Author Daphne van den Hoven   **Studentno.** 386926   **Date** october 2017   **Coach** dr. R.L. Olie   **Co-reader** ir. A.J. Roodink

Examining Organisational Identification in Times of a Merger

Describing leadership in relation to antecedents of organisational identification

MSc Thesis Strategic Management

Author: Daphne van den Hoven
Student no.: 386926
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Preface

Acknowledgements

Abstract

The merger in the health care industry has become a frequent strategy to create mutual organisational benefits, such as economies of scale, scope or diversification. Although hospitals mention efficiency, increase in quality and lowered costs as the main reasons to merge, there are few clear signs of most of these benefits yet. This study set out to describe leadership as it relates to known antecedents of, else described as relevant factors contributing to, organisational identification, an element that is known to influence the success of mergers. Organisational identification is best defined as "...*a relatively enduring state that reflects an individual's willingness to define him- or herself as a member of a particular organisation...*" (Haslam, 2004: 281). In times of drastic change, employees' organisational identification may change intensely and rapidly when not taken care of properly.

This study's analysis of two major hospitals in the Netherlands indicates that their respective mergers have had consequences for employees' motivation, performance and well-being. Moreover, employees appear to be in an uncertain, unwilling or searching state. Results from qualitative and quantitative research show that organisational identification among employees is significantly diminished during the merger. Top- and middle management seem to reciprocally influence each other, which reflects on their employees, in turn affecting said antecedents of identification with the organisation. A certain level of commitment and approach to leadership can be concluded to influence antecedents that contribute to positive identification. Finally, implications for this study and its selected approach are discussed.

In order to meet the objective of this study, the manner in which leadership is applied by top- and middle management, as it relates to antecedents of organisational identification among employees, during a merger, is described.

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1. Introduction

Merger and acquisitions (M&A) activities are primary strategies for organisations to secure market competiveness in an increasingly global market place (Faulkner, Teerikangas & Joseph, 2012; cited in Marks & Mirvis, 2015). They are used to achieve economies of scale, diversification and economic growth (Giessner, Ullrich & van Dick, 2011; Ellis, Reus & Lamont, 2009). While it was the private industry sector that originally made strategic use of M&As, they are nowadays also initiated in the public sector, for example, in health care organisations. The *Autoriteit Consument & Markt* (ACM) (translated Authority Consumer & Market) controls the concentration of hospital mergers in the Netherlands. Between 2004 – 2014 a total of 24 hospital mergers have been reviewed and approved. The first decline of a merger in this industry in the Netherlands took place in 2015.

Although the aim of the merging organisations has been set clearly, questions arise in current studies (and therefore in the media) about the apparent insufficiency of evidence regarding actual quality improvement of health care. Either way, a lack of sufficient measurements for, or an apparent delay in actual quality improvement suggests that more research is necessary in order to examine the nature of these outcomes. A lack of clear signs of improvement of the quality of health care could suggest a potential for advancement on an organisational level.

Research studying the current trend of mergers between Dutch hospitals has examined the actual improvement mergers have brought (Bureau Significant, 2016). It is concluded that mergers did not result in the promised improvement for quality of care. This could suggest a potential for betterment on an organisational level. As organisations do not appear able to perform as expected in order to make the merger a success and indeed improve the quality, what is it that holds them back from doing so?

Since it has not yet been determined which factors actually influence improvement of the quality of health care after a hospital merger, this study has examined the organisational change of a hospital merger from a deeper, closer perspective, starting from the actual moment the organisational change was announced (pre-merger experiences) toward the current situation (transitional or post-merger experiences). Research suggests that organisational identification is an important factor in improving manager's and employee's performance and well-being during mergers. Giessner (2016) has recently mentioned a gap in literature on leadership and the effects it has on organisational identification during mergers. These findings triggered to dive deeper in both topics and the possible connection that has been made in previous research. The products of this dive are outlined in the next chapter.

2. Theoretical background

To come to a full understanding of the theoretical grounding, each of the examined concepts is independently outlined and reach, when combined, a better understanding on how leadership contributes to the field of merger studies. The model in figure 1 shows the relation between the concepts of this chapter:
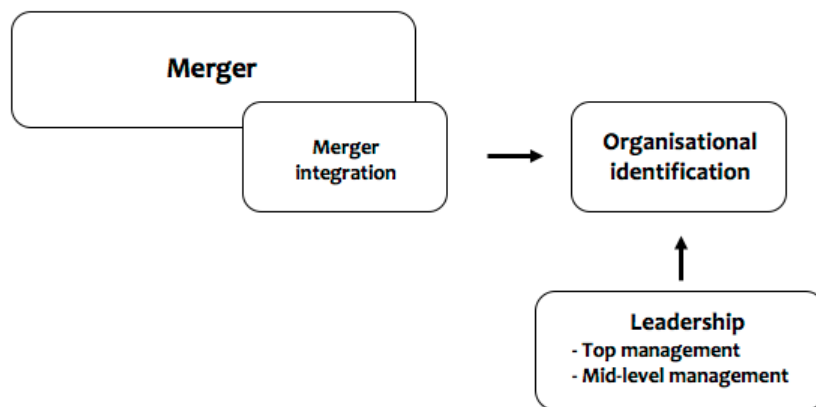
Figure 1. Model literature review

2.1. Mergers

Organisational mergers are characterized by a certain structural condition: two or more companies merge to become one company. Today the terms merger and acquisition (M&A) are used interchangeably. In literature many acquisitions are indeed described as a merger, in order to downplay the dominance of one firm (Piekkari, Vaara, Tienari & Säntti, 2005). In other words, one major component of mergers is that there is often an asymmetrical status relationship between the merger partners; it is not a merger of equals. However, this is usually not how the merging companies communicate the organisational change internally and externally. In the context of this study references will be made to mergers only.

Mergers have become a common strategy within the health care industry. Developments that influence the decision to merge are mostly the selective purchasing, the strong negotiating power of health insurers, the increase in competition between hospitals and the increase in quality demands (from the government and health insurers). Hospitals tend to communicate that an improvement of the quality of health care is a major factor in the decision to merge. In the health care industry two types of most common mergers can be distinguished; the *administrative merger* and the *legal merger*. The former signifies that the merging corporations remain separate legal entities, but will be placed under a collective board. The merging companies will have control and supervision over each other. Both entities continue to exist, but due to the legal

liability the policy of the merging entities and the cooperation will be controlled. The latter type of merger is the most radical; all benefits and downsides of the one legal corporation will be transferred to the other. The decision can be made to merge the existing health care organisations in a newly established legal corporation. Another form of this type of merger is that one of two entities will continue to exist and the other will be abandoned. It can be predicted that the impact on organisational continuity will increase when proceeding from an administrative to a legal merger.

Unfortunately, empirical evidence indicates that the majority of M&A activities can be considered financial failures (Thanos & Papadakis, 2010), while the human- and social costs of mergers continue to represent a serious concern (Marks, Mirvis & Brajkovich, 2001). Research consistently shows that organisational mergers are detrimental to employees, resulting in lower job satisfaction, reduction of trust, commitment and productivity, more conflict and discrimination, and higher levels of turnover and attitudinal problems (Cartwright & Cooper, 1996; Buono et al. 1985) due to employees' low organisational identification with the merged company (Giessner et al., 2012; Terry, 2001). Even when employees are not at direct risk of job cuts, research shows that their health and well-being is often compromised by mergers.

Research conducted by Quah & Young (2005) shows that, with clear communication, the resistance to the merger can be considerably decreased and positive behaviour among employees can be created, although, only in the first phase of the post-merger process. This phase is featured mainly by a set of certain symptoms, which all together create what is called the *post-merger syndrome*. The post-merger syndrome, existing in both domestic and international mergers, contributes to the problems arising on a human level during post-merger integration, along with cultural differences and resistance to change. The post-merger syndrome is characterized by change or loss of identity, higher centralization of decision making, coping with high levels of stress, formalization of communications on the one side and starting of rumour mills on the other, moving into a crisis-management mode, power games, decreased motivation, commitment and productivity, feelings of insecurity, impotence, anxiety and mistrust (Appelbaum et al., 2000; Bruckman & Peters, 1987; Dickmann, 2002; Marks & Mirvis, 1985; Schlieper-Damrich, 2000).

At the same time, it is clear that mergers have broader effects within local communities, especially when these are implemented within the public sector. Public sector jobs are embedded within society, and defined by close connections with members of the public as customers and

clients. Thus the effects of stress and uncertainty associated with mergers may be expected to have ripple effects outside an organisation itself, affecting external customers and stakeholders, as well as the direct change recipients. Leaders of mergers are not insensitive to the external risk of mergers. Indeed, Dr. David Bennett, chief executive of the health services regulator in England who oversees mergers and acquisitions in the National Health Service, commented: *"In the current challenging financial climate, mergers and other transactions can help providers deliver quality care on a sustainable basis. However, they can also introduce significant risks for providers and their patients"* (Monitor, 'New approach to NHS', 2014: 3).

Mergers in corporate environments are qualified as second order changes in literature. Second order change involves fundamental shifts in the way we perceive ourselves and our organisation. Following this philosophy, the difference between first and second order change are distinguished in table 1:

First order change	Second order change
When change Is perceived as (being):	When change is perceived as (being):
• An extension of the past	• A break with the past
• Taking place within existing paradigms	• Outside of existing paradigms
• Consistent with prevailing values and norms	• Conflicting with prevailing values and norms
• Implemented with existing knowledge & skills	• Requiring new knowledge & skills to implement

Table 1. Definitions of first and second order change

This second order change goes beyond financial results and is seen to encompass the idea of 'fit' between the two organisations in terms of their people, culture and values. In contrast to first order change, second order change is no extension of the past which one can continue working on in the current situation and future. This form of change is more radical, where existing values and norms will conflict in the new situation, due to the fact that the merging partners need to establish new prevailing values and norms that can be adapted by all employees. Also new knowledge and skills are required to be implemented in order to set a new company strategy, organisational structures, methods, company culture and a clear role of management, to make the merging partners fuse into the new entity. The starting point of the merger must be clear for all stakeholders, but the goal of the change on the other hand lays in the future and is not yet crystallized. Therefore, the change assumes its form step by step and will be continuously adjusted to the circumstances. When dealing with this order of change it seems vital to emphasize the idea that the value of diligence outweighs the value of swift advancement.

2.1.1. Preliminary Conclusion Merger

A preliminary conclusion could be drawn suggesting that mergers can be viewed as a radical change and appear to be as much a social as an organisational concern. It is thus suggested that minimizing the negative effects of such strategies, for both employees and their local communities, represents an important organisational priority and can hopefully, in the context of health care, result in an actual improvement of the quality of health care. Therefore, in this context, it should be recommended to conduct more in-depth research toward the outcomes of a merger from an employee's viewpoint, to possibly notice pitfalls on organisational levels.

2.2. Merger integration

Merger integration can be seen as a first step towards the creation of synergies and help to create a strong new organisational culture in the newly merged entity. Although the subject of integration was of hardly any importance in the first merger waves since the nineteenth century, due to the thought that integration competence was not the decisive factor for the success of a transaction, nowadays integration of operations, systems and procedures, as well as integration of people is viewed as vital in order to make the merger work, and eventually successful (Jansen, 2006). Merger integration can be seen as a first step towards the creation of synergies and help to create a strong new organisational culture. Definitions of merger integration as described in research are shown in table 2:

Source	Definition
Lajoux (2006: 4)	*"The term M&A integration refers primarily to the art of combining two or more companies (not just in paper, but in reality) after they have come under common ownership. M&A refers to the merger or acquisition transaction that leads to the combination, and integration refers to the combining of elements that will enable the two companies to function as one. M&A integration can involve entities other than companies (for example, non-profit and governmental organizations)".*
Haspeslagh & Jemison (1991: 106)	*"Integration is an interactive and gradual process in which individuals from two organizations learn to work together and cooperate in the transfer of strategic capabilities."*
Galpin & Herndon (2007: 18)	*"This is the actual process of planning and implementing the [...] organization's processes, people, technology, and systems."*

Table 2. Definitions Merger integration

"…Merger integration is a very long process which is assisted by a sense of parity and common management programs, tasks and goals" (Olie, 1990: 206). Integration is not only required on the hard levels, encompassing operations, systems and procedures, but also on the soft side of two merging organisations. The soft side of integration is considered the trickiest since it involves people's differing beliefs and ways of working. In most mergers, integration takes place during all three phases of the merger, leading to job losses, 'winners and losers' in the job stakes, changing brand identity, new procedures and relocations (Coffey, Garrow & Holbeche, 2002).

Unfortunately, companies frequently do not give serious consideration to integration until well after a deal is announced or even closed (Carr, Elton, Rovit, & Vestring, 2004). There is constant pressure on management during the negotiation phase to consummate a deal quickly, thus resulting in significantly less attention being paid to post-merger integration issues, which, in fact, should be addressed early during merger negotiations (De Noble, Gustafson, & Hergert, 1988; Jemison & Sitkin, 1986). Most scholars and practitioners already have agreed earlier and more recent research still indicates that the process of post-merger integration is crucial for the long-term success of a merger (Olie, 1990; De Noble et al, 1988; Haspeslagh & Jemison, 1991; Jemison & Sitkin, 1986; Hitt et al., 2012).

