of recording. The researcher took detailed notes in these instances.

To introduce the researcher and recruit participants, an email copying the researcher was sent to implementers by the CNO. The researcher then followed up on the email by individually emailing each implementer. All the contacted implementers agreed to do the interview.

Non-managerial nurse interviews were conducted on site where the researcher was provided with a list of names of individuals who were interested in doing the interview. The interviews were conducted in a private room on site, where the participants were also provided the option of doing the interviews later on the phone or at a place comfortable to them. Each participant was provided with the informed consent document for audio-recording. At the end of the interview, participants were requested to share names of other colleagues who might be interested in participating in the interview. Additional participants approached the researcher through snowball sampling, where phone interviews were set up through email.

The protocol for the implementers included questions regarding the change context, how input was sought--the communication format related to input solicitation sessions, benefits and drawbacks of solicitation, among others (see Appendix C).

The input providers were asked about their participation. The questions explored how nurses were approached for participation, expected outcomes from participation, general experiences of nurses, and benefits and drawbacks of providing feedback. A detailed list of questions from the interview is included in the appendices (see Appendix D)

Questionnaires. The researcher received an excel file with the names and email addresses of all the registered nurses employed at the medical center which served as the sampling frame for the questionnaire portion of the study. 1/3rd of the 850 nurses were randomly selected from the list and were emailed the survey link to the Survey Monkey site from the researcher's email. To help with recruitment, the organization circulated a request from the researcher in their weekly email called the "Chatter." The survey was open for one month and reminders were sent to the participants each week.

In order to participate in the survey, the respondents first had to consent to take the survey. The survey approximately took 15 minutes to complete and respondents were able to skip questions as desired. The participants could also leave the study at any point as guided by the IRB regulations. Once the participants had submitted the online survey, they were provided the option of going to an unlinked page, where they could provide their email address for a five-dollar gift card that was available to anyone who took the survey. Of the 288 requests sent, 125 responses were received, making it a 43% response rate. Substantially missing data or patterns that suggested lack of reflection were removed from the analysis. Therefore, the study excluded 7 surveys and used 117. Questionnaire data helped to triangulate the data collected from other two methods (Fielding, 2012).

Measures. The scales for the study required both psychometric measures and measures specific to the context. The combination of the two made it difficult to find scales appropriate for the study and led to new scale and item construction. Through an iterative process, the researcher went back and forth between exploring the existing scales on topics of commitment/resistance, distortion, and dissent and the theoretical and

practical information regarding the context, which resulted in construction of the final scales. Therefore, a grounded approach was used to construct these scales.

The original questionnaire designed for this study included 5-item scales. However, the CNO expressed concern about the length of the total questionnaire and raised issues of the fatigue of respondents given other data that the organization had collected around the same time period. The organization was not optimistic about collecting questionnaire data. In negotiating with the organization, the researcher agreed to shorten the questionnaire considerably and in doing so, shortened individual scales to 3-items each. Although not ideal for measurement, this scale length ensured ability to calculate reliability (Hinkin, Tracey & Enz, 1997). Reversed worded questions were placed to test quality of reflection in responses.

A small pilot study with six participants and consultation with two implementers at the medical center was conducted in order to gauge their understanding of the scale, which led to some minor modifications. Additionally, each scale was tested for reliability with Cronbach's alpha listed below. 'Not applicable' [NA] options were not provided because the online survey was interactive and automatically skipped sections based on the previous responses of the participants. Participants evaluated these items on a single five point Likert-type scale in which 1= strongly disagree to 5=strongly agree. The following is a list of predictor and outcome variables:

Predictor Variables

Level of feeling informed. (alpha= .80) This variable was concerned with the degree to which the employees felt informed about the change and was developed by the researcher. It included the following items: "I felt informed enough about the Magnet

Journey to provide feedback," "I wanted more information about the Magnet Journey before providing feedback," and "I felt adequately informed about the Magnet Journey to provide useful feedback."

Genuineness of input solicitation (alpha= .94) This scale was specifically developed for the study and the variable was concerned with the degree to which the respondents felt the organization was genuinely interested in their input to impact the change /change process. It included the following items: "My organization genuinely has gathered feedback for improving the Magnet Journey," "I do NOT feel that the organization really wants to hear my feedback about the Magnet Journey," and "My organization really cares about what I had to say about the Magnet Journey."

Degree of unit cohesiveness (alpha=.90) This variable was concerned with the degree to which the respondents perceive their units to be cohesive and the scale to test this included items like: "Members in my unit work well with each other," "Members in my unit are detached from each other," and "Members in my unit feel united."

Level of trust in management (alpha= .84) The variable here was concerned with the degree to which the respondents trust their senior level executives/top management. Trust in management scale by Stanley, Meyer, and Topolnytsky (2005) with an alpha of .85 was used in development of this scale. The final scale included the following items: "I trust top management in making decisions that impact me," "Top management always has the best intentions when making decisions," "Top management is known for making decisions that are NOT in employees' best interests."

Level of Comfort with Space (alpha=.83) This variable is concerned with the degree to which the respondents were comfortable with the space in which solicitation

was conducted and was developed by the researcher. It included the items: "I was comfortable providing input with others present," "I was comfortable providing input privately," "It did NOT bother me to provide input in front of others."

Outcome Variables

Degree of Distortion in Input provided (alpha=*.90)* This variable was concerned with the degree to which information was modified or transformed when providers gave their feedback to the organization. The items here included: *"*I was completely honest in my input about the Magnet Journey," "I held back some information in the input I provided about the Magnet Journey," and "I gave all the relevant information I had to offer about the Magnet Journey."

Degree of Hesitancy in providing Negative Input (alpha=.89) This variable was concerned with the degree of hesitation to provide input that might critique the change and included items: "I felt free to offer my criticisms of the Magnet Journey when giving my input,"

"I was NOT at all hesitant to give my critiques of the Magnet Journey when providing my input," "I was hesitant about providing any critical or negative input when commenting on the Magnet Journey."

Degree of intention to resist/commit to the change (alpha= .91). This variable was concerned with the degree to which the respondents currently intended to resist or commit to the change initiative. Herscovitch and Meyer's (2002) commitment/resistance to change scale was explored, which was made up of 18 items related to affective commitment items, continuance commitment items, and normative commitment items. The reliability of the scale was good, .85 and helped influence the scale developed for

this current study which included items: “I will fully cooperate with this Magnet Journey,” “I will probably resist this Magnet Journey,” “I will do my best to help this Magnet Journey succeed,” “I will ignore the Magnet Journey,” “I would like to be involved in this Magnet Journey,” “I will minimize my participation in this Magnet Journey.”

Degree of lateral dissent (alpha=.76). The scale for this variable was influence by the dissent scale developed by Kassing’s (1998). The scale developed for this study focused on lateral dissent from the previous scale and used the items: “I hardly ever complain to my coworkers about workplace problems,” “I join in when other employees complain about organizational changes,” “I do NOT share my feelings with coworkers regarding the way things are in the organization.”

Degree of willingness to give future input (alpha=.86). This variable was concerned with the degree of willingness to give input in future change initiatives and included the following items: *“*I am enthusiastic about providing input about change in the future,”

“I am very unlikely to participate in providing input about change in the future,” and “I am looking forward to providing input in the future.”

Data Analysis

Interview and Observational Data. The interviews and observations helped generate a tentative understanding of the communicative activities associated with the change implementation plan and the interactions during the solicitation process. Field notes and jottings were sorted to identify key communicative moments in which designs--both collective and individual were negotiated in interactions. This analysis helped

identify similarities and differences between the designs used or modified by the different levels of stakeholders associated with the change and the rationale behind this.

Coding began early in the process beginning with the implementer interviews. The study used a Lumper coding approach for the first round of coding, where it sought to code paragraphs instead of line-be line coding to retain the essence around the communicative phenomena (Saldana, 2009). Saldana argues, "selected writers of grounded theory acknowledge that such detailed coding is not always necessary, so sentence-by-sentence or even paragraph-by-paragraph coding is permissible depending on your research goals and analytic work ethic" (p.84). Approximately 90 preliminary codes were developed around communicative moments regarding input solicitation and change. The researcher created memos during this phase that helped develop a deeper reflection on each code evoked. The codes were created and merged through a constant comparative method (Glaser & Strauss, 1967) where incidents were compared for similarities and differences in and across interviews (Corbin & Strauss, 2008). This was followed by more focused coding that helped reduce and organize the analysis around key communicative moments related to input solicitation design highlighted by participants at different levels. Further, Grounded Practical Theory [GPT] analysis was used to answer RQ2.

Grounded practical theory [GPT] approach (Craig & Tracy, 1995) informed the analysis for the current study. Understanding communication designs through the GPT lens is useful as it helps focus on direct interventions by rationally reconstructing communication practices. Practices may be reconstructed as a web of problems or a logic that can shed light on both philosophical/normative and the technical/action aspects of the

practice (Craig & Tracy, 1995). For instance, various technologies and formats might be offered for input solicitation with each one having its own rationale or philosophy that tries to solve the problem at hand. Stakeholders will respond to these technologies by accepting, rejecting, modifying, and interacting with it, and each response strategy will have their own rationale. Scholars have established the importance of using the GPT approach in communication study that has allowed for both practical action and theory building (Aakhus, 2001; Barbour & Gill, 2014).

The GPT approach reconstructs the practice on three levels, namely the technical level, the problem level, and the philosophical level. The technical level is the most tangible one that consists of specific communicative strategies and techniques used in the practice. Furthermore, as stated by Craig and Tracy (1995), techniques maybe invented in response to problems encountered by practitioners, which relates to the communication as design approach. The reconstruction of the problem also elaborates the more abstract normative ideals—the rationale for resolutions. Based on this, the analysis of the qualitative data for this study was focused on three integrated levels, namely a) the problem level of managing stakeholder voice during change implementation, b) the technical strategies that are provided, modified, or evoked during stakeholder interactions regarding the change, and c) the philosophical rationale for why technologies are enacted in particular ways by different stakeholder groups. The dissertation argues that each stakeholder group approaches the problem space in distinct ways based on the aspect they find most salient.

During this step GPT analysis and focused coding, the researcher first identified the important aspects of the problem space for each stakeholder group. This led to

identification and use of technologies and techniques offered and used during input solicitation, where stakeholders either used, modified, challenged or ignored the designs offered to them. Finally, the reasons or rationale helped explain the philosophical aspects of the design. The study also explored design outcome and organizational challenges associated with input solicitation during this change.

To provide an example of the coding approach, Table 3.2 reconstructs an excerpt from the interview conducted with an implementer that helps discuss Research Question 2. In another example, the steering committee member discusses the outcome of a design challenge.

Table3.2: Coding Example

Excerpt	Code/s	Memo notes	Final Analysis
Steering committee member: I have not been able to get involved [in meetings] due to time conflict	Outcome; low participation; Design challenge; unsupportive workplace Limited resource	Selection to the SC is not enough for participation, if proper time and resources are not allotted for the nurses to attend	Design Outcome Low participation due to resource issues in the design
Implementer3- I hear what you're saying. I hear that you're saying you don't think that this will work because –" and kind of repeat what they're saying. But I mean, the change is going to happen. Magnet's going to happen. So sometimes it's not a rebuttal with a different kind of answer; it's just listening.	1) Listening tactic; repeating 2) Venting space 3) Decided change 4) Helpless 5) Shrugging responsibility	Repeating is a way of signaling that the implementers are listening Change is already decided. Stakeholder voices do not matter, but they might be providing a small space to vent (which too was short lived)	***Purpose*** (aspect important to implementers): Change implementation and voice management ***Technology*** Format: Venting sessions/meetings Conduct: Tactic of repeating ***Rationale*** Management of voice is important for successful change

			implementation which may be achieved through symbolic forms of solicitation

Questionnaire Data. The limited sample size necessitated reliance on calculation of mean scores, crosstabs, and correlations using SPSS as the primary analysis of the questionnaire data. The questionnaire data analysis sought to provide a quantifiable description of the self-reported attitudes, evaluations, behavior and intentions for future behavior. These data were used as an additional method for confirming the qualitative findings and helped in corroborating the findings to research questions for the study.

While the mean scores for degree of perceived information, distortion, hesitancy, trust in management, and lateral dissent centered on the neutral point, the standard deviation was near one for all variables (see Appendix J). This suggests that there was a wide difference in opinion, thus histograms are provided for each variable to show the dispersion. Here are the basic demographics for the study.

Most nurse participants were employed as a nurse for 15 years (n=32); followed by 1-5 years (n=29); 5-10 years (n=26); 10-15 years (n=17); less than 1year (n=3) Their employment tenure at this medical center was: less than 1year (n=9); 1-5 years (n=36); 5-10 years (n=34); 10-15 years (n=7); over 15 years (n=21)

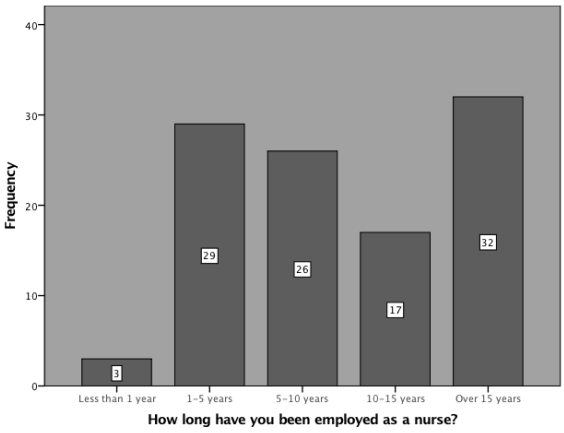

Figure 3.3: Tenure as a nurse

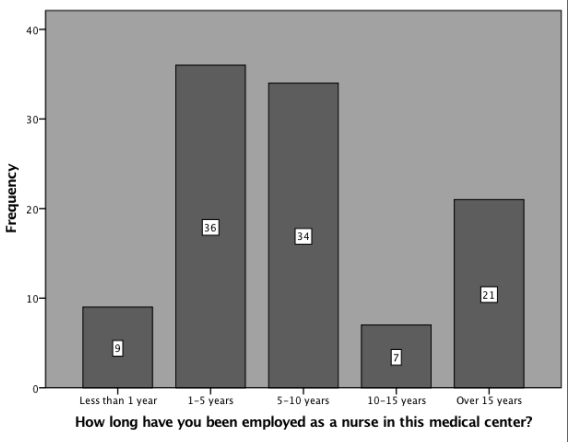

Figure 3.4: Tenure as a nurse in this medical center

Eight out of 117 held a managerial position, 99 did not, and 10 chose not to respond to this question. Also, 9 were a part of steering committee and 97 were not. 64 individuals were asked to provide feedback; 52 were not. When asked about frequency of input provision, 24 participants said they were asked only once; 21 said three-four times; and 18 said more than four times. 20 out of 62 said input was asked too early in the process; 35 said about right time and 7 said too late in the process. 51 individuals provided their feedback and 63 did not.

Those who were asked to provide feedback said they were either asked in a town hall type meeting (n=38), in a meeting with few others (n=29) and/or at a private meeting (n=4). Other individual cases were also asked on email. 23 individuals said they offered input in town hall type meeting; 30 said they provided feedback in a meeting with few others; and 3 individuals offered feedback in a private meeting.

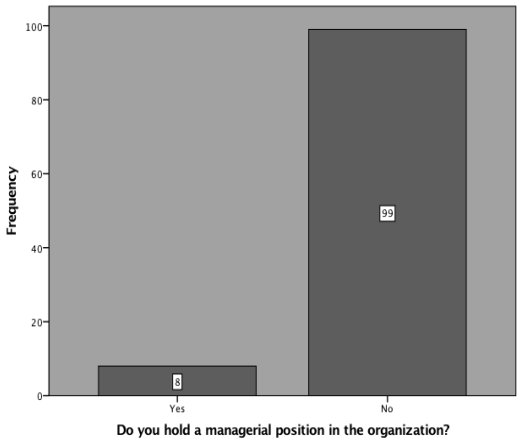

Figure 3.5: Management?

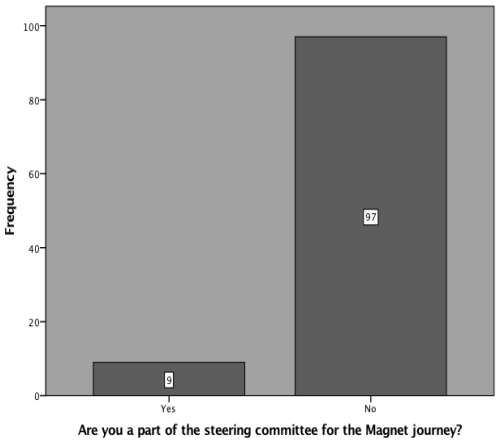

Figure 3.6: Steering committee?

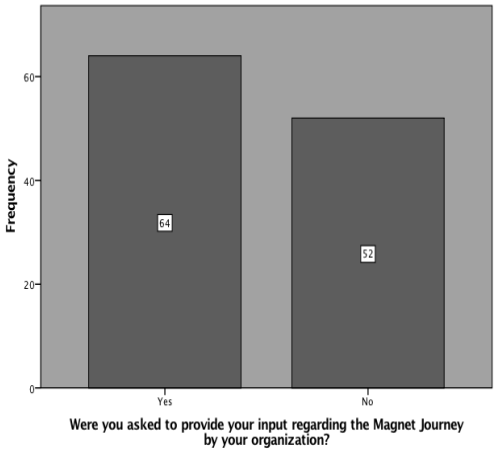

Figure 3.7: Asked to provide input?

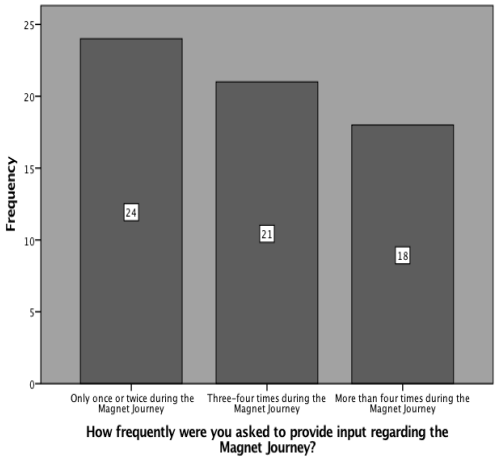

Figure 3.8: How frequently were you asked?

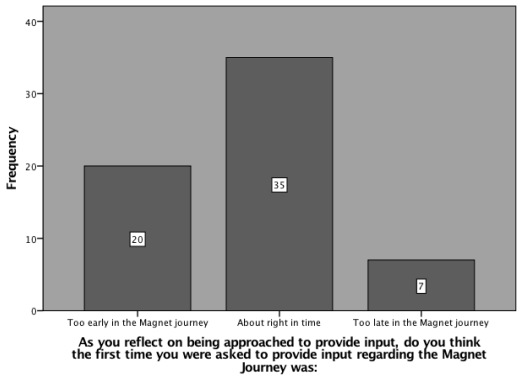

Figure 3.9: Timing of input solicited

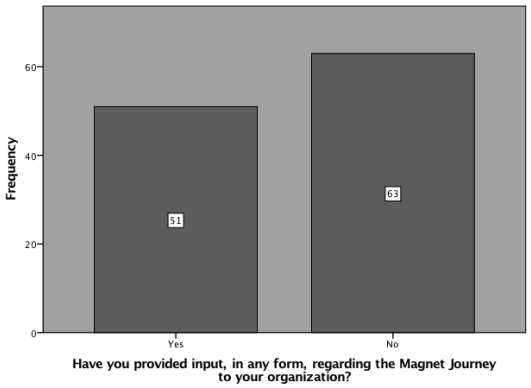

Figure 4.0 : Have you provided input?

Summary: This study used a mixed methods approach to understand the four research questions. Data was collected in a medical center during an organizational change that involved nurses. Data was collected via observations, interviews and questionnaires. Implementers of change, steering committee members, and providers of feedback were recruited for the study. The two following chapters will discuss the results for the research questions.

Chapter 4: Results

Chapter four and five present the findings of this mixed methods case study. The findings in both these chapters are organized around individual research questions. This chapter discusses the findings for the first set of research questions with thematically organized results. Quotes from executive (E), implementers (I), steering committee members (SC), and nurse providers (P) are used to explain the themes. In addition to primary themes that emerged in the qualitative data, results of analysis of the questionnaire data also are presented when relevant. Mean scores and standard deviation for variables are provided in appendices (See Appendix J).

Findings for RQ1A: What are the features of design that are perceived as problematic or beneficial during input solicitation and implementation of change?

Findings indicate that a number of design features were perceived as beneficial and problematic for the organization. Each stakeholder group (i.e., executives & implementers, steering committee members, and the nurse providers) suggested various features that supported input provision and also discouraged individuals from providing their feedback (see table 4.1).

