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# Following the Path of Involuntary Change: The Emotional Effects

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FOLLOWING THE PATH OF INVOLUNTARY CHANGE: THE EMOTIONAL EFFECTS

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The School of Human Resource Education  
and Workforce Development

by

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B.A. University of Southwestern Louisiana, 1974  
M.S. University of Southwestern Louisiana, 1977  
May 2011

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
ABSTRACT.....	x
CHAPTER 1. INTRODUCTION.....	1
Introduction to Emotion as a Field of Study.....	1
Context of the Study.....	1
History and Description of the Study.....	3
Importance of the Study.....	4
Following the Path of Unintended Change.....	5
Definition of Terms.....	6
Limitations.....	7
Summary.....	7
CHAPTER 2. REVIEW OF THE LITERATURE.....	9
Sociology of Emotion.....	9
Emotion in the Workplace.....	12
Emotional Labor.....	13
Emotional Work.....	14
Emotion with Work.....	14
Emotion at Work.....	15
Emotion toward Work.....	16
Emotion Studies: An ‘Uncomfortable Knowledge’.....	17
The Organization and Emotion.....	19
The Organization and Emotion Measurement.....	22
The Organization as Emotional Manager.....	22
Managing Emotions through Knowledge Management.....	24
The Organization: Emotion and Change.....	27
Organization: Emotion and Culture.....	30
Culture as the Emotional Organizational Commitment.....	32
The Individual and Workplace Emotion.....	34
The Individual and Workplace Emotion Management.....	36
The Individual: Emotion and Culture.....	39
The Individual: Emotion and Change.....	43
Summary.....	48
CHAPTER 3. METHODOLOGY.....	52
Introduction and Overview.....	52
Phenomenology: A Qualitative Framework.....	54
Stance as a Researcher.....	58
Selection of Participants.....	63

Preparation for the Study.....	64
Method of Verification.....	65
Establishing Trustworthiness.....	68
Data Collection.....	70
Insights from the 2003 Scholarly Research Project.....	74
Data Analysis.....	76
Summary.....	80
CHAPTER 4. RESEARCH FINDINGS.....	82
Brief History and Overview.....	84
The Participants and the Transition Process.....	86
Participant # 1.....	88
Participant # 2.....	89
Participant # 3.....	92
Participant # 4.....	94
Participant # 5.....	96
Participant # 9.....	99
Participant # 10.....	101
Transcriptions.....	104
Significant Statements.....	105
Formulated Meanings.....	107
Thematic Clusters.....	108
Theme Number One: The Emotional Experiences of the Unintended Change.....	109
Theme Number Two: The Physical Link.....	110
Theme Number Three: Knowledge Management.....	111
Theme Number Four: Trust.....	114
Theme Number Five: Railway Culture.....	116
Theme Number Six: Transition.....	117
Theme Number Seven: Reciprocity.....	120
Theme Number Eight: Connection.....	122
Theme Number Nine: Career Path.....	123
Exhaustive Description.....	125
Statement of Identification.....	129
Participant Verification.....	129
Summary.....	130
CHAPTER 5. CONCLUSIONS.....	132
Reflection on the Findings.....	132
Summary of the Purpose.....	132
Summary of the Methodology.....	133
Summary of the Outcomes.....	137
The Unintended Change.....	138
The Transition Period.....	142
The Renewal.....	147
Summary.....	151
Recommendations.....	155

REFERENCES.....	160
VITA.....	189

## LIST OF TABLES

1. Railroad Cultural Icons .....	42
2. Colaizzi's Seven Steps of Phenomenology Analysis .....	57
3. Participant # 1: Emotions during Transition Turmoil Cycle .....	89
4. Participant # 2: Emotions during Transition Turmoil Cycle .....	90
5. Participant # 3: Emotions during Transition Turmoil Cycle .....	93
6. Participant # 4: Emotions during Transition Turmoil Cycle .....	95
7. Participant # 5: Emotions during Transition Turmoil Cycle .....	98
8. Participant # 9: Emotions during Transition Turmoil Cycle .....	100
9. Participant # 10: Emotions during Transition Turmoil Cycle .....	104
10. Composite for Emotions during Transition Turmoil Cycle .....	143

**LIST OF FIGURES**

1. Summary of data analysis .....	136
2. Percentage of change by respondents .....	145
3. Transitional Turmoil Cycle .....	146
4. Composite Process Model for Unintended Change .....	150

## **ABSTRACT**

The purpose of this study was to describe the perceived emotional effects of the seven Medical Case Managers who moved from the role of “consultants” of a Railway to “employees” of a Managed Health Care Company in order to maintain employment within their field of telephonic disability case management of railway employees. This research followed the path of an unintended change with two interviews, 2003 and 2010. The participants were seven Medical Case Managers with a combined institutional knowledge base of over fifty years. The study was a qualitative study based on in-depth interviews.

Results showed that the Medical Case Managers viewed the change from “consultant” to “employee” as an involuntary change or unintended change. The perceived emotional effects were issues of anxiety, stress, fear, betrayal, mistrust and distrust aimed at the Railway. As the change progressed, the perceived emotional effects became focused on the Managed Health Care Company with those emotions noted as mistrust, distrust, frustration, and ambivalence. These feelings led to what was in essence were a time of transitional turmoil and chaos. The Medical Case Managers did not feel that they had moved past the turmoil until they separated employment with the Managed Health Care Company and individually made a new career choice.

The results also highlighted several interesting aspects. The Railway missed an opportunity for a smooth transition as did the Managed Health Care Company as they failed to acknowledge the stress and turmoil of the change. Either not being aware of the existence of emotional effects that surround change or ignoring them had far reaching consequences, the very least being the loss of over fifty years of institutional knowledge. This research has suggested that organizations need to be aware of change and the emotional effects that surround the

process. By doing so, there exists an opportunity for well thought out process to aid in the practice of unintended change. Researchers, also, have an opportunity to expand theory by taking a look at significant career experiences, focusing on multidisciplinary emotional components as they impact both the individual and the organizational aspects of the workplace.

# **CHAPTER 1**

## **INTRODUCTION**

### **Introduction to Emotion as a Field of Study**

Emotion has become the theme of a vast collection of inquiry in the social and behavioral sciences, as well as business management, and particularly in the study of organizations by the human resource development community. For example, a cursory review of the literature on emotion suggests that fields ranging from music (Carr, 2004; Howes, 1924) and the gaming industry (Andrade & Ho, 2009; Finlay, Marmurek, Kanetkar & Londerville, 2010; Lio & Rudy, 2009) to psychology (Awbrey, 2004; Bierema, 2008; Bridges, 2003; Woods, 2010) and travel (Woosman & Norman, 2010; Wulff, 2007) have taken to task the difficult job of making sense of human affective response and communication. As with these disciplines, the literature on organizational change and the emotional responses of workers to such change has grown rapidly. However, the focus then and the focus today remain spotlighted on the organizational aspects, with minimal attention to the individual lived experiences.

### **Context of the Study**

Drawing on the growing body of literature on emotion, the research presented in this study focused on the perceived emotional responses of “consultant” Medical Case Managers (MCMs). This group of MCMs who worked as “consultants” for a Class I Railroad operating in the United States of America (hereafter, referred to as the Railway) were removed from the “consultant” status to “employees” of a Managed Health Care Company (MHCC). This action was taken by the Railway after two legal determinations were completed by the United States Railroad Retirement Board regarding “nurse consultants” who worked for two different Class I Railroads. These legal determinations stated that the “nurse consultants” were in actuality

employees of those transportation organizations. The resulting determinations would have been cause for great concern by the Railway due to the possibility of penalties, fines and back benefits that could include both federal and state levels, thought to be a significant fine.

Shortly thereafter, the Railway began an effort to find a company who would “employ” the “consultants” in an effort to remove the MCMs as a potential liability. The Railway was very interested in the computer software owned by the MHCC for use with monitoring, processing and managing medical cases for individual employees who either sustained work related injuries or had on-going medical files that required monitoring by the Railway’s Medical Department. The Railway wanted the software; however they also wanted the MCMs already in place to remain so with no interruption in the program that they had begun so many years before. With the recent United States Railway Board determinations, having the “consultants” become “employees” of an independent company would remove this threat, and the MHCC could contract these services back to the Railway. Once the MHCC and the Railway agreed to a contract for the telephonic case management program, the MCMs were told that they would keep their jobs, but they would have to become “employees” of the MHCC. The MCMs perception at this point was that in order to maintain current employment, the only choice was to become “employees” of the MHCC; this was perceived by the MCMs as an involuntary change, and referred to as an unintended change in this research.

The purpose of this study is to describe the perceived emotional effects of the seven Medical Case Managers who changed from “consultants” of the Railway to “employees” of a Managed Health Care Company in order to maintain the same employment within their chosen field as Medical Case Managers specializing in telephonic case management of railway employees; to detail their personal account of their immediate experiences from a scholarly research project in 2003 and again at the 2010 time frame in an effort to detail the transition

period; and to determine what, if any, lingering emotions might have affected their current career path following the unintended change. This study will endeavor to allow the immediate experiences of these individuals to be heard as their own story.

The main research questions were:

1. What were the immediate perceived emotional experiences of a group of Medical Case Managers who were part of an unintended change from ending to transition to beginning?
2. How did the perceived emotional effects of this group of Medical Case Managers affect their current career path?

### **History and Description of the Study**

The study began with a scholarly research project as part of a graduate class requirement at Louisiana State University in the Spring of 2003. Ten MCMs, who were involved in the unintended change, were contacted about participation in this study. Each one agreed to telephonic interviews regarding the unintended change. These interviews were completed in the spring of 2003, post unintended change in the work place. The individuals moved from the role of “consultant” for the Railway to “employee” of the MHCC in order to maintain their chosen career path. A qualitative inquiry was accomplished with each individual for the purpose of describing the lived experiences in their own terms.