When two organisations merge, the pre-merger relations between the merging partners can often be of a competitive nature. Buono and Bowditch (1989) indicate that negative responses and feelings toward the employees of the other organisation may jeopardize the success of the merger. More case studies of mergers confirm this. They state that there are many examples of mergers failing to succeed because of "us" versus "them" dynamics that prevail if employees do not relinquish their old identities. In addition, Weber and Tarba (2011) and Gomes et al. (2011) indicated that culture clashes during the post-merger integration often increase instability within top management teams of the target company, which in turn has a detrimental effect on the performance of the acquiring company.

2.2.1. Preliminary Conclusion Merger Integration

A preliminary conclusion could be made suggesting that the integration phase is crucial to the success of a merger. Although ample research has focused on the post-merger integration phase, literature also indicates that the soft side of integration actually consists of three stages, pre-, transitional, and post-merger, none of which should be disproportionately favoured or overlooked. Therefore, it is assumed to be prudent to review these three stages of integration separately when measuring effects of a merger on employees. Parting the three phases can make examination of the integration process more extensive and may result in revealing potential pitfalls.

2.3. Organisational identification

2.3.1. What is organisational identification?

Identification can be understood by defining identity. Identity is defined in literature as a self-referential description that provides answers to the question "Who am I?" or "Who are we?". In organisational studies, three conceptualizations of identity have come to the fore over the past two decades, namely: social identity, identity theory and identity of the organisation. The former has been acknowledged as the most influential over time (Ashforth, Harrison & Corley, 2008). According to Tajfel (1978: 63) social identity is "…*that part of an individual's self-concept which derives from his knowledge of his membership of a social group together with the value and emotional significance attached to that membership*". Research on developing social identity indicated that the more identity perceptions are widely spread and shared by members, the stronger the identity and therefore, the stronger the potential for identification, or disidentification (Cole & Bruch, 2006; Kreiner & Ashforth, 2004).

Organisational identification is the construct of identification that is most easily confused with organisational commitment. Commitment represents a positive attitude toward the organisation: the self and the organisation remain separate entities. In contrast, organisational identification, "…*is a perceived oneness with the organisation, necessarily implicating one's self-concept…*" according to Ashforth, Harrison & Corley (2008: 333). Organisational identification is organisation-specific, whereas organisational commitment may be more readily transferred to other organisations that inspire a similar positive attitude. In organisational identification, as the individual's identity and fate become intertwined with those of the organisation, he or she becomes a microcosm of the organisation (van Knippenberg & Sleebos, 2006). Findings of a meta-analysis of Riketta (2005) clarify that organisational commitment is linked to certain variables like job satisfaction. In contrast, organisational identification appeared to be more related to extra-role performance. However, despite the empirically supported distinction between the two constructs, other research shows disagreement on the differences since both have common antecedents and relatable outcomes (Stinglhamber, 2015). Another interesting finding is that organisational identification, unlike commitment, was also associated with negative emotional experiences (Herrbach, 2006). In the same study it is proposed that organisational identification fosters commitment, which can be suspected, in turn, to reinforce organisational identification. Commonly examined antecedents can be related to both organisational identification and commitment, and therefore, commitment and identification are viewed as mutually reinforcing.

Organisational identification (OID) is best defined as "…*a relatively enduring state that reflects an individual's willingness to define him- or herself as a member of a particular organisation.*" (Haslam, 2004: 281). The more employees identify with their organisation, the more their thoughts, feelings, and behaviours are driven by the part of their self-concept that overlaps with organisational characteristics, values and norms. As a result, stronger organisational identification increases an employee's behaviour that supports organisational goals and functioning. For example, the more a doctor identifies with his hospital, the more his (clinical) behaviour will be driven by the hospital's interests and he will adhere to the norms and values of how to treat patients set by the hospital. Furthermore, identification with the organisation also fulfils our need to belong, increases our self-enhancement by providing us with a positive self-concept (Tajfel & Turner, 1986), and reduces uncertainties by providing us with meaning and guidelines to act (Hogg et al., 2005). Consequently, it is important to manage not only culture, values, and policies of an organisation, but also the level of identification employees show with their organisation.

2.3.2. Antecedents

Over the last decades several scientists have done research on organisational identification in the context of mergers. Most of it focused on specific variables and the correlation of those variables with the individual identification employees have with an organisation. Variables that have been included in studies on organisational identification over the last decades:

Antecedent	Author
Pre-merger identification	Bartels et al. (2006) (2009), Giessner et al. (2006), Gleibs (2008), Lee (2009), Van Knippenberg et al. (2002)
Sense of continuity	Boen et al. (2005) (2008), Giessner (2011) (2016), Van Knippenberg et al. (2002) Van Leeuwen et al. (2003)
Necessity	Boen et al. (2005) (2008), Giessner (2011) (2016)
Communication	Bartels et al. (2006), Boen et al. (2005), Smidts (2001)
Merger success	Boen (2005) (2008)
Procedural justice	Amiot et al. (2007)
Perceived external prestige	Smidts (2001)
Type of strategy	Amiot et al. (2006)
Intergroup contact	Terry (2001), Amiot et al. (2007)
Job satisfaction	Lee et al. (2009), Van Dick et al. (2006), Amiot et al. (2006)

Table 3. Antecedents of organisational identification

2.3.3. Organisational identification after a merger

In this context, most research has been done on the antecedent pre-merger identification, as organisational mergers increase employees' awareness of their membership in their former organisation, trigger comparisons with the other organisation, and raise the question of how far the merged organisation differs from the former organisation (Giessner, Viki, Otten, Terrgy & Täuber, 2006). Employees' identifications with their pre-merger organisation often prevail over their identification with the post-merger identity (Amiot, Terry & Callan, 2007). If the merger partners differ in status before the merger, this could create an additional complexity for the representations of the merging organisation and employees' sense-making processes. Therefore, it is necessary for this study to imply that the majority of M&As do not involve the merger of equal partners (Cartwright & Cooper, 1996). Power relations define which of the merging partners constitutes the dominant partner during the merger integration phase (Giessner et al., 2006). The representation of the merged organisation provides employees with information on how their pre-merger identity might change and, therefore, who will potentially dominate in the merged organisation. Consequently, employees of high and low status organisations will differ in their support for a merger depending on the representation of the merged organisation announced prior to the change. Dominance stems from power differences within the merged organisation, as employees of the dominated organisation often have to undergo a major change in their social environment, perceived differences in dominance are assumed to have a larger impact on their organisational identification than status differences (van Knippenberg et al., 2002). The researchers tested the assumption that higher levels of pre-merger identification result in stronger post-merger identification for employees from the dominant partner. They conducted two survey studies in public organisations measuring the pre- and post-merger levels of identification. In both mergers, there were clear differences in the power of the organisations during the merger integration phase. Results of research on continuity of identity are rather consistent on merger patterns. Both high and low status groups aim to experience a sense of continuity within the merged organisation and that strong representation within the merged organisation may satisfy this need. However, research on merger patterns indicates that it may not be possible to find a representation that would enable both merging partners to feel a sense of continuity during the merger. Therefore, concessions will have to be made in order to make a merger work. Giessner (2016) suggests it might be useful to focus on ways to increase post-merger identification for those employees who perceive low levels of continuity. Continuity takes form in the way the employees have been used to working prior to the merger, in their original organisation. A sense of continuity creates an impression of no change. The absence of change can result in a safer feeling among employees, because they are familiar with the situation. Since

it is inevitable that change will come as a result of any kind of merger, it is suggested to bring forward the necessity of the merger. A clear communication on the new situation after the merger can result in positive emotions towards the merger, because the employees feel informed and this generates higher levels of certainty. Some studies have already indicated that a feeling of necessity is positively related to post-merger organisational identification (Boen, Vanbeselaere, Hollants & Feys, 2005; Ullrich, Wieseke & van Dick, 2005).

If one's organisation is perceived as inferior to the other, this might lead to a negative organisational identity, resulting in possible turnover, perhaps even with a competing firm. Worse still: the employee may end up protesting and/or undermining the organisation. The form of turnover where employees have a negative organisational identification and leave, appears to be a recurring complication during organisational mergers. Oftentimes, it is the best performing employee who has the better opportunity to jump ship and join a competitor. Furthermore, while the permeability of boundaries between the merged entities may on the one hand incentivise the ambitious employee to pursue a more vertical career trajectory in the newly formed organisation, the same permeability may simultaneously pose a perceived threat to employees of the organisation with the higher status, seeing their organisational benefits potentially endangered (Giessner, 2016).

2.3.4 Preliminary Conclusion OID

We could draw the preliminary conclusion that organisations benefit most from the strategy to merge when the soft-side of integration is addressed with attention for organisational identification. A view on antecedents of organisational identification like pre-merger identification, sense of continuity and the necessity of the merger can help organisations steer in the right direction of creating high identification with the new organisation, among employees.

2.4. Leadership

2.4.1. What is leadership?

When one thinks of leadership, the essence of power can come subsequently. Power and leadership are in fact naturally related; however, they are not the same. Power is defined as control over resources which provides a person with the ability to influence others, leadership is defined as the process of influencing others to contribute towards a common goal. Powerful persons are not necessarily leaders, but leadership implies and requires power (Giessner, S., & Schubert, T., 2007). Kouzes and Posner (2003: 22) suggest that, when facing significant change, "*Leadership is the art of mobilizing others to want to struggle for shared aspirations*". When focusing on trust in leaders, it has been examined that leader group prototypicality can be of great significance. The concept explains that the more effective leader, in terms of influence and gaining trust, is oftentimes one who lives by the organisation's core values (Haslam, 2004; Giessner & van Knippenberg, 2008).

2.4.2. Leadership in context of a merger

Effective leadership can contribute to a perception of legitimacy, certainly in situations where the level of uncertainty is relatively high: in times of change. While change should be a central aspect of leadership, research on leadership of change during organisational mergers is relatively sparse (Giessner et al., 2016). Research has indicated that charismatic leadership can be particularly vital during organisational mergers (Giessner & van Knippenberg, 2008; van Knippenberg, 2011). However, in this context, it has not been clearly examined whether one typical leadership style is most effective during the different stages of a merger, when taken separately. It can be assumed that different approaches or adjustments are required in order to guide the employees through all phases of the merger. Establishing trust enables leaders to instil in employees some measure of perceived continuity during the organisational merger – this can be true during merger scenarios involving radical change (Venus, 2013). The 'us or them' perception of top managers by employees may be offset by the leader behaving in a more group-oriented way (Hogg & van Knippenberg, 2003). As a result of demonstrating support for his employees, the leader may see an increase in trust. Tyler & Lind (1992) conclude that leaders do not gain acceptance the easy way by distributing resources to employees. Although, it could have positive effects on people's motivation, it is as well triggered by whether or not people experience decisions in context of the merger as being made through procedural justice. Additionally, Tyler & De Cremer (2005: 542) indicate that leaders could easily build upon such findings about how they should lead, but they accordingly state correctly "*…what do these findings suggest about what leaders should actually*

do to activate the internal motivations associated with acceptance of a new organisational situation?" They suggest that in this case it is of most importance that leaders require to be at least sensitive to the fairness of their decision-making.

Leaders can increase the post-merger identification of employees by communicating organisational visions that strengthen a sense of continuity (Venus, 2013). From a top management perspective, clear visions for the merged organisation can carry information about the continuity of the identity of the pre-merger organisations. Employees who perceive more sense of continuity in these top management visions also show increased support for the merger (Venus, 2013). Nevertheless, it is important to maintain a proper open communication towards employees if the continuity of an identity will not take form as promised or communicated. It is assumed that employees can feel emotions of betrayal and uncertainty if they are not informed properly. In order to get ahead of this, it is possible to include elements to the new vision that clarify the actual necessity of the merger and provide a positive picture of the new organisation's future (Conger & Kanungo, 1987). Additionally, it can be pointed out to that leaders most likely benefit from having gained experience or being skilled in change management processes, and can act successfully as agents of change and motivate people during the merger process (van Knippenberg and Hogg, 2003). The resulting shared aspirations can play a significant part in organisational identification with the new organisation. Kavanagh & Ashkanasy (2006) argue further that there has not yet been sufficient critical analysis on the consequences of cultural shifts during a merger on individuals and ultimately their acceptance of change. When examining mergers and their effects on employees and managers, one must consider the possible existing trauma sustained as a result of the merger. Post-merger experiences can be quite intense for employees, as a respondent stated in a study of Bligh (2006: 418) *"the emotions were so strong, I would rather have my skin peeled off than go through that again"*. Bligh (2006) concluded that it is clear that additional research is required on how to accurately understand, and moreover overcome culture clashes in post-merger context, in order for researchers and practitioners to be able to improve the merger integration experiences, especially for the employees involved.

Another issue as a result of mergers is replacement of leaders in the newly created entity. Zhang et al. (2015) mentioned that in regard to detailed leadership issues, most respondents in their study indicated that replacing a superior is likely to cause loss of talent in the team if the leadership style of the new leader is not commonly accepted by all members of the team. They find that the leadership style has a significant effect on talent retention during the post-merger integration phase. An overwhelming majority of their study's respondents indicated that their decision to stay with the new organisation is often related to the leadership style. In addition,

Kark et al. (2003) discuss that despite widespread reference to transformational behaviours that can contribute to the empowerment of followers, transformational leadership also includes charismatic behaviours that have been suggested to have the potential of creating dependence on the leader among followers. A certain dependence on the leader can work contrary in times of extreme change (e.g. mergers) due to the possibility that the management structure can change and different leaders can be appointed to fulfil other jobs or will not remain in the organisation at all.