Table 4.1: Beneficial and Problematic Design Features

Design Features	Executives and Implementers	Steering Committee Nurses	Nurses

Beneficial	*Provision of both public meetings and small group meetings* *Periodic Public Acknowledgement* *Identifying individuals* *Accommodating existing organizational structure*	*Attentiveness and optimistic approach in meetings* *Enacting transparency*	*Graphic presentations and periodic check-ins* *Provision of multiple spaces*
Problematic	*Preaching to the Choir and back scratching*	*Time allotment* *Lack of appropriate information and increased social apprehension*	*Appointment to committees* *Timely feedback* *Zealous announcements* *Limited platforms*

Beneficial Design Features: Executives and Implementers

The CNO and implementers discussed a few design aspects that proved, in their views, beneficial in generating more voice. These included provision of public and small group venues for input solicitation, periodically motivating steering committee members during meetings as they provided feedback, and creating solicitation methods that supported existing organizational structures. Provision of channels and methods supporting organizational structures were stated as beneficial design features by all implementers. Also, periodic motivation was suggested as a useful feature by more than half the implementers and the executive.

Provision of both public meetings and small group meetings. All the implementers experienced the benefits of conducting both public and small group

meetings. They proposed that while public meetings provided more fodder for discussion, where individuals became comfortable providing feedback by observing or responding to others, small group discussions made it possible for individuals to get involved, especially if they were uncomfortable providing feedback in front of others. When discussing the positives of public meetings, one of the implementers said, "*And it just takes one person to be like, "Well, this is what I think." And then the next thing you know, it's like popcorn. And the next person's like, "Well, I agree with you, but blah blah blah blah blah." You know what I mean?" (I2)*

Another implementer outlined the benefit of participating in small group meetings: *"but it's easier for them to talk in a group of six or seven"* (I3). This finding was also observed during one of the breakout sessions in a steering committee meeting, where members shared more in smaller groups. For instance, during the first meeting observed, the implementers asked nurses to breakout into smaller groups with 3-4 individuals. The members were asked to think about how narratives and stories from different units fit different facets of the Magnet. Initially, the group members remained quiet, but then they slowly started to warm up as a few members started to offer their comments. However, this was not true of all the breakout groups, where individuals did not interact much and remained quiet and often disinterested in the process. Thus, it was key to solicit input in different settings, which could range from public town hall type meetings to very private one-on-one meetings and everything else in between. Even though the findings did not point to a preference for a particular type of setting, there was a consensus between implementers who suggested that small group discussions with six to eight individuals was ideal for knowledge transfer. One of the implementers outlined

this by suggesting that ideal exchanges happened in small groups where individuals had enough space to understand each other.

Periodic Public Acknowledgement. Implementers suggested the benefits of periodically acknowledging past work of other members in front of their peers as a way to motivate nurses to participate. Encouraging members in public settings by highlighting their successful stories relevant to Magnet motivated the nurses and also helped create both loyalty towards the change and established the legitimacy of the change. One implementer explained the style implementers adopted for acknowledging nurses as they provided feedback in steering committee meetings: "*Holy cow, I didn't know you guys did that. That's really neat," and, "Oh, my goodness." You know. So I think that's been one of the major lessons for me as a Magnet person" (I2).* By suggesting this, she believed that she could inculcate an understanding of what it meant to be Magnet and why it was necessary. It also set expectations for rewards that awaited the nurses if they followed the Magnet way. During the steering committee meeting, as one of the implementers announced that she brought prep questions from another organization that had recently applied and received the accreditation. She emphasized, "*I took your feedback from last time and it was such a great feedback*" (discussant steering committee). This helped acknowledge the nurse and also established the genuineness of input solicitation.

Identifying individuals. In order to successfully implement the change, implementers thought it to be imperative to monitor what nurses were thinking. It was also important for them to generate a conversation between unit representatives in order to maintain a uniform knowledge base for the appraisers. However, oftentimes it was

difficult to generate a discussion, as nurses chose to remain silent on many topics. Implementers were uncomfortable with silence. In order to generate more discussion, implementers suggested calling out people and identifying them because such conduct generated better discussion. One executive suggested: "*I mean, I would say in the room*, *hey, guys, what aren't you telling me*? Right? *I know there's something going on behind your eyeballs. So I can't make a good decision unless I know what's behind your eyeball" (E1).* Another implementer said: "*I usually call out on people that are usually comfortable talking that helps roll the conversation" (I2)*

Accommodating existing organizational structure. When asked about how they are currently soliciting input, one of the implementers outlined that they were interested in getting everyone from the floors to participate and this was only possible if they could accommodate stakeholder schedules that was often controlled by organizational expectations. One implementer outlined how they conducted huddles at two different times where both morning and night nurses could attend: *"There'll be two different times –" so that – you know, we make sure that we are able to accommodate the night shift as well as the day shift, yeah. Yeah; because we only do two shifts here – 12-hour days and 12-hour nights" (I3).*

Beneficial Design Features*:* Steering committee members

According to the steering committee members, showing interest in suggestions and enacting transparency are the designable features that helped in generating feedback and motivating individuals to accept change. Two third of the interviews with steering committee nurses were suggestive of the importance of attentiveness and optimistic

approach in meetings. Almost half the nurses underscored the importance of transparency in the solicitation process.

Attentiveness and optimistic approach in meetings. Steering committee members felt that it was important to show their concern and attentiveness during the meetings when unit nurses and the steering committee members provided input. This attentiveness was usually interpreted as an optimistic effort by the organization, making the organization look more open to such discussions. As one nurse posited:

> *"And then sometimes I may see somebody write them down like, oh, that was great. I love that. We gotta keep it. We gotta keep using these optimistic logos at us all the time too" (SC5)*

Enacting transparency. Another design feature that motivated people to participate was to enact transparency. Enacting transparency meant that implementers and steering committee members would sift through the data during the discussion in front of the providers of feedback. This would suggest they were not only paying attention to the ideas, but also considering the input and coming up with their plans based on the input provided.

> *"And then they kinda play with the pieces kinda deal and then like, okay, well, we came up with this idea. What do you think? So it seems okay. I think they are paying attention to us in a way, yeah" (SC1)*.

This enactment suggested the genuineness of input solicitation even if the implementers were unable to use the feedback suggested by the stakeholders. The quantitative analysis regarding genuineness found that approximately 37 participants out of 108, which is 34.2% of the sample disagreed or strongly

disagreed that the process of soliciting feedback was genuine, 14 participants had a neutral response, and 57 participants agreed or strongly agreed that the process was genuine, which is 52.7% of the sample. This was also found in the observations during steering committee meetings. For instance, when discussing the next steps for translating the Magnet information to the units and helping units overcome the challenge of limited information regarding the change, the following conversation took place between the discussants in the steering committee meeting. One of the implementers asked: "*how do we lead these things to the unit*? *So what can you all suggest? How can we help this situation?" (*discussant steering committee*).* One of the nurses responded: "*we can use flash card systems and use them during huddles*". Another nurse said: "*we could make flashcards to get nurses ready for the site visit".* A third participant said: "*put them on rings and place them in break rooms*". The implementers nodded and summarized the ideas and how helpful these might be: " *I think flash cards will help, especially when nurses are in break rooms. It will help to have the ring and may be even do flip flash cards".* The implementers concluded the meeting by saying, "*I think these ideas are practical, you got their attention for three minutes. Flash cards with answers at the back can help. We can also dress up like clowns during the socials and start quizzing random people*". This excerpt reflects how transparency in the process can signal authenticity of input solicitation where implementers reflected their care regarding the input coming from nurses, and also came up with plans based on the input provided. However, these plans and

input were focused on how information should be communicated to the units, rather than the value and need for change.

Beneficial Design Features*:* Nurse providers

According to the nurses, helpful design features of input solicitation included visual information exchange, periodic check-ins, and also provision of both public and private spaces for providing feedback. Graphic presentation was underscored to be a useful designable feature in approximately half the nurse provider interviews. Also, provision of multiple channels was identified as a helpful design in more than three fourths of the nurse interviews.

Graphic presentations and periodic check-ins. More often the nurses felt the information coming to them was complex and theoretical, and they appreciated visual or graphic information exchange that made the information more approachable. One of the nurses said that she appreciated her *representative's efforts of making the information visual* and was more at ease when the representative checked if they understood the information correctly: "*Make it more visual so people can understand the importance: ask them for feedback too and be like do you guys even understand what magnet is?" (P2).* The participant further clarified how complex information about the change made it difficult for them to provide feedback, where she mentioned that it was difficult to understand the material and *"was lost about"* what to discuss with her manager.

Provision of multiple spaces. Like the implementers, nurses too felt that it was beneficial to provide a combination of public versus private spaces for solicitation. For instance, one nurse said that in order to generate more voice, it is better to have public venues:

"I think the public ones are better because everybody can hear because sometimes there are questions that an individual might have that a lot of people are thinking of it but nobody wants to say anything. So if one person brings it up, usually more people" (P1).

Another nurse said: *I think it is good to provide all sorts of channels. Both are beneficial. I know I am playing devil's advocate (P4).*

Problematic design features or flaws: Implementers

The designable features for solicitation also presented various challenges for both implementers and providers of feedback. Inclusion, time allotment, less information exchange before solicitation, and zealous conduct were all features of solicitation that potentially hurt the solicitation process.

An important design concern surfaced by the implementers was associated with the type of members invited to the table. Implementers were worried about having surrounded themselves with assenters of this change. These assenters usually had a vested interest in the change, where their participation could lead to organizational rewards such as promotions or simply because they were the ones to have introduced or championed this change. This theme emerged in over half the implementer interviews.

Preaching to the choir and back scratching. Implementers were afraid that they were not hearing information from the general population and only heard positives from back scratchers due to the makeup of the steering committee members. Implementers believed that members in these steering committees were either handpicked or self-selected, which might have stopped the surfacing of honest/candid feedback. One of the implementers said:

> *"I'm concerned about that people are – A. that's I've surrounded myself with the steering group that has already bought into the idea, so it's kind of preaching to the choir. And B. that people are telling me what they wanna hear or what they think I wanna hear" (I4).*

While the implementers did not always openly express that they were expecting to hear contrary voices because the change was a pro-nurse initiative, the observations shed light on monitoring the concerns within the units that could impact the appraiser visit. For instance, during the steering committee meeting, the implementers discussed with each other that over the next few months, they would be personally going to the units to talk to nurses about the Magnet and to understand how well informed they were (discussants steering committee). However, this was still being planned to overcome the concerns of the implementer.

Similarly, the nursing executive mentioned that she was always concerned about receiving input from her middle managers. She said:

> "*The room usually falls silent when it's my managers interestingly enough, so the managers, I think, respond really to the hierarchy very differently than the staff nurses" (E1).*

Problematic design features or flaws: Steering committee members

The two main design challenges mentioned by the steering committee members was time allotment and low information exchange. Approximately, more than three fourths of steering committee members outlined the drawback of limited time allotted and

all steering committee members discussed lack of information as problematic for solicitation.

Time allotment. Members were unable to attend these meetings due to other work commitments. For instance, a few members stated that they could not attend a single meeting because they had to be on the floor at this time. Time issues reduced involvement and quality of discussions. As one member posited: "*I have not been able to get involved due to time conflict"*

(SC6). Another member pointed out:

> *"it's added responsibility. It's time. Again, easily the meetings could be – you could have your schedule work around the meetings so that I would have to come in and take care of patients that day, but also then be able to take time off to go to the meeting. But then somebody's got to cover my patients for the two hours. I don't like having to do that. I don't think it's fair to the patients and it's not fair to the other nurses, you know?" (SC1).*

Lack of appropriate information and increased social apprehension. Steering committee members also lacked self-efficacy because of limited information they possessed about the change. One member described it as feeling like a deer in headlight. They lacked appropriate information and did not know how to comment on these topics and were unsure and hesitant about what they would share with their units. One member said: "*When asking others, people might say, we're not really sure what goes on so we have no opinions about it" (SC6).*

Additionally, a few members felt that the information they were receiving was overly theoretical and it was not appropriate information if they could not explain it to

their units. However, they did not want to ask any questions, as they were afraid to *"look dumb" (SC4)*. One member mentioned: "*I don't know what they talk about. They do the Jene Watson theory or something. It is overly theoretical. I am afraid to ask to look dumb"* (SC2).

Problematic design features or flaws: Nurse providers

The nurse providers were concerned about the design features associated with appointment to committees, timely feedback, zealous announcements, and limited feedback. Nurses felt left out and very skeptical about the process by which nurses were chosen to provide their feedback, especially their appointment to the steering committee and other organizational committees. They were also skeptical about providing input after zealous change announcements, where all implementers and management personnel were championing the change. More than half the nurses were concerned about appointment to committees and early solicitations. Also, about one third of nurses found zealous announcements and limited platforms to be a design challenge.

Appointment to committees. Nurses often felt skeptical about the selection criteria used for these change committees. One nurse mentioned: "*the SAME nurses, I should say, selected oftentimes to be on specific committees or to go to certain things or to do certain tasks" (P12)*

Timely feedback. Nurses also felt that they could not participate in change or provide any feedback if they were asked too early in the process or too late in the process. As one nurse pointed out: "*I am not really aware of this change to provide feedback" (P13).* Another nurse discussed: "*I was asked at the very beginning when we did not know what Magnet was, but no one has asked since" (P6).*

Table 4.2: Timing of Solicitation

Time of first solicitation	Have you provided feedback		
	Yes	No	Total
Too early in the Magnet journey	14	6	20
About right in time	28	7	35
Too late in the Magnet journey	5	2	7

The cross tabulation from the quantitative analysis also suggest that 20 individuals felt that they were asked too early to provide their input the first time in the change, out of which approximately half the nurses did not participate.

Zealous announcements. Enthusiastic announcements for the change stopped members from providing critiques or even critical information about the change. This was especially true when the organizational leadership was championing the change. Nurses did not want to step on others, especially those with better positional power. One nurse participant said: "*Those big meetings I don't think people would maybe say anything negative about during – Because it was a rah rah, you know?" (P4).* Another nurse mentioned that she did not like to: *"meddle with other people's business or step on their feet, because it was too risky" (P6).* Even some observational data was suggestive of this, where individuals often did not speak up when implementers had championed the change. For instance, during the start of the meeting, one of the implementers pointed out: *"We are already doing this and will learn more from Magnet more" (*discussant steering committee*).* Very little discussion ensued after the opening during the first half of the meeting.

Limited platforms. Nurses were also unhappy about participation when all their information for the change and requests for solicitations came as emails, which was more

like information dissemination and not participation. A few nurses were uncomfortable using this technology due to its functionality, while others were unhappy about its lack of personalization. Therefore, as one participant appropriately posited: "*I don't wanna read all those things that people are sending me" (p4).*

In addition to these challenges situated in designable features, the study also found other related challenges that were not per say associated with the design of solicitation but nevertheless were influential in how individuals perceived the change and participated in the solicitation processes. These were two types of challenges, a) change related challenges and b) long-standing challenges that was common across this organization (see table 4.3).

Table 4.3: Other Challenges

Type of Challenges	Themes	Definition
Change-Related Challenges	*Insidious knowledge*	*Transfer knowledge that others do not agree with*
	Costly infrastructure	*Expensive change requirements*
	High opportunity cost	*Issues other than this change need more attention*
	Limited knowledge transfer for latecomers	*Lack of information about the change for employees joining in late*
Long-Standing Challenges	*Culture of Silence*	*Limited voice to nurses which is a norm of the industry*
	Limited resources and nursing identity	*Nurses are used to limited resources handed to them. They are also invested in traditional bedside obligations more*
	Low identification	*Nurses who do not belong to any unit or department lack identification and cohesiveness*

Change-Related Challenges

Insidious knowledge. Individuals tasked with the role of implementing this change felt at a disadvantage because they could not do much to act on the input they received. This was a consensus between the individuals. Their role was to collect stories and transfer knowledge through this solicitation process even when the recipients or discussants did not necessarily believe in this information. This made their roles even more difficult because they had to push individuals into accepting a change that they knew posed several challenges for the nurses, along with benefits. As one implementer put it:

> "*It's almost like an insidious knowledge transfer, like, we're teaching you whether you like it or not; and you're learning the information whether you really believe you are or not. We're getting* that *knowledge out there"* (I3).

Costly infrastructure. All stakeholder groups agreed that this change was a costly affair. It was costly in terms of money, time, and human resources. While the senior management were concerned about the cost needed to build the infrastructure for the change, the nurse providers and even steering committee members felt that this change would add responsibilities that could cost money and time, especially as it was encouraging nurses to pursue higher degrees and training. For instance, the CNO said: "*it's costly to create the needed infrastructure to be successful with Magnet" (E1).* Another nurse said: "*So that there kinda scared a lot of the nurses. And I don't – some of them pushed into going into getting their Bachelor's then. But some of them are still hesitant whether to go back to school" (P2).*

High opportunity cost. Often nurse providers believed that this was not the best time to implement this change and viewed this change negatively. About half of the participants expressed this during the interviews. The change posed several opportunity costs, where the medical center could have met other important concerns that needed attention. As one nurse posited:

> "*I do think there's a lot of issues though besides magnet status that need to be worked out within units and within the hospital that are very important to me as opposed to a so-called title" (P9).*

Limited knowledge transfer for latecomers. A critical change challenge was to introduce the material to individuals who had just joined the organization or the change effort. One third of steering committee members felt lost and lacked considerable amount of information if they were new to this process. For instance, a new employee who had been with the organization for a year said: "*That I am not really sure of because for a while I wasn't even sure what Magnet was because I'm a newer nurse too" (SC6).*

Long-Standing Challenges

These challenges were already present in the organization when the change was being implemented and were perceived as long term issues associated with the medical center, which were in part a result of the larger culture of nursing work and nursing identity.

Culture of silence. There was consensus among nurse providers and even implementers that nurses were not generally included in decision-making. When asked about their level of involvement in previous changes in the organization, one nurse from the steering committee mentioned, "*that they did not participate much" (SC6)*. Another

nurse pointed out that out of the three medical centers she had worked at, this was the only medical center where they actually cared to take feedback from nurses, *"even if it was superficial" (P26).* Furthermore, nurses also outlined that the limited feedback they provided in the past was rarely even assessed or considered and the process was not genuine. This was one of the reasons why nurses did not trust organizations or participate in this change.

This theme was also supported by the survey findings, where perceived genuineness of input solicitation was positively related to trust in management, r (108)=.82, p=.000 and positively related to decision to participate in future, r (106)= .70, p=.000. Therefore, nurses who thought of the process to be genuine decided to participate in the future and had higher trust in their management.

Limited resources and nursing identity. Most of the participants emphasized on the limited resources offered to nurses. Nurses were used to making the best from what they were handed. As one steering committee nurse posited:

> "*But that's the big reason [time and money limitations] why people don't want to participate. Nurses don't want to participate in anything other than coming in and taking care of their patients because of the time" (SC1).*

She further expressed the drawbacks of participation and also underscored the importance of traditional bedside obligations as being the primary identity for nurses:

> *"Well, the drawbacks are it takes us away from being at the bedside. While I'm not at the bedside and I happen to be at a meeting, the money is still coming from the floor. It's coming from our unit budget for me to get*

paid. That's one of the drawbacks is I'm not being utilized as a nurse to take care of patients. I'm being utilized, at that moment, to be in a meeting type of a thing. That I think is one of the drawbacks" (SC1).

Low identification. Nurses who were not a part of a unit or a particular department did not identify with the values of the organization and did not feel informed about the change. Nurses who had a smaller unit or were float nurses without a unit usually reported this, which was less than one third of the sample for the interview. While these nurses primarily believed in the values of nursing work, they were somewhat unaware of organizational changes. In instances where they knew about the change, they were very skeptical about their organization's decisions. As one nurse pointed out: *"as float nurses we don't really feel unit cohesiveness and are less informed about the change" (P8).* The survey data also helped support this finding, where individuals who perceived to have higher unit cohesiveness also felt that they were better informed about the change r(104)= .30, p=.007.

Additional features

Additional statistical analysis confirmed a number of designable and long-standing organizational features were related to important consequences for the change and organizational functioning (see table 4.4).

Table 4.4:Comparitive Themes For Those Charged With Solicitation

Predictor / Outcome	Level of feeling informed	Level of comfort with space	Genuineness of Input Solicitation	Level of trust in manage-ment	Degree of unit cohesiveness
Degree of Distortion in input solicitation	-.813** (n=51)	-.687** (n=50)	-.810** (n=50)	-.813** (n=50)	-.412** (n=50)

Degree of Hesitancy in providing negative input	-.679** (n=51)	-.597** (n=50)	-.725** (n=50)	-.760** (n=50)	-.456** (n=50)
Degree of intention to commit to the change	.714** (n=104)	.655** (n=48)	.766** (n=106)	.663** (n=106)	409** (n=106)
Degree of lateral dissent	-.178 (n=105)	-.411** (n=49)	-.255** (n=107)	-.289** (n=107)	-.123 (n=107)
Degree of willingness to provide input in the future	.625** (n=104)	.691** (n=49)	.685** (n=106)	.651** (n=106)	.334** (n=106)

Note. * = significant at $p < .05$ level.
** = significant at $p < .01$ level.