Guiding questions were developed and reviewed under the tutelage of Dr. Elwood Holton, III, Professor of Human Resource Development and Executive Director of the Center for Leadership Development at Louisiana State University. The questions were based on a work sheet from *Managing Change in Organizational Development* and then tailored to the subject at hand. These were approved by Dr. Holton with the addition of one probing question at the end. The interviews were all done telephonically for several reasons: geographic location of the

Medical Case Managers across the United States; format, as this is the basis of their style of medical case management, this allowed for a comfortable setting; and lastly, it was thought that this format would allow them additional freedom of expression.

The information garnered from this project was reviewed, and ten of the original MCMs were contacted with requests for a second interview in 2010. Two of the original ten MCMs had retired shortly after the original inquiry and respectfully declined to participate. The remaining MCM was the researcher for this investigation and who determined that her input would not add to the research. She was involved in one of the United States Railroad Retirement Board determinations that seemed to have been a catalyst for this unintended change. The remaining seven MCMs were contacted and readily agreed to participate on the condition of confidentiality. A timeline was established for the interviews and informed consent documents were sent to each MCM for their signature. Dates and times were confirmed for the scheduled interviews via Microsoft Outlook® and placed on calendars. The sample was purposeful, as it is directed toward a unique set of individuals who shared a time in their lives that they alluded to as chaotic, filled with anxiety and stress.

### **Importance of the Study**

While some research has touched on the emotions of the workers and organizational change (Amos, Wernsing & Luthans, 2008; Amos & Weathengton, 2008; Armenakis & Bedeier, 1999), this research is limited, and the majority of the research on emotional responses to change has focused on employers, as opposed to employees. Emotion is becoming a significant topic of research in many fields, which involves change, the change process and the immediate experiences of the individuals (Kiefer, 2002; Smollan, Sayers, Matheny, 2010). Haynie and Shepherd (2010), Duchscher (2009), and Anderson (2009) have touched on change theory of discontinuous career transition and career moves that have been touched by emotion. This

research is aimed to build on that base with the added dimension of a look at specific lived experiences over an extended period of time. This latter aspect of research has not been focused on due to time, money, and availability of involved individuals. The knowledge generated from this study will help researchers garner insight into the perceived emotions experienced by individuals as a result of involuntary change or unintended change, and it will provide a follow up look at these same individuals which is seldom accomplished in qualitative research. Further research may offer additional insights into individual responses to unintended change. What is learned with this research is expected to offer sociologists, psychologists, career counselors, and human resource development professionals new insight into individual emotional reactions to an unintended change. Additionally, by taking a look at the specific perceived emotional effects, career counselors, psychologists and organizational development personnel may gain some insight into career paths post unintended change, pre-change process, and offer opportunities for adapting current change philosophies to address nonstandard employment relations and significant career experiences.

### **Following the Path of Unintended Change**

One neglected topic in emotion research is that which addresses the individual accounts of those who have experienced perceived emotional effects as the result of some major life change. The lived experiences of individuals who have undergone an intended or unintended change are not an everyday occurrence, nor is there much of literature documenting these immediate experiences (Balogun & Johnson, 2005; Bradley, 1909; Budnik, 2003). Indeed, change generated by organizations seems to dominate the literature (Armenakis & Bedeian, 1999; Avery, Wernsing, & Luthans, 2008). What this research does offer is a unique look at the individual experiences of seven MCMs who faced the change in employment status with fear, anxiety, betrayal, and stress. It offers a view of the transition period as noted by the MCMs from

the 2003 interview and the 2010 interview, with some differences and unexpected insights. And finally, this research will take a closer look at subsequent career decisions and how the unintended change affected those career paths.

This research presented in their own words, the lived experiences of these unique individuals as they looked at the unintended change in the spring of 2003 and again in the fall of 2010. The study will offer insight into what the MCMs voiced as compared to the emotions they identified during the process. The expressed experiences of these individuals and the specific perceived emotional effects noted offer a unique look at what these individuals verbally expressed when compared to the feelings that they express by tone and verbal emphasis during the interviews. Added to this, are some noted differences regarding the transition process that came to light between the two interviews. As mentioned before, the majority of the literature focused on the organizational side of the spectrum with little directly reported from the immediate experiences of those individuals who experienced the changes first hand (Fineman, 2004; Fox & Spector, 2002; Miller, Considine, & Garner, 2007). This research aims to minimize that gap by way of a look at unintended change from the individual's perspective; a look at the lived experiences over an extended period of time; and to offer additional insight into how individuals adapt their career paths when faced with nonstandard employment relations.

### **Definition of Terms**

For the purpose of this study, the following terms were operationally defined:

1. Managed Health Care Company (MHCC): Managed Health Care Company is a web-based Case Management Software system (XXX®) that was developed to exclusively support comprehensive case management in order to report activities in workers' compensation as well as non-workers' compensation; non-occupational disability and integrated benefit programs. Designed and continually enhanced by users, clinicians, claims adjusters, risk managers,

employers and consultants, XXX® helps maximize data capture, manage workflow, guide clinical decision making and create customized reports.

2. XXX®: The registered trademark of the Managed Health Care Software is being replaced with XXX® to identify the software.

3. Telephonic Case Management: Case Management Services are founded on the principle of proactive intervention and communication. Getting involved in a case as early as possible after an injury allows the Case Managers to establish and build a trusting relationship and strong communication with your injured/ill employee, treating physician's office staff, supervisor, and claims adjuster. The Case Managers work with a case until there is a successful resolution or the case is closed. The case management is done telephonically.

4. Board Coverage Decision: Board Coverage Decisions are the determinations of the three-member board as to the status of various companies or persons with respect to coverage as employers or employees under the Railroad Retirement and Railroad Unemployment Insurance Acts. U.S.C. Title 45 - Railroads, Chapter 9 - Retirement of Railroad Employees, Subchapter IV - Railroad Retirement Act of 1974 defines as a railroad employer.

5. Class I Railway: "U.S. Class I Railroads are line haul freight railroads with 2006 operating revenue in excess of \$346.8 million. Two Canadian railroads, Canadian National Railway (CN) and Canadian Pacific Railway, have enough revenue that they would be U.S. Class I railroads if they were U.S. companies. Both companies also own railroads in the United States that, by themselves, qualify to be Class I railroads. Two Mexican railroads, Ferrocarril Mexicano and Kansas City Southern de México, would also be Class I railroads if they were U.S. railroads. The U.S. Class I railroads in 2006 are: BNSF Railway, CSX Transportation, Grand Trunk Corporation, Kansas City Southern Railway, Norfolk Southern Combined Railroad Subsidiaries, Soo Line Railroad, and Union Pacific Railroad."

(<http://www.aar.org/PubCommon/Documents/AboutTheIndustry/Statistics.pdf>)

Consultant: "Experienced professional who provides expert knowledge (often packaged under a catchy name) for a fee. He or she works in an advisory capacity only and is usually not accountable for the outcome of a consulting exercise. Some consultants (like Peter Drucker and W. Edward Deming) have brought dramatic shifts in management thinking and improvements in the performance of organizations."

(<http://www.businessdictionary.com/definition/consultant.html>)

6. Medical Case Manager (MCM): To provide ongoing support and expertise through comprehensive assessment, planning, implementation and overall evaluation of individual patient needs. The overall goal of the position is to enhance the quality of patient management and satisfaction, to promote continuity of care in real time, and to assist the patient with physical rehabilitation by coordination of services with the goal of return to work.
7. United States Railroad Retirement Board: The U.S. Railroad Retirement Board administers a Federal retirement benefit program covering the nation's railroad workers. The records it maintains deal primarily with the administration and payment of these benefits.

### **Limitations**

1. The research design was a purposeful sampling, thus findings are not generalizable.
2. The participants were asked to recall events at the 2003 and the 2010 post unintended change event; participants may have experienced recall bias.
3. The participants were known to the researcher, thus the possibility of influence by previous knowledge, association and experience with the researcher may be of issue.

### **Summary**

The purpose of this qualitative research was to describe the lived experiences of seven Medical Case Managers who changed from “consultants” of the Railway to “employees” of a Managed Health Care Company in order to maintain the same employment within their chosen field as MCMs specializing in telephonic case management of railway employees; to detail their personal account of the perceived emotional effects of their immediate experiences, from a scholarly research project in 2003 and again at the 2010 time frame in an effort to detail the transition period; and to determine what, if any, lingering emotions might have affected their current career path since the unintended change. And it will endeavor to allow the immediate experiences of these individuals to be heard by way of their own personal story.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

#### **Sociology of Emotion**

Emotion typically is considered a personal-life matter and not a matter of the workplace; yet, emotion is a combination of all aspects of life including work and the workplace (Fox & Spector, 2002). Individuals spend more consecutive waking hours each day in the workplace than in any other single location, including the home (Miller et al., 2007). It is in the workplace that the individual's perception constructs a relationship to interactions with individuals and associations. As this identification with the place of work and/or the organization grows, so does the emotion of life with emotion thus "becoming captured within the boundaries of the work place" (Fineman, 2004, p. 4).

The study of emotion is by no means new. For example, classical philosophers, such as Plato, Aristotle, Hume and Descartes, focused on the physical aspects of fear, love and anger (Fortenbaugh, 2002; Ozmon & Carver, 2008). But, more systematic treatments of emotion do not become part of the literature until the work of William James (1884), who linked emotion to the reaction of an event. That is, an event occurs that causes a personal reaction. The feeling(s) tied to that reaction is what constitutes emotion (James, 1884). Later, Carl Lange joined with William James and their theory became known as the James-Lange theory (Sutherland, 2001).

Indeed, in recent years, emotion has been studied within the fields of anthropology (Tarlow, 2000), religion (Flower, 1929; Jones, 2004), law (Maroney, 2006), education (Burtonwood, 2000), politics (Koziak, 1999), psychology (Winkielman & Berridge, 2004), and sociology (Laslett, 1990; Staw, Sutton, & Pelled, 1994). However, emotion has only recently become a field of study itself, appearing in major journal articles in the areas of education and

child development (Awbrey 2004; Bierema, 2008; Woods, 2010), evaluation (Zinck & Newen, 2008), entrepreneurship ( Michl, Welpr, Sporrel, & Picot, 2008), human resource development (Cote & Morgan, 2002; Fineman 2004; Kiefer, 2002;Turnbull, 2002, ), leadership (Maitlis & Ozelik, 2004), organizational development (Hutchins, 2008; Hutchins & Wang, 2008; Schneider, 2002 ), music (Carr, 2004; Howes, 1924), management (Gilley & Rasheed, 2000; Hay & Hartel, 2001), travel (Woosman & Norman, 2010; Wulff, 2007) and even the gaming industry (Andrade & Ho 2009; Finlay, Marmurek, Kanetkar, & Londerville 2010; Lio & Rody, 2009). Interestingly, emotion has moved from the shadows of “feelings” into a palpable subject matter that a variety of fields have embraced. Unfortunately, disciplines like sociology did not begin any systematic interest in the study of emotions until recently, and some in academia remain cautious in their appraisal of this field.