2.4.3. Top- and middle management leadership during mergers

Research indicates that leadership has influence on the level of identification with the organisation (He, 2013). Additionally, other research reveals some important insights on the importance of top management for organisational merger integration. Next to the large role played by top management, middle management leadership is deemed of significant importance regarding the realisation of change during merger integration (Huy, 2002). Direct contact shortens the reaction time when it comes to responding to the employees' needs and problems. General support given by the manager (e.g. giving direction, answering questions, providing information) during the merger has a positive effect on employee job satisfaction. The influence on, and the managing of, employee post-merger identification by middle management is unmistakable. A complicating element is the fact that the manager, while required to provide support towards their employees on the one hand, has to simultaneously adjust to substantial changes regarding his own work. Those managers identifying with the post-merger organisation should be conducive to the leadership they provide in order to manage and improve employee post-merger identification (Van Dijk & Van Dick, 2009, cited in Giessner, 2016). As Giessner (2016) also concluded, so far, we know very little about the interplay between top-management leadership and mid-level leadership during organisational change, particularly during organisational mergers. What level is more important and at what stage of the merger? Who needs to show which type of group-oriented behaviours? Do both levels of leadership need to be aligned, or can they fulfil contrary requirements?

2.4.4. Preliminary conclusion on leadership

Leadership plays an integral part in any organisation, as top- and middle managers are assigned with the role to create a workable environment for the employees. Nevertheless, in times of drastic change, like mergers, it can be difficult to determine how to apply leadership and the adjustment to additional responsibilities in management, at the same time. Especially the way leadership should be applied from and between top- and middle management, in the phases of a merger, requires further examination.

2.5. General Conclusion Theoretical Background

When organisations merge to create a new entity, gaining employee buy-in can be concluded to be crucial to the effectiveness of the new company, the inference being that employee willingness to make a success of the new company, adopt its new culture, and foster the organisational goals, impacts upon the realisation of the benefits of the merger. As a vital part of the merger, human integration (the soft side) should be approached seriously to gain this employee buy-in. Research suggests that employees' organisational identification with the merged entity can be of significant importance to the success of a merger. Several antecedents of organisational identification are examined to either create a higher or lower identification among employees. As it is suggested that top- and middle management play a vital role in the merger process, it has not yet been thoroughly examined how this leadership relates to antecedents of organisational identification among employees. Therefore, this gap in literature shows possibilities in examining this question more profoundly, as is done in the current study.

This study describes how leadership is applied by top- and middle management, relating to antecedents of organisational identification in times of a merger. It would seem significant for merging organisations to develop a clear impression of the perception of leadership from top-management, middle management and employee perspective and to describe the application of this leadership as it relates to several antecedents of organisational identification within the context of a merger. In order to make the outline of this study applicable, the following research question and corresponding subquestions are formulated:

2.6. Research question

How is leadership applied in relation to the antecedents of organisational identification among employees, in times of a merger?

Subquestions:

1. How does top management apply leadership in the merger process?
2. How does middle management apply leadership in the merger process?
3. How do employees identify with the organisation in the merger process?

2.6.1. Research objective

The aim of this study is to gain insight into what top- and middle management do in order to guide their employees through the merger, and to describe if and how employees' relationships with the organisation change in the context of this leadership.

2.6.2. Research model

Figure 2 visualises the topics examined, as well as their interconnectedness.
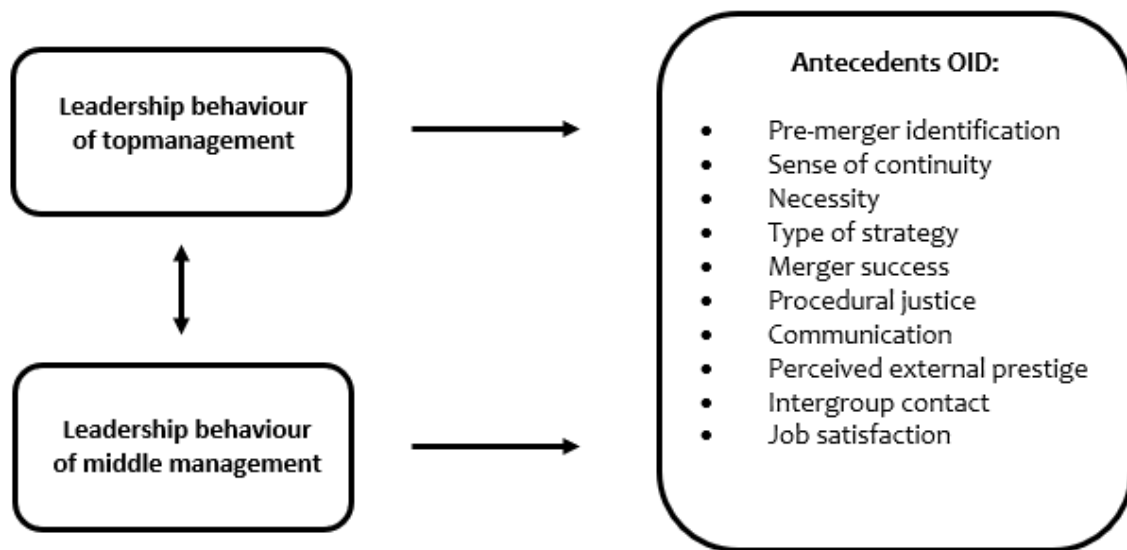
Figure 2. Research model

2.7. Relevance

This section will focus on this study's possible addition of insights for scientific purposes and social enrichment on the subject.

2.7.1. Scientific relevance

Outcomes of this study may contribute to the existing knowledge on organisational identification in times of radical change, like mergers. Research suggests that organisational identification is a factor in improving managers' and employees' performance and well-being during mergers (Ashforth et al., 2008); Riketta, 2005). Although research indicates that leadership has influence on the level of identification of employees with the organisation (He, 2013), the application of leadership by top- and middle management in relation to antecedents of organisational identification in times of a merger has seemingly not been studied thoroughly yet.

2.7.2. Practical relevance

This study on the effects of leadership on the antecedents of organisational identification of employees in the context of mergers, can be enriching specifically for stakeholders in the healthcare industry, since the 'merger wave' among hospitals has likely shaken up the industry. Nevertheless, this research is also transferable to other industries. Corporations that are about to

merge or looking for new possibilities in cooperating can learn from the results of this study and anticipate accordingly, striving for a merger where employees are guided through the process in a proper manner. Failed mergers will likely result in less productive employees as a consequence of a lower sense of motivation. It can be inferred that a lack of motivation can adversely influence work performance, which can have far-reaching consequences in the healthcare industry. When mergers are managed properly these issues can partially be avoided. The fact that the approach of this study created sufficient interest among several hospital Boards, suggests that this specific study differs in approach from, or in other ways complements previous studies or investigations the hospitals had running. The results of this study can also be of interest of employees in organisations that are to merge or have been merged. The conclusions drawn from the interviews may possibly be recognisable or may serve to raise awareness for possible future points of interest.

3. Methodology

From a methodological perspective it may be of value that a research method has been chosen that can be imposed upon the different organisational levels in a (merged) organisation. Next to this it is equally necessary that the researcher understand that the topic of investigation could have (had) an emotional impact on the participants. The information that has been gathered in this study is oftentimes of a sensitive nature. This implies a discreet handling of the data. To make sure the participants were able to speak openly and feel comfortable in discussing sensitive topics, they were presented with an agreement in which it is made clear that all information gathered during the study is confidential and will be handled in a discreet manner, therefore all candidates will participate anonymously.

The concepts, philosophies and approaches discussed in this chapter help to determine the structure of this study and will be the frame of reference for the actions of the researcher. Saunders, Lewis and Thornhill (2007) have designed a research diagram which will be adapted in order to describe the aim of the study. The several stages that must be covered when developing a research strategy have been prepared in the next sections:

3.1 Research philosophy

This study will focus on the experiences of and lessons learned by employees and managers during the different phases of a hospital merger. The fact that the researcher had to deal with individuals implied taking into account the participants' various paradigms. A paradigm has been defined in this context as a personal frame of reference from where reality is interpreted. Each of the individuals has their own experiences and thoughts. *A person is not strictly autonomous, but is partly governed by the subconscious, emotions, others and language* – Michel Foucault, paraphr. Although the researcher will not speak about it with the participants, subconscious emotions will be taken into account during this study. This way of thinking follows from the philosophical movement 'post-modernism'. There are cases where participants' statements have been stoked up to be enounced by the participants, in order to give certain concepts personally created definitions. In this, truth is not determined by rational systems, but through experiences, interpretations and meanings. This approach follows the philosophical movement 'pragmatism'. The truth refers to the correspondence between suggested and realised meaning (e.g. the extent to which participants experienced the merger as intense is dependent on the proposed meaning they give this concept). The experiences and definitions of the participants in this study have been translated to insights to improve the current and future situation.

3.2 Practical importance

The practical stake of this study has been taken into account while examining the data. The distinction between communicative and intentional acts was made during research. The aim of this study is to convert the experiences, interpretations and meanings of participants in results that may be conducive to the research objective.

3.3. Mixed methods and narrative interviewing

The qualitative approach of this study has been combined with a quantitative approach in order to gather meaningful and supporting data. Creswell & Plano Clark (2008) discussed that the indispensable premise of mixed method design is that the use of qualitative and quantitative methods will provide a better understanding of the research problems than the use of either one method alone in a study. In this study, the quantitative questioning in survey-form is additionally applied to enlighten participants to better understand the concepts of the interview. At the start of the interviews, every participant received a short survey with four questions. They were asked to fill in this form by answering the given questions, prior to the actual qualitative interview. The aim of this strategy was briefly preparing the participants with questions that are related to the concepts of the interview. The Organisational Identification Questionnaire (OIQ) is commonly used in research, but can be criticised due to its monotony and lengthiness of standard questionnaires. Shamir & Kark (2004) developed a scale that might reduce the common variance of standard measures by interrupting respondent's response style. In this study, the first two questions of the quantitative method used follow from this developed scale. At first, participants' identification with the levels in their organisation is measured. In contrast to a common questionnaire, the participants are asked to choose from a list of four: position, team, work environment and organisation, which they identify the least and most with. Participants are asked to distribute 10 points between the given variables. Most given points reflect a higher level of identification. Furthermore, participants are asked to choose from a list of three values: responsible, passionate and prepared, and rank those from least to most important. It is suggested that organisational identification is induced when employees perceive areas of similarity in personal and organisational goals and values. Here, the personal value *passionate* corresponds with the organisations' values. The first two questions are followed by two statements as used by Miller et al. (2000) of which each interviewee can specify their level of agreement or disagreement on a 5-point Likert-scale. The statements 'I feel attacked when someone criticizes this hospital' and 'I am proud to work for this organisation' show the participants' commitment and connection with the organisation. Next to the strategy to prepare the interviewees, the results of this questionnaire should be insightful and can be used as extra support for the results of this study, toward a better evaluation.

Given the nature of this study and the pragmatic research philosophy, the choice has been made toward qualitative research and in this context the use of narrative interviewing. Narrative interviewing entails the production of stories. This refers to paying attention to the little stories people tell spontaneously during interviews, but also the role of the interviewer as an activator of narrative production (Elliott, 2005). A narrative interview is open in two different ways:

- there are no prior hypotheses or propositions to be tested.

- the participant is encouraged to talk openly.

The researcher had a list of semi-structured, open-ended questions or topics prepared and memorized, in case the participant was in need of certain topics to reflect on or to give direction to a specific topic. In case the participant requires help to move to another topic, it is up to the interviewer to establish connections with other topics. The main purpose of this narrative approach was to let participants individually tell their experiences in the form of stories. This means that participants are allowed to tell their story from their own point of view and with their own words and ways of expression. To stimulate this method, the researcher had encouraged participants to speak freely by making the interviews take the shape of regular conversations. The researcher did not have a list with semi-structured questions within sight of the participant, nor did the researcher take notes. In this process both interviewer and participant might happen upon unexplored territory and discover new ideas or answer in a more detailed way. It is up to the participant to wander across experiences and different topics while memorizing events. As this study is of a descriptive nature, rather than explorative or explanatory, usage is made of classifying interview-topics and antecedents of organisational identification as *positive/negative* or *high/low*. In cases where individuals' do not respond unilateral on one topic, the classification will be held in between, as *mixed.*

3.4. Multiple case study as strategy

According to Yin (2014) there are five different ways of reporting case studies. Among these five, the comparative structure suits the aim and approach of this study most. With the comparative structure several cases are presented one after another, comparing them. This structure is suitable for intensive case studies with a multi-perspective design. The decision to examine each within-case and eventually compare both cases of hospitals results in clarification of the mergers from different perspectives, in different contexts. Since both cases compare on certain grounds, but also have different approaches, the stories per organisation become more distinct.

3.5. Level of analysis

The following level of analysis will be managed:

Individual: this study is aimed at individual persons. Each employee of the merged hospital has a different background and has a different frame of reference. In order to create a better understanding of the experiences per group-perspective, the findings on individual basis are organised in a collective manner in the analysis section. Reference is made to individual experiences, which, when combined, form the collective perspective and establish linkages.