General feelings associated with degree of unit cohesiveness and level of trust in management along with specific perspectives related to the conduct of this change and input solicitations, namely level of feeling informed, level of comfort with the space, and genuineness of input solicitation were found to be negatively associated with degree of distortion in input provided and degree of hesitancy in providing negative input. Therefore, those who felt that they had higher levels of information were less likely to distort and hesitate to provide negative input. Additionally, those who believed to be participating in a comfortable space, felt the process of input solicitation to be genuine, had higher level of trust in the management and greater degree of unit cohesiveness were also less likely to distort and hesitate. Comfort with space, genuineness of input solicitation, and level of trust in the management were also found to be negatively related to lateral dissent, but the correlations were found to be weak.

Positive association was also found between the predictor variables: level of feeling informed, level of comfort with space, genuineness of input solicitation, level of trust in management, and degree of cohesiveness with the outcome variables: degree of intention to commit to the change and degree of willingness to provide input in the future. Therefore, those who were more likely to be well informed, felt comfort in the space for solicitation, felt the genuineness of input solicitation, trusted their management, and had higher perceptions of unit cohesiveness were more likely to commit to the change and participate in the future.

In order to understand these relationships in detail, five multiple regression analysis was conducted for the five outcome variables by using the five-predictor variables. In the first multiple regression, degree of distortion was predicted from degree of unit cohesiveness, genuineness of input solicitation, level of trust in top management, level of comfort with space, and level of feeling informed, $F(5, 43)=63.7$, $P<.001$, $R^2= .881$. Level of feeling informed and level of trust in top management added statistically significantly to the prediction, $p<.001$.

The next multiple regression was run to predict degree of hesitancy in providing negative input from degree of unit cohesiveness, genuineness of input solicitation, level of trust in top management, level of comfort with space, and level of feeling informed, $F(5, 43)=21$, $P<.001$, $R^2= .711$. Level of feeling informed and level of trust in top management added statistically significantly to the prediction, $p=.001$.

Another multiple regression was run to predict degree of intention to commit from degree of unit cohesiveness, genuineness of input solicitation, level of trust in top management, level of comfort with space, and level of feeling informed, $F(5, 42)=19.06$,

P<.001, R^2= .69. Genuineness of input solicitation and level of trust in top management added statistically significantly to the prediction, p<.05.

The next regression was run to predict degree of willingness to provide input in the future from degree of unit cohesiveness, genuineness of input solicitation, level of trust in top management, level of comfort with space, and level of feeling informed, F(5, 43)=13.01, P<.001, R^2= .602. Level of comfort with space added statistically significantly to the prediction, p<.05.

The last regression was run to predict degree of lateral dissent from degree of unit cohesiveness, genuineness of input solicitation, level of trust in top management, level of comfort with space, and level of feeling informed, F(5, 43)=2.09, P>.05. Therefore, the regression model was a poor fit for the data.

Level of trust in top management helped predict degree of distortion, hesitation, and commitment. Level of feeling informed was an important predictor for both level of distortion and hesitation. Genuineness of input solicitation was important for predicting degree of intention to commit to the change.

In addition to these relationships, independent sample t-tests were conducted to examine and compare if perceptions regarding degree of distortion in input solicitation, degree of hesitancy in providing negative input, degree of intention to commit to the change, degree of lateral dissent, and degree of willingness to provide input in the future differed for those who thought the solicitation was too early/too late in the change process and those who thought that it was right on time. Significant differences were found for distortion, hesitancy, commitment and willingness to provide input in the future. There was a significant difference in the scores related to distortion for those who

thought solicitations were too early/too late (M=3.08, SD=.96) and those who thought that the solicitation was conducted timely (M=1.7, SD=.50) with $t(45)=6.4$, $p<.05$. A significant difference was also found in the scores related to hesitation for those who thought solicitation was conducted timely (M=2.2, SD=.65) and those who did not think this (M=3.5, SD=.91) with $t(30)=6.09$, $p<.001$, $d=1.75$. Levene's test indicated unequal variances ($F = 1.4$, $p = .24$), so degrees of freedom were adjusted from 45 to 30. Scores related to level of commitment to change also differed for those who thought solicitations were too early/too late (M=3.04, SD=1.03) and those who thought that the solicitation was conducted timely (M=4.2, SD=.63), where $t(58)=-5.5$, $p<.05$. Last, a significant difference was also found in the scores related to future participation for those who thought solicitations were too early/too late (M=2.6, SD=1.21) and those who thought that the solicitation was conducted timely (M=4.06, SD=.77) with $t(59)=-5.4$, $p<.05$.

Independent sample t-tests were also conducted to compare the perceptions of those who participated in the change and those who did not regarding their level of feeling informed, degree of unit cohesiveness, perceptions about genuineness of the process, level of trust in top management, degree of intention to commit to the change, degree of willingness to provide input in the future, and degree of lateral dissent. Differences were found in ways these two groups perceived their degree of unit's cohesiveness, genuineness of the process, and trust in top management. Interestingly, these differences were also found in the predictor variables in the study. There was a significant difference in the scores related to degree of unit cohesiveness for those who participated in the change (M=4.0, SD=.78) and those who did not (M=3.6, SD=.89) with

t(105)=2.23, p<.05, d=0.5. Levene's test indicated unequal variances (F = 1.2, p = .27), so degrees of freedom were adjusted from 106 to 105.

A significant difference was also found in the scores related to perceptions about genuineness of the process for those who participated (M=3.4, SD=1.2) and those who did not participate (M=2.9, SD=1.01) with t(106)=2.5, p<.05. Another significant difference was found in the scores related to perceptions about trust in management for those who participated (M=3.2, SD=1.1) and those who did not participate (M=2.4, SD=.85) with t(106)=3.7, p<.001.

Findings for RQ1B: How do those empowered to execute the change or implement the change see these designs differently?

When comparing the perspectives of those charged with executing the change, namely the executives, the implementers of change, and the steering committee members, the study found at least six design features that were viewed differently by these three groups (see table 4.5).

Table 4.5:Comparitive Themes For Those Charged With Solicitation

Comparative themes	Design features in question	Definition	Implementer perspectives	Steering committee members perspectives
Missing dialogue: knowledge transfer versus input solicitation	***Top-down approach***	Top-down dissemination of information, where no or limited dialogue exchange between the implementers and nurses took place.	They believed that nurses were already aware of the change and did not require dialogic exchange.	They believed that change information is limited to a few and not really talked about with nurses. Dialogue is important, but they also understood the concerns of implementers.

Time restricted structures of meeting	***Time***	Feedback is sought within limited time.	They structured the meetings for quick more efficient transitions.	They perceived it as over-structure and believed that more time was required to have better discussions. The restriction stalled the team.
Opaque information	***Type of information***	Information exchanged is overly theoretical.	It was expected that steering committee members learn and clarify this information (often through individual efforts) in order to teach the rest of their unit.	They did not understand the information, which made it difficult for them to participate.
Probes for Managing Silence	***Conduct of meetings***	Probes are used to generate discussion and feedback during public meetings (e.g., calling out on people).	They believed that calling out helped in generating discussions.	According to them, direct probes like calling out and pointing at individuals could break the trust between stakeholders.
Anonymous feedback	***Anonymous conduct***	Provision of anonymous channels for input solicitation.	Cautioned against adopting anonymous channels because one cannot identify the person for further discussion.	They felt that it was essential for input solicitation as nurses can provide feedback without any retribution.

Selection of individuals	***Enforced participation***	Perceptions about how individuals were selected for change committees.	They believed that most individuals volunteered for this position.	Individuals usually volunteered but also felt forced into joining these. Also, individuals with political or job motivations were happy volunteering.

Missing dialogue: Knowledge transfer versus input solicitation

Even though nurses were invited to provide their feedback about the change or change implementation, implementers often did not think it necessary to generate a dialogue between members and the organization. According to the three implementers, most nurses and organizational members (in some capacity) were already aware of this change initiative and did not need to talk about the viability of the change anymore. They felt it was more important to provide updates and training rather than collect feedback at this point:

> *"Yeah, you know, when we first started that kind of in February, March of last year, it was more I was seeking information from them, information that I needed to write the documents and to answer questions. Now the purpose of the group has kind of shifted a little bit and now they're more ambassadors for the cause. And especially as we get a little closer to the site visits, we'll probably – again, like we had talked about before and ramping up in probably May or so, kind of training the trainer" (I4).*

Earlier in the implementation effort, the implementers had created and shared several presentations regarding Magnet for different stakeholder groups for the larger organization, including the physicians, executive body and the nurses. Benefits surrounding transformative efforts of the organization, patient-care, credentialing advantage for the entire organization and nurse empowerment were discussed in all these presentations. Presentations related to the nurses were more focused on the nursing empowerment objective of Magnet. In general, these presentations were aimed at defining Magnet and branding it positively for all stakeholder groups, by specifically identifying the benefits Magnet had for the relevant stakeholder group. They discussed what Magnet was, what was required to become a Magnet certified medical center, statistics that helped argue that the medical center was already 'doing' Magnet, positive reports from Magnet related surveys, benefits to the organization, their timeline, and the role that each stakeholder group could play in the process. For instance, nurses could participate in several activities and 'support' the change initiative. Here, the information was framed to support the change, rather than encouraging dialogue.

However, three fourths of the interviews with steering committee members reflected that much dialogue was missing between the general population of nurses and the implementers of change. One steering committee member said:

> *"Probably routine-out some more people. I mean, I feel like it's very – like, I don't think it's [information on Magnet initiative] talked about as much. Like, it's brought up but it's not totally… I don't think it's mentioned a whole lot but it's kind of like there's only a few people that are allowed,*

you know, you can't like put the whole unit going to the magnet meetings. You know, it's like somebody's responsibility to discuss it with them, you know" (SC6).

This also underscored the matter of conflicted loyalty for steering committee members, who understood how important it was to generate dialogue for nurses, but were also skeptical about bringing that to the implementers due to their brokering role in this change.

Time restricted structure of meetings

Feedback for Magnet was usually sought within limited time. Steering committee meetings, huddles, or updates about Magnet in larger meetings were all bounded by restricted time. Additionally, the main meeting was only conducted once a month, where implementers had a long to do list. Due to this dearth of time, the implementation team planned the meetings in advance for quick smooth transitions. As one implementer pointed out:

"There's not a lot of time to elicit their feedback. So as the coordinating team, we come together, we do a big prep before this meeting to make sure that if we do have questions or we want to get their recommendations on anything" (I3).

However, more than half of the steering committee nurses felt that this structure and time limitation restrained the discussions:

"I think a little bit of time management unfortunately because there's so much we have to do. And then they give us ten minutes, that ten minutes could be huge for us and it might bring us down a little bit." (SC4).

Steering committee members often felt rushed and did not have the time to think about these ideas. Furthermore, one member noted that they "*did not have enough time for warm ups*" (SC5), which made it difficult to generate any constructive discussion about the change.

Opaque information

The messages disseminated in the meetings were complicated as posed by more than half of the steering committee members. When discussing the outcome of the theoretical aspects of the meeting, the nurse said*, "I wasn't sure what they did at the meetings but, you know we talked about like a theory the last time with what the hospital would be following and stuff" (SC6).* This usually stopped the steering committee members from participating, as they were unable to process this information. However, as posited by implementers, the role of steering committee members was to act as ambassadors of the change. They were provided information and training during these solicitation sessions that they would convey back to their units. As agreed by all the implementers, processing this theoretical complex information was the burden of the members that the implementers could only assist with. As one implementer posited:

> *"But it's really putting that work into their hands, and not just me and other implementers being like, Okay, this is what you need to learn – A, B, C, D, E, F, G – you've got it now in front of you. Go teach it"(I2).*

This made it even more challenging for steering committee members to disseminate information that they were unsure about. Many members did not understand how they could teach it to the organization, if they did not understand it themselves.

Additionally, they could not participate in input solicitation, "*if we lacked clarity" (*SC2).

Probes for silence management

Half the implementers conducting meetings often made use of various probes to generate discussion and feedback during public meetings. Calling out individual names was a common tactic to get individuals involved. As one of the implementers said, it helped to point at individuals and say: "*hey, guys, what aren't you telling me*?" *(E1).* This tactic was not a big hit with the steering committee members. About one third of the steering committee members brought this up during the interview and one steering committee member said that in order to keep the conversation open, she would never point at specific individuals as that could break the trust:

> *"And kinda keep the open table and then maybe – I would never point to somebody like, oh, Jane, how do you feel about that then too? Is there any feedback that you'd like to give me, and then kinda do that and just kinda break the trust" (SC4).*

Implementers also felt that they had nothing to lose from this process of naming and pointing at individuals because it was their job to monitor the organization, but steering committee members were very cautious about it as they would be breaking the trust of their peers by naming individuals. Anonymous input solicitation was recommended by most steering committee members, as a way to counter this issue.

Anonymous feedback.

Most implementers were usually very cautious about soliciting input anonymously, as they were unable to track information and complaints that were lodged anonymously. As one implementer said:

> *"In one way it kind of worries me in that – and not because – I mean, because we can take any – we hear complaints all the time. Not that anything's gonna hurt our feelings but that it's so hard to track that. And I had – I actually – when I was in my first role as an internal communications manager, I had kind of asked the CEO, you know, a mailbox available where you can submit a question. And people would submit very personal questions but then not give any way – they weren't talking about general problems or general themes. They were talking about one specific incident. But then if I didn't know who that person was, I couldn't go back and investigate and say, what happened here? What's the real story?"(I4).*

Another implementer strongly felt that they did not need anonymous channels because there was no reason for individuals to be critical of this change at this current time.

> *Researcher: And you think you might be doing one in the future, then?*
>
> *Implementer 3: Off the top of my head, I don't see why we would. Yeah*

However, about half of the interviews with steering committee nurses reflected the perceived benefits of having anonymous or confidential channels, as it could protect nurses from retribution:

> "*So they know that there's no confrontation. Just come to me. They're not gonna get in trouble, I'm not gonna say names if there was something that she'll be like, oh, that is kinda touchy or you can provide feedback on paper"* (SC1).

Other members also suggested that anonymity makes individuals feel less involved in this change, where they do not have to put in too much effort to actually make a suggestion (SC5).

Selection of individuals

While all the implementers outlined that the nurses either volunteered out of interest or were appointed by their managers to provide input for the change, more than half the steering committee members interviewed felt like they were pushed into this. As an implementer suggested: "*either they're appointed by their manager, or asked, and they're like, "Yeah, we'd love to*." (I3) However, a steering committee member mentioned that while they volunteered, they were sort of pushed into that by their unit managers:

> *"I did volunteer, yeah. And plus my manager kinda always recommends like, oh, I think you'd be a good part with this. You've got great ideas so I kinda was pushed a little before but I did volunteer myself, yes, to do" (SC5).*

The only contrary narrative regarding this was found with nurses who were trying use their position in the steering committee for professional growth or to strategically manage their identity within the organization. As one of the nurses suggested, this position looked great on the resume:

> *"I think it did because, I mean, my resume looks good because of it. And LinkedIn looks good because I'm participating in something that will make a huge beneficial change for the hospital. I think it might've done a little bit of – helped me get into grad school too" (SC4).*

Findings for RQ1C: How do design teams manage challenges with collective design?

The study identified several ways in which design teams managed challenges with collective designs during change related meetings. The goal of design teams was to use solicitation venues such as steering committee meetings for knowledge transfer, inculcating loyalty towards the change, and to build champions of change who could help monitor the organization to assess change preparedness.

As one implementer pointed out about the steering committee meetings:

> *"At this point, it feels like it's more knowledge transfer – but again, we're going to get Magnet come fall, so we're constantly collecting data. We're making sure that now that we understand the whole Magnet process – you know, we know what our catch-falls were. We ran into some glitches when we were putting together the document. We were like, Oh, my goodness. There is no bedside nurse on this committee. Now there is an appointed nurse"* (I3).

In order to manage the interaction and knowledge flow in these meetings, implementers expected to generate more controlled discussions. Implementers collectively agreed on specific messaging and preplanned the agenda for these meetings. These collective choices were also a reflection of the implementers' identities, which was

to advocate for this change and have the power to conduct the change. Most implementers had similar things to say about the conduct of these meetings. Implementers planned and took proactive measures to increase commitment to change and focused on knowledge transfer. Additionally, implementers also used emergent designs to control discussions, as the conversations unfolded during the meetings. These emergent designs were usually reactive in nature, which were usually aimed towards controlling negative or difficult conversations about the change. These sets of themes discuss how implementers carefully crafted communicative actions that decided how communication was enacted.

Table 4.6: Proactive and Emergent Design Features

Design Choices	Definition	Goal and Designable Features	Outcome
Proactive	Design features that were planned beforehand and used in meetings by implementers to control stakeholder involvement and participation.	***Increasing commitment and knowledge transfer focus:*** *Preplanning agenda, having sign in sheets, and carefully constructing messaging*	***Expected Outcome:*** *Reflecting Expertise of Implementers Providing assistance with training Loyalty development* ***Inadvertent:*** *Tedious Constraining*
Emergent	Design features that emerged during the meeting as implementers interacted with stakeholders	***Controlling the negative feedback:*** *Probes, Repeating, Padding the Negative, Reporting out*	***Expected:*** *Detract from the negative.* ***Inadvertent:*** *Hesitation Self- Censorship*

Proactive Designable Features

Implementers collectively designed various features of these meetings for effective knowledge transfer and to control participation. According to one of the

implementers, planning these meetings was essential because they had multiple topics to cover in a day and "*planning helped with timing and smooth transitions" (I1)*. However, these designs did not always result in desired outcome.

A detailed agenda for the meetings was developed and often emailed in advance that included key topics to be discussed in the following meeting. This agenda was also discussed at the beginning of the meetings. While this document helped organize the meeting and shed light on the prep work, it also restricted members from introducing topics of concern that were not included in the agenda. As one implementer posited: "*It was important for us to plan things in advance due to limited time and set expectations" (I3)*. Another implementer discussed that their focus was to get the Magnet accreditation and everyone in the implementation team agreed on this and the "*importance of planning*" (I2). Also, while all the implementers were in charge of planning, one of the implementers, the project specialist, was the primary contact for this change. She explained that it was critical to set up a priority list and cover two or three topics per meeting.

> "*So we would take a month and we would say, okay, what does transformational leadership mean? What's the definition? What are some examples? How would you see this in your own work? So kind of prepare them. And then give them an assignment to go out and share that information with their peers*" (I4).

She further explained that the implementers had decided on a set structure for these meetings, where the meetings usually followed a pattern, which included two or three topics:

> "*Generally we start with a reflection statement. Every meeting that we have here starts with some kind of prayer or reflection. Then I give the team a brief update on the timeline. You know, here's what has happened since the last time we met. Here's what we expect to happen in the next few weeks. And then we either – we have one or two major topics that we'll spend our time – you know, the meetings are usually 90 minutes to two hours long*" (I4).

The perspective of the steering committee members regarding this agenda-dependent rigid structure differed from those of the implementers. During the interviews that followed observations, approximately half of the steering committee members pointed out that while they felt more like ambassadors of this change, this process was tedious and often constrained them from providing input on change issues that were not present in the agenda. As one steering committee member pointed out: "*They're tedious and I know that they're trying to go ahead and prepare us to tell our unit because we're the educators for this unit" (SC2).* Another nurse said: "*However, they kind of have strict guidelines as to what you have to follow. So, you know, some things can be considered but a lot cannot be changed" (SC5).* She later said: *"We do not usually bring up things by ourselves" (SC5).*

This structure of the meetings was made even more mandatory and stringent by placing a sign in sheet. A sign in sheet was placed by the front door of the meeting venue for the nurses attending the steering committee meeting. This became a topic of discussion between nurses as they walked into the meeting auditorium. The nurses discussed their workload and schedules and the difficulty of joining the meetings as it

conflicted with their schedules. As observed in the meetings, a few anonymous discussants talked to each other about the attendance sheet. One discussant said: "*Attendance sheet is constraining because it reminds you about how important your attendance is, but you are still unable to attend due to other obligations."* To which another discussant responded: *"It makes you feel guilty but also upset" (discussants of steering committee).* Therefore, sign in sheet acted as a self-check tool, which enforced participation by inducing guilt in attendees.

In addition to planning the agenda and the structure, implementers also worked on carefully selecting the messages for the meetings. Implementers carefully selected the words to reflect their authority and expertise during this process. Words like knowledge assessment, test, and learning were often used during these meetings. During small group discussions, one of the implementers announced: "W*e want to test you guys, how much you have learned from us and identify the problem areas" (I2)*. Such establishment of expertise made it harder for others to participate and provide their input, because they did not want to look uninformed. As one steering committee member posited later in the interview: "*They [the implementers] know what they are saying. We listen to them" (SC2).* As a follow-up response, the same participant elaborated, "*this theory and stuff is difficult to understand so you have to listen to those in charge*".

Rhetorical tools such as hypophora, where one raises a question and then answers it, was also commonly observed as a way to establish authority and expertise. A quiz was conducted to test the knowledge base of the participants during the first meeting, where the last question posed by the implementer was: *"What do we do when Magnet comes here?"* The implementer finished off that session by quickly answering it herself: *"You*

*should talk about stories that fit in multiple places that we have discussed today"(*discussant steering committee*).* Therefore, they used this design feature as a coaching tool for their audience. As one implementer discussed: *"It was about training the trainer" (I4).*

The implementers also used several types of message appeals to set the tone for these meetings. The tone for the meeting in April was very different from the consecutive meetings. The goal in the former meeting was to reassure all the members that they were in this change together. This differed from the latter meeting, where the idea was to get everyone excited about the change. Therefore, the first meeting used a handholding approach, whereas the second meeting incorporated more inspirational appeals with the hope to develop excitement and loyalty towards the change.