In the 1970s, the field of sociology demonstrated a renewed interest in the topic of emotion and began to formulate theories and research programs to address emotion. Collins (1975), Heise (1979), Hochschild (1975, 1979), Kemper (1978a, 1978b, Scheff (1979); and Shott (1979) are the acknowledged few who began to explore the study of emotion and are now viewed as the pioneers of emotion research (as cited in Turner, 2009). For example, Collins’ interaction ritual theory, focused on emotions that were long-term and gave “high and low levels of energy in diverse situations” (as cited in Turner & Stets, 2007, p. 136). From emotion based self-theory, Heise(1979) gave us affect control theory, while Kemper’s (1978a) main focus was status and power (as cited in Turner & Stets, 2007). Scheff’s (1979) focal point was emotion recognition while Shott (1979) looked at the emotion that defined the situation. It was not until Hochschild’s (1979) book, *The Managed Heart*, where a unique focus on the airline industry became a pivotal work that enabled researchers to take a long look at emotion management and self-regulation, which had not been researched up to that point (Tuner & Stets, 2007).

Sociologists have addressed emotion from several schools of thought: evolutionary, focusing on the early beginnings of how humans display emotions (Turner, 2009); symbolic interactionist with details in the human interaction, the response, the symbols, and the interpretation to the stimulus and response (Alcorta & Sosis, 2005); symbolic interactionist with psychoanalytic elements (Messer & Winokun, 1980); interaction ritual (Keltner & Haidt, 1999); power and status (Kemper, 2007); satisfaction, specifically those from positive emotions that affect one's life as a whole (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009); and exchange, specifically social exchange theory and social order (Lawler & Thye, 1999; Lawler & Yoon, 1998). With the many areas of focus by sociologists, it has only been in the last 30 years that the subfield of sociology of emotion has become a coherent field of inquiry.

In 2007, Jan Stets and Jonathan Turner edited the *Handbook of the Sociology of Emotion*. This important work delineated the study of emotion over the last 30 years. This work encompassed everything from the neuroscience of emotion to emotions in social life. It is here, under emotions in social life, that emotions in the workplace are identified and discussed. In Chapter 24, Lively discusses Hochschild's (1983) *The Managed Heart: The Commercialization of Feeling*, which she calls the "first truly sociological examination of emotion in the workplace" (as cited in Stets & Turner, 2007, p. 569). With this work came the introduction to the term emotional labor, where someone else determined an individual's persona as dictated by the organizational regulations. It opened researchers' eyes to both look at emotions as well as work, which is in essence the management of emotions.

Turner (2009) reviewed several different schools of thought that sociologists have used to try to explain emotion, and he concluded that there has been little movement in the field to try to pare these down into a more precise theory. He strongly suggested that before this can take place there must be movement toward a clear working definition (Turner, 2009). Today, a fierce

debate continues on the specifics of emotion and how research should be focused, but the most notable issue remains the lack of a true definition for emotion. At present, the most widely acknowledged definition of emotion within the field of the study of emotion explains that emotion is the adaptive responses to the demands of the environment (Eckman, 1992; Ellsworth, 1985; Sherer, 1984). However, a number of researchers have suggested that emotion does not require a formal definition, but it is rather a way in which to discuss behavior, or a simple reaction to a stimulus, as James suggested in 1884 (Fridlund, 1984; Frijda, 1988). Emotion as a topic of discussion and research seems to have been thrust onto the landscape of academia (Fineman, 2004; George, 2000; Malhotra & Kuo, 2009; McEachrane, 2009; Miller, et al., 2007; Rumens, 2005; Scott & Judge, 2006; Turnbull, 2002; Turner, 2009). Academia continues to debate the quest for a definition of emotion taking a firm look at emotion as related to behavior. As researchers begin to focus on the study of emotion, there appears to be an opportunity to come to some agreement as to a definition that would satisfy the many fields of inquiry. For the purpose of this study, emotion has been defined as the adaptive responses to the demands of the environment (Eckman, 1992; Ellsworth, 1985; Sherer, 1984). Unintended change will be defined as the response to a change instituted by the organization where the response from the employees was unforeseen (Balogun, & Johnson, 2005).

### **Emotion in the Workplace**

Emotion has become a pressing topic. Discussion of emotion and the effects on organizations has become the topic of undergraduate courses at such institutions as Brown University, Kansas State University, University of Chicago, and University of California at Davis. In recent literature, a strong attempt has been made to map emotion in the workplace as a way of defining emotion (Miller et al., 2007). Miller et al., (2007) noted that the recent influx of articles related to emotion has left the literature in a state of disarray, as in the field of sociology.

However, unlike sociology, these researchers offered a standardized definition of emotion in the workplace by suggesting five categories to aid in the identification and separation of organizational emotion. The categories are denoted as:

- Emotional labor
- Emotional work
- Emotion with work
- Emotion at work
- Emotion towards work.

These five emotion categories suggest the emotion link between the organization and the individual. It is the individual who goes about assisting the organization in the realization of the business goals and plans each work day (Miller et al., 2007). It is the emotion link that aids in the understanding of emotion in the workplace. These emotion categories are a way of serving up to the research world a platform upon which individuals can make specific inquiry, gather and report data, and present to the world new and exciting theories as related to each individual emotion definition/label.

### Emotional Labor

Emotional labor refers to the emotion that is “controlled” by management (Miller et al., 2007). These are superficial emotions that are required as part of the job, such as a flight attendant remaining positive, friendly, helpful and calm towards passengers regardless of his/her true mood. Store clerks, fast food workers, as well as hotel personnel, are also considered emotional laborers (Rafaeli & Sutton, 1987; Sutton & Rafaeli, 1988). Emotional labor is also those businesses with employees whose industry is often tied with emotion-evoking slogans such as: *Have it your way* (Burger King, 1973); *Melts in your mouth, not in your hand* (M & M Candies, 1954); *Don't leave home without it* (American Express, 1975); *Got Milk?* (California Milk Processor Board, 1993). Likewise who can't hum, *Like a good neighbor State Farm is*

*there* (State Farm Insurance, 1971); or *My bologna has a first name, its O S C A R* (Oscar Myer, 1963). These songs are in fact a form of or the result of emotional labor and have been at the very foundation of organizational success for these industry partners. The superficial emotion required as part of the job supports the work as much as the slogans, songs and uniforms that identify the products being marketed and sold. The emotion is controlled by the organization as a condition of employment and by the individual who must exhibit the correct emotion as a condition of that employment (Klein, 2005; Rafaeli, 1987).

### Emotional Work

Emotional work are those jobs that require human services such as physicians, nurses, Medical Case Managers, teachers, law enforcement professionals, ministers and funeral home directors (Cahill, 1999; Morris & Feldman, 1996). Physicians not only greet patients, but they must also remain calm when providing news, both good and bad, which affects his/her patient's emotion. Nurses, as well, face patients that are dealing with life and death realities (Ashforth & Humphrey 1993). Similarly, Medical Case Managers face many of the same challenges when dealing with employees who have sustained severe injuries (Dube, Teng, Hawkins, & Kaplan, 2003). Teachers, ministers and funeral home directors also face the public in the commission of their work responsibilities, and each must maintain a calm demeanor even when faced with extreme emotional turbulences. All of these jobs have a common thread which is that they are occupations that have a component of emotional work. This emotional work is individually driven as part of the occupation and often defines the specific occupation (Miller et al., 2007).

### Emotion with Work

An emotion with work is “the most potent source of emotion” (Miller et al., 2007, p. 236). The feelings that an individual has related to the interactions with his/her fellow workers and direct supervisors are emotion with work (Miller et al., 2007, p. 236). It has been noted that

individuals see their relationships within the workplace as being of prime importance to their overall emotional state (Foreman & Whetten, 2002). Individuals spend long periods of time with fellow workers and supervisors. The premise is that when something happens within the day to any one person, it then becomes known to all (Grzywacz, Almeida, & McDonald, 2002).

Whether the news is good or bad, the individual who experiences the news has an emotional response, which is then responded to with emotions from others in the work group (McFadyen, Kerpelman, & Adler-Baeder, 2005). Whether it is joy or condolences, the circle of emotion with work becomes very powerful to the individual (Miller et al., 2007).

### Emotion at Work

Researchers (Miller et al., 2007) further discuss emotion at work as an extension of Karl Weick's 1969 classic organizational concept that identifies individuals at work not just as workers, but also as "friends, spouses, parents, children, church members, political activists, union members, sorority and fraternity members, hobbyists, sports fans, and the list could go on and on" (Miller et al., 2007, p. 237). There are many labels that can be attached to the individual that categorize the person as someone with many characteristics. Each identity connects that individual with other workers on one or more levels. These labels, such as being a spouse (e.g. you offer support to one whose spouse is very ill), friend (e.g. you offer support to others in need), parent (e.g. you commiserate with others who may have sick children), child (e.g. you are the adult child of ill parents), church member (e.g. specific religious affiliation), political activist (e.g. angry regarding the ways the government addressed homeland disasters), hobbyist (e.g. model railroad), or sports fan (e.g. New Orleans Saints Fan) often denote a specific emotional connection (Hallett, 2003; Miller, 2002; Warren & Johnson, 1995). These emotional connections can and often do bridge the gap between the individual's self-life and the individual's whole-work life. This bridge then allows the individual to better identify with other workers, be it a

subordinate, peer, or supervisor. This bridging then becomes our emotion at work and our connections to each other.