3.6. Data collection and analysis of narratives

The choice was made for narrative interviewing as a method for collecting data. From each hospital several employees from each organisational level were interviewed. It is of high relevance that the interviewees cannot be identified. Therefore, multiple managers, heads of department and employees were selected by the researcher to be part of the study. This selection was done independently. A total of 28 interviews were conducted, in the same period, alternating between the locations of both hospitals in order to interview employees with different backgrounds. Top managers, middle managers, heads of department and employees were selected for this study. The individual interviews of participants at both hospitals make up the narrative data and can be cross-examined from whence the findings are drawn. Each case has its own general context in which the merger took place. Therefore, it is necessary to understand that especially an individual's context is in fact unique, since every individual builds experiences based on the subconscious, emotions, others, language and their own interpretation of things. To examine meaning, it has been decided to choose the analysis of narratives as described by Polkinghorne (1995). Analysis of narratives is used as a method to collect the stories that are told by the participants and used to examine their plots and narrative structures. This method directs the attention of the interviewer beyond the words of a single case of experience. Every story is uniquely personal. Analysis of narratives requires close reading of individual cases. For this analysis the tool *overreading* has been used. Overreading is a tool used in within-case analysis in which the interviewer searches for meaning in the transcribed interview-text that is implicit instead of explicit. In this study, during overreading the interviewer came across repetitions, where particular words or phrases recurred during the interviews. Contrastingly, it was noticeable that omissions were used, either unwittingly or consciously. These omissions took the form of topics being avoided or evaded by the participant, for example answering with a story on another topic, or answering that they "didn't know anymore". Most interesting was noticing the inconsistency in the interview-text, in which answers or beliefs stated early during the interview, were being contradicted further on. In general, the aim was to find commonalities and variations

in experiences. The trouble with this approach is that commonalities are hard to look for when one keeps in mind that interpretations of participants will differ. Therefore, themes were selected during the overreading analysis. The selected themes were of high importance during the interviews, because they were mentioned more often irrespective of organisational level, role or hospital. These themes were selected and marked as *negative* or *positive* in connotation with the topic. See section 4.1.3 for results.

3.6.1. Interview protocols

- A list of employees was provided by both organisations in order for the researcher to approach possible participants. Required was that this list consisted of only employees that were active during the merger, i.e. had been working for the organisation at least 5 years, in order to be able to recall their own experiences prior, during and after the merger.

- The researcher had contacted 15 participants in random order per organisation. The main priority was to select employees throughout the organisation, i.e. managers, heads or department, medical staff and employees. Prior to the interviews taking place, the researcher had gathered relevant information about the organisation and the merger from several informants, i.e. Board of Directors and their advisors. The details of these conversations gave the researcher background information on the merger process and the current situation.

- All approached participants were informed in short of the reason and purpose of this study and were asked to participate in case they were interested and were available in the given timeframe. 28 out of 30 selected participants were available for an interview.

- Once the interview date had been set, the interviewees were informed by the researcher by email about the proceedings during the interview. One must take in mind that the participants had to make time to voluntarily participate in the study, therefore it was wishful to inform them with all necessary information, in a courteous way.

- All participants received a signed copy of the confidentiality agreement by email to inform them about all restrictions and responsibilities with regard to the researcher from the moment of the interview on.

- Prior to every interview, the researcher summarized the restrictions and responsibilities regarding the role of the researcher and explained the further proceedings after the interview.

These proceedings consisted of the researcher transcribing the recorded interview, ensuring all data is anonymized and selecting data from the transcription that can be of use for the study and sending the selected data to the interviewee in order to ask for permission to use this data. Once mutual agreement on usage of the selected data was confirmed, the researcher would process the data for purposes of the thesis, separate reports to management and participants and the final presentation to all echelons.

3.7. Reliability and validity

According to critics the repeatability of qualitative research can be questionable, because they presume that repeating an interview will not result in the same results. Given that perspective, the following steps were taken in order to increase the possible reliability of this study. In registering the data for analysis, all interviews were recorded and transcribed. All gathered data was analysed multiple times. A form of mixed methods was used as strategy: as a quantitative method, a short questionnaire was added to the methodology in order to complement the qualitative data. This strategy resulted in convergence, where qualitative and quantitative results coincided and therefore led to compatible conclusions. If this study were to be repeated in the same organisations, it can be inferred that similar results would be generated, but as the sample-size of participants do not represent the findings of the organisation as a whole, it cannot be determined whether other employees would answer in the same matter, as the participants of this study. If case this study were to be performed in different organisations, a different outcome from the results measured during this study would, in itself, not have to be contradictory. This could be explained by referring to the different context the study would be performed in, the possible difference in approach and process, resulting in interviewees having different experiences and emotions. However, the approach of this study would remain the same and if the same steps were to be taken, it would be interesting if the same convergence in results were perceived.

Regarding the validity of this study steps were taken to strive for trustworthiness of the results, validity of the research method and researcher and openness of the interviewees. Confidentiality agreements were written and signed by the researcher and participating organisations, to ensure exclusion of all information on the organisation and its participants, i.e. made anonymous in all forms of communication concerning this study. Participants in this study received a similar confidentiality agreement from the researcher once the interview date had been set. Each interview was opened with a summarized verbal version of the confidentiality agreement, ensuring the interviewees of the independence of the researcher and the anonymousness of the interviewee. After transcription all participants received a copy of the interview and were asked if

highlighted sentences or quotes could be used in the study. Only after mutual approval the personal examples could be used in the results of this study. After the findings are gathered, all participants and the participating organisations will receive a copy of the results.

4. Analysis and results

In this chapter analyses of both hospital cases are given. The developments in pre-merger, transitional merger and current situation are outlined per organisation, in order to give clarification on the individual cases. After the analysis, the results of quantitative and qualitative research are mentioned.

4.1. Organisational features

Analysis of all the collected interviews clearly revealed that both organisations have not experienced the merger as pleasant or easy. The organisations prior to the mergers had their own idiosyncratic standards and norms that contributed to their employees' personal identities. The mergers have changed these organisational and personal identities. Middle managers were comfortable in their roles leading a team, working on organisational goals, but due to the merger those goals significantly changed because of the altered business approach of the organisation after the merger. However, analysis of each hospital separately clarifies why some experiences differ per organisation.

4.1.1. Case hospital A

Pre-merger (legal):

Hospital A consisted in pre-merger state of two hospitals with headquarters and two or three sublocations functioning as polyclinics. At both hospitals approximately 2200 employees were based in the headquarters or one of the polyclinics. Both main hospitals and their sublocations are situated within a driving distance of half an hour and could be qualified as financially healthy organisations. Hospital A had been through the administrative merger in 2008, where the Boards of Directors merged in order to improve cooperation between the hospitals. Both hospitals functioned as normal, under their own flag, with their own names, and employees worked from the same workplace. During the administrative merger the Board of Directors has changed frequently in members and in size. Where it started out with five members, only two remained until the announcement of the legal merger. From 2012, plans were made to go through a legal merger in order to improve quality of care, according to the Board. The legal merger could only take place if one hospital would be first made financially healthy. To work towards this goal, the Board hired interim managers to cut costs. Most of the financial benefits were created in personnel reduction.

<u>During (legal) merger:</u>

The year of the legal merger was 2015. During the legal merger one board member resigned and was replace by a new member. The Board of Directors was advised by an internal advisor/change manager and hired an external party to map the advantages and threats of the merger. Although this external party reported that the organisational cultures could merge easily without any issues, the organisational cultures turned out to be rather different and their differences became the biggest issue of the merger. The one organisation came out to be undereducated in comparison to the other organisation, due to the one organisation seeming to be more passive in educating and training their employees. During the first meetings between both, the employees from both organisations became aware of these educational differences, resulting in arguments and negative connotations with one another. Turnover rates increased prior to and during the legal merger among 2nd, 3rd and 4th echelon. In the current situation the hospital has about 4000 employees active, including medical specialists, also counting the independently established Medici.

<u>Current situation:</u>

The Board of hospital A set clear goals in its mission, vision and strategy as a post-merged hospital. Within the context of being a hospital the Board strives to be one of the best performing and highly rated top clinical hospitals in the Netherlands. From an organisational perspective, the Board aspires to the position of being one of the top 3 best employers in healthcare industry by 2020. Given the current situation of being in post-merger state these goals can be viewed as too ambitious, according to respondents. From another perspective these goals can be interpreted as a positive sign regarding the organisation's willingness to work on its internal and external well-being and recognition. The communication concerning the merger, the organisational differences and lack of time calculated to realise gradual collaboration between departments impeded a potentially smoother transition intended by the merger. It appears that management was better informed on the process than their subordinates were. Management positions were filled during the merger process, rather than pre-merger, resulting in a lengthy period of uncertainty for employees. Post-merger state feels like transitional to a lot of participating employees, due to the current state where certain methods are not properly adjusted to make them workable and many employees have not been to the other location yet. In contrast to management that generally experiences the merger as being largely finalised, some minor turbulences notwithstanding. Management appears to be looking forward and seems to expect the same from its subordinates. In general, all participants have a positive view on their position in the hospital and the possibilities this organisation has to offer. Participants seem ambitious and show clear signs of

personal leadership, as they indicate to have taken on more tasks during the merger process in order to address (un)expected changes, at their own initiative.

4.1.2. Case hospital B

<u>Pre-merger (legal):</u>

In 2007, two Boards of Directors of hospitals of unequal size decided to cooperate through an administrative merger. The smaller hospital had been in need of a form of cooperation with another party to stave off impending bankruptcy. The larger hospital could foresee possibilities to use the extra capacity and increased market share, while improving efficiency. This merger took place in 2008, after which the two hospitals shared the same Board of Directors consisting of three members. Shortly after this merger the chairman of the Board resigned from his position, followed by a management crisis. This change in top management led to an organisational gap between the two hospitals, due to a lack of managing. Three new members of the Board of Directors were appointed, but this formation changed shortly after, due to differences in management style. Two members resigned first and, not long after, the last member resigned as well. A completely new Board was appointed. In order to cut costs and improve quality of care, the decision to advance toward a legal merger took place in 2011. In the four years leading up to the actual legal merger in 2015, both hospitals had to cut costs and changes in management divisions were discussed and prepared. The current Board appointed new managers and decided to dissolve one organisational level. Not all managers knew at that time which department they would add to their portfolio.

<u>During (legal) merger:</u>

The reason to legally merge was not a decision easily made and employees had mixed feelings about the decision to go through a legal merger, rather than choosing to cooperate or even take over the smaller hospital. By commonly accepted definition a merger can only be a true merger if both companies involved are of equal size and shape. In this case the merger did take place between one larger and one smaller organisation, with some of the predictable consequences. The merger between the hospitals resulted in the larger hospital not seeing the smaller hospital as equal, but rather as an extra sublocation. During the first two years of the legal merger, the differences between both hospitals and the connotations both had of the other hospital hampered the process. Not only did the organisations differ in culture, but it quickly became evident that the smaller hospital was not used to the organisational and medical tasks the larger hospital had worked on for many years. The smaller hospital simply had never worked with the same capacity and procedures and therefore had a hard time adjusting to the new organisation.

The employees of the larger hospital on the other hand were not used to the informal way of communicating with co-workers or superiors and became demotivated in an early stage due to the medical boundaries of working in a smaller hospital. At this moment in time, during the third year of the merger, the differences between the employees and locations are still noticeable. Employees of the originally smaller hospital still feel underappreciated and employees of the originally larger hospital do not feel the motivation to start visiting or even rotating between workplaces. Hospital B currently consists of 2 main locations and 4 sublocations functioning as policlinics.

Current situation:

The Board of hospital B set goals for 2020 in their vision, mission and strategy as a post-merger hospital. These goals are of a more general shape, with no clarification in figures. Hospital B is an accredited top clinical hospital and does not mention any ambition towards being the best employer or striving to be one of the best top clinical hospitals in the Netherlands. Hospital B mentions the attraction of qualitative and quantitative personnel and doctors up to satisfactory levels as challenging, but at the same time necessary. Management of hospital B struggles with the distance between the merged organisations and the difference in size of both locations. The first two years of the merger could be seen as disastrous for the integration of the organisations, since management of the larger hospital internally proclaimed the other location to be an acquisition, wanting them to adjust to the larger hospital's methods and protocols. After two years, management was reprimanded, this not being the way to communicate the merger. A major change in approach followed. Distance between the locations is currently still the biggest issue in bringing colleagues together and motivating employees to visit or work at the other location. Therefore, it seems that management has accepted the locations to not fully integrate, at least not in the near future. And only ask the employees to visit the other location if they feel like it, but not making it mandatory. Fortunately, some employees do feel the necessity to be part of the larger organisation and organize social events with colleagues of the other location or try to convince colleagues to start working at the other location. Due to evident cultural differences of both locations, management has suggested to not create one organisational culture, but to keep both cultures alive, since certain aspects appear to be part of that location.

4.1.3. Important themes

During the qualitative analysis, key elements in the data are called *themes*. Some might enter the study a priori; others are developed during the interviews. These themes are important for the researcher to be aware of since they will help organise data during within-case analysis, but are of

equal relevance in the following cross-case analysis between the two hospital cases. The themes that were mentioned by participants and are noted multiple times per case are included in table 4:

Theme	Hospital A		Hospital B	
	Employees	**Management**	**Employees**	**Management**
Communication	mixed	mixed	mixed	mixed
Extreme differences	mixed	negative	positive	positive
'Underdog'	negative	negative	positive	positive
Confidence	mixed	mixed	mixed	mixed
Motivation	mixed	mixed	mixed	mixed
Support	mixed	mixed	mixed	mixed
Fear of unknown	mixed	negative	mixed	negative
Insecurity	positive	negative	mixed	negative

Table 4. Themes during interviews

4.2. Results on leadership and organisational identification

The concept of organisational identification is examined based on its antecedents. Topics are approached from various directions resulting in a recollection of experiences based on participants' own connotations with the concept. The combination of answers can provide insight into the various relations participants have with the concept from the different perspectives. Since the core of this study is to do with organisational identification and its presence or absence during a merger, this concept is presented to the participants via a qualitative and quantitative approach, i.e. face-to-face questions and a survey. It is worth noting that the analysis from both approaches leads to convergence, where qualitative and quantitative analysis coincide and therefore lead to compatible conclusions. The quantitative results are shown prior to the qualitative results, since the survey-questions were handed out prior to the interviews.