The first meeting opened with a quote that said, "*we are all in this together,*" (I3), which was followed by a discussion of the timeline, where special emphasis was placed on the incumbent visit of the appraisers. Throughout this first meeting, implementers shared information about this change and discussed the value of getting through this change together. The latter half of this meeting ventured into knowledge transfer and assessment of familiarity that nurses had with this change and its theoretical constructs. This was a meeting designed to prepare the organization for the next stage of knowledge transfer, where information would be taken to the units by the steering committee members. As observed during the meeting, one of the steering committee members exclaimed publically towards the end of the meeting: *"The information today made it real. Magnet was going to come and we still need to prepare (discussant of steering committee)."*

The structure of the second meeting was focused more on active knowledge transfer and increasing loyalty and commitment for the change. As the implementers opened the meeting, they said: *"We are now kicking the high gear and have to start the preparation, so excited about this*." Implementers used inspirational appeals to build excitement and loyalty for the change. In one instance, the implementer said: *"You are representing an image. We have a responsibility to uphold the trust people place in us. Let us do this" (I2).* At another point in time, another implementer said: "*When appraisers are here you should be able to brag about ourselves and what we are most proud of"(I4).* Most steering committee members talked about this loyalty and said such appeals helped generate a group identity as ambassadors of the change.

Such appeals were also suggestive of building legitimacy for the change, to broadcast to the organization that this change was a required seal of approval for the organization that expected the highest standards of practice.

Therefore, specific words, rhetorical tools, and appeals were used throughout the meeting to generate a sense of loyalty and establish the expertise of implementers. However, such designs also indicated a closed system to the steering committee members, who found it difficult to participate amidst such expertise.

Emergent/Reactive Design Features

These design features emerged during the meeting as implementers tried to control and tackle difficult questions related to the change. They used probes to direct the attention of individuals towards more positive activities, padded the negative information, or asked individuals to come back with constructive solutions. Most steering committee members suggested that these designs helped to shift focus from the implementers to the

members themselves, especially when they were held accountable to come up with solutions. This often led to self-censoring and hesitation, where nurses found it difficult to mention any input without being held responsible to come up with solutions. Additionally, repeating was used to show interest in the input provided by steering committee members, but about one third of the steering committee members suggested that repeating was also a way for implementers to express their irritation.

Probes were widely used during these meetings and were suggestive of the implementers' attempts at generating more excitement about the change. Especially when the room was falling silent, implementers would use probes to generate more discussion that were often related to constructs of Magnet in order to prepare the steering committee members for sharing this knowledge with their teams or units. Probes also helped to guide the direction of the discussion to more positive topics.

Probes helped turn any negative reporting into problem solving group activities. For instance, as observed during a steering committee meeting, a few nurses during the meeting highlighted the difficulty of translating the Magnet language to their units. The implementers paid special attention to these concerns, as they wanted to monitor the floors and units to prepare for the site visit by appraisers. As observed during the meeting, one nurse pointed out: "p*eople don't really understand the bubbles" (discussant of steering committee).* The implementer responded: "*it is good its great to get in-house discussions. We haven't had the opportunity to talk to people on the floors" (I2)*. The implementer then asked the nurses to come up with ideas to solve this challenge. They used direct probes: "*so what can you all suggest? How can we help this situation?"(I2).* The nurses started to suggest different ways of overcoming this issue, as one nurse

suggested: "*we could make flashcards to get nurses ready for the site visit" (discussant of steering committee)*. In general the implementers agreed to the use of probes, as one implementer stated in the interview:

> *"it's about those prodding questions to get people talking and get people excited to change. You have to do something to change the energy and sometimes getting people to stand up and do jumping jacks, just doing something to change the energy in the room and change the focus" (I3).*

Implementers usually agreed that they were uncomfortable closing the meetings or discussions on a negative note and therefore worked on padding the negatives. They indicated the need to manage these negative comments and to turn these negative views into more positive images. As observed during a breakout session during the steering committee meeting, a few groups were confused about the terminologies and translating these to the nurses. As one steering committee member exclaimed in her breakout group during observation: "*they all look the same and can have multiple examples. How are we going to get this to our units. This is difficult and time taking" (discussant of steering committee).* Other nurses nodded and had similar reaction to this. When the teams convened back into the larger meeting, the nurses brought up this topic and one member from the table announced: "*I think it is confusing for anyone. This criterion fits a lot of examples. How can we explain this?" (discussant of steering committee).* The implementer responded: "*well that is very good. We are already Magnet and are doing things that can fit so many angles. You can use any one of these examples and identify several Magnet expectations" (I3).* While this does not suggest reduction in anxiety nurses felt towards the change or the question at hand, it still indicates the importance of

balancing out the negative for the implementers. As one of the implementers suggested later in the interview: "*I always try to sandwich a negative in-between two positives. So you've given me a negative, now let's close it off with a positive about how this change would be positive"* (I3).

Another design used by implementers to curb the negative was to ask the members to come back with constructive solutions for problems. Nurses were divided into smaller breakout groups during steering committee meetings to identify examples of organizational and unit practices that fit the requirements of the Magnet. At the end of these discussions, nurses were expected to report back the narratives and the challenges associated with Magnet and its implementation:

> *"So if we need to create some recommendations for five different things, then we'll break them up into teams of ten, or teams of seven – depending on who shows up. And then they're responsible at the end, or close to the end of the meeting, of reporting out" (I3)*

According to the implementers, this method helped generate more constructive feedback, where the nurses had discussed the narratives and challenges with other organizational members and had engaged in conversations before reporting it to the larger audience.

This was a reflective process that allowed the nurses to share information about their experiences and examples from their units in order to generate a well-grounded understanding of what is happening across the medical center. Therefore, the responsibility of reporting out was placed on the nurses who were responsible for voicing out the challenges in front of the larger audience.

Steering committee members were careful about what they shared with the larger group. One steering committee member explained that it was a tedious process, where members had to put in much thought before suggesting something. She stated in the interview that this forced individuals "*to select only well developed ideas*" that they shared with their groups (SC6).

Another design feature used by implementers was 'repeating.' Repeating according to the implementers was indicative of the attention implementers paid to the steering committee members. But the steering committee members were doubtful about why implementers repeated. Repeating also signified irritation or frustration on the part of the implementer. As observed, during a theoretical discussion of the requirements for Magnet, a nurse anxiously exclaimed: "*it is not that simple?"(discussant of steering committee)*. The implementer responded to her by repeating her words*: "yes it is really not simple"(I4)* and repeated what the nurse said. Later, in the interview a nurse recalled this incident and said: *"I felt she [the implementer] was very irritated. She heard what I said, but it is still complicated and I do not understand most of it" (SC1)*. Also, this event and other similar ones were suggestive of using repetition to curb voice because steering committee members were hesitant to ask for more clarifications after becoming the focal point in the conversation: *"people are nervous to say again and may censor themselves" (SC5)*.

RQ1 Summary

In response to RQ 1A, the themes address multiple design features of input solicitation that were problematic and beneficial for different stakeholders. According to the implementers, the beneficial design features that generated more participation or

discussions were to provide solicitations in both public and private settings, periodic acknowledgement of stakeholders, calling out on individuals if the room fell silent, and accommodating the schedule of stakeholders. The problematic features underscored by the implementers reflected their concern of being surrounded by individuals who championed the change, where implementers felt detached from the actual conversation happening about the change in units.

Steering committee members outlined attentiveness and enactment of transparency as important design features, which when adopted led to more motivated discussions. However, lack of appropriate information and time allotment issues were problematic design features, where their schedules were not considered and they were still expected to work on the floor during the meetings.

Nurses believed that graphic presentations, periodic check-ins, and provision of multiple spaces to provide input were helpful features of solicitation design. However, nurses were confused and often skeptical about how individuals were selected to committees. Additionally, zealous announcements and limited platforms curbed their participation in the change. In addition to these designable features, other challenges related to the Magnet change and long-standing challenges associated with nursing work were also identified as problematic for participation.

Quantitative analysis also confirmed a number of designable and long-standing features to have consequences for the change and organizational functioning in general. Those who felt that they had higher levels of information were less likely to distort and less likely to hesitate to provide negative input and were more likely to commit to the change and provide future input. Level of trust in top management helped predict degree

of distortion, hesitation, and commitment. Level of feeling informed was negatively associated with distortion and hesitation and were important predictors for both level of distortion and hesitation. Genuineness of input solicitation also mattered and was critical in predicting degree of intention to commit to the change. Differences were also found in groups that viewed solicitation as a timely activity as compared to those who thought that the first time their input was solicited was either too early or too late in the change process.

In response to RQ1B, the study found at least six features where the perspectives of those charged with implementing this change differed. Perspectives of these two stakeholder groups differed on the features of top-down approach, time restrictions, difficult nature of information, directed conduct of meetings, anonymous feedback, and enforced participation.

In response to RQ1C, the findings suggest that implementers pre-planned certain features of the meeting, which provided a structure for solicitation and change implementation. Additionally, some designs emerged over time in response to the questions or comments brought up by the members. The goal of the implementers was to increase loyalty toward the change, curb negative input, and establish their expertise. Preplanning agenda, having a sign in sheet, constructing specific messaging, using probes, padding negative, reporting out, and repeating the concerns of members were used as important design features of the solicitation meeting.

Chapter 5: Results

The following chapter presents the findings for RQ2, which has been approached through a GPT lens (see appendix I). This chapter highlights ways in which individuals from different organizational levels perceive and influence input solicitation designs during change.

Findings for RQ2: How do individuals at different organizational levels influence solicitation designs?

The Problem Space

The problem space that the organization was trying to address was to implement change by including stakeholder voices. This was a contested space where the views regarding change and participation differed for individuals at different levels of the organization. The official purpose of input solicitation was to conduct change effectively by empowering stakeholders through providing multiple input channels. As the executive put it:

> *"[It was important to] create lots of forums by which you can get lots of opinions. Then that shared decision-making structure I talked to you about that is that formal group that comes together every month with representatives from throughout the organization" (E1).*

As posited in the interviews, this idea of nurse empowerment has gained attention over the years, and the reasons to obtain this Magnet status was to do just that. However, the executive also outlined a challenge with including nurses in the decisions, where the organization could never provide enough channels for inclusion:

> "*You know, it's an organization of about 1,000 nurses and, you know, despite the special forums that you create for nurses to be involved, you know, you can just never involve them enough because the organization is so big, so dynamic, runs 24/7*" (E1).

The implementers of change understood that it was important to include nurse voices, but with little scope to modify the change. Implementers focused more on the implementation aspect of the change, rather than generating candid nurse voices. Their key focus was to include the nurses in knowledge transfer and to follow the Magnet guidelines for successful implementation.

Implementers often compared the solicitation process with 'venting':

> "*I hear what you're saying. I hear that you're saying you don't think that this will work because – and kind of repeat what they're saying. But I mean, the change is going to happen. Magnet's going to happen. So sometimes it's not a rebuttal with a different kind of answer; it's just listening" (I2).*

Additionally, implementers also solicited feedback to monitor the organization and to identify any weak areas that needed to change:

> "*So when we ask these representatives to go back to their team, they're constantly monitoring and making sure that what they're doing as far as information dissemination, that it's value added for the team, and the team members" (I3)*.

Providers were usually asked to share limited feedback related to conduct of change, but had no influence on the change itself.

The key focus for the implementers was to plan and implement this change by following the Magnet guidelines and focusing on knowledge transfer:

> "*That way [through formation of steering committee], at least two frontline caregivers from every unit or department are hearing the exact same message. So now, those two people from my unit, 5 West, now they are responsible for teaching their team about what they learned at that month's Magnet meeting" (I3).*

Therefore, preparation efforts were more salient to them than stakeholder input regarding the change.

This focus on implementation was also prominent in steering committee members:

> "*so, I mean, I think we all have a voice and we all do that. Granted though, like I said, some of these group things are – they're tedious and I know that they're trying to go ahead and prepare us to tell our unit because we're the educators for this unit. Or we have a person to tell for each unit anyway" (SC5)*.

While most steering committee members understood and agreed about the importance of voice for nurses, their identity of knowledge translators and ambassadors of change was more salient. Therefore, they used unit meetings and huddles to provide quick information and updates, rather than invest in actual solicitation activities:

> "*Usually after the Magnate meeting I speak to my manager, I kinda do a few five, ten minute, like, okay, this is what's going on. And then I give them an update. And then also every month I participate on their union-*

> *based council meeting and then I give them the Magnate update. And then whatever information they give you, if it's flyers, I usually hang them in our break room. I even hang them in the bathroom because everyone goes to the bathroom and takes a look at it"* (SC5).

Additionally, steering committee members often suggested that they lacked resources that supported their own participation in the process. Some members were unable to attend meetings because of resource challenges such as time constraint, where members had "*little time and were not paid for this"* (SC5).

The nurse providers outlined that this change would directly affect their roles in the organization. Magnet would have an impact on nurses, where they would have to display their talents more than actually performing their traditional chores:

> "*Challenges is that there are a lot of things involved with obtaining and maintaining magnet status that the bedside nurse doesn't always – it's a challenge for her, you know… Sometimes that can be a little limiting that will, you know, you have to display somehow your talents and what your unit has to offer" (P1).*

This was suggestive of the idea that nurses viewed the process of achieving and maintaining Magnet as more of a PR tactic used for the public. As the nurse later in the interview further explained that the process of both attaining and maintaining Magnet as "*things that seem like for show more than patient care… where sometimes you'd rather spend more time on the patient for sure than things on walls and stuff like that, but you end up working on other things*". Due to these changes in their roles, nurses understood that having a dialogue in change processes was critical for them:

> "*I don't think it always gets done. I think it's a good thing. Always listen to your people that are frontline. Like I said, sometimes the frontline sees things different than when you go higher up but higher up also knows restrictions to what they can and cannot do. Yeah, but I think you need to have balance of the two. You need each to listen to the other" (P2).*

However, they felt that the organization often did not support their participation*: "I live about 45 minutes away from the medical center, so I'm not completely, totally active within the hospital with all the changes. There is less support"* (P5). As a follow up response, the nurse explained that, "*they [the medical center] should look at individual needs and the workload of nurses because I live far and when I am here I am only working, which gives me no time and honestly I do not feel encouraged*". Nurses also agreed that it was impossible to include everyone's voices, but they expected the organization to at least try and listen to the feedback, even if they decided not to include it:

> "*I can't say as we always saw results but I think that that's probably not – I think that's kind of impossible when you've got a staff of this many and for everybody's voice not only to be heard but to be acted upon. However, it is important to hear out what people have to say" (P1).*

Another nurse said:

> "*I mean because obviously not everybody's gonna agree all the time on something, so I mean maybe if it was like a collective group that said, "Hey, this is not working for us," at least it would be taken into consideration and see what can we do to make it work for you?" (P5).*

Therefore, while nurses understood the importance of voice and participation, design features in this change often restricted their participation. Some nurses looked for alternate ways to provide candid input in order to communicate their needs, while others gave up on this long time ago.

Techniques and Designable Features

The organization used existing channels and also created change specific channels for input solicitation (see table 5.1). Existing channels included a) public meetings like leadership council meetings, town hall gatherings, b) smaller team meetings like unit meetings, huddles, lunch with the CNO and c) information dissemination channels like email that contained information that allowed for the nurses to contact their unit reps or implementers for further queries.

New provisions for gathering input included a) public meetings such as steering committee meetings, b) smaller discussion or breakout groups like poster sessions formed during steering committee meetings, c) dissemination channels such as handouts with updates or presentations responding to concerns earlier brought forth by nurses. Again these dissemination channels contained contact information of representatives for further query.

Table 5.1: Channels for Input Solicitation

Channels	*Definition*	*Organizational Expectation*
New		
Steering committee sessions	Selected members form steering committee, which is formed to both disseminate and solicit information about the change.	Provide voice to staff nurses during this change effort and have nurses champion the change for others in their unit

Poster sessions during steering committee sessions	Sharing clinical practice posters during meetings, where unit members can acquaint themselves with new and existing practices and goals of other units	Exchange information and grow knowledge base about other units and the organization
*Handouts for the change	Change related information provided to steering committee members to be shared with their units.	Quick top-down information dissemination.
**Presentations regarding Magnet	Presentations that clarified information regarding Magnet.	One-way information presentation based on clarifying most frequently heard concerns
Existing		
Leadership Council	It is where the chairs of all the individual unit-based leadership councils meet.	Focused to create shared governance with nurses, where nurses will have a greater say in clinical decisions; these representatives are selected by their teams; the council informs and is informed by unit based council
Unit based Council	Unit councils where nurses step into informal leadership positions to help create change in their teams or units	Shared Governance; representatives selected by their teams; informs and is informed by clinical council for the organization
Town hall meetings to introduce the change effort	Announcement regarding changes and organizational functioning by the CEO and CNO	Change introduction by organizational leadership
Huddle	Quick 5-10 minute informational meetings, usually conducted during change in shifts	This is informal quick meeting to provide updates or share quick feedback

Lunch with CNO	An informal conversation that the CNO has with a small group of staff nurses	More transparency and connection with senior management
*Email (chatter)	Weekly information that also includes update for Magnet.	One email with all key information for nurses to avoid clutter

* Nurses could approach their unit representatives or implementers when they had additional comments or questions
** This design emerged as a response to nurse objections and resistance

While several structures were in place for input solicitation, each level of the organization appropriated and propagated these channels differently based on the specific aspect of the problem that was more salient to them. The stakeholders retained, rejected or modified several design features associated with these channels. The three main themes that emerged here were 1) Audience: who to include and when, 2) Conducting Solicitation: the how, 3) Reporting critique or negative input: what and how to report. The approach within these themes also generated particular reactions from stakeholders.

Audience: Who to include and when. The idea behind including nurses in this change and other clinical practices within the organization was to increase 'shared governance' in the organization, where nurses could play an important role in the change and other clinical practices within the organization:

> "*shared government," so – essentially – and so at those meetings, where there's – you know, at our unit-based leadership council, which is comprised of staff nurses – and then I'm there, and then my assistant manager is there as well" (I3).*

In order to empower nurses in this change, the implementers created the steering committee that was made up of nurse representatives from each unit. They believed the representative participation to be a helpful way of monitoring the organization and

spreading the word: "*It made sense to select a few nurses who could help us transfer information and identify issues. Can't include everyone's voices in the room" (I2).*

Ironically, most staff nurses asked to participate in the steering committee underscored the difficulty of their participation due to additional responsibility and low support, whereas the nurses who were not asked to participate felt that their exclusion isolated them and lowered their interest in the change. Steering committee members also elaborated how easy it was for the nurses not involved to claim ignorance about the change: "*other's (nurses excluded) might say, we're not really sure what goes on so we have no opinion about it" (SC4)*. However, as posited by more than half the nurses who were not included in the committee, this was a way to isolate nurses which lowered their interest in the change and maybe even created bitterness towards those included: "*You know, there's lots of emails that are sent to us and unfortunately I'm not a real big participant in the nursing committees they have there" (P1).* Another nurse when asked about the Magnet said: "*Yes, those people in the committee know about what they are doing" (P10).*

Non-committee members often reacted with skepticism regarding how members were selected for this committee, which was contrary to "*self-nomination or volunteering*" as suggested by the implementers (I3). Even steering committee members mentioned that often times they felt "*pushed to be a part of this change where many times they were asked by their mangers to volunteer because no one else would or because these individuals had some experience of working with senior management" (SC3)*. One of the non-committee staff nurses discussed at length this process of selection. She believed that the same nurses were appointed in every decision, which was not how

shared decision-making was supposed to be. She said: "*organization should make it more transparent because all this did not make any logical sense and did not support the mission of the organization" (P8)*. She underscored that many nurses did not show interest, which suggested that they did not support the participation process. Another nurse said: "*Let us know – inviting people to things like that I think sometimes – I don't think that happened here, but I think sometimes people feel excluded like if you're not the circle of"(P7).* She later suggested that people took these things personally*, "you would take it personal like you're not good enough; that personal thing"* and suggested that this could influence how change was viewed, where while the change was implemented to make things better, individuals now viewed it as an initiative where things that were not *"so positive were kind of swept under the rug".* Therefore, as suggested by the findings this designable feature of input solicitation generated both apathy and antipathy towards the change and the organization.

Furthermore, a few nurses were still hopeful that they would be approached for the change later on in the process. One nurse speculated that steering committee members were first in line to provide feedback and that once they were informed and shared their input, other non- managerial nurses would also be approached:

> *"Probably not as much. I don't – I don't think so because I feel like there's so many other things going on too but, hopefully, it will change once, you know, the hospital went through a lot of changes too in the past couple of years" (P6).*

While this did not seem fair to her, it was still something she hoped for because not everyone understood the change or was happy with it.