### Emotion toward Work

Emotion toward work has received the most attention by researchers (Miller et al., 2007). Emotion toward work has been centered around job satisfaction with an emphasis on stress and burnout (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Here, the actual work experience and the tasks of the job are where the feelings are derived. If the job is perceived with pleasantness, then job satisfaction is high and the individual's emotion toward work is positive. If, on the other hand, the individual perceives his job with negativity, then the job satisfaction is low and the corresponding emotion toward work is negative (Cote & Morgan, 2002; Robinson & Griffiths, 2005).

There is some overlap of these categories, and individuals will often experience any one or combination of this organizational emotion in their jobs over a period of time. Despite offering a standardized definition to aid research focused on organization and emotion, some conclude that there has been minimal research focused on the individuality of workplace emotion and the individual responses. They further suggested that such focus on these issues would produce a richer volume of literature for review and generate additional subject matter for research. (Miller et al., 2007)

Emotion has gained a spotlight in the world of theoretical research. At the 1997 Academy of Management meeting, a feature caucus was titled *New Directions in Organizational Research on Emotion*. In 2001, at the American Human Resource Development Conference, Symposium Number 28 addressed *Emotion and Behavior in the Workplace*. Researchers have begun and continue to look at emotion and how emotion affects workplace settings. Organizations themselves are beginning to look at emotion in all aspects of employee behavior, both positive

and negative in an effort to support the individual, as well as provide a stable work site. Where there is a noticeable gap is with individual accounts of emotion in the workplace, which this research addressed.

### **Emotion Studies: An ‘Uncomfortable Knowledge’**

Vince (1999) poignantly addressed his assertion that although organizations are beginning to see that the study of emotion is important in such areas as psychology and organizational development it is still viewed as what he deemed ‘uncomfortable knowledge.’ He argues that organizations who view emotions as ‘uncomfortable knowledge’ must take a step forward and transform this state into an opportunity for learning that is beneficial to organizational learning and change. The opportunity for learning is there each and every day. It then becomes the question of recognizing this opportunity and whether or not it has it been clouded by emotion.

Whether a mental state or a response to an external event, organizations have long been the gatekeeper for such knowledge. It is at this level that the fall-out from the individuals in terms of responses or emotional condition is thought to be contained. However, that containment is a lofty dream for management since every day individuals come and go from the home environment to the work environment with a batch of emotions both positive and negative that in some way will play a part in their day. As much as organizations would like to demand that emotions are not part of the workplace, the reality is that they are. And indeed Vince (1999) is correct in his assumption that organizations view most emotions as an ‘uncomfortable knowledge.’

In recent years, organizations have attempted to engage their employees by improving the quality of their work lives. Quite a bit has been seen as organizations have aggressively addressed smoking cessation and weight control, both highly emotional issues, by way of health

promotions. Individuals have responded to this emotional nuisance through the acceptance of their role toward recognition or outright rejection. In either way, the emotional response from the individuals toward these traditional change management strategies do not take into account the paramount issue of control (Seymour & Dupre, 2008).

Control can be seen from either a positive or negative standpoint. It has been thought that positive employees can and do have a positive effect on an organizational change (Avery, Wernsing, & Luthans, 2008). Individuals who feel that they have limited or no control over a change often have emotional discord that presents a threat to their identity (Jansz & Timmers, 2002). These individuals feel anger, but they cannot express that anger. They feel stress, but they do not acknowledge that stress or attempt to deal with it at the time. They begin to question their identity. What was successful in the past now leads to swirling around self-efficacy. How does one deal with a change they feel they had no control over and yet they sailed through working each day as though everything was business as usual? Or was it?

Researchers have begun to look at individuals and how they react to certain stressful situations. Specifically, the focus of some researchers has been to determine how individuals bounce back from negative emotional experiences (Block & Block, 1980). Other researchers have found that some individuals adapt by way of humor (Werner & Smith, 1992), some by way of positive thinking (Kumpfer, 1999), and still others by way of mind/body centering (Demos, 1989). Coping techniques are being studied for their impact on stressful events (Tugade, 2004). With this remains the human side of the event and how the emotional effects of that episode either inflame or compress any responses. Yet another question to address is do some individuals continue in a repetitive cycle until they can jump off as one does from a swing?

Looking at personal responses of individuals to change, the health care field to date has been the most targeted with research specifically directed toward the study of emotion and

change allowing for individuals to have their say. Haynie and Shepherd (2010) focused on a theory of discontinuous career transition. They looked at how traumatic life events necessitated a career move. Duchscher (2009) looked at registered nurses and how they adapted from new graduates to assistants, educators, and practitioners. Duchscher (2009) coined the term *transitional shock*, which focuses on how the new graduate coped with the immense range of changes that take place as they move into their professional role, in essence moving from a familiar role to a lesser known role. Anderson (2009) advanced the study of the transition process of change as nurses moved from expert clinician to the role of neophyte academic educator. Interestingly, each article touched on emotion, emotional work, anxiety, stress and fear that danced around traumatic life events, transitional shock, and work-role transition. Each of these touched in some small way that which the medical care managers encountered as a result of the change they experienced.

### **The Organization and Emotion**

Organizations have long focused on job satisfaction as the indicative measure of employee emotion (Weiss, 2002). However, job commitment has also been used to gauge employee emotions (Wolkomir, 2001). Fineman and Sturdy (1999) reported that organizations have often tried to exert some control over individuals, as well as orchestrating responses as examples of behavior for individuals to mimic as ways of dealing with any emotional process while in the work place. Efforts by organizations to manage emotion out of the workplace by ignoring them have failed (Mastenbroek, 2000, & McCune, 2002). Some organizations have attempted to dictate emotion as part of the “employee packet,” such as the expectation of enthusiasm and cheerfulness of services oriented industries: fast food, airline, hotel, and theme parks (Rafaeli & Sutton, 1987). These emotions are often gauged by the organization through the measurement of customer satisfaction (Gradney, 2000).

As employers and organizations have become wise to the effects of employee emotions on the workforce and in the workplace, such department and entities such as employee assistance counselors, peer responders, as well as coaching and counseling programs have been utilized in order to address the behaviors the organization thinks are emotion-driven (Morris & Feldman, 1996; Salters, 1997). The goals of these units are to deal with those emotions that may complicate the workplace, address the individual's judgment while at work, and/or keep the individual functioning while at work (Ashkanasy, Zerbe, & Hartel, 2002; Brown, 1974; Minter & Thomas, 2000).

According to Ashkanasy and Daus (2001), effectively managing emotions contributed to effective leadership in organizations. Specifically, it is suggested that the evaluation of emotions, the cognitive processes and decision making augmented by emotions, emotion familiarity, and emotion management are methods to concentrate on when focusing on how to effectively manage emotions and thereby employees in the workplace (George, 2001). Emotions can be exhibited when either internal or external stimuli trigger certain feelings. Those feelings as emotions can influence judgments (Ashkansay & Daus, 2001). In turn, those judgments can affect performance while at work and the actual work product. Further, if those feelings can be carefully and thoughtfully managed by leadership, then the leadership is deemed successful in the eyes of the individual as well as upper management as the work process will continue without interruptions (George, 2001; Raftery & Bizer, 2009).

Conversely, Briner (1999) suggested that emotions should be "reigned-in" to comply with corporate goals, thus putting the organization before the individual. As managers demand more and more from employees, the management of emotions must play a part in those requests and the responding commitment to the workplace. Some have concluded that although management today is more open to accepting the idea that their employees' bring their fears,

anxieties, love and excitement with them to work and that those emotions certainly translate into behavior at work, management is still not willing to fit that reality into their strategic business plans (Grzywacz et al., 2002). Interestingly, the recognition of these same emotions that organizations deem un-noteworthy are the very same emotions that are noted in individuals who are on the creative end of the organization and who often are conceivers of new ideas (Ashford & Kreine, 2002). Without these emotionally driven individuals, the conceptualization and development of new products and services that led to business expansion and development could very well stall (Fineman, 2003). The link between emotional individuals and business expansion has been viewed by way of organizational management, which continues to contend that emotions should and can be corralled and guided via their business strategies rather than nurtured as a potential business asset (Briner, 1999).

A new dilemma for organizations is the expanding field of telecommuters. Organizations are facing this new and unique challenge today with an effort on identifying possible complications. Fineman (2003) discusses the topic of what he calls *virtually emotion*, which is in fact the emotional profile of the virtual workplace. He points out that telecommuters work longer hours, but notes that what they are willing to do so given that they are not spending otherwise unrecognized time commuting to and from work. There is an upside and a downside to telecommuting which is present in the emotions of the individual. On the downside, the telecommuter does not have the opportunity to have traditional physical and social interaction with other employees (Levine, 2009). On the upside, the telecommuter learns new ways to establish relationships which have been referred to as emotional capital (Robinson & Robinson, 2005). This allows the telecommuter to create diverse ways of connecting significantly to others, often times telephonically (Fineman, 2003). The dilemma for the organization is that they often

are not aware of any emotional issues as they do not interact with their employees on a daily basis, and so they tend to dismiss the concern in hopes that it will not come to light.

### The Organization and Emotion Measurement

Organizations have begun to try to fasten emotion into a measurable variable (Fineman, 2004). Organizations understand that emotion is a fundamental piece of organizational life, and it is critical that it be understood by management (Schneider, 2002). What is, therefore, not clear is why organizations seek to manage and measure emotion rather than understand the synergism between emotion and workforce dynamics (Fox & Spector, 2002). Measuring emotion is not a bad idea as satisfaction surveys are often used to gauge employee emotions (Scott & Judge 2005). Measures of emotion are still considered subjective, and some, therefore, contend that emotion can be researched without measurement (Fineman, 2004; Fisher, 1997). In light that there is no uniform numerical measure of emotions, researchers have continued to collect verbal information for dissemination, and subjective measures continue as an acceptable means to gauge and study emotion (Hubbard, Backett-Milburn, & Kemmer, 1999). Of course, as with most subjective studies, there is the possibility of a personal bias on the part of the researcher. If this is acknowledged, the possibility is minimized and the data can be collected, analyzed, and presented in an unbiased format (Fineman, 2004; Mehra, 2002).