4.2.1. Quantitative results

The results from the four survey-questions regarding level of identification, personal values, external criticism and feeling proud are shown in this section.

Level of identification

	Hospital A		Hospital B	
	Employees	Management	Employees	Management
My position	34%	29%	36%	29%
My team	28%	23%	22%	20%
My organisation	23%	27%	22%	27%
My environment	15%	21%	20%	24%

Table 5. Quantitative results OID 'Level of identification'

All variables included in table 5 reflect on the different areas a person can identify with, when employed. The percentages in the table reflect the level of identification respondents attach to each variable. The results of the first survey-question indicate that at both hospitals all participants indicated that they identified most with their own position (e.g. nurse, head of department, manager). Management of both hospitals states that their organisation comes in at second place, in contrast to employees of hospital A, where identification with the own team takes second place, and shared second place among employees of hospital B.

Personal values

	Hospital A		Hospital B	
	Employees	Management	Employees	Management
Passionate	34%	38%	30%	35%
Responsible	39%	35%	32%	35%
Prepared	27%	27%	38%	30%

Table 6. Quantitative results OID 'Personal values'

As results in table 6 indicate, personal values of participants show no equality between professions or hospitals. As both organisation's values correspond to the personal value *passionate*, the results may indicate one's connection with or awareness of the organisation's values. Among employees of hospital A, the value to be *responsible* is indicated to be of higher importance compared to being passionate or prepared. Management of the same hospital appears to have deemed being *passionate* more important. Management of hospital A is more aware of the organisation's values as they can easily recite them. None of the employees of hospital A can fully memorize the new values of the organisation with some stating "I wouldn't know exactly; doesn't it have something to do with being nearby as a hospital?". Participants of hospital B moreover are not able to produce the organisation's new values, except for the managers and Board of Directors. The results of employees of hospital B indicate that they find being *prepared* most important, which is not one of the hospital's organisational values. Some employees of hospital B additionally share that they felt unprepared prior to and during the merger.

Statement 1

'I feel attacked when someone criticizes this hospital'

	Hospital A		Hospital B	
	Employees	Management	Employees	Management
Strongly disagree	0%	33%	0%	0%
Disagree	25%	50%	40%	20%
Neutral	25%	0%	20%	40%
Agree	50%	17%	40%	40%
Strongly agree	0%	0%	0%	0%

Table 7. Quantitative results OID 'Statement 1'.

According to the results in table 7, the employees and management from both hospitals diverge in replying to the given statement. It seems that the participating managers of hospital A are inclined to strongly disagree or disagree with the statement of feeling attacked when someone criticizes the organisation, whereas most participating employees indicated to agree with the statement, which is noteworthy in comparison with their management. Responses from management and employees of hospital B differ in agreement and disagreement with the statement, where in contrast with hospital A, management is comparatively more neutral or in agreement with the statement.

Statement 2

'I am proud to work for this organisation'

	Hospital A		Hospital B	
	Employees	Management	Employees	Management
Strongly disagree	0%	0%	0%	0%
Disagree	0%	0%	0%	0%
Neutral	50%	0%	20%	20%
Agree	25%	33%	80%	60%
Strongly agree	25%	67%	0%	20%

Table 8. Quantitative results OID 'Statement 2'

Outcomes to the second statement, clarified in table 8, can be viewed as an addition to the first statement "I feel attacked when someone criticises this organisation". Experiencing the feeling of being proud to work for an organisation touches the very core of organisational identification. The emotion 'pride' is synonymous with *delight, happiness, honour, pleasure, satisfaction, self-*

confidence and self-respect. No participant disagreed with the statement, but a part of the participants responded to be neutral with this statement. The results show that the majority of the employees of hospital A lean more towards the neutral side and therefore do not experience a certain pride towards their organisation. However, the employees that feel proud of their organisation appear to be more informed about, and concerned with, the merger. Management of hospital A is predominantly positive regarding this statement. The majority of participants of hospital B agree with the statement of experiencing this sense of pride when it comes to their organisation.

4.2.2. Qualitative results

Antecedent	Hospital A		Hospital B	
	Employees	**Management**	**Employees**	**Management**
Pre-merger identification	positive	positive	positive	positive
Sense of continuity	negative	positive	negative	mixed
Necessity	mixed	mixed	negative	mixed
Type of strategy	mixed	positive	negative	negative
Merger success	mixed	mixed	mixed	mixed
Procedural justice	negative	positive	mixed	positive
Communication	mixed	positive	mixed	positive
Perceived external prestige	mixed	mixed	mixed	mixed
Intergroup contact	mixed	mixed	mixed	mixed
Job satisfaction	positive	positive	positive	positive

Table 9. Connotations of respondents regarding antecedents of OID

Table 9 shows whether participants' connotations are positive or negative when reacting to topics of conversation that describe or correspond to antecedents used in this research study.

As stated, all participants appear to have positive connotations with their **pre-merger identification**. Most interviewed employees from both hospitals did not have to go through change of position and most of the participating managers remain in the same position after the merger. Participants who additionally indicate that their affinity with the organisation has not changed much in a negative way are mostly from management. Employees state that they applied for a job at the pre-merger organisation because "…it was an ambitious organisation.", "…people who worked here were really pleased…" and "after my internship, they offered me a job." However, a few employees of hospital A reflect on a change in commitment by quoting "…honestly, I've been looking at other workplaces the last six months…" and "…I think I can find a better workplace, where I shouldn't have to work as hard, for the same salary…". Regarding supervision, it is noted that most participating employees remain under the same supervisor as in pre-merger state. Satisfied employees claim to "never want another supervisor",

"my supervisor motivates me in every way" and "my supervisor has always been very supportive". Unsatisfied employees on the contrary claim that their "supervisor is no inspiration" or "does not motivate me". The employees that have changed of supervisor, state that they had to get used to them in the beginning and in some cases even for a while had "…lost confidence…" in "…the organisation and its support…" during the shifting. In addition, one 3rd echelon participant claims that employees of the other pre-merger organisation did not approach her with issues, "…they just let it be…". Some 3rd echelon participants have experienced a change of supervisor, but all indicate having no complaints regarding the new manager. They add that they "work independently" and their manager "does not interfere much".

Antecedents that appear to play a vital part in this context are a sense of continuity and the necessity of the merger. The **sense of continuity** appears to be low among employees, compared to management of both hospitals. Employees indicate that they experienced difficulties caused by the change in methods and protocols and the fact that not all methods have been lateralized over the locations. Also the changes in colleagues have had an impact. "…we had to cooperate with new colleagues that still used their own methods…". The participants responded in an us-versus-them manner. "…they did not listen to us…" and "they did not want to cooperate…". Employees of hospital A moreover indicate that they experience a lack of mutual decision-making on procedures and protocols, by quoting that "Decision-making does not always happen democratically" and "protocols and methods can suddenly change". Employees that remain under the same supervision of their pre-merger superior, seem to have a more positive sense of continuity in contrast to employees that experienced a change of superior. In case of hospital B it becomes evident that employees who in pre-merger state were employed at the larger organisation, seem to experience a higher sense of continuity compared to employees of the smaller organisation, that had to deal with a more dominant partner. In relation to leadership there are no clear signs that indicate a well thought out approach in order to help create a sense of continuity among employees. However, the decision of management of Hospital B to not rotate employees between locations and let both locations have their own culture, and the decision to not force employees to rotate in hospital A, can contribute to this sense of continuity of employees as their direct environment does not change radically if they do not want it to change.

When the **necessity** of the merger has not been clearly communicated and made understandable to all employees in the organisation, this can result in uncertainty regarding the goals or vision of the organisation. In case of employees in hospital B is evident that the necessity of the merger is

unclear. They indicate not knowing why the merger took place or point at the other location "…I never understood the urge to merge…especially with this particular hospital…" and "…because they were going bankrupt and they needed our financial support…". Employees of hospital A indicate to either not know the reason for the merger, start guessing "…doesn't it have to do with…" or determining "…probably because of the government or insurance agencies…". Management of both hospitals all respond that it has either to do with quality, efficiency or bankruptcy, while Board of Directors of hospital A clearly stated that it has to do with quality improvement, and hospital B that they wanted to create a monopoly in their area of demand. In relation to leadership, pre-merger communication around the actual necessity of the merger seems to be held off. Top management does not mention having communicated the necessity of the merger, nor does middle management.

The **type of strategy** to merge instead of other forms of cooperation has raised a lot of questions among the participants of hospital B. Even the better informed management of hospital B indicates that merging was not the best option, according to them. "…it makes the cooperation truly harder…", "they [other location] keep complaining. If we just had chosen hostile takeover, we would already be one organisation at this time." And "we say it's a merger, but everyone knows a takeover would be better suited". In relation to leadership it could be argued that top management of both hospitals did organise meetings and presentations to inform the employees on the process and to invite them to ask questions. Although these events took place, the strategy to merge was seemingly not explained clearly by top management. Even management of both hospitals is not able to indicate why this strategy was the best decision. In case of hospital B, the strategy to merge seems to have more impact on employees than it does in hospital A. The internal strategy of hospital A, initiated by The Board of Directors, to plot a certain 'Development Approach' was chosen in order to develop a more bilateral style of decision-making with room for deliberation. After 12 months this approach was abandoned in favour of a slightly more directive leadership approach. When separately asked about the guidance through the merger process, participants give examples of organisational events, sessions with their superior and informal newsletters on the hospital's intranet. The sessions that took place are mostly experienced as *mandatory*, *general* and *necessary* and fewer times as *helpful* and *future oriented*, but among management and employees, no actual references are made indicating any knowledge of the existence of said approach. According to some managers, the issue of guidance through the merger was well addressed "…[the Board] has guided me through the process step by step…". Elsewhere however, another manager claims that "…[the Board] should have involved us more in the process…". Participants of hospital A, as overall observed and measured, seem more experienced with and have more knowledge of leadership and its possibilities and shortcomings.

The strategy to merge correlates with the antecedent **merger success**. A certain success of the merger can, in these stages, not yet be determined. As participants of both hospitals have either doubts on the decision to merge or are not able to indicate the reason for the merger, it is doubtful if a certain success of the merger would be noticed. Communication on the decisions to merge would create a clearer picture for employees and possibly trigger them to work on the goal of the merger. A fruitful merger would in that case be more easily noticed and appreciated.

Employees of hospital A experience the communication on the merger of their department as sudden, by indicating "…and then suddenly we had to transfer". And "I would never want to do this again this way. We could not even properly prepare for [the merger of the department]". The latter statements are indicative of a lack in **procedural justice**. From an overall perspective, it is worth noting that employees of hospital A have a more negatively connotation with the procedural justice during the merger, than supervisors in the same hospital. In hospital B moreover employees of the smaller locations report not always perceiving the proceedings and decisions as being fair, by claiming "…it happens often that suddenly a 'new method' is introduced only to then find out that it is a method from the other location…" or as another employee states that "…9 times out of 10, lateralizing methods happens in deference to the other location…". The employees of the smaller hospital indicate feeling the 'underdog' in the merger. In relation to leadership is seems that it did not occur to management of hospital B that by pressuring the smaller hospital, assimilation was held off. It took management "…two years…" before they "…decided to start stimulating…", instead of forcing hierarchical pressure on them. The internal **communication** is experienced differently from the perspectives of employees, management and Board. As the Board details having made announcements regarding the merger via intranet and newsletters, and even bringing the news to the employees themselves by organizing soapbox announcements and presentations, this seems not to have been experienced in the same way by employees. Employees of both organisations seem to not always have been aware of the actions of the Board. Additionally, there are indications that a certain dysfunctional 'information-cascade' was present in both hospitals. While the Board claims that the managers are in place to communicate all developments to the 3rd echelon, which in turn relays said developments to 4th echelon, it is noticeable that 4th echelon seems less informed when compared to 2nd and 3rd echelon participants. Disagreements between top- and middle management of both hospitals seem to have influenced employees and their mutual internal communication. These disagreements occurred when managers did not translate the Board's vision and strategy as proposed, but instead presented their own opinions. Employees responded to have felt uncertain when the strategy was ambiguously communicated. **Perceived external prestige** can follow from frequent external communication and positive experiences of patients

and visitors of the hospital. The way employees and management perceive external prestige has influence on their personal connection to the organisation. As participants seem to experience diminished external prestige in this stage of the merger, participants are asked how they would react to external criticism. Employees of both hospitals give mixed responses to external criticism, indicating they are either affected or unaffected by it, or do not know if they are affected. Similar results follow from responses of management of hospital B. Management of hospital A moreover indicates being unaffected by external criticism. In regard to the current stage of the respective mergers, how leadership relates to respondents' perceived external prestige remains inconclusive.