Conducting solicitation: The how. There was a consensus between all levels that both private and public spaces were useful for soliciting feedback. However, the way in which these solicitations were conducted influenced how individuals participated in the change. For instance, positive branding and provision of one-sided channels often restricted the nurse providers from participating. These nurses often approached other colleagues to make sense of the situation through dissent.

According to the implementers, there were already a lot of structures in place to get input:

> *"I would definitely say there are a lot of structures we have in place to get nurse input. I wouldn't say that it's – you know, we aren't at the place where it's always, let's run this by the nurses and see what they think" (I4).*

Even with these multiple structures, the results suggest that enactment and conduct of solicitation was more important in generating input.

Stakeholders agreed on the benefits of both public and private spaces. Public spaces allowed for piggy backing, where individuals could bounce off ideas from each other that would be helpful in starting conversations or raising issues of concern:

> "*I think some people do talk and I think sometimes hearing somebody else say something you feel, Oh, that's right, or it brings something else to your mind that you could say. So, I think it could work both ways honestly" (P4).*

Nurses also agreed that private venues were good: "*I think it's hard to talk in front of a group because then you feel like you're judged by everybody, but I think sometimes, not with you because I don't even know you" (P11).*

While comfort of space was found to be a personal preference, the way solicitation was conducted generated various responses from stakeholders. The executive posited that it was important to hear out the nurses. She highlighted that it was a few of her staff nurses that had brought the idea of the Magnet accreditation to them a couple of years ago: "*I was working with nurses and others throughout the organization and it was actually one the staff came to me and said, You know, we're as good as that hospital down the road. Can't we go for Magnet?" (E1).* She believed that since then, staff nurses were very much involved in the process, even though it was difficult to involve everyone. Therefore, the organization showed that they were pushing for more honest nurse involvement by providing various structures that allowed for nurse voice. However, implementers often used solicitation techniques for branding purposes to help develop a positive image for the change. Furthermore, they made use of one-way technologies, which already had negative symbolic connotations. Implementers thus modified the solicitation technologies provided by the organization to accomplish change implementation goals. Nurses usually became hesitant to participate through such techniques because they viewed it as impersonal, and often responded by complaining or through sensemaking with others. Implementers and steering committee members outlined the common occurrence of dissent among nurses, but did not favor it.

Positive branding. Implementers and steering committee nurses did not necessarily use these solicitation tools in the way it was originally meant by

organizations. Most participants from these two stakeholder groups outlined their focused on getting the change implemented. As one implementer pointed out:

> "*Hey, we want everybody to be a part of this and be as excited as we are. We are going for Magnet. And you know, along the way, we've had these different kickoffs. So last May, for instance, during Nurses Week – or maybe it was during Hospital Week – we created a huge magnet-shaped balloon" (I3).*

Such positive branding and broadcasting of the change made it difficult for nurses to share their concerns: "*I don't think we could say anything in such excitement"* (P11). Furthermore, flyers and emails that were used to disseminate information about the change made more than half the nurses feel disconnected as they lacked that personal connection with the decision-makers. One nurse said: "*make them – they need to make themselves seen and known and the nurses feel comfortable talking to them and, you know, kind of how – I don't know how to explain it"* (P11). While nurses desired the presence of the implementers, they were still hesitant to provide feedback to them directly: "*But, somebody like you would be better than somebody like CNO who's here, who I know, who knows me, who you're afraid" (P4).*

Use of channels with several limitations. About half the nurses also stated being upset when they could not provide feedback due to channel limitations (e.g., one way channels like email blasts), and were more agitated when they tried to provide feedback even with channel issues, but their feedback was never considered: "*I'm trying to think of the word – evaluate my suggestion if that's what I had done and, you know, if it was a suitable one, to utilize that or at least talk about it, mull it over"* (P12).

One-sidedness of channels was also thought to have reduced the amount of information nurses received, because they could not clarify information. One nurse highlighted this issues, where it was not necessarily that they were just told about the change, but even her participation led to little information: "*Yeah, I mean I don't know if it's necessarily that it's just that we're getting told. I just feel like I'm uninformed about what's going on"* (P15).

Furthermore, emails were culturally viewed as a space for clutter and nurses did not know why it was used to exchange information about the change: "*I don't wanna read all those things that people are sending me"* (P4). However, implementers still used it and noted: "*This is the only email you need – you must – read every week. And in that email there is updates, how we are doing as far as metrics, patient satisfaction – you know – all sorts of things"* (I4). A few nurses suggested that the implementers used these impersonal technologies and emails as compared to other structures like floor meetings to control the unionized workspace, where they did not want the nurses to get involved in "*their business*" (P6).

Responding with dissent. As way to negotiate these conduct and channel issues of personalization and indifference, many nurses suggested that they chose to remain silent or to share their feedback only with their peers, as they were hesitant to discuss it with implementers. This was a trend in the organization because the executive stated: "*But, you know, it's interesting as women we don't typically go right to the person and say, well, let me tell you how I think about that. They usually kind of share it with somebody they set the stage"* (E1). Another nurse said: "*we initiated a big study two years ago, a program here, Physician Nurse Rounding, and we found peer to peer to be the best*

result" (P9). This finding was also supported by the quantitative analysis, where hesitation to share input was positively associated with lateral dissent r (50)=0.4, p=.006.

Nurses also talked about the reality of actually being able to influence the organization or coworkers. When discussing this topic, one of the nurses said:

> "*I don't know how influential I would be. I mean I think if there was something that I was proposing or something I'm sure I would feel okay mentioning it to my coworkers. I mean but how influential would I be with it"* (P5).

Other nurses also highlighted the drawback of such dissent, because they felt helpless listening to their coworkers:

> "*now is like if people do a lot of complaining to me and the other nurses, I can't make that change and if it really, really bothers you then you need to go forward to your manager, not to me. I'm not your voice but I find that a lot of times people don't want to volunteer"* (P20).

Implementers mentioned that they did not like such dissent and tried to avoid it. In many instances, they also questioned individuals who were negative about this change:

> "*You've got some nurses who will complain to other nurses but not – and then that just kind of tears down the morale of the staff rather than taking it to – taking a complaint to somebody who can actually do something about it. But that's where I get most frustrated. It's just you have unhappy people and you're like, okay, why do you still work here if you hate it so much? And what are you doing to make it better?"*(I4).

Reporting critique or negative input: What and how to report. Any negative comments were often viewed as resistance by implementers. Further, implementers

sought to identify the resistors and to "settle" the concerns so that these individuals would not influence others: "*You'll often get people that are just completely opposed to change, and the Negative Neds or the Negative Nellies per se who can spoil things"* (I3). In the interview, the executive had outlined this challenge she faced, where she found that it was difficult for her managers to surface up negative input (E1). Implementers often came up with plans to control resistance by developing persuasive communication actively, asking resistors to develop their own solutions by turning the table interactively, or denying that resistance exists passively. Furthermore, implementers reacted to resistance by suggesting that they could not do much about the negative information they received, because their role was to conduct this change.

Implementers often approached resistance through active persuasive response. One implementer outlined the role of generating more focused communication as a response to difficult comments in order to curb resistance:

> "*At these employee forums, we gave a brief PowerPoint about what is Magnet, why we're going for Magnet and why it's important to go for Magnet, and then – really, are we Magnet? That was the part that I think we should have done a better job with when we presented because then we still got those questions – like, are we sure? Are you guys sure that we're ready? You know what I mean?"* (I3).

They first identified the issue worthy of addressing based on the frequency of complains and then they came up with communication to address that issue: "*we did make a Magnate what we call a myth busters factsheet where it was"* (I4).

Another way of countering resistance was by turning the table, which was an interactive way of approaching resistance. The providers were expected to come up with solutions for the problems they discussed about Magnet. Implementers and steering committee members were often perceived as not being welcoming of critiques or problems because they expected the nurses reporting the problem to come back with a solution to that problem:

> "*she always turns it back to just like Psych 101, so what are we going to do about that? What do you think we should do about it? So it's always pretty much a group intervention that we do when initiatives isolate it and I think everybody can live with that a lot easier when you have – even if you're not happy with the answer"* (P1).

This often stopped the nurses from reporting instances or challenges that they did not have a solution to: "*I knew what the problem was but had no idea what to say about it"* (P1).

The last design implementers used for resistance was passive in nature, where they denied that resistance existed. Implementers during the interview defended the change, and any mention of resistance was approached with brevity and caution. When asked about resistance during this change, one implementer responded: "*I guess we haven't encountered something like that yet. I mean, I definitely don't think that it's out of the realm of possibility"* (I2). This was suggestive of a denial approach, where implementers knew of the problems but were afraid to discuss it. Additionally, implementers evaded any personal responsibility towards the change. The problem arose when nurses provided negative feedback about the change. Even though the

organizational expectation was that implementers will sift through all input, implementers avoided taking responsibility for any difficult questions related to the change:

> "*I've had some executives and a few directors wonder if the actual change process is worth it, if actually going for Magnate status is worth all the time and money that we're investing in it. And I'll leave that to somebody else to decide. Just, you know, I'm here to do my work but as far as how I'm going about doing it, I think I've been very supported and have had good reactions from other staff"* (I3).

Another implementer said: "*I think that people's main concerns are the time that it takes in the investment with monetary resources. And that's a decision that's beyond my control"* (I4).

Steering committee members thought of their role as mid-level managers and usually viewed resistance in a negative light that occurred because people were just afraid to change:

> *"I think some of the resistance is because a lot of these nurses, many of them have been here for decades. And some of them are practicing as diploma nurses, even ADM nurses. So then when Magnate becomes involved and when they were starting to – when the medical center was eager to become Magnate I think it was the whole thing like, well, you have to get your Bachelor's. So that there kinda scared a lot of the nurses. And I don't – some of them pushed into going into getting their Bachelor's*

then. But some of them are still hesitant whether to go back to school" (SC6).

The steering committee members followed the chain of command and understood their role of monitoring:

"*You know, middle management, it's one of the toughest jobs in the healthcare organization because we're kind of sandwiched in-between administration above us, and then obviously our teams – so really ensuring that you're having those daily huddles, you're listening to what the staff are saying – and then yes, of course, following the chain of command"* (SC4).

Also, when the critiques surfaced, the steering committee members often underreported the issues discreetly, as they were hesitant to share the negative input and let the implementer decide whether it was of significance or not:

"*So if anybody did have any concerns or problems I will have that. And then maybe I'll discuss it to implementer like maybe in person after thinking – okay, just so you know, like – what are we doing with this and this, yeah, instead of like making it loud and vocal. But if she did – if that was something important that we do need to talk about more, than she'll maybe share it out to everybody"* (SC5).

Quantitative analysis also found a positive relationship between the two outcome variables, hesitancy and distortion of information r (51)=0.81, p=.000. Another steering committee member mentioned during the interview that it always helped to highlight some important recommendations when sharing with management (SC2).

This process made it difficult for the nurse providers to discuss critical input. One nurse said that her colleague was so afraid to discuss things with her manager because: "*there would be grudges held or it would come back to haunt them or not look favorable on them"* (P4). Many of the providers thought of collectively providing feedback as a way to modify the existing designs:

> "*I mean because obviously not everybody's gonna agree all the time on something, so I mean maybe if it was like a collective group that said, Hey, this is not working for us, at least it would be taken into consideration and see what can we do to make it work for you?"* (P4).

Others recommended using anonymous channels by justifying its use in their previous organizations: I know of previously employers have sent out like surveys"

> "*Hey, what are your thoughts on this change to gather feedback and then everybody – and it's confidential and people can just write down what they feel like they need to write down, and then kind of they can take that into play with the change you know"* (P5).

But, a few of the providers were skeptical even about the anonymity: "*They can figure out from your questions that they ask of demographics and this and that and how many years you're a nurse, who you are"* (P12).

Rationale

Every stakeholder group had their situated ideals about how input solicitations ought to be designed and types of feedback it could generate. The rationale informed the problem aspect that was most salient to them. Also, each group understood and often addressed perceptions of others that helped highlight the conflict within these levels. The

goal these stakeholders had was to negotiate implementation and participation by retaining, modifying, or rejecting the techniques offered to them.

For most implementers, the ideals were situated in promoting and branding the change within the organization. They wanted to generate loyalty for the change throughout the organization and used input solicitation as a way to generate enough controlled discussions about the change that would validate it for the organization. When conducting the meetings, they asked the members to think about why 'they had the Magnet in them?' Their goal from solicitation was not as much to collect candid feedback, as it was to promote the change, which often implicated a false sense of empowerment, as this change was more about validity than empowerment. As one of the implementers suggested:

> "*You know, explain to them that if we achieve this designation, this puts us in the top 7 percent of hospitals nationwide for quality. And that, in turn, attracts more patients who want to choose us because we have kind of that good health keeping seal of approval. It attracts and keeps us staffed, you know, want to come work at a place that has a good reputation. Doctors want to refer their patients there so I kind of approach it from a business angle that it'll benefit by bringing more people in the door and therefore making the hospital more successful and our jobs more stable" (I4).*

They legitimized and validated the change by having the executives champion the change and also be reinforcing that they were already practicing the Magnet way:

> *"And the answer was yes. And it was nice because we had the CNO there plus all the Magnet program coordinators, and we were able to just give examples and say absolutely we are; we have been practicing Magnet for years" (I3).*

Another steering committee member said:

> "*I'm giving them updates about like, oh, we're gonna – like we're not doing anything that's making a huge eye open change. We're gonna do this. I just tell them when the visitations end just to be continued, stay tuned" (SC5).*

This also helped reassure the nurses that not much would change once they actually received their accreditation.

Again there was a consensus between steering committee members who understood that their role was to bridge the knowledge gap between the implementers and the unit nurses. Surfacing feedback up the chain of command was their secondary mission. They used caution to collect feedback and take it up the chain because of the complicated position they were in. In many instances they described providing quick updates to their units, but did not make time to take questions at the end. As one steering committee member said: "*we have no time for Q&A, so it is better to use huddles that are just quick updates I provide to nurses" (SC6).*

Further, steering committee members discussed how resource limitations stopped them from generating quality feedback, as it required more work and "*negative feedback could put them under lot of scrutiny" (SC3)*. Therefore, they often claimed that while there were structures in place for providing critical feedback, individuals would have to

make an active effort to stand for themselves: "*I think if someone had something to say or they wanted their voice heard about something there are opportunities for that" (SC1).* This suggested that steering committee members often avoided actively seeking negative or critical feedback. Even in instances where negative input was reported to them, they first assessed if it was worth sharing and then used caution to inform implementers of this. These ideals were often based in self-protection and protection of peers, where the members often rejected or ignored the current designs of solicitation or censored the information they received by modifying the solicitation designs.

Non-managerial staff nurses understood the culture of silence they were living in. While they wanted to provide input, they had various reservations about speaking up: "*Again, I'm sure there's people that won't speak up because they're afraid of what management might think of them" (P1).* A few nurses discussed how nothing changed in the industry, where one nurse noted, "*nothing ever changed in nursing work" (P2)*. Nurses felt burnt out because their input was never taken into consideration even after being collected several times. They believed that negative or critical comments were helpful for the organization: "*Because you don't always want to know what they're going to say, you know, and it's not always positive, the feedback. But sometimes you need those negative comments to take another look at things, so yeah" (P1). A*lso, several nurses outlined that individuals were skeptical providing feedback to specific people or in larger settings because *"of lack of information or simply because of the fear of being singled out" (P10).* Nurses who were going to retire or leave the organization soon often resorted to silence because there was no point in pushing forth their ideas as the organization would not listen: "*Either way I'm gonna retire in a few years so what's the*

point" (P7). However, there were still a few of them who provided their feedback regardless of this due to their commitment towards the organization, "*I'm gonna tell them and have in the past and it matters. I am not scared"* (P11). These define the ideals of input providers who were cautious about sharing input because of the cultural restrictions, but saw value in critique.

RQ2 Summary

In response to RQ2, the findings suggest that each stakeholder group focused on a different aspect of the problem space, where for implementers and steering committee members implementing change was more salient than using techniques to generate candid voice. Nurses on the other hand looked forward to being heard, even though they knew that it was impossible for the organization to incorporate all the suggestions. However, they at least hoped their voices would be considered.

The organization had various structures in place to support the shared decision-making model. With the help of the implementers, a steering committee was formed to include voices from the representatives of each unit. However, instead of bridging the knowledge gap between the implementers and staff nurses, creation of this committee inadvertently drove a wedge between those included (i.e., steering committee members) and those who felt excluded from the change. Additionally, steering committee members perceived their role to be an added responsibility without any organizational support.

Implementers often used solicitation techniques to brand the change. Use of one-way channels such as email were common, which already had negative connotations attached to them. Also, steering committee members used quick one-way techniques to disseminate information in order to avoid discussions and questions and to save time as

they had limited resources. Providers were hesitant to participate in these designs and often complained to coworkers through lateral dissent.

Difficult questions and negative information were viewed as resistance by the implementers who used active, interactive, and passive designs to curb the critique. Steering committee members were afraid to surface up negative information and often toned it down or underreported it in order to avoid scrutiny as a way to protect themselves and their colleagues. Providers were often hesitant to discuss any critical information and resorted to distortion or self-censorship due to fear of being singled out.

Chapter 6: Discussion

This chapter concludes the dissertation by exploring linkages between the relevant literature and findings and discusses implications of the study. First, the major findings are discussed through the lens of the exit-voice-loyalty and neglect [EVLN] framework. The results of this study reinforces, questions, and expands several elements of the EVLN framework by exploring how designable features of input solicitation influence stakeholder voice and silence. Second, this chapter also offers a discussion of the theoretical implications of this study that informs organizational communication approaches to change, especially the design perspective on input solicitation. Third, this chapter discusses implications for theoretical approach of GPT and communication as design. Fourth, the study presents practical implications for different stakeholder groups. Fifth, the study identifies key paradoxes and tensions that emerged during change implementation. Finally, the chapter concludes by listing future study directions and limitations.

Participatory processes in organizations can have several benefits for the organization. Increased trust, supportiveness, and empowerment are all outcomes of participatory practices in organizations (Lines, 2004; Monge & Miller, 1988). However, participation comes with several challenges as well. Despite these issues, organizations use participation and its mechanism like input solicitation during change (Lewis, 2011; Lewis & Russ, 2012) to help curb uncertainty and improve commitment to change. Organizations seek input for various reasons that can range from merely providing an illusion of participation to actually using the input as a resource in decision-making. Provision of input solicitation does not automatically mean employee empowerment.

Input solicitation during organizational change is complex. Scholars have limited understanding of the way input solicitation should be conducted or of how the process is perceived by those involved in it. Management may favor more restrictive or limited solicitations and overlook or disregard any critique that is surfaced in input as a strategy to manage change. Too, employees might participate in these solicitations with mixed motives. For instance, research in upward communication suggests that employees are not merely passive audiences and react with voice or silence in dissatisfying situations (Turnley & Feldman, 1999). In general, research has not focused on stakeholder voices during change and there is scant practical or scholarly knowledge about the reactions of providers of feedback based on how input is sought.

This study contends that the manner in which input is solicited from stakeholders and ways in which stakeholders participate generates a range of consequences and implications for the organization and stakeholders. Through a case study approach this study explored and examined the challenges surrounding the architecture of input solicitation and ways in which designs for collecting input are managed and negotiated by multiple stakeholders with various implications and consequences for stakeholders and the organization. Communication as design perspective was especially helpful in understanding the choices associated with solicitation designs and how that determined the participation of individuals.

Interpreting the Findings through EVLN

The EVLN framework offers a potentially useful scheme to interpret the findings of this study. As suggested by EVLN, *exit* is enacted through leaving the organization, *voice* is exercised through efforts to improve conditions in the organization, *loyalty* is

embodied in extra-role or organizational citizenship behaviors, and *neglect* occurs through inattention, absence, and willful ignorance (Turnley & Feldman, 1999). Broadly speaking, the analysis of the data in the current study produced examples of each of these four instances where nurses chose to remain silent in anticipation of their exit, voiced their opinions, expressed loyalty towards the change, and/or neglected the change. The key takeaway suggests that designable features of solicitation, change specific challenges, and the long-standing challenges of nursing work defined and influenced nurse participation.

With a few exceptions, nurses who were going to soon *retire or exit* from the organization usually chose to remain silent. Staff nurses and steering committee members who felt that the change would modify their roles or responsibility chose to *voice* their opinion even when hesitant, although the quality of this input varied. Steering committee members expressed *loyalty* towards the change as they participated in their extra-role obligations to help implement the change, where difference was found in expressed loyalty versus felt loyalty. Nurses who were skeptical about the change or selection in the change chose to neglect the change and suggested that others knew more about the change than they did. Both steering committee members and implementers neglected the ideas, critiques, and questions surfaced by the providers of input.

While these categories serve as a summary of results, a more detailed analysis reveals various overlaps between these response types. The analysis that follows suggests that these constructs are multidimensional in nature, where stakeholders use different versions or levels of voice and silence in response to design choices of input solicitors.