### The Organization as Emotional Manager

Any numbers of techniques for managing emotions within organizations have emerged via the Internet, published in journals, and are available via consultants. Some in-house departments within large corporations, such as human resources, a formal medical department, and/or an employee assistance department easily located and listed on line as: “EAP”; “Human Resources News Releases”; “Managing Strong Emotions”; and “Society for Human Resource Management.” Although many of these departments and/or services have been active in the

ongoing monitoring and care of individuals at work, that assistance is limited in scope and immediate availability. And although some may think that corporate social responsibility seems like a new concept, it has been around since the 1930s with its evolution into the modern era beginning in the 1950s and carrying forward (Carroll, 1999).

Organizations have tried in the past to carve out and administer emotions from the workplace in an attempt to be in command of a rowdy or potentially troublesome energy that has the potential to cause havoc in the workplace (Ashforth & Kreiner, 2002; Oatley & Jenkins, 1992; Rafaeli & Worline, 2001). Troubling personalities, work conditions such as extreme weather, and deadlines that are being held up due to previous shifts are all potentially troublesome issues. However, there are some very specific job tasks, such as those individuals who work the Chicago Board of Trade, that have been and will continue to exhibit high energy demands as the very nature of traders' do each day. Auctioneers, selling priceless antiques, vintage automobiles, or champion livestock use emotion to pitch their wares (le Roux 2001; Rigiglioso 2006). Emotion can and is often used as part of the game plan by the individual. This emotion then becomes part of the larger picture that ends up with a focus on the work of the organization (Fox & Spector 2002). In the end, what happens to the individual each day will have an impact on how the daily business goals are carried out and reached by the organization. To that end, the organization will continue to try to anticipate how the individual and his/her emotional responses will impact how the organization will reach for and meet their daily business goals (Rafaeli & Worline, 2001). The battle within the organization as to whether they can manage emotions out of the workplace or whether they can manage emotions within the workplace with little disruption for the daily business plans and goals will be a continued research argument.

## Managing Emotions through Knowledge Management

As organizations strive to find the most effective method to address emotions in the work place, several ideas have been presented that begin with knowledge management as a means of communication and sharing in order to address this issue. Eileen Miller (1998) used the idea of a train leaving the depot with the first stop as knowledge management, the end of the line as well as the beginning of the next trip as knowledge management. In this knowledge are the ideas, philosophy, opinions, aptitudes, and relationships of the individuals which are entwined in each of those concepts. Those perceptions all have emotional connections to the individuals (Whitley, 2008). Regardless of the objectives of the organization, those individuals who provide the thinking for the organization are the managers of that knowledge as well as the purveyors of that knowledge. Within this setting, the successful transfer of this knowledge includes both effectively recognizing and managing emotions (Decker, 2009).

Whitley (2008) found specific organizations have specific knowledge and sharing, and these capabilities are often industry-specific as with the railway industry or airline industry. Today, in the many areas of industry, management is often required to wear multiple hats of knowledge. Daily, this knowledge is managed by individuals to meet the business requirements and goals of the organization. In order to be successful and for the organization and its members to compete in the business world, emotions must be carefully monitored and addressed. With each shift change, managers' hand-off to each other their current working knowledge, and with that the current emotional attitudes of the organizational members (Whitley, 2008).

Addressing those emotional attitudes has become a learning opportunity that has become an important element of knowledge management, knowledge sharing, and ultimately knowledge transfer. One notion is that the new form of labor is learning and that learning is now at the center of the organization (Kasvi, 1996). How we learn, the capability to classify the mental

activities that allow one to manage the gathering of knowledge, has become as important as the answers to the questions. Those occasions that offer an individual the time and opportunity to expand their knowledge, skills and attitudes, as well as learning, have become part of the individual's work day and a part of the new job descriptions (Kasvi, 1996). Often times as part of the job, that learning is to school emotions to reflect the nature of the job, such as wait-staff, physicians, teachers, and service personnel. Hochschild's (1983) pivotal book entitled *The Managed Heart* was a catalyst into how emotion is learned by organizations and how they attempt to manage it within the interworking of the culture. He sees the individual as someone who is an actor, giving forth a performance that is the vision and culture of the organization. In contrast, Bolton & Boyd (2003) take Hochschild to task by pointing out that employees are not just actors but are rather skilled emotion managers. They feel that employees, especially those in service related industries, are those individuals who are capable and able to see and evaluate situations while adhering to both safety and service standards. They do concede that employees have reported a type of "emotional numbness" that can take the form of burn-out and a sense of losing "one's true self" (Bolton & Boyd, 2003; Hochschild, 1983; Tyler & Taylor, 2001).

Vince (1999) points out the strategic importance of emotions in organizational learning. He noted that often organizations think that emotions should not be part of the work or interfere with the work. However, he concludes that the emotional responses of individuals, in particular anxiety and fear, have more often than not become the very foundations for learning. It has been noted that anxiety is often the catalyst for learning and change (Kofman & Senge, 1993; Shein, 1993). This can be a strategic moment for both the organization and the individual. The emotional response can be either avoidance or an enlightened management of emotions.

One way to strengthen the emotional base of the organization is by strengthening the knowledge base. Strengthening the knowledge base can and does meet Nahapiet and Ghoshal's

(1998) definition of social capital: *the sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit* (p. 242). This social capital, the organizational work force, does have an emotional component. The organization must look at these resources, acknowledging the relationship between the social capital and emotion in an effort to maintain stability of services to both internal and external customers.

Acknowledging these emotional connections is an increasing goal in organizations. Not only are customers external, but they are also internal regarding interaction between different departments. Liao, Fei, and Chen (2007) proposed that knowledge management, gained through sharing, is one method in which to speak to these emotional connections. Sharing is very much a communication tool which has an emotional component that can be exhibited in such areas as safety meetings, religious gatherings, and sport/team meetings. Communication is also a key for interdepartmental units to work together to meet the objectives of the organization, for example:

- quarterback coaches meeting with the quarterbacks
- the defensive unit meeting with the defensive coach
- the special teams unit meeting with the special teams coach

Effective communication can be translated into actual performance which can be seen as a yardstick and or success as measured by the organization. Liao et al. (2007) noted that “effective practices, insights, experiences, preferences, lessons learned, as well as common and uncommon sense” are vital if the emotionally laden human capital of the organization is to serve as the knowledge base of the organization (p.341). Waldron and Krone (1991) noted the importance of emotional communication, while Van Maanen and Kundas (1989) focused on emotional control as part of organizational culture and objectives. If sharing is indeed a communication tool to be used in the quest for knowledge management by the organization, then

emotional communication is the binding agent that allows control that translates into the basic culture of the organization.

Henrick (1999) also addressed knowledge management by way of knowledge sharing. The philosophy here is that the core, as well as the focus of knowledge management, within any organization is and always will be part and parcel, a progression toward knowledge sharing. Today, most organizations recognize that knowledge management has become a major resource within the organization. (Liao et al., 2007) Management continues to be the storehouse of this core of knowledge; the location where the sharing will take place; and the vehicle by which this knowledge is transferred to other managers (Henrick, 1999). Knowledge management is seen as a way by which emotion can be managed within the workplace (Kundas, 1989).

A diverse philosophy of sharing has been presented by Vand den Hoof and Van Weenen (2004), who identify two components of knowledge sharing. The first they define is “knowledge donating,” which is how individuals within an organization communicate their own personal knowledge capital to others. The second component is “knowledge collecting” or how an individual gathers from other individuals within the organization their personal knowledge capital. As with Henrick (1999) and Liao et al. (2007) communication again is the key to knowledge sharing. Communication then becomes a two-way street for both where individual managers can donate and collect knowledge that aids them in the successful implementation of the mission of the organization. This process must be acknowledged by management as a way of keeping knowledge sharing on an even keel and thus ensuring that there is a sense of emotional solidarity in the workplace that translates into happy and productive members (Liao et al., 2007).

### **The Organization: Emotion and Change**

Within any organization, there is a communication process that is always weighed down with emotion, and it most often is centered on organizational change. When organizational

change comes along, emotional management is tapped as a resource by the organization for a smooth transition. However, change is not always smooth. Armenakis et al. (1991) describes his theory of change in a three step process of readiness, adoption, and institutionalization. Within the *chaos* of the process, the organization begins with positive communication, which, in turn, evokes positive emotion from those affected by the change, and thus the readiness for change happens. This is the theory; however, in many instances, this does not happen. Often such demonstrations such as vocal union involvement, demonstration and strikes suggest a negative response, which in fact is always filled with emotion.

One way that the organization hopes to stymie any negative response to change is by reflecting on the perspectives of different stakeholders during the change process. Both positive and negative emotions can be acknowledged as major motivational factors during the change process as noted by individual behavior at work. Kiefer (2002) suggested that there are three processes that should be evaluated with reference to understanding emotions before, during and after organizational change. First, he suggests that emotions are an important component of constructions of meaning during any organizational change process. His first question: *How are emotions an integral part of learning about the change process?* (p.9). Change is seen as a collective shared interpretation of events. Interruptions as a feature of the construction of change, is seen as events that are perceived and interpreted as being sufficiently different from usual or salient events in such ways as to act as a trigger for sense making or a search for meaning. Emotions occur as a reaction to an interpreted event, change, and as a reaction to those interpretations. When emotions can be addressed with organizational members, with thought and reasoning, before any change is acted upon, then the outcome has a greater potential for a positive outcome.

Kiefer (2002) goes on to affirm that emotions as an integral part of individual adaptation and motivation. Emotions are seen as having a stronger influence on behavior in specific work settings than job attitudes or even job satisfaction data (Fisher, 2000). Emotional labor is the term that has been used by many to convey this concept (Basch & Fisher 1998; Fox & Spector, 2002; Hirschorn 1989; Hochschild 1983; Rafaeli & Sutton 1991; Sutton & Rafaeli, 1988). This is seen more in service industries that have direct contact with the public and are often the basis for customer service reviews. However, those individuals who come into contact with customers also have an opportunity to guide their emotions in such a way as to demonstrate upbeat behavior that translates into motivation for the successful achievement of the organizational change process.