Quotes indicating the positive connotations with **job satisfaction** vary from "I am proud of my own profession; I am proud when I can contribute through my profession" to "I go to work with pleasure, but not because of the organisation, but because of my job and colleagues". Next to one's job, colleagues seem to be of high importance, relatively more to employees from hospital A than hospital B. In relation to leadership, most employees indicate that their superior motivates them to work on personal growth through education and courses. Motivation from one's superior could lead to an increase job satisfaction. Additionally, some employees and heads of department state that their given "...freedom..." and "...[work-related] possibilities..." are valuable to them. **Intergroup contact** reflects on the contact between a team or department in the newly merged organisation. Hospital A is closer to becoming one organisation as they have worked on merging departments more actively and cautiously rotating employees sooner than hospital B. Intergroup contact in hospital B consequently predominantly exists of the same colleagues as in the pre-merger organisation. Employees of hospital A indicate that making contact with their new colleagues, teams and department was or still is hard. As an employee states "...I always greet everyone when I enter the department, but they do not respond at all...". Another employee claims that the bad contact is related to a lack of leadership and states "my supervisor should have introduced me at the beginning, then everyone would know who I am and why I'm there.". Management indicates that, as they perceived employees to be cautious or negative about working at the other location, they tried to calm them down by saying "they are just the same as you are, you will see." Management is positive about the intergroup contact of employees and state that most initial difficulties are not present anymore. Furthermore, their own contact with their teams and department is described as being good.

4.2.3 Answering subquestions

In order to give a conclusive analysis of the findings of the research topic, the research questions of this study will be answered in this paragraph.

<u>Subquestion 1.</u>

How does top management apply leadership in the merger process?

Top management perspective

"We have organised many meetings during the process. After a while we noticed that not 10% of our communication got to the employees. That is when we started with the soapbox announcements." – member Board of Directors

"[People] became tired of all our questions, so we decided to stop the so-called Development Approach" - member Board of Directors

In both organisations the Board of Directors has not stayed in the same formation during the merger. In hospital A, the complete Board has been replaced, except for one member. In hospital B the Board has been replaced completely three times. The 1st echelon is aware or has been made aware of the necessity to connect with the managers and employees prior to and during the merger. The Board of hospital A initially defined two possible general approaches as to applying leadership towards management. The Design Approach (emphasising unilateral decision making) and the Development Approach (entailing a more bilateral style with room for deliberation). The initial choice for the Development Approach ("…in this way you can include management, and ask them what they think best…") was abandoned after 12 months, in favour of a slightly more directive leadership approach "…[we told them:] this is what we need to be filled in, and we are going to do it in clearly defined projects". Regarding 4th echelon, the 1st echelon organised so-called 'soap box announcements', where the Board of Directors actually gets to stand on a higher platform in a crowd to discuss the developments of the merger with the employees that have gathered for this event. In hospital B, the Board of Directors organised presentations in conference rooms and showed the present employees the developments of their merger; questions could be asked. The intention of both these approaches was to make contact with the employees and simply be visible. Respective Board members were quoted as saying "…we needed to make real contact with the employees in order to tell our story." And "…we heard that employees did not believe that this merger was happening, so we decided to invite employees to have lunch with us and ask questions." Both hospitals made sure that information about the

developments was also available on the intranet, that newsletters were sent to every employee and lunches were organised where employees were invited to discuss the merger with the Board.

Middle-management perspective

"Since the announcement the Board of Directors has guided me through the process step by step." – manager

Interestingly, managers in 2nd echelon speak generally positively "…I think that as managers, we were informed regularly…" on the ways of communicating the merger developments by the 1st echelon, in contrast to the 3rd and 4th echelons who sometimes did not know about the developments. 2nd echelon managers indicated that they were "…invited [by the Board] on a regular basis…" for informational purposes. The 2nd echelon is closest to the Board of Directors and indicates that the Board handled the communication around the merger "…as well as was to be expected…". Some of the interviewees in 2nd echelon noted the one-way, informational character of the communication to indicate that the Board excluded the possibility of two-way deliberation. One manager of hospital A claimed that "…[the Board] should have involved us more in the process…", indicating that it lacked in leadership, according to this manager.

Employee perspective

"The role of the Board of Directors? I honestly don't know. They are the ones that ultimately make the decisions, I guess." - employee

Both mergers were stopped and delayed several times because of changes in top management. However, once the final Boards had been formed, the mergers could proceed "…at certain points the anchor was dropped, and [everything] halted…looking back it's clear that there was chaos upstairs…". Although the Board claims to have handled communication thoroughly, not all interviewees are aware that certain events even took place. A mention is made of "…organised lunches…" meant to "lower the threshold" with the Board, as well as "…announcements on the intranet…". In case of the 4th echelon it was mentioned oftentimes that the 1st echelon is simply out of reach for the employees ("…I know who our manager is, but after that, my view upstairs stops…") and that they depend on the communication with the other echelons in-between to get informed. Besides the aforementioned, predominantly informational component, little evidence

was found to suggest the application of top management leadership, as reported from an employee perspective.

How does middle management apply leadership in the merger process?

Middle management perspective

"We had individual talks. By that, I mean yearly review meetings, in which I prepared them [for the merger] " – head of department

Middle management consists of the 2nd and 3rd echelon. Business managers and managers Care are subdivided under 2nd echelon. Heads of department fall within the 3rd echelon and supervise and guide the executive organisational level of employees, subdivided under the 4th echelon. During the merger many new managers and heads of department were appointed. Due to this additional organisational change, many 3rd echelon heads stated that they had to build their departments almost singlehandedly, due to the lack of time spent on them by their 2nd echelon managers. It's noteworthy that the interviewed managers of 2nd echelon did not show that they had the same experience as the 3rd echelon during the merger. One middle manager reports applying leadership by "…[discussing] the merger during team meetings and [using] our intranet where developments on the merger were placed.". Another manager states, in regard to application of leadership: "… we tried hierarchical pressure in order to achieve assimilation [of the smaller hospital]… after two years we decided to try stimulation…". Most heads of department explain that they decided to not make rotating between locations mandatory in order to "… keep the employees calm". They do admit that this approach does not do anything for the occupation issues they have over the locations. It appears that at least some managers try their best to be examples for the organisation and set straight any irregularity they observe, in language and usage of terms. Most managers indicate that they try to be at all locations as often as they can. Management of hospital B communicates to specific departments that there is "… no need to be afraid…", because their department "… will not merge with the other location…". The topics that are currently of relevance and annoyance at hospital B, as for example the *us-versus-them* mentality among employees, are observed by some managers to be the consequences of this approach. On the one hand we find the managers who empathise with employees having trouble adapting to all the changes. On the other, the ones who, more resolutely, steer employees

towards a mentality of leaving the past behind. "There is still behaviour that appears to be from the one or the other location, but we are now this hospital, under this name. Period."

Top management perspective

"The role of the 2nd echelon should have been unselfishly introducing your knowledge and experience in this merger without being afraid to lose your job. What actually happened is them pulling themselves back on the chair in the corner with their feet from the floor, unwilling to move." – advisor Board of Directors

Top management of hospital A indicated not to be pleased with the way 2nd echelon handled the merger and therefore, lacking in applying leadership. Where they started with 10 managers only 5 or 6 are active in the current situation. Top management indicates that turnover is ongoing in 2nd echelon and that they still appear to not handle the new situation well. Regarding 3rd echelon the message is more positive, "…due to a weaker 2nd echelon, we have made 3rd echelon incredibly strong". They argue that 3rd echelon is fighting and accepting challenges on a daily basis and actually observes what happens with employees and makes anticipatory decisions based on their observations. Top management argues that 3rd echelon is where the difference is made. In hospital B, top management is generally less negative about the overall middle management. Regarding communicating the vision relayed upon them by top management, they are described as "…a collection of hard-working individuals, trying to get the job done every day…". 2nd echelon was put "…in the lead…" by the Board. "…they are the ones to get it done…". Nevertheless, there are also some indications to the contrary. When it comes to middle management conveying this vision, oftentimes this "…simply isn't happening", due to some middle managers "…providing [their] own twist to the message".

Employee perspective

"Plans are made from behind a desk without consultation" – employee

Employees speak of organised training meetings and evaluation moments between 4th and 3rd echelon that were scheduled to discuss the progress of the merger. These training meetings seem to have had a mandatory character, not initiated by the heads themselves, but mandated by external consultants. That these meetings were initiated and took place had been important for many employees in order for them to discuss what they experienced, yet these meetings had a mostly general character, with a generic approach and guidance, unadjusted to the specific department. Most employees indicate that, since these training meetings, management has been rather absent. Some interviewed employees even came to the realisation that they were not

being guided through the merger at all and actually experienced the changes themselves without any help. Not only did employees have to get used to their, in most cases, new superior, they also did not get to see or speak with them as often as they did before. Employees indicate a lack of leadership due to frequent absence of the new superior. Motivating employees to visit the other 'new' location of the hospital for example is either communicated as not mandatory or not encouraged at all to employees. It is noticeable that the connotations with leadership differ per participant and employees therefore respond with different stories and examples. Showing example behaviour can make employees copy what they see and hear. "…whenever someone was speaking negatively about the other location, [manager X] stepped up and displayed example behaviour". Various employees at both organisations confirmed that they noticed that certain managers did not translate the communication from higher management exactly as required and let "…personal opinions and behaviour…" prevail, directly against the decisions of higher management. Several employees, when asked about their managers, replied that they are "…probably around…", but they "…do not see them passing by or checking up…" on them. This issue is directed at heads of department as well as managers of 2nd echelon. Additionally, it is noted through multiple interviews that employees often criticize the way plans are realised. Some of the participants noted that new strategies, methods or protocols where revised or implemented with little regard for the employees. "…plans are made behind a desk without proper consultation…".

Subquestion 3

How do employees identify with the organisation in the merger process?

Employee perspective

"Nobody was waiting for this merger to happen. It's like you lose your own home after all these years, but we thought if it must happen then we'd better approach it positively and combine best practices to create something worthwhile." – employee

During the merger process employees of both organisations at first seemed to be wanting to hold on to their own comfortable environment, with colleagues and management they know. Employees of hospital A soon were pulled into the merging process because many departments were integrating and compelled to work together. Contrastingly, employees of hospital B more often responded that they experience still being part of their familiar context, because not all departments are merged, or will be merged. Employees of hospital A seem to be more affected by the process. Some of the participants replied that they do not feel the need to visit the other

location if it is not yet necessary. In the current state several employees are quoted as "…not feeling at home yet…" regarding this new entity. They are having 'issues' with procedural justice "…9 times out of 10, lateralising methods happens in deference to the other location…", commitment "…honestly, I've been looking at other workplaces the last six months…" and often do not see the necessity "…I never understood the urge to merge…especially with this particular hospital…" of the merger. It is also noted that employees who were appointed a different manager seem to have "…lost confidence…" in "…the organisation and its support…" during the shifting. Once it was announced during the merger who their new superior would be, they felt lost and had to not only gain trust in the new organisation, department, colleagues, but also in their new manager.

Top management perspective

12 months and 24 months after the merger, a poll was conducted by an external party, regarding, amongst others, 4th echelon job satisfaction, commitment to the organisation and willingness to change. Top management's preliminary data on 4th echelon's commitment and sense of involvement with the organisation at those stages pointed towards a negative valuation thereof. Top management's involvement with 4th echelon runs predominantly through 2nd or 3rd echelon, therefore its direct contact is minimal. Its perspective on employee identification lies seemingly "…out of [its direct] scope…".

Middle management perspective

"You can see the employees floating. They lost their home and still don't have a home." - head of department

One head of department responds that he/she knew about the troubles employees had. "I asked them: do you like it here [at the new location]? The answer was a resounding 'no'. Different people, different way of working, further from home…" One manager finds "…little evidence…" for positive employee identification in the current situation (during the merger). According to another, it may take "…some years for [everyone] to start feeling at home again…". A mention is made of employees "…not feeling at home…" and as a result "…less involved, less committed…". A head of department indicates a change in behaviour: "Some employees I know from before the merger…these days they drop everything at 4 o'clock to run home… ".

5. Conclusion

5.1. Introduction

Results of the literature study and empirical findings of the cross-case study are outlined in this chapter. An overall conclusion is drawn to clarify describing leadership, directed from top- and middle management, and its relation to antecedents of organisational identification among employees during a merger. The data gathered from quantitative surveys analysis and of narratives has given a broader perspective on the research topic and shall possibly provide insight and be complementary to existing knowledge in scientific and social contexts. Discussion on possible explanations of findings is presented, as well as limitations to this cross-case study and observations for future research. Further on, recommendations for merging healthcare organisations, in relation to specific results, based on several seemingly returning or overlooked issues, have been made.

5.2. Conclusion

Organisational identification has been a frequently examined topic during the recent decades, especially in relation to mergers. When the merger integration process is not thoroughly prepared and properly executed, employees' identification may, as a result, end up leaning toward their pre-merger organisation rather than the post-merger entity (Amiot et al. 2007). Existing research has demonstrated antecedents that seem to influence the level of organisational identification. However, apart from the antecedents, a gap in literature was found on the possible effects leadership would have on the post-merger identification among employees. How should top- and middle management be applying leadership in times of a merger to boost the re-identification among employees? Is organisational identification responsive to leadership? This research set out to answer how leadership, directed from top- and middle management influences the organisational identification of employees during a merger. A cross-case study was done regarding a merger of hospitals of equal size next to a merger of hospitals of unequal size. Results from this multiple-case study on two merged hospitals indicate that leadership is of significant relevance to employees of both examined organisations, in times of a merger. 4th echelon employees are organisationally further apart from top management, e.g. Board of Directors and therefore appear less informed on the merger process, despite indicated efforts in top-down communication. A significant number of superiors seem to not share the same experience and moreover perceive themselves to be well informed. One of the major findings is the information discrepancy between management and employees, which makes it even more challenging to get employees to work on the merger and integration of departments. Most participating employees

felt uninformed and uncertain during the process, while most superiors had more confidence and felt the necessity to merge. Despite the experiences, the employees and superiors independently agreed that the role of top management should, as mostly indicated, be a solid formation of leaders with a clear and inspiring vision. Top management, 1st echelon, should take care of clear internal and external communication and presence during the merger process in its entirety. While the Boards of Directors of both examined organisations stated to have done much in their power to inform and be approachable for the employees throughout the organisation, this seems to have not been the perception of several employees. Middle management consists of Managers, 2nd echelon, and heads of department, 3rd echelon. During both mergers middle management had to be rearranged, partly due to the dissolution of one or two organisational levels and high turnover rates because, many managers could not handle the pressure. Therefore, newly appointed managers have had to deal with a suddenly increased workload. Their subordinates did not only have to get used to their new superiors, but also with a reduction of the amount of mutual contact as compared to pre-merger state. This could clarify the differences in experiences between employees and superiors. In total 10 antecedents of organisational identification were directly discovered out of the results of the multiple-case study. Depending on the organisation, those antecedents were either positively or negatively related to organisational identification, due to experiences during the merger process as well as the experiences of leadership. The overall findings answer the research question of this study:

Research question

How is leadership applied in relation to the antecedents of organisational identification among employees, in times of a merger?