Exit. The findings suggest that nurses who were going to soon retire from the organization often suggested that they were not invested in this change and chose to remain silent because of their anticipated departure from the organization. Despite this claim, a few nurses still chose to provide their feedback because of their commitment to the organization, the identity as nurses, and moreover the motivation to provide feedback without any fear of reprisal as they were already going to leave soon. Therefore, exit was critical in triggering voice, which was to some extent supported by Hirschmann's (1993) later article, which was an effort to re-conceptualize the relationship between exit and voice. In this article Hirschmann discussed the role of exit in generating or igniting public voice either from individuals who stayed back in the organization or collectives choosing to leave the organization together.

Nurses who were looking for better job opportunities also thought of exiting the organization in the near future, but were interested in providing their feedback and helping the organization attain this status even though it was of concern to many. Magnet provided a branded tagline to these individuals that helped their cause. Therefore, participation in this case also served as a mechanism to develop opportunities for exit.

Both retirement and the contextual nature of the change can explain the relationship between exit and voice. Retirement is a unique form of exit, where individuals are not leaving the organization for better job opportunities or satisfaction. Therefore, nurses retiring might still feel the loyalty towards the organization or their profession. These nurses might choose to provide feedback even when not formally asked by the organization, which reflects their loyalty and commitment. Furthermore, the

contextual nature of the change also serves as an indicator of importance of personal motivations associated with exit, where voice can be beneficial in preparation of exit.

Voice/Silence. While input providers and steering committee members were often hesitant to voice their opinions, they sometimes participated through communication marked by distortion and self-censorship. Communication design elements such as selection to committees, timing of solicitation, level of information, type of channel use, zealous announcements, positive branding/championing of the change by senior executives, one-way channels, and negative or more muzzled reactions to critiques or questions contributed to the type and quality of information shared with the steering committee members and implementers. These designable features influenced whether nurses chose to remain silent or provide feedback and it also determined the level of honesty and candor in feedback they provided.

Often times a hierarchical 'Mum Effect' (Bisel et al., 2012)—avoidance of sharing any negative information with managers—appears to have contributed to self-censorship, where input providers, and especially steering committee members did not want to surface any negative information up the chain of command. This was often motivated by self-protection, to avoid scrutiny, or to avoid additional work related to developing solutions to identified problems. Van Dyne, Ang, and Botero (2003) reconceptualized the constructs of voice and silence as multidimensional where the role of employee motivations was differentiated among three types of voice and silence. These authors argued that withholding information due to resignation, fear, and social benefit resulted in silence, and one of the three forms of voice included was unwilling agreement on topics (Van Dyne et al., 2003). Here employees chose different types of

voice or silence based on the motivations of disengagement, self-protectiveness, and other-oriented behavior. This reconceptualization of multidimensionality was helpful for the current study.

In the current study, nurses and members distorted the information by omitting various negative claims or through selective focus or emphasis on positive claims than the negative ones (O'Reilly, 1978) as a way to protect themselves. An interesting finding here was that distortion took place on each level of the organization. Furthermore, implementers and the organization were aware of this laundered version of input, and even adopted designable features that made the input solicitation seem tedious and not genuine and seemingly encouraged distortion. For instance, adopting one-way channels or developing expectation to come back with a constructive solution made it seem more tedious for employees to provide negative input. The implementer's use of technology with established negative connotations made it difficult for the nurses to receive information and also symbolized the detached nature of solicitation. Therefore, both functional and symbolic values associated with such technologies were perceived negatively, which is consistent with tenets of the dual capacity model (Sitkin et al., 1992).

The current study suggests that choice of technology already tainted with negative connotation makes the nurses more skeptical about the input process. Because input providers' perspectives on emails were that it caused clutter, and they avoided reading it. Even after constant appeals from the implementers, who were aware of this organizational challenge, nurses opted not to read their emails regarding the change. This perspective constrained the nurses from receiving information about the change and negatively affected their participation in the change. To keep matters simple,

implementers and steering committee members only selected input that could be easily addressed through quick communication. This helped counter the negatives and as reflected by the implementers brought them closer to their goal, which was to develop loyalty for the change through positive branding. Other more difficult questions or comments were often ignored or members were asked to come up with their solutions interactively. Yet, in other cases, implementers completely denied that any critiques ever existed. Therefore, critiques were often branded as resistance for which implementers evaded any responsibility by stating their role as change implementers and not individuals who had the power to modify the change.

These active, interactive, and passive designs used to counter 'resistance' often indicated to nurses that the process of input solicitation was not genuine. In addition to distortion and self-censorship, nurses also resorted to discussing their perspectives with other colleagues through peer-focused dissent (Garner, 2009a). Dissent thus was a sensemaking technique that helped the nurses' reason with each other about the change and the input solicitation process. However, dissent was not perceived to be beneficial by implementers and even nurses who were 'toxic handlers' for the organization. Toxic handlers are individuals found in every level of the organization and may belong to managerial and non-managerial positions "who voluntarily shoulders the sadness, frustration, bitterness, and anger that are endemic to organizational life" (Frost & Robinson, 1998, p.98). Nurses often felt helpless when they heard about the change concerns and felt stressed because they had no power to influence the change. Therefore, toxic handling often took a toll on them, where a few nurses even guided their colleagues to talk to those in power of the change just as a way to get away from all the negativity.

The pattern of findings in this study suggests that a toned down laundered version of voice generated through a "faux voice" method has emerged. In this case the implementers claimed that they could not do much to make the nurses feel better due to the very nature of the change, as it was not in their hands. Therefore, they were not interested in developing venting sessions; rather they looked forward to getting nurse feedback to further the implementation of the change. This finding also point to the purposeful collaborative efforts around input solicitation. Implementers, often collaboratively designed input solicitation in ways that subtly (or not so subtly) suggested that genuine voice was unwelcome. They often made it harder for individuals to provide feedback. Similarly providers of feedback collaboratively sought to self-protect or protect others by toning down the negative input. This suggests an important extension of the EVLN perspective, which reflects that decisions about voice might not be based on individualized choices of the feedback provider. This is a dance between the seeker of input and the provider that results in EVLN options being produced.

Loyalty. At times both steering committee members' and implementers' input reflected an orientation towards loyalty towards the change. Steering committee members participated in an extra-role opportunity. These members reported often voicing a sense of loyalty towards the change even when their felt loyalty was quite low. Most members reported a self-protection motivation and often chose not to provide any negative input or even question the aspects of the change that were unclear. Their reasons to remain silent on change issues was usually not due to the optimistic anticipation that things will improve, rather it was to protect themselves from scrutiny or additional obligations that arose from their new extra-role behavior and the designed features of solicitation.

Therefore, these members believed that their loyalty was reflected in their actions as change ambassadors, where they felt compelled to curb important provider voices. Their steering committee role was crafted to model and enforce loyalty. This resulted in self-censoring and participating in designing input solicitation in ways to encourage others to self-censor.

The features of input solicitation were often designed in ways that restrained the discussions –and encouraged loyalty--due to limited resources like time, where information provided about the change to the members often remained unclear because there was never enough time for it. Implementers preplanned meetings with very little room for additional topics or questions. Messages and probes used during these meetings were generally suggestive of change expertise possessed by implementers that often stopped the steering committee members from participating as they had low self-efficacy and did not want to look ill-informed. Additionally, implementers often tried to pad the negative with positives or asked the members to report out, thus shifting and increasing the responsibility and accountability for steering committee members. However, amid these restrictive design features, implementers also tried to grow and inculcate a sense of loyalty for steering committee members by casting them in the role of "ambassadors" of the change and requiring their attendance during these sessions (symbolized through a sign-in sheet). Despite such interventions, steering committee members highlighted their feelings about the low support they felt for their participation, as they could not be at two places at one time.

Steering committee members were careful to avoid soliciting or surfacing of negative input. They usually thought of the process as tedious and constraining and often

self-censored. They used quick channels to disseminate information so as to avoid clarification questions and feedback. They also spent extra time analyzing any critical feedback, which if they decided to surface to superiors was done with caution and downplaying the negatives. This also reflected their seeming motivation for prosocial voice --to protect the providers of such feedback. While Van Dyne et al's. (2003), reconceptualization discusses prosocial voice as expressing solutions or constructive ideas for organizations, the findings of the study suggest that prosocial voice might also be geared towards protecting others, which is different from prosocial silence that is to withhold information to protect others.

In order to enact loyalty, many steering committee members refrained from asking any questions because it would increase their responsibility for solutions. In these instances, the felt loyalty generated more neglect in steering committee members, where they disengaged from the conversation.

Neglect. Neglect was apparent in nurses who were not asked to provide feedback. These nurses often chose to neglect the change, as a way to show their disapproval of the selection process, where they believed that the same nurses where selected time and again. This reflected a form of absenteeism from the change, where the nurses put no effort in discussing or understanding the change. Often times this was explained as a norm in the nursing profession, because nurses were accustomed to working with limited resources they were handed. However, such limitations also bothered the nurses, as they desired more transparency in the inclusion/selection process. Nurses excluded from the process often felt that the ones included in the process were favored by the organization and knew everything about the change. However, as pointed out earlier, neglect was not

just common in nurses who were excluded, but also surfaced in nurses who were trying to reflect loyalty, without actually feeling any sense of loyalty.

Neglect was also found in implementers and steering committee members who deserted any critique because of their primary role of implementing the change. In some ways this also reflects the conflict between primary roles and extra-role behavior, where ideals and problem space of different stakeholder groups were in conflict with one other. Individuals who sought to support or remained loyal to one stakeholder group often ignored the wishes and needs of another stakeholder group.

The EVLN model was a useful framework for reviewing these findings. The data from this study has supported the model by identifying exit, voice, loyalty, and neglect instances that were influenced by the communication design and provided a nomenclature to identify and discuss the various responses that were surfaced in the study. Further, the study identified several types of voices within the "voice" category, which reflected the multidimensionality suggested by more current studies of voice and silence. For instance, providers used distortion or self-censorship as self-protection. Further, steering committee members tried to tone down the negative input or not collect any difficult questions to protect themselves and others from repercussions and extra work.

The findings also call into question the previous assumptions that neglect is a passive activity with negative consequence for the organization. The study found that oftentimes providers chose to actively neglect the topic of change, especially if they had felt wronged due to their exclusion. Further, the discrepancy between felt loyalty and

expressed loyalty may also be harmful for the organization as that can create false voice, where individuals just agree passively, making loyalty more like neglect.

These findings also help extend this model of EVLN, identifying where constructs might overlap based on the context to which they are applied. For instance, nurses who knew they would be leaving the organization chose to either stay silent or provided feedback based on the loyalty they felt towards the organization. Steering members who were expected to be loyal to the change exhibited loyalty but were more disengaged with the change. They had almost a disengaged voice in the process, which was closer to neglect than loyalty. Therefore, it will be very useful to re-conceptualize these constructs and revisit their relationships and the multidimensionality within each construct.

Exit may be viewed as forced exit, voluntary exit, unavoidable exit, exit for other opportunities, exit without opportunities, preparation for exit. Voice or silence has already been re-conceptualized and the relationship between the types of motivations and voice may be reconsidered or expanded to (Van Dyne et al., 2003). Loyalty can be viewed as felt versus expressed loyalty, and neglect might be viewed in-terms of both active and passive neglect to begin with.

Finally, the findings of this current study makes clear that there is a relationship between the ways in which input solicitation is designed and carried out and the ways in which individuals select a EVLN response. For instance, when individuals see genuineness in designs they might put in the effort to voice their opinions. On the contrary, if they sense symbolic solicitations, they may choose to neglect solicitations and the change. Further, as discussed earlier, the interaction of voice with designs of

solicitation can lead to different types of voices. Furthermore, these interactions might also shape the loyalty or neglect based on how providers feel about their participation.

Implications for Organizational Communication Approaches to Change

First, the findings of the study suggest that communication achieved during implementation are determinative to some degree of the pathway of the change. While change outcomes are often measured in terms of accomplishment of goals, change failures are usually ascribed to problematic features of communication--where employees or other key constituents of the organization are thought to be communicated to ineffectively (Lipman, 2016). This suggests that stakeholder perspectives and reactions regarding the change are as important in determining the change outcome. Scholars have examined the role of communication in change implementation and underscored the two communicative foci of change as information dissemination and input solicitation (Lewis, 2011). The findings of this study detail the manner in which input solicitation and provision may result in functional or dysfunctional communication, voice, and information sharing. For instance, the study found that implementers used solicitation designs to usually disseminate positive information about the change. Messages communicated during solicitation meetings aggressively supported the change, where implementers worked hard to brand the change and did not express their openness to difficult questions or critiques. These communication practices often made the providers hesitant to share critiques regarding the change generating a distrustful atmosphere. Several nurse providers discussed their challenges with the change that were not met or answered by the organization. Furthermore, the restrictions levied by input solicitation designs further sparked a discussion about the genuineness of the solicitation process and

ultimately the need for this change. For instance, steering committee members discussed the role of restricted features of the meeting such as maintaining an attendance sheet, which generated more conversations about the forced nature of gathering feedback without much support from the organization. This implied that the negative communication during input solicitation often contributed to more negativity and reduced commitment for the change. All of these barriers and dysfunctions in communication process may have serious consequences for the organization's ability to identify flaws and problems with the change program and to subsequently garner cooperation to resolve them.

Second, the findings of the study imply that the pathway to change is dependent upon how key stakeholders respond to opportunities to participate. This study advances literature on input solicitation by exploring the perspectives of providers of input and especially how providers interact with the designs of participation provided to them. As stated in the introduction, there is very little guidance on the process by which input is solicited and how all this data is filtered and analyzed (Lewis et al., 2006). Lewis and Russ (2011) explored the perspectives of mid-level management regarding input solicitation and found that while these individuals lauded participatory models they still focused heavily on goal fidelity rather than supporting stakeholder collaboration. In another study, Sahay and Lewis (2016) compared the perspectives of input providers and senior level executives where they found that these two stakeholder groups acknowledged that the key function of input solicitation was to increase buy-in.

This dissertation expands the existing work on solicitation by exploring how stakeholders react and respond to the participatory opportunities and to the detailed

manner in which those opportunities are provided to them. Stakeholders are not passive audiences and they interact with the designs provided for participation, which may shape their responses towards the change and towards those who solicit their input. The findings here suggest that multiple structures were in place for soliciting feedback from providers. However, input providers often chose to ignore these platforms or provided limited, self-censored, and distorted version of their voices and were more comfortable approaching informal channels for sensemaking. Further, for some individuals charged with using input solicitation methods that were lacking, collection of input and embodiment of 'loyalty roles' appear to have even led them to self-censor criticisms.

A key finding here suggests that censorship and distortion begins at the lowest levels when individuals self-censor and provide toned down versions of their complaints. This then is analyzed and filtered by the steering committee members, who further tone down the data and polish the positives to make it look more appealing to the implementers. Implementers then select only those questions that they can respond easily to and often brush the ones they cannot address. The entire process of solicitation can result in spirals of silence and self-censorship. This case is suggestive of how opportunities of participation are negotiated by multiple stakeholder groups.

Finally, this introduces the third implication, which suggests that successful pathway to change is not as simple as "offering" opportunities to participate in decision-making. Previous studies have looked at the benefits of soliciting input and providing participatory tools that can help lower resistance and uncertainty during change (Bordia, Hobman et al., 2004). However, the findings of this study call into question the simplified assumption that participation is a cure for these organizational problems that

arise from change. As the study reflects, the designable features of input solicitation can influence individual participation. These designable features have been confirmed to be both potentially beneficial and problematic for participants. This study suggests that access to relevant information regarding the change and more balanced and timely approach to soliciting feedback is helpful in solicitation. Additionally, understanding work-role obligations and accommodating participants based on their schedules was suggested to be critical in planning solicitation. All these design decisions reflected in the study supported or hindered participatory processes. These are key design choices that went into conducting solicitation and had several consequences and implications for the organization and those participating in the solicitation. This implies that to view solicitation as a simple normative activity offered to check off a box with the assumption that it automatically helps reduce challenges of uncertainty or resistance, sets the stage for bigger challenges for the organization. Input solicitation like other participatory mechanisms has to be thoughtfully constructed where asking for and collecting input, sifting through the data, analyzing the ideas, presenting the results, and using the information to modify the change are all critical steps that require attention.

Implications for GPT and Communication as Design

This study has two important implications for GPT. First, the study underlines an important challenge regarding identification of the problem space that can hopefully help expand the approach. The analysis and findings here suggest that identification of 'the' problem space can become difficult and complicated when there are multiple stakeholder perspectives involved during the communication processes. To remind the readers, GPT helps reconstruct communication practices by shedding light on the problem, technical,

and philosophical aspects of the practice (Craig & Tracy, 1995), where " problem level focuses on the communication problems or interaction dilemmas participants experience in and through their social actions" (Koeing, Maguen, Daley, Cohen, & Seal, 2013, p.250). For instance, Muller (2014) looked at the problem of engagement, where the main dilemma was to balance student centered teaching with curriculum centered teaching in order to better facilitate engagement in classrooms. Here, the problem space became apparent through the individual teaching styles of instructors that were observed by the researchers, for which the study was able to identify relevant techniques of resolution. Koeing et al.'s (2013) study explored the different techniques of handoff or transfer of responsibility between teams of providers who routinely transferred care. Each of these studies reconstructed problems that arose for individual participant groups such as primary care clinicians (Koeing et al., 2013) or instructors (Muller, 2014) during well-established practices in organizations.

With multiple interests at stake during organizational change, this problem space/spaces or multiple aspects of problem space become even more complicated to identify, especially because they are often in conflict with each other. Techniques may be identified to resolve one set of problems but that could exacerbate problems for other parties with conflicting goals. For instance, while the implementers focused on conducting the change through dissemination of information, proper knowledge transfer, branding of the change, and control of negative input, steering committee members were more concerned about their roles as middle management who understood the challenges faced by staff nurses but were still unable to bring their voices to the implementers. Nurse providers wanted voice in the process and often resorted to distortion and self-censorship

as a way to navigate their roles and identities. Also, they used more informal techniques such as lateral dissent due to lower trust caused by the perceived inauthenticity of the input solicitation process. Therefore, the problem space itself became a place of negotiation and conflict and was plagued with various complexities.

This leads straight into the second implication for GPT, where the approach can benefit from viewing the problem spaces or interactional dilemmas as unstable and dynamic. This is in ways similar to the temporality issues mentioned by Tracy and Muller (2001), where they state that actual discourses can never be ideal because there will always be asymmetries between people with different interests and every situation will come with its practical time constraints. As the interactions change between stakeholders, time shifts and these problem spaces also change and evolve based on how stakes are negotiated through the techniques offered. For instance, the findings here suggest that implementers' initial focus was to disseminate information through solicitation techniques, which was in conflict with the expectations of the providers, who had difficult questions and critiques about the change. Once the implementers sensed this negativity, they changed their focus to design solicitation for controlling 'resistance.' Their problem aspect of implementation now focused more on checking resistance to change for which they developed presentations to counter the negative comments. These techniques signaled the organization's determination in conducting this change, which often made providers and steering committee members hesitant to share any input. The problem space itself was changed and modified several times as stakes were negotiated and dilemmas reexamined during implementation. This indicates that when studying a communication process involving multiple perspectives like input solicitation, it might be

best to look at the dynamic nature of the problem space, which also influences the techniques and the rationale.

The findings of this study also have implications for Communication As Design. First, the study found support for the underlying assumption, which suggests that there is no single design hypothesis (Aakhus, 2007; Barbour & Gill, 2013). The study found that there were multiplicity of contested ideas regarding what input solicitation was and how it ought to be conducted. This was similar to what Barbour and Gill found in their study, where there were multiple design hypotheses regarding status meetings. In this study, each stakeholder group viewed solicitation differently, where implementers thought of solicitation as a loyalty creating tool where selecting a few individuals to attend the meetings constituted participation. Whereas, providers understood the culture of silence, but at least expected the feedback or questions to be considered, even if not used to modify the change. Furthermore, differences were also found in ways those charged with soliciting input viewed these activities. For instance, steering committee members understood the importance of making the solicitation processes more dialogic, whereas implementers worked on controlling the information flow through other techniques. Executives of the organization on the other hand reflected their openness about providing needed resources for strengthening the nursing voice, but did not actively take part in input solicitation for the Magnet journey.

Second, the findings have implications for collective designs, where outcomes were indeed influenced by poor fit, function, and fragmentation of techniques used, thus supporting the Barbour and Gill's (2013) argument. Implementers of change planned techniques geared towards transfer of knowledge or information dissemination, however,

often times such techniques produced inadvertent and more emergent outcomes when steering committee members and providers interacted with these techniques. For instance, having a sign-in sheet provided a sense of enforced or guilt induced participation, which created more lateral dissent among members. Such dissent or negative conversations regarding the change or implementation of change were then addressed by the implementers with more emergent designs such as probes focused on more positive ideas or padding the negative information and so on. A key takeaway here is that steering committee meetings and also other communicative moments during input solicitation were used as site/s for intervention by the implementers who collectively managed and implemented this change. Often the implementers planned these interventions by branding the change to generate loyalty for it. The very idea behind creating a steering committee was to convert the nursing representatives to brand ambassadors of the change. However, as Barbour and Gill's study suggested, such interventions, especially with multiplicity of stakes and ideas should raise concerns about the fit, function and fragmentation of techniques.