Lastly, Kiefer (2002) studied emotions as a social phenomenon. Research has shown that emotions are being viewed as social phenomenon, which might help researchers to understand how the perception of change and the emotional response to change is constructed in groups and teams. Edel (2009) wanted individuals to think about whom the change was all about, me, you, or us? In the end, it is any change, but those that directly impact our work life are perceived as a change of culture, and within that change is seen emotion (Callahan 2002).

Kiefer (2002) identified emotions for the individual experience of change as part of a set of interdependent emotions. The social role of emotions during the change may indicate how different stakeholders experience the actual change process. In the Kiefer and Eicksen (1999) study, they addressed the framework of emotions and their role during change. Damasio (1994) claimed that emotion is as indispensable to effective functioning as is reason. If that is so, then Human Resource Development theory should begin to include the emotional component of human systems theory (Callahan, McCollum, & Tech, 2001). Callahan et al. (2001) offered a framework within which approaches to the study of emotion in organizations can be located and

the theoretical biases of each approach explained. They make the case for explicitly linking emotional behavior with organizational dilemmas and change.

Kurt Lewin (1947) provided one of the early models regarding change that does not take into account the individual's emotions. His theory was that there are forces that push and pull to keep an organization's system at a stable state. As long as there is equal force on each side for change and for maintaining the status quo, then the organization will remain stable. However, once the organization's status quo lessens the tension and resistance, then the process for effective change can begin (as cited in Cummings & Worley, 2001). His model is an excellent example of change at the organizational level and can be used to contrast William Bridges (1991) change that addresses the psychological transition focused on the individual. Where Lewin focused on events and things, planned and organized, in an effort to address controlled management change, Bridges' (1991) focal point is the psychological approach that looks at emotion, both internal and personal where planning is precarious due to emotions and individual emotional reactions become a challenge.

Continued multidisciplinary approaches to emotion research are indicated. Emotion touches psychology, sociology, biology, neurology, management, education, human resources, and more. The question remains: *What is the function of emotional behavior in an organization?* The answer has yet to be fully established. There is a need for a better understanding of emotions, how emotions affect change, and what we might do to shepherd individuals through the change process with minimal disruptive emotional reactions to unintended change.

### **The Organization: Emotion and Culture**

Organizations today are actively addressing a way of empowering and enabling individuals toward success. With this challenge comes the real world of ever-changing organizations, transformation within departments, mergers of divisions, and both upward and

downward personnel movements with each affecting how the daily business of the organization is accomplished. And as it makes its way toward meeting the goals of the organization: knowledge development, knowledge management, and knowledge sharing; the emotional connection “cannot be planned, organized, controlled, monitored, and assessed in the commonly accepted managerial way...”, (Kessels & Poell, 2004, p. 2), but rather it must be part of the personal commitment and innovation from the employees themselves, a kind of vision.

Organizations hope that this vision is translated into a strong commitment by the individual employees toward the organization. One way that is accomplished is by way of cultural identification. Kessels and Poell (2004) note for the most part that this is non-learning; however, if the organization is to succeed, it will develop a culture that supports learning and adaptation by its employees. Organizations want individuals to internalize the stated culture and/or values so there is a sense of sincerity in the communication of these organizational ideals to the customers that interact with the employees (Goffman, 1959). Often individuals whose knowledge base is being developed by the organization are steered toward an intense training and development process in an effort to cement the culture of the organization (Cash & Li, 1995; Mann, 199; Morris & Feldman, 1996).

When culture becomes the shared vision, it then translates into a personal commitment of those individuals who have become for the organization, the social capital on which the organization relies daily to meet its business goals. As social capital of the organization, the individual’s ability to build trust with fellow workers as well as customers, allows the commitment to the organization and the commitment to the culture to serve as public affirmations toward the daily business goals of the organization. The social capital develops into social networks, partnerships, collaborations and interaction and thus becomes part of knowledge sharing (Kessels & Poell, 2004), which becomes the desired goals. The goals then become

personal goals that morph into organization goals based on a culture of shared assumptions and goals. The value that the individual places on the organization often equates to an emotional commitment to the organization's goal where the individual's goal and the organizational goal become one and the same (Lahno, 2001).

Organizations aim toward empowering and enabling their employees to meet with success in the attainment of the stated goals. This is accomplished by facilitating employees in the development of the skills necessary to attain those goals. The workplace has benefited from those individuals who have centered their energies on *job skills training for just-in-time, just-in-need, or just-in-case learning*, in order that they might support individual job tasks and create organizational knowledge (Kessels & Poell, 2004). The blending of a shared culture and vision for both the organization and the individual then morphs into cognitive skills for these individuals: searching efficiently; evaluating with precision for relevance; synthesizing for new knowledge; focusing in order to produce; time management; knowledge management; and meta-cognitive awareness of learning preferences (Kessels & Poell, 2004, p.152). Learning then becomes more than just a personal enterprise. It becomes that by which an individual can enrich his/her personal intellectual ownership enabling the individual can then use to promote his/her objectives, meet the objectives of the organization and demonstrate value. The success of individuals within the subsystems is then confirmed as value to the organization. The value is often their knowledge; how they manage it for the benefit of the organization, is their success (Kasvi, 1996). Success is part of the culture. Success has an emotional component.

### **Culture as Emotional Organizational Commitment**

Culture identification is one means by which organizations strive to maintain organizational commitment (Meglino, Ravlin, & Adkins, 1989). How does the organization develop this commitment? Bennett and McGee (2005) discuss the transformative power of the

learning objective where they conclude that “culturally, we build/design the structures to house and deliver information, based on conceptualizations that may in fact be assumptions which limit the potential of data and its delivery framework through emerging technology tools” (p. 20).

Lauer (2001) then posed “How do people conceptualize information” (p.41)? The answers seem to be that in order to conceptualize information, the information has to be seen by all as a commodity. It then translates into the individual processing the information which then becomes a resource by which the individuals go about making the business decisions that aim at meeting the vision and goals of the organization. The keys for creating organizational knowledge can be identified with knowledge hunting as a collection process; knowledge harvesting as a filtering to discover value; and knowledge hardening as a structuring of tacit knowledge into explicit usable knowledge (Lubit, 2001, in Gupta & McDaniel, 2002). Entwined in this gathering process is the individual’s emotional commitment to the organization and its goals (Rhoades, Eisenberger, & Armeli, 2001). Once again, emotion is at the base of organizational knowledge where it can be used as a key for organizational success.

Gubbins and Garavan (2005) talk of social resources that make up network structures and comment on how employees specifically function within departments or teams in order to *share unique information, views and resources*. Interestingly, they go on to talk of the importance of organizations to “draw on the knowledge of agents outside of the organization...” (p. 201). This translates into the individual possessing a greater cache of knowledge which, can therefore, translate their role into a learning agent for the organization. Whether this is an internal agent or an external agent, working side by side with other members of the team will build a stronger partnership, thus strengthening the knowledge base for the organization (Trice & Beyer, 1992). This knowledge base is part of the culture of the organization and thus becomes part of the organizational commitment.

Team building has long been used in organizations as a source of unity and loyalty. These sessions are often fraught with emotion built into the meeting as a means of achieving greater buy-in as well as solidarity. Emotion is used to charge the battery of the organization so that the players can and will go forward with the strategy of being triumphant. Much as sports teams huddle and exclaim their unity toward the goal of winning, organizations have used safety-family days, cook outs, coaching and counseling to reach a goal of not only individual emotional connections but extended family connections as a way of solidifying emotional commitment to the organization and its goals. As the connections to the organization grown from the individual to his family and then back to the organization, so does the emotional commitment.

### **The Individual and Workplace Emotion**

A.R. Hochschild (1983) published *The Managed Heart: Commercialization of Human Feelings*, which took the study of emotion from the sociological perspective from an obscure state into a topic of interest and burgeoning research. By way of his research, the important element that emotions play in organizational surroundings was illuminated. From the sociological standpoint, as well as the research population at large, the publication of this piece has been noted to be one of the pivotal points for modern research in organizational settings with a focus on emotion. Although this research focused on the airline industry, the role of the individual and the roles that they were intended to play were seen as applicable to other careers that involved customer interaction.

Hochschild's (1983) work stimulated the research of many. Rafaeli and Sutton (1987, 1989) and Sutton and Rafaeli (1988) looked at the expression of emotion as a part of the work function as well as the connection between the exhibition of emotion as related to organizational sales. Fisher and Ashkanasy (2000), Ashkanasy et al. (1998), Ashkanasy and Daus (2001), and Fisher (1998a, 1999) focused on emotion and performance; how managers deal with emotion in

the workplace; and what role emotion plays in the individual's work life. Focusing on Hochschild's work, Livley (2007) looked at emotion in the workplace and concluded that this field "is in an ongoing process of maturation" (p. 585). These researchers recommended continued exploration, and suggested that any research in the area of emotion should have some degree of focus on individual accounts in order to bring the richness of the oral narratives to the forefront.

The research of emotions and the documentation of those immediate experiences of individuals are limited (Fox & Spector, 2003). Research that addresses job satisfaction, stress, downsizing and layoffs is also scattered with some references to organizational needs and issues within their text, leaving a weak account of the specifics experienced by individuals and their account of specific emotional reactions (Dunning, 1997; Judge & Bono, 2001; Vahey et al., 2004). There are numerous journal articles that reference individuals' emotions in the workplace, but these are specific to the individual and the specific job. They focus on the specific jobs which hold an emotional component, such as fast food workers, airline personnel, physicians, law enforcement personnel, ministers and funeral home directors, all of whom must present a persona identified with the type of work (Ashton & Humphrey, 1993; Briner, 1996; Cahill, 1999; Dube et al., 2003; Morris & Feldman, 1996). They do not tell the story of specific experiences as told by the individuals who lived them.