In this study we find a lack of evidence regarding top management's leadership's direct relation to (antecedents of) employees' organisational identification. Several antecedents of organisational identification have been highlighted out of the results, but no actual correlation between approaches or actions of top management leadership and the antecedents have been determined. Participating employees of both organisations indicate that they are aware of initiated events in context of the merger, but seem not to be affected nor better informed on the merger process by them, resulting in no clear effects on their organisational identification.

A relation between leadership applied by middle management and the organisational identification of employees seems noticeable. In the current stage of both mergers, possible influencing has been noted in relation to specific antecedents. In this study, not all examined antecedents seem to be affected by leadership in this context. The antecedents that seem

unaffected by applied leadership during the merger are pre-merger identification, merger success and perceived external prestige. Effects of direct or indirect leadership relating to antecedents have been noted with the sense of continuity, procedural justice, job satisfaction, intergroup contact and the communication around the necessity of the merger and type of strategy. Leadership in terms of communication during the entire merger process seems to be of significant weight in relation to organisational identification. It regularly occurs that top management's announcements and sharing of information on the process, does not arrive at the intended destination, namely 4th echelon employees. The situation where employees are in an uninformed or unknowing state on the merger process and the vision and goals of the organisation, is likely to negatively affect their eventual organisational identification. Additionally, middle management unknowingly affect employees' antecedents when they are not aware of their actions or absence in their direct surroundings. The direct contact of middle management with employees is considered key in relation to organisational identification among employees.

5.3. Discussion

Although this study is of descriptive nature, there are specific topics that ask for discussion, interpretations and suggestions.

As stated, direct or indirect leadership of middle management relates to certain antecedents of the organisational identification of employees. However, despite the fragile state many employees are currently in, two years after the start of the merger, management is suggested to start working on a re-identification with the organisation during the merger with the expectation to possibly reap the benefits in post-merger state. It takes more than just training in order to make employees re-identify. It starts with the different ways top- and middle management should strive to apply leadership in pre- and during merger state. Top management has a significant influence on the merger process, not only for the sake of the organisation, but moreover on middle management and its subordinates. Both examined organisations are currently in a state that appears to be 'fresh' post-merger and seem to have a few years ahead of them to create a solid organisation again. Therefore, not enough data could be extracted to be able to measure positive organisational identification among employees.

Regarding the results of the quantitative survey, it can be argued that disagreeing on feeling attacked when someone criticises the hospital is a negative outcome, but it could as well be that the disagreement should not have anything to do with solidarity. Most of the participants explained during the interviews that they are proud of their organisation and want to help it through the current hard time. It is suggested that these participants are able to view the criticism as being not a part of their influence or that it does not concern their position or

department. If this is the case, both organisations are advised to consider whether this is the response they would like to have from their employees. Experiencing the feeling of being attacked can be explained as feeling to be a part of the organisation or experiencing that the criticism is directed to you personally. Some quotes from the interviews confirm this possibly different reasoning. *"I am proud to be a part of this hospital"* and *"I find the personal identification with this hospital most important"*. Another interesting result is the difference between management of both hospitals, as participating managers of hospital A moreover reply to not or absolutely not feel attacked compared to the overall neutral and rather confirming answers in hospital B. This can be explained by management of hospital B feeling more attached to the hospital due to the overall longer employment in years they have there, compared to hospital A, but it does not explain why employees of hospital B have a higher result in disagreement with the statement. The average employment in years is measured over all employees and it would make more sense if employees shared these emotions given their average amount of years working for the hospital. Stating to be neutral in this context could be seen as neither negative, nor positive. The neutral-zone is actually the grey area of emotions, where one is not (yet) sure what he or she experiences or is not sure how to determine their emotions, but pride is not the correct answer. Responding being neutral about this statement can be a temporary emotion caused by the uncertainty of the merger, which is still present among some employees.

Regarding the survey results on personal values in correspondence with the organisation's values it is interesting to view this reasoning from an employee's viewpoint. The results of this question could distinguish the translation participants make, depending on their position in this organisation. Starting out lower in the organisation makes someone perhaps naturally more responsible due to the nature of the work, i.e. working closely to patients, and therefore being responsible was higher ranked among employees. Whereas management of hospital A, higher in the organisation, should be more passionate about their work and the organisation and perhaps hope to carry out that value to their employees. This could be explained as management being situated higher in the organisation and therefore closer to the actual vision for the organisation. Results from hospital B differ in many ways from hospital A, which could be explained by the difference in organisation. Employees of hospital B tend to want to be more prepared in an organisational context, which could be explained by their overall experience in this organisation to have the certainty of always being prepared, because not much has changed over the past years, except for the recent merger. Superiors of hospital B feel otherwise and indicate being passionate and responsible equally, with a lesser need to feel prepared.

5.4. Limitations

Limitations of this study are to be noted. Two major top clinical hospitals have been selected for examining within the context of mergers. As two seems valid to fulfil a cross-case examination, a study on more than two organisations can possibly provide a more extensive insight regarding the similarities or differences in a context of organisation or leadership. The approach to interview 30 employees and managers over two organisations, with each around 4000 employees, may generate a deeper insight in the experiences of these 30 participants, yet can be deemed less comprehensive when it comes to the reliability of the study and the representation of the organisations. In addition, a quantitative study with application of surveys among all employees, may result in higher levels of reliability. As the influence of leadership, directed between and from top- and middle management, seems to have both positive and negative effects on the selected antecedents of post-merger organisational identification, it could not yet be fully described which antecedents are affected most and what this does to post-merger organisational identification. Since both examined organisations do not appear to have advanced far into the post-merger process, clear evidence on positive or negative post-merger organisational identification could not be established. It is suggested that numerical quantitative results could possibly give more insight in the correlation between leadership approach and antecedents. Apart from this, it should be noted that the researcher can possibly have had an influence on the participants and their responses, the researcher being part of the study. Although the researcher's aim was to create a casual atmosphere, by preparing the participants for the interview and creating conversations without obviously steering the interview in certain directions, it must be taken into account that the researcher's presence and the topics of discussion may have influenced the given responses. Also, the researcher cannot be completely unbiased and therefore the possibility exists that observations have been interpreted with a certain bias.

5.5 Future research

The outcomes and insights of this cross-case study result in suggestions for future research. Already pointed out as a limitation of the current study, it can be of relevance to focus on the actual correlation between leadership and the given antecedents through quantitative research. Measurements of correlations can highlight specific antecedents that are more sensitive to certain leadership approaches than others. The sensitivity of antecedents can create more knowledge on the actual influence leadership has on post-merger organisational identification. It is also suggested that a longitudinal study, covering the pre-, transitional- and post-merger phases of organisations, could provide more knowledge on the development of antecedents during a merger towards a positive or negative organisational identification and the influence of

leadership on these possible developments. A cross-case study on more than two organisations can provide more insight in the similarities and differences between top- and middle management leadership approaches and their effects on the antecedents of post-merger identification with the organisation among employees. Plotting this exact cross-case study on organisations of different industries will likely contribute to the existing knowledge on the topic and highlight possible differences or similarities, which, in a possible scenario, can rule out differences and create more unilateral findings on the topic.

5.6 Reflection

From the perspective of a researcher it was a complex, yet surprisingly satisfying topic to examine. The selected context of hospitals has given me insight in environments that one, apart from healthcare enthusiasts, only truly visits in the unlikely event of illness. The social relevance of examining this topic has actually given me, as a researcher, added incentive. Of course studying this topic could in its best scenario contribute to existing scientific knowledge, but in order to create a social perspective it made more sense to make a 'deep dive' into the stories of the employees. At one point I came to notice that I was spending more time talking with participating employees and managers, than planned. Processing all positive and negative experiences became part of my daily routine. These employees are the only true informants on that merger and they had quite a lot to say. While, from a researcher's perspective, I did have an actual purpose and goal discussing these topics, it became noticeable that quite a few of the participants approached the interview not unlike they would a therapist's session. Some participants even thanked me for the interview, because they have never really talked about the process this way and it made them aware of certain issues that are still present. Therefore, choosing this topic in this context has been a generally satisfying experience. Mergers can be perceived by employees as incredibly radical events. To discuss the consequences of a merger during an evening lecture is certainly different from actually seeing the desperation or distraction in someone's expression when he or she talks about certain experiences. The reason I purposely added recommendations is, that the social relevance sometimes outweighs the scientific purpose of the study. The choice to cross-examine these cases made me realize that there is not enough time. If there were, I would prolong the time doing empirical research. The choice to examine an industry that does not have any direct similarities to my own work-environment turned out to be the best possible decision. Although a predisposition, one way or another, is never totally avoidable, going outside of one's own work environment tends to make the researcher less biased, simply given this researcher's merely rudimental knowledge on the health care industry. There is no real interference with own experiences or knowledge, which makes the researcher more open to all information gathered. I

would definitely recommend student researchers to step out of their comfort zone, because this makes for an experience you may not likely get again.

5.7 Recommendations

Top management

In order to make sure that top management is able to fulfil its role during a merger properly and meet the expectations of the employees, suggestions have been made from the overall gathered data:

- Do not let managers take on more than 3 departments in their portfolio. The term 'attention' has been mentioned in 23 out of 28 interviews, making this one of the higher favoured topics to talk about in the context of a merger. Attention can be marked as negatively or positively associated with. Questioning employees of 4th echelon about the level of attention from their superiors of 3rd echelon and its character give remarkable different results in contrast with the connotation 3rd echelon has with the attention of their superiors. Half of the interviewed employees of 4th echelon seemed to calm down when they spoke about their superiors and how supportive and approachable they are. Half of the employees interviewed had a positive connotation with the term attention in relation to their superior. The other half admitted to lacking an inspiring of motivating superior. From the observations made it could be said that it isn't necessarily a matter of the amount of time spent with the employees, but more a case of bad supervising or hard to please employees. The first group of employees mention that their supervisors are available and coaching when it comes to educating the employees and keeping them satisfied. In the other line of supervision from 2nd to 3rd echelon the employees are consistently unimpressed by the leadership of their superiors. They admit that it has mostly to do with a lack of time due to an overfull schedule and the necessity to work from two locations. Next to this observation, it is also noticeable that managers from 2nd echelon more than often need to supervise between 5 and 12 heads of department. This amount may not seem a big responsibility, however it actually takes a lot of time to be available for all departments on a regular day. Heads of department seem to be properly qualified and experienced to handle most of the daily struggles themselves, but they do all mention that they would like their supervisors to be around more often. In the first place to show their faces as well as to express their interest in the employees of 4th echelon, because it will probably improve their confidence in the organisation and will likely make them feel more connected with their workplace if they get noticed by the managers. The managers of 2nd echelon explain that they only rarely ask the heads of department which employees are ready for a next step in their career, but they don't have any direct contact.

The latter not out of a lack of interest, but rather a lack of time to see how they can increase the amount of contact with 4th echelon. In order to make being around and available more workable for managers, it is suggested that they should have less departments in their portfolio. Less departments to control and manage gives them more time to focus on the departments in whole and actually be around at the departments without heads of department having to make appointments.

- Build and train a management that helps build the new organisation.

In the pre-merger state, the organisation should be prepared to create the new entity and many issues can be tackled prior to the actual start signal. In both cases the organisations had to go through a hierarchical change during the merger. Both hospitals changed the management-structure by eliminating one or two management levels in the organisation, due to the idea that a more compact management-structure would be necessary to improve efficiency in the larger company. In and of itself, there is something to be said for that change, provided you prepare it in a tolerable way. Make sure you have a well-functioning team of managers ready before the actual merging takes place. This is noted to be necessary to create a stable and safe work environment in the periods where people will need to adjust the most. Employees that need to go through changes of colleagues, location, work equipment, protocols, methods and systems have enough to deal with. The package of changes all together can inflate the negativity and reluctance as side effects of this merger, but if the superior of an employee is replaced as well, the employee could lose total familiarity with the organisation.

- Keep on communicating, even when there is little to report.

Leadership should be aware that every employee in the organisation will feel uncertain about the merger at a certain point in time. Some employees deal with it better than others, nevertheless none of them looks forward to a radical change like a merger. If the employee truly liked working in the organisation of origin, then it's possible that they believe that the organisation will look out for them. This makes it important to keep on communicating with one's employees during a merger, even if there has been no clear development to inform people about. It can be functional just to let them know that the merger is still in process, what you're working on and what one can expect in changes in the current year, for example. In both examined cases the 1st echelon only communicated with the employees when they thought they had news to share. The pitfall in this way of thinking is that people on the other side of the line don't hear about the merger for longer periods of time. Absence of information could result in lack of interest, thoughts that the employees are excluded from important developments or the idea that the merger isn't developing at all and that it's not happening to them anytime soon, according to interviewees.