According to Barbour and Gill (2013), techniques fail because of their a) poor fit with the requirement of the problems faced by participants, b) inadequate function in which the collective fails to uniformly enact the technique, and c) fragmentation, where there are multiple competing alternatives and voices that prevents the operation of the technique. The findings of this study also identified these challenges with the techniques. Solicitation designs were found to have a poor fit for dissemination or knowledge transfer activities. While the participants assumed more free flowing structure during these activities due to the participatory claims made by the implementers, the rigid structure of

meetings and over planning often provided inadvertent consequences that were constraining and thought to be tedious by the steering committee members. Essentially, the organization was disseminating information by providing a sense of false participation that set up unrealistic expectations for the participants. This frame where the technique of dissemination was presented as solicitation set up the stage for the poor fit due to discrepancy between what was said and how it was enacted.

Techniques used by implementers to control the change also had inadequate function, because implementers, steering committee members, and providers all failed to enact the techniques in a uniform way. For instance, implementers found silence to be problematic and often resorted to calling out individual names in order to generate some conversation about the change as a way to develop conversations between representatives of different units for generating more uniform knowledge transfer. However, steering committee members who were also charged with implementing change were uncomfortable with calling out individuals, and viewed this design format as a breach of trust. Therefore, there was no uniformity in the way designs were perceived and used because not all stakeholders agreed on the adequacy of the function the designs served.

In another example, implementers tried to control the negative input by repeating the information, which could be speculated to be a design used by implementers to show their concern for the steering committee members. However, members viewed such repeating as a negative response to critique, which often led to more censorship. This example again reflects that organizational participants were not on the same page regarding the functionality of certain techniques. This also indicated that fragmentation existed within the organization regarding how techniques were designed. Alternative

voices regarding these techniques often hindered the planned outcome of greater buy-in or increased loyalty in the change, and generated more emergent outcomes like self-censorship. In summary, techniques used to resolve once difficult communication led to the creation of a dysfunctional system with poor design fit.

In general, the integration of communication as design and grounded practical theory benefited the research. This approach helped explore how stakeholders negotiated their participation during organizational change by accepting, rejecting, or modifying the given technologies and their interactions. GPT and communication as design both focus on interventions and how they may be reconstructed to solve once difficult communication. The study proposes various implications for both GPT and communication as design approach.

Applied Implications for Change Stakeholders

The findings from this dissertation may advance the practice of input solicitation during change. Earlier literature suggests that there is very little advice there in terms of how to design and conduct solicitation (Lewis, 2013; Lewis et al., 2006; Sahay & Lewis, 2016). Furthermore, there is less suggestion on how mid-level managers and input providers can negotiate their participation during input solicitation (Lewis & Russ, 2012; Sahay & Lewis, 2016). What follows are implications for those conducting the change and input solicitation and those participating in it.

Implementers of Change. The narratives here suggest that conducting input solicitation sets the expectations for providers that their input will at least be considered, if not used for the change. Therefore, implementers should conduct solicitation only if they have genuine interest in listening to stakeholder concerns and if they have power to

modify the change. Information dissemination disguised as input solicitation can only present the organization with various negative challenges that can lower trust in the management. Further, implementers have to be very careful about the manner in which they solicit feedback if they are truly willing to listen to stakeholder concerns. Representative participation can especially pose challenges because it may divide the organization. Further, representatives might surround themselves with supporters of change, generating a bubble of skewed and dominant voices that can hurt the organization. In order to generate useful participation, provision of multiple channels, spreading awareness regarding the change, timely input gathering, psychological safety, transparent data sifting and analysis, and appropriate feedback loop are all important design features that require attention. Provision of input solicitation does not guarantee automatic acceptance of the change. Inauthentic solicitations might levy a heavier price on the organization where distorted or self-protecting information is surfaced up that can misinform the change.

There are various important design decisions that go into creating a safe comfortable space for individuals to participate. Zealous announcements and executive championing of change can curb the voice of stakeholders. Change practice has time and again discussed the importance of having individuals champion the change in order to increase buy-in. However, this study reveals that change champions may at times curb stakeholders' voices, because it is difficult to challenge those in authority championing the change. Additionally, special care has to be placed in selecting tools and technologies that have little or no cultural bias. For instance, if emails signify clutter, then organizations should avoid using such technologies that will curb voice. Furthermore,

organizations should also work on correcting change-specific or long-standing challenges that can force the nurses to self-censor. Active listening should become a part of organizational practice, not as a way to monitor the resistance, but to actually hear individuals out.

Also, tapping into the informal channels of communication and understanding the values embedded in critiques that are viewed as resistance may have value for the organization. Here ample support should be provided to middle management for their time in change efforts and training and development can also help with this effort.

Middle Management. The role of middle management is often looked at as a difficult one, where they act as liaison between the top management and the employees. Surfacing up any negative input may put their role in jeopardy or can force them to identify sources of critique, which often pushes the middle management away from collecting any negative input or directing it upwards through the chain of command. While this is a difficult challenge, middle management can employ various anonymous tools to listen to stakeholder concerns. Furthermore, problems should not be addressed based on the frequency of its occurrence. In many instances, only a few individuals might pose a challenge that is of utmost importance to the organization and its stakeholders. Different technologies with different levels of anonymity can be used to surface critique or negative feedback. Easy presentation of information regarding the change and attentiveness to what is being said are important skills for soliciting feedback. Sifting through the suggestions through a shared decision-making model can help stakeholders relate to the rationale behind why some input was incorporated over others. This may also help integrate the loyalty individuals feel for the organization and their peers.

Providers of Input. Providers suggested the important role of informal communication with colleagues in helping them evaluate the situation. Members afraid of providing input may band together with others and surface this input anonymously or confidentially to their representatives. They might even be able to skip the chain of command if the issue is too pressing, when permitted by the organizational structures. Rather than assuming an in-group out-group perspective, providers who feel excluded from the process should still make an active effort to know about changes that influence their roles. Often times those considered in-group by the rest of the organization are as poorly informed as those outside the circle.

Change Related Tensions

Several tensions associated with change and participation were identified through the dialectics and conflicts that emerged in the talk about participation and change (Harter & Krone, 2001; Kellett, 2009). Tensions and paradoxes are common during planned organizational change that can impact change management (Luscher & Lewis, 2008). Stohl and Cheney (2001), argue that paradoxes are inherent in democratic structures and participatory practices, and may be identified through interactions "in which, in the pursuit of one goal, the pursuit of another competing goal enters the situation (often without intention) so as to undermine the first pursuit" (p. 354). The paradoxes identified in this research were often related to clash in cultures where long-standing identity associated with nursing work was so often contrasted with ideals and obligations of this new program. The hierarchical functioning and traditional bedside obligations once associated with nurses was in conflict with new ideologies of

empowerment. However, the preparation for the program and the facets discussed regarding the program both were suggestive of an illusionary sense of empowerment.

Autonomy Versus Control. Magnet itself was being implemented to empower nurses. As pointed out, the executives of the organization wanted to bring about both clinical and routine changes by taking feedback and input from lower level employees, which stood to be the idea behind adopting Magnet culture. Implementers also suggested that multiple channels were provided to the stakeholders to participate. However, as observed in this study, steering committee meetings and other forms of participation were techniques used to prepare the organization for the change. Even though nursing empowerment was the idea behind this change, its implementation usually was done through active delegation of responsibility. While the steering committee was formed to solicit feedback, they were delegated to come up with solutions for challenges that would be encountered when translating the change information to the units. While the implementers used various strategies of generating discussion in groups during these meetings, they did so as a way to delegate responsibility to conduct the change successfully, which was not as per say 'empowering' for stakeholders.

Discussions within these meetings were controlled to ensure successful implementation. Strict forms of hierarchy were followed when championing the change and sharing information, which was in sharp contrast to an experience of autonomy. Individuals talked about distorting information and discussing challenges with coworkers, which signaled the closed culture of the organization that created hurdles for generating creative and independent ideas regarding the change at hand. Individuals were unable to

directly challenge the change, especially because those in power were championing the change, therefore curbing any autonomy signaled by the Magnet program.

Participation Versus Passivity. Opportunities for participating in the change were offered as a method to disseminate information. Input solicitation was used as a primary mechanism to distribute information or monitor the organization for information necessary to train the organization and prepare it for external appraisers. Often non-managerial nurses also viewed the request for participation as an opportunity for receiving information or training about the change, where provision of input was limited to asking clarifying questions regarding the change and making sense of the situation. Therefore, participation simply meant being present in these meetings and not actually engaging with the conversation. This may be explained by the long-standing culture of nursing work, which has created the culture of silence. Nurses are conditioned to not engage in management decisions and they tend to focus on their traditional obligations more than engaging in any extra role behavior even when the change affects them directly.

Traditional Identity Versus Collaborative Identity. With the push towards nurse empowerment, which often has very complicated meanings and requirements for how nurses ought to behave and act in order to feel empowered, nurses find it safer to focus on their traditional identities of bedside obligations and patient care. As some of the steering committee nurses pointed out that participating in Magnet was a drawback because it took them away from being at the bedside. These added responsibilities that take away from their bedside obligations might cause fundamental shifts to the nursing role.

This creates identity conflicts due to the unsettling nature of the change, which is often very unclear and even may be intimidating. As the study's findings indicate, there were often "competing" nurse value systems, where nurses viewed their role as being put on the back burner, while expecting them to meet the extra obligations. This conflict might also contribute to low participation in such changes.

Limitations

One of the major limitations of the study was undetectable self-selection bias. Study participants who were comfortable participating in input solicitations may have self-selected to participate in the interviews and questionnaires in disproportionate numbers. To address this limitation, the study also included observations, where the use of multiple methods including anonymous questionnaires, interviews and observations likely lessened underrepresentation of those with low tolerance for voicing input.

Another limitation that was surfaced by the management and emerged during the research was to shorten the survey where variable assessments were often reduced to three item scales. Furthermore, the survey request was only sent to 1/3rd of the organization's nurses instead of the entire population. While these were valid concerns for the researcher, the survey results were used to bolster the findings from the interviews and the scales were tested for validity and reliability.

The third limitation was that the initial round of interviews were conducted with participants selected with the help of the management, thus making them more likely to be supporters of this change. However, approximately 1/2 the participants reached out to the researcher through snowball sampling, and both these groups of participants consisted of individuals with mixed reactions about the change and input solicitation.

The fourth limitation was that it was often difficult to separate the perspectives regarding change and the change process. This was due to the fact that Magnet is an accreditation that needs to be attained and maintained and the process behind attaining and maintaining it might just inform the empowerment benefits. As found in the study, this often times generated tensions of autonomy versus control and empowerment versus bedside obligations. Therefore, the change content and the change process here were intricately imbricated during the implementation process, where one informed the perspective towards the other.

Future Direction

The aim of the study was to explore the design features that can influence input solicitation. Design features were found to influence the type of voice and were associated with exit, loyalty and neglect. It would benefit communication and organizational behavior scholars to further examine these features through model testing where they more precisely test how specific design features effect the outcomes of EVLN. Researchers should look at multidimensionality of each construct in EVLN, especially different types of voice and silence, felt and expressed loyalty, passive and active neglect, in association with the designs of participation. This research can expand the understanding of the multidimensionality of EVLN and how design features influence this.

It will be important to discern how context-driven the results of this study are. Research can be conducted with different stakeholder groups in the healthcare setting or in other settings to see how the context of change can affect the reactions towards these designable features of participation. For instance, conducting this study in non-profits or

financial corporations might yield different results due to primary differences such as prosocial versus profit induced outcome. For instance, employees of nonprofit organizations might be used to restricted resources but still provide valuable feedback due to prosocial motivation such as environment protection or anti-violence sentiments. Further, these organizations too might seek and incorporate employee input genuinely because they bank on these employees for ideas. However, larger more competitive organizations such as technology innovators who are very much controlled by capital gain and industry norms might design solicitations more as a symbolic effort, generating more forms of self-censorship and distortion. Furthermore, it will benefit greatly to study a different stakeholder group within healthcare with more organizational power, for instance doctors in healthcare systems, might highlight other designable features that support their participation as compared to the ones highlighted by nurses.

Research can also look to compare two organizations going through a similar change so as to identify the common design features that influence voice in these organizations. Comparing two organizations going through the Magnet process can help shed light over the common designable features and also the organization or change specific features that can help understand the process better.

Last, to shift the focus from micro processes to more macro processes, studies can look at how industry related changes such as the Magnet initiative or Total Quality Management gain popularity and become a norm for the industry. Here researchers can explore the roles played by those who develop this change and how such product is negotiated, framed, and propagated by the development team and the organizations or

key personnel in organizations adopting that change. Further, research may also look at how and why these adopters express their loyalty and establish a market for this change.

Conclusion

Organizational change is a prevalent phenomenon in our society. Abundance of resources are invested by organizations and stakeholders during participation in changes. This investigation led to a number of important findings. First, the study found that there are various designable features that support and also pose challenges to participants who provide their feedback during change. Announcement of change, timing of solicitation, level of information, conduct of meetings, selection of participants, and reaction towards critiques influence stakeholder participation in the change. Stakeholders might choose to voice their opinions or remain silent based on the designs of participation and other change related and long-standing issues. This can also influence their loyalty or neglect towards the organization and the change, although these categories might overlap. Second, voice and silence are multidimensional terms, where voice can be distorted and silence can arise from motivations of self and other protection, where individuals might choose to self-censor certain aspects and share other aspects of their input. Third, lateral dissent and other grapevine communication are important forms of voice, where those hesitant to share feedback through formal channels share information with their colleagues informally to reflect on the change and their participation. Therefore, organizations and implementers should try and listen to organizational conversations, not as a monitoring effort, rather as a way to understand employees who might actually have something useful to provide to the organization. Last, implementers or those charged with soliciting feedback might not always agree on techniques used to gather input, as their

perspectives are often led by their positions in the organization or fields of experience. Discussions related to these differences might help organizations come up with better more integrated techniques or solutions for solicitations that draws on multiple perspectives and is suitable for various stakeholder groups.

Organizational change is already plagued with various uncertainties and disruptions. Therefore, input solicitation should be designed very carefully by keeping stakeholder interests, perspectives, and motivations in mind.

Appendix A: Interview Participant Information

Semi-structured interviews: Data collected in person and over the telephone
Participants Information

Participant	Gender	Interview Length	Job Title	Notes	Transcript (Number of Pages)
CNO (E1)	Female	25 minutes	CNO/RN		9
IMPLEMENTERS					
Implementer (I)1	Female (Program coordinator)	41:36 minutes	Executive Project Specialist (Not nurse)		19
I 2	Female (Program coordinator)	54 minutes	RN		24
I 3	Female (left)	15 minutes	Systems director		8
I 4	Female	30 minutes			9
PROVIDERS					
Steering Committee (SC) 1	Female	15:30 minutes	RN		7
SC 2	Female	16:40 minutes	RN		8
SC 3	Female	16:16 minutes	RN		8
SC 4	Female	19:31 minutes	RN		9
SC 5	Female	18:10 minutes	RN		9
Provider (P) 1	Female	15.40 minutes	RN		7
P 2	Female	15:00 minutes	RN		7
P 3	Female	16:00 minutes	RN		6
P 4	Female	15:00 minutes	RN		7
P 5	Female	15:25 minutes	RN		6
P 6	Female	17:11 minutes	RN		7

P 7	Female	25 minutes	RN		9
P 8	Female	19:41 minutes	RN		11
P 9	Female	25 minutes	RN		9
P 10	Female	25 minutes	RN		10
P 11	Female	33 minutes	RN		10
P 12	Female	25 minutes	RN		12
P 13	Male	31 minutes	RN		10
P 14	Female	30 minutes	RN		12
P 15	Female	45 minutes	RN	Notes only	
P 16	Female	25 minutes (steering committee)	RN		11
P 17	Female	28 minutes (Steering committee)	RN		13
P 18	Female	40 minutes (Steering committee)	RN		18
P 19	Female	15 minutes (Steering committee)	RN		9
P 20	Female	35 minutes (Steering committee)	RN		17
P 21	Female	20 minutes (Steering committee)	RN		9
P 22	Female	33 minutes	RN	Requested to delete some of the recording	
P 23	Female	25 minutes	RN	Notes only	
P 24	Female	15 minutes	RN	Notes only	
P 25	Female	25 minutes	RN	Notes + some	2

				recor ding	
P 26	Female	32 minutes	RN	Notes + some recor ding	1
P 27	Female	15 minutes	RN	Notes only	
P 28	Female	40	RN	Notes only	
SC 6	Female	30	RN	Notes only	

Transcripts= 244 pages + notes

Appendix B: Observation Information

Event	Time	Key Participants
Steering Committee Meeting (April)	2 hours	Selected members for the steering committee from each unit Implementers of the change
Council Meeting (April)	2 hours	Selected members for the clinical leadership council Implementers of the change Other Management representatives CNO
Steering Committee Meeting (May)	2 hours	Selected members for the steering committee from each unit Implementers of the change

Appendix C: Interview Questions for Implementers

Study: Exploring and examining participatory designs for nurses: Implementers' perspectives

Research Questions

- What are the most significant perceived goals, risks, concerns, and benefits of implementers when designing and conducting input solicitation?
- Do implementers encourage widespread participation? If so, why or through what means?
- To what extent do implementers perceive that distortion occurs? And if they do, how do they manage it?
- What are the most significant perceived benefits and risks of anonymous participation of input providers?

Questions:

Do you think it is a good idea to ask nurses for their views, opinions, perspectives, ideas in general? Why? Please explain.

What are some of the benefits and drawbacks of asking nurses for their input during change? Have there been specific benefits and drawbacks of seeking nurse input in this change?

Do all of your management team members agree about the importance/value of asking for nurse input during change? Do some think it is a bad idea while others think it is a good idea?

What has the discussion about the benefits and risks/downsides of asking for nurse input been like? What were the issues that were raised?

How did you arrive at a conclusion about when/if to include nurse input into the change process? Were there other ideas for gathering input that were rejected? Why?

<u>Process</u>

Is it usual for the organization to solicit input from nurses during change? In which type of situations/changes is input most likely sought from nurses?

What are some usual ways of soliciting input? (Prompt- Public forums versus private space; online versus offline; questionnaire versus face-to-face meetings)

How is the input solicited during this Magnet change? Have you personally participated in collecting input? (Probes: In closed forums or one-on-one discussions, where a few nurses are asked to participate, how do you decide on who will be asked to provide input and who decides this? Do you use online channels for soliciting input? Does input provided online differ from face-to-face? How?)

Anonymous Participation

What do you think about giving people opportunities to provide their input anonymously? Have you used that during this change? Why/why not?

Do you see value in letting nurses provide their input and comments anonymously? Why or why not?

Do you think that nurses who provide their input anonymously will be more candid? Why or why not?

What are some of the drawbacks that you have noticed when people provide their input anonymously?

Communication Format

When you gather nurses to discuss this change, what is that like? How many people would be in the room? What would happen? In what order? How do you get things started?. . . .(description of the sessions)

In case of public meetings/sessions- When conducting input sessions, are nurses asked to discuss their ideas in groups with others or do they have to volunteer comments/questions on one-on-one basis?

What is the general format of these sessions? Tell me about what happens in one of these sessions? What is good about it? What is difficult about it?

Are the nurses provided with the agenda and other informative documents before the session? What are the benefits and challenges of providing such documents beforehand?

Do you think it helps to prepare questions ahead of the session or is it better to just let questions and concerns emerge naturally /spontaneously? Why /why not?

What prompts do you use to aid input sharing during these sessions? (Prompt: Do you ask questions to focus the conversations on the topic at hand?)

When conducting input sessions, does the room ever fall silent? What do you do when/if it happens? What happens next? How do such sessions generally end?

Was there ever a session that went particularly badly or particularly well? If so, what was it like?

Distortion

Do you think that nurses feel free to report even negative information, complaints, suggestions etc. in these sessions– why or why not?

Do you think that those charged with gathering input feel free to report even negative information, complaints, suggestions etc. upward to implementers – why or why not?

Do critical remarks about the change come up? How does that get handled? What might the session leader say if someone offers a strong criticism about the change? What happens next?

Do you worry that nurses may not share complete information? If you had that concern what would you do?

Do you worry that nurses in lower ranks of the organization may know something you don't about change? If you had that concern what would you do?

Could you discuss some of the strategies implementers should steer away from when generating participation during solicitation?

Any other thoughts on this?

Appendix D: Interview Questions for Nurses

Study: Exploring and examining participatory designs for nurses: Providers' perspectives

Questions:

Did you get asked to provide your input during this Magnet change initiative? If so, when and how? If not, how did you feel about not being asked?

Have you provided input during this change? Did you hesitate about providing input and if so what made you hesitant?

What did you hope would be the outcome of you providing input and was that outcome realized?

If you did not provide input, what made you withhold input?

Tell me about your experience? Tell me about the best thing you encountered during this experience? Tell me about the worst thing you encountered during this experience?

Do you think it is a good idea to ask nurses for their views, opinions, perspectives, ideas in general? Why? Please explain.

What are some of the benefits and drawbacks of asking nurses for their input during change? Have there been specific benefits and drawbacks of seeking nurse input in this magnet change?