Indeed, individuals who experience emotions as a result of personal and/or work life interactions are acknowledged in a variety of categories. At hand is research that addressed the individual and their emotion regulation linked to mental and physical health, which is not a focus of this research (Fox, 2009; Gross & Thompson, 2007; Sapolsky, 2007; Sher & Grekin, 2007). Researchers have focused on anger management, burnout, and jealousy as experienced by individuals (Burns, Quartana & Bruehl, 2007; Bush, Bush & Jennings, 1988). Moral judgments

in individuals, reactions to artifacts, imagination, social awareness, social influences and social sharing have all been connected with emotions; however the research on individual accounts and responses is limited (Casey, 1984; Levine, 2010; Rafaeli, & Vilnai-Yavetz, 2004; Rime, 2009; Salzen, 1998; Tarlow, 2000). And Stets and Turner (2007) looked at the sociological perspective touching basic processes, theories, select emotions and emotions in social life. Others have identified toxic emotions in the workplace and still others have tried to understand emotions at work (Fineman, 2003; Frost, 2003).

### **The Individual and Workplace Emotion Management**

While there are numerous articles that have addressed managing emotion in the workplace, they have focused on organizations (Ashford & Kreiner, 2002; Bierema, 2008; Fineman, 2003; Levine, 2010; Liu & Perrewe, 2005; Miller et al., 2007; Zapf, Seifert, Schmutte, Mertini & Holz, 2001; Zautra, 2003.). As most of this literature focused on the management of emotion from the perspective of the organization, it represents a one-sided view of emotion in the work place. There seems to be an opportunity for addressing the subject of emotion from the standpoint of the individual and his/her experiences which would add to the body of literature.

Indeed, a recent review of current literature in press once again provided a rather unbalanced view of emotion management. Bailey (2010) discussed the impact emotion management has on commerce, specifically in the funeral care industry. Sutton, Mudrey-Camino and Knight (2009) studied teachers' emotions relative to how school administration determined regulation of emotions in the classroom as a tool for classroom management. Jameson et al. (2009) looked at conflict management, comparing mediated and negotiated conflict with specific implications for organizational conflict resolution and found that emotion played a significant part during the mediation process. In each case, the organizational focus takes the forefront.

A first look at the self-management of emotion from the individuals' standpoint can be seen as being addressed by training facilitators (Coon et al., 2003); health and wellness groups (Fraser, Johnson, Ehde & Bishop, 2009); spiritual life groups (Baars, 2003); work productivity (Frost, 2007); self-awareness (Salzen, 1998); and mind-body holistic approaches (Kotelnikov, 2010; Spero, 2010; "Managing Adult Emotion," 2010). Websites offer life-tools, self-help guides, religious and mental health based programs for individuals at a price ("SOS," 2010; "Emotional Problems and Issues," 2005; & "Emotion and State," 2010). Little research has addressed the immediate experience of emotion as detailed by the individuals who experience them (Fox & Spector, 2002). Fox and Spector (2002) noted that the field of individual emotion studies generally has neglected and ignored "immediate experiences" and the related emotion of employees/individuals. They strongly emphasized the need for more such directed research.

The management of emotions by individuals has been tackled by researchers centering on stress and coping (Allahyari, 2003; Mann, 2004). Others have paid close attention to the individual differences in the expression of emotion at the individual level, both positive and negative (Barr, Kahn, & Schneider, 2008; Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Oatley, & Jenkins, 1992; Quebberman & Rozell, 2002). Some have even looked at how the individual negotiates interaction with others, primarily the organization, as part of the emotional management process (Mastebroek, 1999). Specific behaviors, moral judgments, feelings and religion, as well as specific feedback, have been the subject of discussion and comment as they relate to individuals and emotions but with limited particulars regarding self reporting from those being interviewed, and the individual experience not represented (Alcorta, & Sosis, 2005; Baumeister, Vohs, DeWall, & Zhand, 2007; Flower, 1929; Hallett, 2003; Proudfoot, 1977; Woolston, 1902; Zagzekebsk, 2003;).

Emotion management and the regulation of emotions has looked at individual responses as they related to music and literature, pointing out that emotional responses can and often are an immediate and uncontrolled response (Cameron & Nicholls, 1998; Schubert, Casey, 1984; 1996; Howes, 1924; Spychiger, 1995; Sutherland, 2001; Wild, Erb & Bartel, 2001). Advertisers aim at emotional responses from consumers (leRoux, 1999) and hope that the response will be immediate and profitable. Individuals' response to the law, to legal issues, as participants in the legal system, specifically as emotional witnesses, have been reviewed with an eye toward evoking responses from those involved with the idea that emotion will be of benefit for or against the outcome (Barr, Kahn, & Schneider, 2008; Hirschhorn, 1989; Kahan, & Nussbaum, 1996; Maroney, 2006; Wessell, Drevland, Eilersten, & Magnussen, 2006). Emotion management can be both positive and negative. It can be part of specific job requirements, it can be managed by others, or it can be a self regulating tool. Anyway you look at this; the reality is that emotions are part of our daily lives whether at home, at work, or at play.

Recent literature has brought some interesting looks at emotion from individual accounts. Gray (2010) pursued an exploratory qualitative study focused on the emotional labor in health organizations. A focused look at nursing with in-depth interviews on appropriate and inappropriate expression of emotions was the centerpiece. Factored in was contact with patients specific to the gender of the patient and the gender of the nurse. Traditionally, the emotions displayed with nursing emanate from a caring base; however, this can be skewed depending on the nature of the patient and has some basis in stereotypes of male versus female nurses (Gray, 2010). The question then becomes one that regards male nurses and the regulation of their emotions secondary to their gender and what is expected of a male.

Yun (2010) looked at emotion management with service workers and service industry management as they try to find a common ground where the service workers can maintain some

sense of the self while adhering to the demands of management for an official image. Yun (2101) found was that in time the emotional work became a part of “me” and any conflict that might have been at the inception was now diminished. Customer service also played a large part of the emotion management, and when faced with irritable customers, most often the mantra was “grin and bear it”; however, there was some concern for continued employment if the individual service workers chose to confront the individual rather than acquiesce. Thus, emotion management takes on a self-economic interest.

### **The Individual: Emotion and Culture**

Culture has been called the social glue of organizations (Wiener, 1988). Here, the members of the organization gain an identity that helps guide individual behaviors. Behaviors of individuals can be viewed as the actions of the values that define the individual members of the organization. Since values are central to the concept of culture, functional values concern the mode of conduct. Values that are rooted in tradition are often transmitted from one generation of the organization to the next (Wiener, 1988). The social glue is very much a part of the emotional commitment to the organization.

Organizational culture touches on both the individual as well as the group experiences (Harris, 1994). Much of the literature focuses on the organization and its relationship to culture; however, the specifics of how the individual relates to specific organizational culture has been neglected (Fox & Spector, 2002). There are a few who have touched on individuals and culture (Louis, 1980; Miller, 1986; Schein, 1985; Van Maanen, 1976). Although personal accounts are limited, they are rich in information and understanding of the first-hand emotions that individuals experience (Miller, 1986; Van Maanen, 1976). These specific responses that focus on emotion attached to culture can and will garner a wealth of rich, first-hand information for researchers to peruse with an aim at expanding the literature.

When individuals are faced with merger and/or acquisition, there is often a change and that change can, and frequently does, encompass all aspects of the organization and in particular, a loss of culture (Farmer, 1990). Change can run the gamut from the name of the organization, to dress requirements, to official titles of managers, to pay grades and benefits, to logos, methods of radio communication and more. These changes often mark a loss of a specific culture of the organization which was known and had been part of the persona of the individuals who worked there. The demise of what is known and comfortable in organizations, such as these changes, is in fact the old culture morphing into a new culture, bringing its own kind of fear and anxiety for individuals to recognize and face (Armenakis et al., 1999). Organizations strive to involve individuals prior to any major change in an effort to circumvent much of this apprehension and to pave the way for the introduction and assimilation of the new culture.

One way organizations attempt to bypass the angst of culture loss is by involving individuals in team building programs as a way of building on the solidarity of groups for the good of the organization. It is hoped that this solidarity will be a base on which the organization can tap into individual emotions (Salas, Rozell, Mullen, & Driskell, 1999). Political parties have counted on the emotional connection of their members for continued support and to rally those who are on the fringe (Malhotra & Kuo, 2009). Religious organizations use rousing sermons that evoke an emotional response as a way of encouraging participation and support. Athletic supporters can be seen across universities and with national leagues displaying emotional support at events. Emotions have a way of making their way into every aspect of our daily lives (Nabi, 2003).

Additionally, those same organizations that promote a specific culture as a way of identification with an exact group, political party, religious affiliation, sports team, collegiate school, etc. have neglected to address the emotional aspect of the loss of culture at the individual

level. The individual who identifies with a specific culture often times becomes shaped by that culture through an emotional commitment. That emotional commitment then becomes synonymous with the individual's self identification.

Individuals have a variety of connections to culture. The culture can be the specific industry in which they work. It can be the sports team that they identify with and support, or the religious denomination to which they belong. Individuals belong to social clubs and professional associations. Each one of these organizations has a specific culture. Indeed, as Schein (2004) defined culture for organizations: "A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way you perceive, think, and feel in relation to those problems," so do individuals identify with their specific group, whether they are formal or informal. Individuals may have specific associations such as belonging to the Mustang Club of America; being a musician, being a scientist, or a computer geek. Each has a connection to their specific association and part of that connection is based in some emotional connection specific to that culture.

Indeed, within the Railway industry, culture is huge. There is the culture of being a railway worker, an industry that is so specific that there are a wide variety of references that denote the railway. Terms that have meaning to the general population take on a different connotation in the railway industry. Railroaders have a shared history from the Golden Spike that joined the east and the west of the United States and to the Day of Two Noons, where railway clocks across the United States were set to the four standard times (Eastern, Central, Mountain, and Pacific) each one hour apart. The United States Government soon followed this practice as an "orderly way of reckoning time." Interestingly the railroad instituted this move without government laws of any kind, and it was not until 35 years later that the Standard Time Act was

initiated (American Association of Railroads, 2003). These facts are just some of the things that individuals look to as a shared history and this history is more often than not charged with emotions (Schein, 1999).