And that's exactly what top- and middle management should avoid in times of major change. It is useful to keep people informed to prevent them from feeling insecure or left behind.

- Prior to the merger date it is advisable to have a clear, realistic and inspiring vision for the new organisation and make sure the management shares and communicates this vision.

If one wants employees to truly help build the organisation and share the same vision one has as a Board director, then it's preferable to have one's vision set straight prior to the actual merger and have the team of managers share this vision. Most favourable is when those managers have worked on this vision together with the Board, so that they can sense a bit of ownership and pride. This will possibly increase the confidence among the managers and can help them spread this vision throughout the organisation, among the 3th and 4th echelon. A vision that is shared throughout the organisation is in the interest of the Board with the aim of progressing smoothly through the merger. In both cases the managers were often able to chant the values of this organisation, but had a hard time formulating the new organisation's vision. Employees lower in the organisation were having more difficulty memorizing the values, let alone the vision or mission. In the usual corporate setting it is less vital that every employee know the vision of their organisation, but in organisations that go through radical changes, this can serve as a guidance tool.

Middle management

From the data gathered out of the interviews the following recommendations were formulated to hopefully help middle managers work more effectively:

- Show your face, not your agenda.

This advice follows out of the previous suggestion to spend more time at the departments they supervise. This advice should be given to 2nd and 3rd echelon supervisors. Their role on a regular day is to be available and support their employees, but in times of radical change like a merger it should be of more importance to them and their organisation to show their leadership skills in full capacity. Both hospitals are actually built on 4th echelon employees working together to be available 24 hours a day for people that need treatment. These employees should know they can build on their direct superior and the managers in the organisational level above. Their level of solution-oriented functioning has boundaries, boundaries where other people should take over. That is why it is of importance for 3rd and 2nd echelon to show up and be available and not make employees having to make appointments with the one person they need at a certain moment during the day. Issues that require immediate fixing should be dealt with at that moment. These

are not regular corporate organisations where customers can be put on hold and that's the attitude these organisations need to have.

•   Hire or train managers with a medical background.

Managers of 2nd echelon do not seem to have much experience in the medical field. They could gain some experience by showing interest in the department and proficiencies of their employees, but they need to be intrinsically motivated to do so. Questioning managers about their backgrounds and careers before they became manager resulted in answers that showed their managerial experience in different corporations and industries, but it lacked in having a relevant medical background. Managers are aware of missing medical knowledge, but they do not seem to notice that it can be relevant for the communication with every other employee in the organisation. At this point they mostly leave the medical experience to the heads of department and are pleased this way. The suggestion here is to hire or at least train managers to have some relevant knowledge. It could be that managerial choices are easier made and discussions on best solutions or improvement of methods will have more weight from the management side of the organisation. The same could be said about the 1st echelon, Board of Directors where the exact same lack of medical knowledge is present. The medical staff is aware of the fact that their opinion is of high relevance, but also that anything they will suggest, also will be executed, because the 1st echelon simply has no knowledge of what is medically best. It is suggested that leaders of medical organisations like these hospitals should have some relevant medical background in order to make communication more efficient and to throw some weight in decision-making.

Leadership

In order to manage leadership more effectively, the following suggestions have been made:

•   As a superior, adjust to your department, not yourself nor your organisation

It can be of importance for a superior to actually be a part of the department and know what it is like to work among the employees of your department. A manager or head of department works from another perspective and, in case of a committed leader, more often hears about issues or situations rather than actually experiencing these issues first hand. Scheduling days or a part of a day to actually walk with the employees, to view what they are dealing with on a regular basis can tackle issues most likely in a more efficient and effective way than employees needing to comment about it to their superior. Being part of the department can improve the cooperation between the several organisational levels. In larger organisations with, in these cases, over 4000

employees, it is beneficial for all parties concerned that issues be solved in an efficient manner, because there simply is no time to handle everything individually. It is also suggested that superiors should be the ones to adjust to their respective departments instead of forcing one hierarchical form of leadership on the employees, neither should superiors take on everything they get demanded from their superiors. Simply because, in every situation, they are the ones closest to the situation, resulting in them knowing what to do best and how to act upon the changes that need to be implemented in their department. As a superior one must know what is best for your workplace.

- It says leader in leadership.

It may seem like kicking in an open door, but it appears that not everyone in both organisations understands that it really requires inspiring and experienced leaders to guide employees through a merger. It could be that this is not per se common in every industry, but in environments like hospitals one ought to like working with people if one wants to fulfil the job of a superior. It's a people business. People working to prolong other people's lives. As a superior one must understand that the employees are people that naturally like working with people and therefore it will only be enlightening if they get the same treatment as they spread themselves. In order to motivate and encourage employees to truly accept the merger, sending them off to the other locations to meet with their new colleagues and facilitating the possibility of them rotating between the locations to work is essential. If these necessary changes are communicated to employees as being 'voluntary', it can be expected that these employees do not take the merger seriously which eventually makes it harder for them to accept the situation.

- Schedule pre-merger time with your departments

One of the first issues all participants would like to do differently next time is scheduling time. They experienced time being short and making decisions possibly too soon because there was simply not much time to consult properly with one another. When referred to managers and heads of department, time was an issue as well, but they seem to be less affected by the consequences. Employees experienced the merger as tough and in some situations also had to get used to a new superior, most of the times during the merger, when everything was already chaotic. It is advised that managers and heads of department are selected, oriented and trained in the pre-merger phase, because they need to serve as a safety net for employees. In both situations it seems like the managers jumped in somewhere along the way and had to react to changes while the train was already running. Scheduling pre-merger time with the department(s) will quite possibly help managers and employees in the merger process and possibly smoothen the situation.

- Be part of your department, walk with your employees

It is suggested that the best decisions in healthcare are not made behind a desk. Even though this apparently does happen in both organisations, it is advised to move to the workplace and discuss issues, possible new methods and protocols with the staff. It will most likely be beneficial because these employees are the best counsellors since their presence at the workplace and therefore their daily experience is ample. Employees discussed that they would like their superiors and even the managers to be more present at the department.

- Encourage personal leadership, if appropriate

Personal leadership seems to be desirable, directed from the Board, but also among employees. In an organisation of its current size it can be beneficial if more responsibility is taken on lower in the organisation. It is observed that employees require advice, guidance, comfort and assistance in times of uncertainty, like mergers or any organisational change that will affect them. These necessities seem to not be that urgent when it comes to executing the daily work. Employees even argue that they would often like more responsibility, because they assume that smaller decisions can be taken at the required moment. In the current situation even smaller decisions are often made according to the hierarchy, which is an inefficient method in the context of a hospital. Superiors in their roles will be called upon to observe the possibilities of personal leadership individually per employee and discuss opportunities with one another. It is up to the superiors in their respective roles to decide how this personal leadership will take shape per individual.

"It has not been that long ago. I think we definitely need a couple of years to get everyone back in the saddle again". – head of department

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Appendix

Attachment I. Interview questions employee

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Vragenlijst interview medewerker
fusie ████████████████████████

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Categorieën: fusie, organisatie, leiderschap, teamverband en motivatie.

Fusie

1. *"2015 was het jaar van de fusie, waardoor het ziekenhuis is ontstaan. Kunt u in het kort vertellen hoe dat proces volgens u is verlopen?*

2. *"Op welke wijze heeft het management u hierin begeleid?"*

3. *"Wat is de reden dat de fusie heeft plaatsgevonden?"*

Organisatie

4. *"Kunt u, in uw eigen woorden, omschrijven waar deze organisatie voor staat?"*

5. *"Kunt u aangeven hoe belangrijk het voor u is, waar deze organisatie voor staat? / In hoeverre de waarden overeenkomen met die van uzelf?"*

6. *"Wat is het verschil tussen de organisatie voor de fusie en de organisatie zoals deze nu is?"*

7. *"Wat was uw affiniteit met dit ziekenhuis toen u hier kwam werken?"*

8. *"Kunt u aangeven of deze affiniteit met de jaren is veranderd?"*

Leiderschap (bij medewerker)

9. *"Hoe en door wie werd de fusie aan u bekend gemaakt, en hoe heeft u deze bekendmaking ervaren?"*

10. *"Welke informatie over de fusie werd met u gedeeld?"*

11. *"Wat vindt u dat de functie is van het hoger management tijdens een fusie? In hoeverre is hier in de praktijk ook sprake van?"*

12. *"Wat werd er gedurende de fusie van u verwacht? En hoe werden deze verwachtingen aan u gecommuniceerd?"*

13. *"Hoe heeft uw leidinggevende zich voor u / uw afdeling ingezet tijdens en na de fusie?"*

14. *"Hoe heeft het hoger management zich voor u / uw afdeling ingezet tijdens en na de fusie?"*

15. *"Wat waren uw verwachtingen van het management en uw leidinggevende ten tijde van de fusie? In hoeverre zijn deze verwachtingen uitgekomen?"*

Teamverband

9. *"Wat is uw huidige ervaring met uw afdeling / uw team op het gebied van samenwerking?"*

10. *"In hoeverre is de teamsamenstelling veranderd na de fusie?"*

11. *"Wat voor impact heeft dit op de samenwerking?"*

12. *"Hoe is uw verstandhouding met de collega's op de andere locaties?"*

13. *"Wat onderneemt u zelf om het onderlinge contact te verbeteren?"*

Motivatie

14. *"Wat is uw motivatie om voor deze organisatie te blijven werken?"*

15. *"Welke factoren zouden uw motivatie kunnen beïnvloeden / verbeteren?"*

16. *"In hoeverre heeft uw leidinggevende invloed op uw motivatie?"*

17. *"Wat zou u antwoorden op de vraag: Wat voor werk doet u?"*

Attachment II. Interview questions management

<div align="center">

Vragenlijst interview leidinggevende

fusie ██████████████████████

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Categorieën: fusie, organisatie, leiderschap, teamverband en motivatie.

Fusie

1. *"2015 was het jaar van de fusie, waardoor het huidige ziekenhuis is ontstaan. Kunt u in het kort vertellen hoe dat proces volgens u is verlopen?*

2. *"Op welke wijze heeft het management u hierin begeleid?"*

3. *"Wat is de reden dat de fusie heeft plaatsgevonden?"*

Organisatie

4. *"Kunt u, in uw eigen woorden, omschrijven waar deze organisatie voor staat?"*

5. *"Kunt u aangeven hoe belangrijk het voor u is, waar deze organisatie voor staat? / In hoeverre de waarden overeenkomen met die van uzelf?"*

6. *"Wat is het verschil tussen de organisatie voor de fusie en de organisatie zoals deze nu is?"*

7. *"Wat was uw affiniteit met dit ziekenhuis toen u hier kwam werken?"*

8. *"Kunt u aangeven of deze affiniteit met de jaren is veranderd?"*

Leiderschap (bij leidinggevende)

9. *"Hoe en door wie werd de fusie aan u bekend gemaakt, en hoe heeft u deze bekendmaking ervaren?"*

10. *"Welke informatie over de fusie werd met u gedeeld?"*

11. *"Wat vindt u dat de functie is van het hoger management tijdens een fusie? In hoeverre is hier in de praktijk ook sprake van?"*

12. *"Wat werd er gedurende de fusie van u verwacht?"*

13. *"Wat heeft u gedaan om uw personeel op de hoogte te houden van de veranderingen rondom de fusie? Hoe reageerde uw personeel op uw mededelingen?*

14. *"Wat waren uw verwachtingen van uw personeel ten tijde van de fusie? In hoeverre komen uw ervaringen overeen met deze verwachtingen?*

15. *"Hoe vindt u dat het tijdens het fusieproces ging met uw personeel?"*

Teamverband

16. *"Wat is uw huidige ervaring met uw afdeling / uw team op het gebied van samenwerking?"*

17. *"In hoeverre is de teamsamenstelling veranderd na de fusie?"*

18. *"Wat voor impact heeft dit op de samenwerking?"*

19. *"Hoe is uw verstandhouding met de collega's op de andere locaties?"*

20. *"Wat onderneemt u zelf om het onderlinge contact te verbeteren?"*

Motivatie

21. *"Wat is uw motivatie om voor deze organisatie te blijven werken?"*

22. *"Welke factoren zouden uw motivatie kunnen beïnvloeden / verbeteren?"*

23. *"In hoeverre heeft uw leidinggevende invloed op uw motivatie?"*

24. *"Wat zou u antwoorden op de vraag: Wat voor werk doet u?"*

Attachment III. Quantitative survey questions

Metingen identificatie

Vraag 1.

Met welke van onderstaande identificeert u zicht het meest en het minst? Voor deze vraag mag u 10 punten verdelen.

Mijn team	
Mijn organisatie	
Mijn werkomgeving	
Mijn functie	

Vraag 2.

Welke waarden zijn het meest belangrijk voor u? Verdeel de cijfers 1 tot 3, waarbij 1 het meest belangrijk is en 3 het minst belangrijk.

Gepassioneerd	
Verantwoordelijk	
Voorbereid	

Vraag 3.

Evalueer de volgende stelling:

"Ik voel mij aangevallen als anderen de organisatie bekritiseren"

Sterk mee oneens	Oneens	Neutraal	Eens	Sterk mee eens
O	O	O	O	O

Vraag 4.

Evalueer de volgende stelling:

"Ik ben trots om voor deze organisatie te werken"

Sterk mee oneens	Oneens	Neutraal	Eens	Sterk mee eens
O	O	O	O	O