Any other thoughts on this?

As a way to collect demographic information simply for research analysis purposes, please provide your age, tenure in the organization, level of education, gender, job title, and unit.

Appendix E: Informed Consent for Implementers

Study: Exploring and examining participatory designs for nurses: Implementers' Perspectives

Dear Participant:

You are invited to participate in a research study that is being conducted by Surabhi Sahay, who is a Doctoral Candidate in the Communication Department at Rutgers University. The purpose of this research is to determine how implementers view the role and significance of input solicitation during the implementation of planned organizational change, and how they design and conduct the solicitation process. This study is a part of a larger dissertation project that seeks to explore and examine various perspectives on participatory designs during organizational change, importantly the magnet change initiative being conducted in your organization.

During this study, 15 implementers will be asked to answer some questions as to why and when is input solicited from nurses, who is asked to provide input and who makes these decisions, what are the prevalent views about participation during change, how is participation offered, how are the solicitation sessions conducted and how is the information analyzed. This interview was designed to be approximately a half hour in length. However, please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, whichever you prefer.

This research is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and your responses will be maintained. Some of the information collected about you includes your job title in the organization, tenure, department you belong to, level of education, and total years of service. We will also preserve paraphrases and direct quotes from our interview with you. We will maintain your responses separate from your identifying information. The data you provide will be kept in a secured location. The researcher will share general themes and trends of the data back to the organization and in published reports but will not attribute any quotation or responses to you by name or sets of identifiers that could be associated with you personally. Any quotes used in reports or publications will be anonymized so it does not reveal the identity of the speaker.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years and will be destroyed upon completion of the study procedures.

You are aware that your participation in this interview is voluntary. You understand the intent and purpose of this research. If, for any reason, at any time, you wish to stop the interview, you may do so without having to give an explanation.

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed.

You have been told that the benefits of taking part in this study may be to provide a better understanding of how participatory systems work during organizational change**.** However, you may receive no direct benefit from taking part in this study.

If you have any questions about the study or study procedures, you may contact myself at:
Surabhi Sahay
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
609-420-8038
Email:Surabhi.sahay@rutgers.edu

You may also contact my faculty advisor
Dr. Laurie Lewis
Professor
School of Communication and Information
Rutgers University
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
Office: 848-932-7612
Email: lewisl@rutgers.edu

If you have any questions about your rights as a research participant, you can contact the Institutional Review Board at Rutgers (which is a committee that reviews research studies in order to protect research participants).

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.eduYou will be offered a copy of this consent form that you may keep for your own reference.

Once you have read the above form and, with the understanding that you can withdraw at any time and for whatever reason, you need to let me know your decision to participate in today's interview.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Appendix F: Informed Consent for Nurses

Study: Exploring and examining participatory designs for nurses: Providers' Perspectives

Dear Participant:

You are invited to participate in a research study that is being conducted by Surabhi Sahay, who is a Doctoral Candidate in the Communication Department at Rutgers University. The purpose of this research is to determine how nurses view their role and significance of input solicitation during the implementation of planned organizational change, and the outcome such solicitation processes has for them. This study is a part of a larger dissertation project that seeks to explore and examine various perspectives on participatory designs during organizational change, importantly the magnet change initiative being conducted in your organization.

During this study, 50 nurses will be asked to answer some questions as to when and how their input was solicited, what were some hesitations associated with providing input, what was the expected outcome of providing input and was that expectation met. This interview was designed to be approximately 20 minutes to half hour in length. However, please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, whichever you prefer.

This research is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and your responses will be maintained. Some of the information collected about you includes your job title in the organization, tenure, department you belong to, level of education, and total years of service. We will also preserve paraphrases and direct quotes from our interview with you. We will maintain your responses separate from your identifying information. The data you provide will be kept in a secured location. The researcher will share general themes and trends of the data back to the organization and in published reports but will not attribute any quotation or responses to you by name or sets of identifiers that could be associated with you personally. Any quotes used in reports or publications will be anonymized so it does not reveal the identity of the speaker.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years and will be destroyed upon completion of the study procedures.

You are aware that your participation in this interview is voluntary. You understand the intent and purpose of this research. If, for any reason, at any time, you wish to stop the interview, you may do so without having to give an explanation.

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed.

You have been told that the benefits of taking part in this study may be to provide a better understanding of how participatory systems work during organizational change**.** However, you may receive no direct benefit from taking part in this study.

If you have any questions about the study or study procedures, you may contact myself at:

Surabhi Sahay
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
609-420-8038
Email:Surabhi.sahay@rutgers.edu

You may also contact my faculty advisor

Dr. Laurie Lewis
Professor
School of Communication and Information
Rutgers University
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
Office: 848-932-7612
Email: lewisl@rutgers.edu

If you have any questions about your rights as a research participant, you can contact the Institutional Review Board at Rutgers (which is a committee that reviews research studies in order to protect research participants).

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.edu

You will be offered a copy of this consent form that you may keep for your own reference.

Once you have read the above form and, with the understanding that you can withdraw at any time and for whatever reason, you need to let me know your decision to participate in today's interview.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

Appendix G: Informed Consent form for Survey

Exploring and examining participatory designs for nurses: Questionnaire Study

Dear Participant:
You are being invited to participate in a survey focused on understanding the perspectives of nurses on providing input during times of organizational change, namely *the Magnet change initiative* currently underway in your organization. This study is being conducted by Surabhi Sahay, who is a doctoral candidate in the School of Communication and Information at Rutgers University. The purpose of this research titled "Exploring and examining participatory designs for nurses: Questionnaire Study" is to understand the consequences and implications participatory models may have for nurses, such as willingness to provide input in the future, degree of overall satisfaction, and quality of information provided. This study is a part of a larger dissertation project, which explores how people participate in discussions about ongoing organizational change. The study seeks your help in learning more about this topic by participating in this survey, which should take approximately 20 minutes to complete.

The information you provide is anonymous, where your responses cannot be linked to your identity in any way. Your participation in this survey is voluntary, and you may choose to end the survey at any time. You are also free to skip any questions if you desire to do so. Your involvement in the study can help us understand how participatory systems work during organizational change for nurses.

There is a minimal risk of participating in the survey, where ones identity in association with the data could be revealed, and result in mild discomfort. In an attempt to further secure the anonymity of the participants, this survey is offered through an online anonymous platform, which may be assesses at (website provided). Benefits in participating in this study may be to provide a better understanding of how participatory systems work during organizational change. However, you may receive no direct benefit from taking part in this study.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for a period of three years.
If you have any questions about the study or study procedures, you may contact myself at:

Surabhi Sahay
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
609-420-8038
Email:Surabhi.sahay@rutgers.edu

You may also contact my faculty advisor
Dr. Laurie Lewis

Professor
School of Communication and Information
Rutgers University
4 Huntington Street, Rm 313
New Brunswick, NJ 08901-1071
Office: (732) 932-7500 x8141
Email: lewisl@rutgers.edu
If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:
Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.edu

Please retain a copy of this form for your records. By participating in the above stated procedures, then you agree to participation in this study.

If you are 18 years of age or older, are a registered nurse at the medical center, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey/experiment. If not, please click on the "I Do Not Agree" button which you will exit this program.

❍ **I Agree**

❍ **I Do Not Agree**

I would like to thank you for your thoughtful and honest responses to the questions that follow. As a gesture of my appreciation, at the end of this online version of the survey, you may opt to provide your email address in order to receive a five-dollar Amazon gift card. This page will have no links to your survey response.

Appendix H: Codebook

Themes	Definition of the Theme	Subthemes and Focused Codes
Beneficial design features for implementers and executive	Design features that helped generate more voice and better discussions about the change from the implementer's perspectives	*Provision of both public meetings and small group meetings* *Periodic Public Acknowledgement* *Identifying individuals* *Accommodating existing organizational structure*
Beneficial design features for steering committee members	Design features that helped generate more voice and better discussions about the change from the steering committee members' perspectives	*Attentiveness and optimistic approach in meetings* *Enacting transparency*
Beneficial design features for provider nurses	Design features that helped generate more voice and better discussions about the change from the providers' perspectives	*Graphic presentations and periodic check-ins* *Provision of multiple spaces*
Problematic design features for implementers and executive	Design features that curbed voice from the implementer's perspectives	*Preaching to the Choir and back scratching*
Problematic design features for steering committee members	Design features that curbed voice the steering committee members' perspectives	*Time allotment* *Lack of appropriate information and increased social apprehension*
Problematic design features for provider nurses	Design features that curbed voice from the providers' perspectives	*Appointment to committees* *Timely feedback* *Zealous announcements* *Limited platforms*
Change-Related Challenges	Change related challenges other than design features that influenced nurse participation and voice	*Insidious knowledge* *Costly infrastructure* *High opportunity cost* *Limited knowledge transfer for latecomers*
Long-Standing Challenges	Industry and nursing work related long standing challenges that influenced nurse participation and voice	*Culture of Silence* *Limited resources* *Low identification*
Missing dialogue: knowledge transfer versus	Top-down dissemination of information, where	*Information limited to a few versus*

input solicitation	no/limited dialogue exchange between the implementers and nurses took place can create a bigger gap between implementers and nurses	*level of awareness did not require further dialogue*
Time restricted structures of meeting	Restricted time to solicit feedback has challenges	*Stalled discussions versus efficient structuring*
Opaque information	Information exchanged is difficult to understand and theoretical	*Difficult participation versus expectation/responsibility to learn and teach difficult information*
Probes for Managing Silence	Direct probes to generate discussion and feedback during public meetings (e.g., calling out on people) can be offensive to some.	*Breaking trust versus generating discussion*
Anonymous feedback	Provision of anonymous channels for input solicitation with both benefits and drawbacks	*Feedback without retribution versus feedback without source for problem solving*
Selection of individuals	Perceptions about how individuals were selected for change committees influenced participation	*Enforced participation versus volunteering*
Proactive	Design features that were planned beforehand and used in meetings by implementers to control stakeholder involvement and participation.	*Preplanning agenda, having sign in sheets, and carefully constructing messaging*
Emergent	Design features that emerged during the meeting as implementers interacted with stakeholders	*Probes, Repeating, Padding the Negative, Reporting out*
Proactive; expected outcome	Expected outcome of proactive designs	*Reflecting Expertise of Implementers, Training assistance, Loyalty development*
Emergent; expected outcome	Expected outcome of emergent designs	*Tedious, Constraining*

Proactive; Inadvertent outcome	Inadvertent outcome proactive designs	*Detract from the negative.*
Emergent; Inadvertent outcome	Inadvertent outcome of emergent designs	*Hesitation, Self Censorship*

Appendix I: Grounded Practical Theory Analysis

Code	Executives	Implementers	Steering Committee	Providers
Problem	*Official purpose was to conduct change by empowering nurses*	*More value placed on implementation than participation*	*Understood need for change implementation and nurse participation, but focused on implementation through surface level participation*	*Expected voice but understood that all perspectives cannot be included*
Technique				
Audience: who to include and when	*Understood the importance of including nurses in the cultural change*	*Created committee for successful change implementation*	*Found existing structures to be unsupportive of their participation*	*Felt excluded and skeptical about the election process*
Conducting solicitation: the how	*Provided various new and old structures for soliciting input*	*Used structures to brand the positive image of the change* *Used one-way channels* *Dissent not favored*	*Used quick one-way technologies to disseminate information so as to avoid discussions*	*Hesitant to provide feedback due to negative channel connotations* *Lateral Dissent as a sensemaking tool*
Reporting critique or negative input: what and how to report	*Difficult for mid-level managers to surface negative information up the chain*	*Viewed negative information to be resistance and tried to curb it through active, interactive, and passive designs*	*Distortion*	*Self-censorship* *Distortion* *Silence*

Rationale	Shared decision-making	*Generating loyalty by legitimizing and validating change through reinforcement that they were already living the change*	*Bridging the gap between implementers and nurses* *Self-protection: Not surfacing negative feedback up the chain* *Resource management: follow the easiest route to finish their roles*	*Used to living in culture of silence. Often participation was confused with just being present or invited to the room*

Appendix J: Variables, Definition, Mean Scores & Standard Deviation

Variable	Definition	Mean Score	Standard Deviation	Items
Level of feeling informed	This variable is concerned with the degree to which the employees felt informed about the change	3.2	0.92	I felt informed enough about the Magnet Journey to provide feedback I wanted more information about the Magnet Journey before providing feedback I felt adequately informed about the Magnet Journey to provide useful feedback
Genuineness of Input Solicitation	This variable is concerned with the degree to which the respondents felt the organization was genuinely interested in their input to impact the change /change process	3.19	1.18	My organization genuinely has gathered feedback for improving the Magnet Journey I do NOT feel that the organization really wants to hear my feedback about the Magnet Journey My organization really cares about what I had to say about the Magnet Journey
Degree of unit cohesiveness	This variable is concerned with the degree to which the respondents perceive their units to be cohesive	3.80	0.85	Members in my unit work well with each other Members in my unit are detached from each other Members in my unit feel united
Level of Trust in the management	This variable is concerned with the degree to which the respondents trust their senior level executives/top management	2.8	1.90	I trust top management in making decisions that impact me Top management always has the best intentions when making decisions Top management is known for making decisions that are NOT in employees' best interests

Level of Comfort with Space	This variable is concerned with the degree to which the respondents are comfortable with space in which solicitation is conducted	3.3	0.60	I was comfortable providing input with others present I was comfortable providing input privately It did NOT bother me to provide input in front of others
Degree of Distortion in Input provided	This variable is concerned with the degree to which information is modified or transformed	2.3	1.00	I was completely honest in my input about the Magnet Journey I held back some information in the input I provided about the Magnet Journey I gave all the relevant information I had to offer about the Magnet Journey
Degree of Hesitancy in providing Negative Input	This variable is concerned with the degree of hesitation to provide input that might critique the change	2.8	1.03	I felt free to offer my criticisms of the Magnet Journey when giving my input I was NOT at all hesitant to give my critiques of the Magnet Journey when providing my input I was hesitant about providing any critical or negative input when commenting on the Magnet Journey
Degree of intention to resist/commit to the change	This variable is concerned with the degree to which the respondent currently intends to resist or commit to the change initiative	3.8	0.90	I will fully cooperate with this Magnet Journey I will probably resist this Magnet Journey I will do my best to help this Magnet Journey succeed I will ignore the Magnet Journey I would like to be involved in this Magnet Journey I will minimize my participation in this Magnet Journey
Degree of lateral dissent	This variable is concerned with the degree to which the	3.03	0.80	I hardly ever complain to my coworkers about workplace problems I join in when other employees

	respondents share their feelings with their coworkers			complain about organizational changes I do NOT share my feelings with coworkers regarding the way things are in the organization
Degree of Willingness to Give Future Input	This variable is concerned with the degree of willingness to give input in future change initiatives	3.5	1.05	I am enthusiastic about providing input about change in the future I am very unlikely to participate in providing input about change in the future I am looking forward to providing input in the future

Appendix K: Questionnaire

Please answer the following questions regarding your participation in the Magnet Journey currently underway in your organization. You can fill the survey even if you were not asked to provide feedback. Your feedback/input including concerns, inquiries, and recommendations might have been sought by your organization during this change in both public (e.g., during a Magnet update, Huddle, or other Magnet meeting) and private settings (e.g., one on one discussion with management or steering committee member). These questions are geared towards understanding your choices and perspectives associated with nursing participation in the Magnet Journey

For each sentence below, please indicate your level of agreement.

1) **Which of the following best describes your level of comfort with providing feedback about the Magnet Journey?**

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
I feel informed enough about the Magnet Journey to provide feedback	❍	❍	❍	❍	❍
I want more information about the Magnet Journey before providing feedback	❍	❍	❍	❍	❍
I feel adequately informed about the Magnet Journey to provide useful feedback	❍	❍	❍	❍	❍

2) Were you asked to provide your input regarding the Magnet Journey by your organization?

- ❍ Yes
- ❍ NO

(If yes, move to question 3, if no skip to question 6)

3) How frequently were you asked to provide input regarding the Magnet Journey?

- ❍ Only once or twice during the Magnet Journey
- ❍ Three-four times during the Magnet Journey
- ❍ More than four times during the Magnet Journey

4) As you reflect on being approached to provide input, do you think <u>the first time</u> you were asked to provide input regarding the Magnet Journey was:

- ❍ Too early in the Magnet journey
- ❍ About right in time
- ❍ Too late in the Magnet journey

5) Which best describes the primary setting <u>in which you were asked to provide</u> input (check all that apply):

- ❍ At a meeting with many other people (e.g., town hall meetings, Council meetings, Magnet Steering committee meetings)
- ❍ At a meeting with only a few other people (e.g., Huddles or unit meetings)
- ❍ At a private meeting with the person taking my input
- ❍ Other: Please describe: _____

6) Have you provided input, in any form, regarding the Magnet Journey to your organization?

- ❍ Yes
- ❍ NO

(If yes, move to question 7, if no skip to question 10)

7) Which of these best describes the primary setting <u>in which you provided your</u> input (check all that apply):

- ❍ At a meeting with many other people (e.g., town hall meetings, Council meetings, Magnet Steering committee meetings)

❍ At a meeting with only a few other people (e.g., Huddles or unit meetings)

❍ At a private meeting with the person taking my input

❍ I was not asked to provide input

❍ Other: Please describe: _____

8) Which best describes the level of comfort you felt when providing input in different settings?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
I was comfortable providing input with others present	❍	❍	❍	❍	❍	❍
I was comfortable providing input privately	❍	❍	❍	❍	❍	❍
I wish I had been asked to provide input more privately	❍	❍	❍	❍	❍	❍

9) To what extent do you agree with each of the following statements about your input?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	NA
I was completely honest in my input about the Magnet Journey	❍	❍	❍	❍	❍	❍

I held back some information in the input I provided about the Magnet Journey	❍	❍	❍	❍	❍	❍
I gave all the relevant information I had to offer about the Magnet Journey	❍	❍	❍	❍	❍	❍
I felt free to offer my criticisms of the Magnet Journey when giving my input	❍	❍	❍	❍	❍	❍
I <u>was NOT</u> at all hesitant to give my critiques of the Magnet Journey when providing my input	❍	❍	❍	❍	❍	❍
I was hesitant about providing any critical or negative input when commenting on the Magnet Journey	❍	❍	❍	❍	❍	❍

10) Which describes the way you will approach the current change initiative?

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**

I will fully cooperate with this Magnet Journey	❍	❍	❍	❍	❍
I will probably resist this Magnet Journey	❍	❍	❍	❍	❍
I will do my best to help this Magnet Journey succeed	❍	❍	❍	❍	❍
I will ignore the Magnet Journey	❍	❍	❍	❍	❍
I would like to be involved in this Magnet Journey	❍	❍	❍	❍	❍
I will minimize my participation in this Magnet Journey	❍	❍	❍	❍	❍

11) Which best describes your enthusiasm for giving input about other changes to this organization in the future?

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
I am enthusiastic about providing input about change in the future	❍	❍	❍	❍	❍

I am very unlikely to participate in providing input about change in the future	❍	❍	❍	❍	❍
I am looking forward to providing input in the future	❍	❍	❍	❍	❍

12) In general, when you are unhappy with change at work, to what extent would you agree with the following statements:

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
I hardly ever complain to my coworkers about workplace problems	❍	❍	❍	❍	❍
I join in when other employees complain about organizational changes	❍	❍	❍	❍	❍
I do NOT share my feelings with coworkers regarding the way things are in the organization	❍	❍	❍	❍	❍

13) Which best describes the overall cohesion of your unit?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Members in my unit work well with each other	❍	❍	❍	❍	❍
Members in my unit are detached from each other	❍	❍	❍	❍	❍
Members in my unit feel united	❍	❍	❍	❍	❍

14) Which best describes the degree to which you trust the top management for making the right decisions for you?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I trust top management in making decisions that impact me	❍	❍	❍	❍	❍
Top management always has the best intentions when making decisions	❍	❍	❍	❍	❍

Top management is known for making decisions that are NOT in employees' best interests	❍	❍	❍	❍	❍

15) Please evaluate the degree to which you agree with the following statements about your organization's process of collecting input about the Magnet journey.

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
My organization genuinely has gathered feedback for improving the Magnet Journey	❍	❍	❍	❍	❍
I do NOT feel that the organization really wants to hear my feedback about the Magnet Journey	❍	❍	❍	❍	❍
My organization really cares about what I had to say about the Magnet Journey	❍	❍	❍	❍	❍

The following information will be used to describe the sample and will not be used to identify individual respondents.

16) How long have you been employed as a nurse?

- ○ Less than 1 year
- ○ 1-5 years
- ○ 5-10 years
- ○ 10-15 years
- ○ Over 15 years

17) How long have you worked at this Medical Center?

- ○ Less than 1 year
- ○ 1-5 years
- ○ 5-10 years
- ○ 10-15 years
- ○ Over 15 years

18) Do you have a managerial position in the organization?

- ○ Yes
- ○ No

19) What is your gender?

- ○ Male
- ○ Female

20) Are you a part of the steering committee for the Magnet journey?

- ○ Yes
- ○ No

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