Culture identification in the individual is filled with emotion (Schein, 1999). Individuals who identify with their organization’s culture are often those employees who go the extra mile. They exhibit high levels of contentment and job satisfaction. They are seen as motivated and engaged which translates into outstanding work performance. These individuals are also often the peer-responders who are there to offer guidance and mentoring to fellow employees who are struggling either personally or professionally (Brown, 2003; Gibson, Tesone, & Buchalski, 2000). Music about the railroad, specific vernacular and specialized facts regarding individual carriers all add to the cultural identification of individuals who work in the railway transportation industry. Table 1 provides a look at those cultural icons unique to the railroad and indicative of a cultural connection to the industry.

**Table 1. Railroad Cultural Icons**

Railroad Songs	Railroad Jargon	Railroad Factoids
Midnight Special	Knuckle (equipment)	Longest railway bridge of steel and concrete in the US is the Huey P. Long Bridge in Louisiana  BNSF moves enough sugar to make more than 3 million batches of cookies a year  CSX moves a ton of freight 436 miles on a single gallon of fuel.
City of New Orleans	Frog (equipment)	
Take the A Train	Piggy Back (bulk container shipping)	
I heard that Lonesome Whistle Blow	Pumpkins (Heritage I and II color of BNSF RR Engines)	
Midnight Train to Memphis	Golden Spike (spike that joined the Union Pacific with the Central Pacific Railway)	
	Grip (bag with clothing)	
	Bad Order (tag indicating defective equipment)	

### **The Individual: Emotion and Change**

Individuals experience change every day. Their emotional reaction to that change and what it means to them when it impacts their specific culture has not been discussed in detail in the literature. Most of the literature designed to address emotion has been directed toward organizations and/or management. The emotional experiences that surface as a result of organizational change has had as its primary focus how change impacts the organization, management and leadership. Stress and fear are the main negative reactions noted in organizational change, but these too focus on the impact on the organization and not on the impact on the individual. The focus on unwanted and undesirable negative reactions to change has been noted by Cartwright and Cooper (1994). Mergers are especially difficult emotional experiences for individuals, as they create uncertainty, anxiety, insecurity, stress and feelings of loss. These emotional reactions to the change can translate into dysfunctional behavior, a major concern of organizations undergoing change (Kiefer, 2002). How individuals adapt should focus on both sides as it impacts both workplace and home life.

Individuals who adapt a positive attitude toward any organizational change process demonstrate solidarity with the organization. As noted previously, Kiefer (2002) concluded that emotion was an integral part of individual adaptation and motivation. Fisher (2000) suggested that emotions have a more pronounced influence on behavior in particular work settings, even more so than job attitudes or even job satisfaction. Thus, individuals who focus on the positive influences that the organizational change will have on their daily lives, both at work and at home, will adapt at an earlier time and can have an impact on those who are still vacillating. This positive attitude is then translated in positive behavior both at work and at home.

Individuals who view the change process as negative and survive the change, often demonstrate this negativity by way of emotions marked with personal issues of anger, loss of

trust, and the fear of job loss (Markus & Kitaymia, 2003; Raftery & Bizer, 2009). Brockner and Wiesenfeld (1993) refer to this as the “*emotional effects of layoffs on survivors*” (p.122).

Surviving individuals can feel threatened with risk that there will be additional employees who will be lost. Emotional reactions in the form of abrupt and inappropriate behavior by employees have been noted by Kiefer (2002). Additionally, Piderit (2002) found that resistance to change was expressed in *irrational emotion* by individuals. Reiss (1995), however, pointed out that people fear change in general and oppose it by way of resistance. He suggested that this translated into an emotional barrier where the individual employs negativity in order to prevent any understanding as opposed to rational debate. Negative emotions become dysfunctional and the experience of the change is seen as an emotional quandary (Kiefer, 2002).

Gleik (1987) has suggested a method by which individuals can listen to the change message that will address emotions and emotional reactions. He begins with self-efficacy as a means to build confidence in a group’s ability to successfully implement the change. During the organizational change, when it is perceived as a stressful time, the self-efficacy is low and presents as a negative cyclical relationship. It is at these times that individuals will see themselves with personal deficiencies and magnify the severity and difficulty of this self-perceived deficiency to the change (Beck, 1996; Meichenbaum, 1977). Bandura (1992) noted that at times of self-doubt and worry, stress impairs performance by creating a preoccupation with personal ineffectiveness. The result is that doubt consumes the worker and that doubt has an emotional component (Berneth, 2004).

In order to address self-doubt and worry, Gleik (1987) addressed principal support as a means by which organizational members will be committed to the successful implementation of the change. The mere mention of change can evoke an emotional reaction for the most part in people. For those employees who have experienced organizational change in the past, they draw

from those experiences and react accordingly. However, for those who have never experienced an organizational change, the ensuing emotions that accompany this transformation are deemed as peculiar and out of the ordinary. Often these individuals look to other employees for predictability in relationships, dependable and consistent job functions as a means of dealing with the emotions they are experiencing (Gleik, 1987).

Following in that vein, Selfridge and Sololid (1995) discussed change as the iceberg phenomenon. They concluded that personal views, interpersonal relationships, norms, trust, risk-taking, values and emotions need to be addressed. Without looking at each individual facet, you may not be able to see the whole iceberg and not deal with the organizational change in total and with success. In order to address organizational change successfully, Awbrey (2004) pointed out that organizations are not just operations but rather have deep meaning for those individuals who inhabit them. As Selfridge and Solid (1995) suggested looking at each individual facet, Awbrey (2004) goes on to focus on the meaning change has for its individual members in an effort to point out how organizations can successfully implement change. When individual facets are not taken into account, any change process will be less than effective and smooth for both the organization and for the individuals who work for the business.

The change process typically has been viewed through the organizational lens. However, a unique look at managing those changes from a psychological process was developed by William Bridges (1991). Bridges outlined his theory of transitions, which included a psychological process, an emotional reaction, and personal reactions. He discussed how people change and the stages that each must pass through in order to complete the cycle (Bridges, 1991). In his book, *Managing Transitions: Making the Most of Change*, he outlined his theory of transition in stages: the ending, the neutral zone, and the beginning. Change or transition begins with the ending, where Bridges stated feelings such as anger, betrayal, sadness and resistance,

the signs of grieving are common. These feelings, in actuality, are emotions being expressed by those who are affected by the transition. In the ending stage the individual is afraid of the loss and letting go.

The second stage of Bridges' (1991) transition process is the neutral zone or wilderness. Bridges likens it "to being caught between the old ways and the new ways and neither works" (p. 34). Here the individual vacillates in a kind of emotional wilderness, where it is unclear who you were or what is real (Bridges, 1991). This is a time of personal struggle marked with fear and ambivalence and a time when individuals feel lost. Personal reflection and questions abound with confusion as well as lack of trust. The answers are not readily apparent nor are they easily answered. Bridges (1991) suggested that there are three main reasons why it is important for understanding this emotional wilderness period. First, if you don't expect it and understand why it is there, you're likely to try to rush through it and get discouraged when you find that you cannot do so. You may mistakenly conclude that the confusion you feel is a sign that there is something wrong with you. Next, you may be frightened in this no-man's-land and try to escape. To abandon the situation is to abort the transition, both personally and organizationally and to jeopardize the actual change. Finally, if you escape prematurely from the neutral zone, you'll not only compromise the change but also lose a great opportunity for growth. Painful though it often is, the neutral zone is the individual's and the organization's best chance for creativity, renewal, and development.

The final stage of the Bridges change model is called the beginnings. Here, Bridges feels that the beginnings follow the timing of the mind as well as the heart (Bridges, 1991). Beginnings can and often do reactivate some of the old anxieties, while at the same time establishing once and for all that the ending was indeed real. Old memories, old emotions, and old ways are reviewed, but the focus is now on the new. Consistency, which can aid in quick

success, is one way of symbolizing the new identity and celebrating the new success. Often, rites and ceremonies can assist in this stage. They can be very powerful sources that endorse the change message. The new beginning emphasizes the role of letting go of the past as a way of adoption and institutionalization of the change (Bridges, 1991). The new beginning sanctions the ending and heralds the new. However, feelings of excitement, anxiety, and learning are at the emotional stage with vision and commitment being the central issues facing the individual (Bridges, 1991). Bridges (1991) speaks directly to organizations as well as to organizational members when he points out that the emotional impact that occurs with change should be addressed beforehand so the organization and its members are not in chaos. He reminds us all that it is in actuality the people who carry out the change, so there should be interest and concern in how they fare through times of transition.

There are other change models that address emotion as part of the change process. Reynolds (1994) is one of those whose model for change in the workplace includes four stages of change: denial, resistance, exploration and commitment. Reynolds noted that during the first phase of the transition, employees demonstrate emotions of anger, tension and feelings of chaos at work. He recommended open communication from employee to management and back. As with Bridges (1991), Reynolds (1991) asserted that trust is a key element in the change process. He insisted that when addressed early on, it can and will be an important means by which buy-in and vision are embraced by both management and employees alike. Reynolds further suggested that institutional readiness to change can be related to the resistance experienced during the change effort. Once employees are beyond the denial and resistance phases, often times, a burst of energy can be seen and the activity that ensues can be felt among all of the members (Keup, 2001). A buy-in by the members involved in the transformational change is tantamount to an

emotional commitment. This positive emotional commitment is one way to ensure a smooth transitional change process.

### **Summary**

The study of emotions has enjoyed a revitalized interest. Emotion has become the theme of a vast collection of inquiry in the social and behavioral sciences, as well as business management and particularly in the study of organizations. As discussed in earlier sections of this chapter, a cursory review of the literature on emotion suggested that fields ranging from music (Carr, 2004; Howes, 1924) and the gaming industry (Andrade & Ho, 2009; Finlay, Marmurek, Kanetkar & Londerville, 2010; Lio & Rudy, 2009) to psychology (Awbrey, 2004; Bierema, 2008; Bridges, 2003; Woods, 2010) and travel (Woosman & Norman, 2010; Wulff, 2007) have taken up the difficult job of making sense of human affective response and communication. As with these disciplines, the literature on organizational change and the emotional responses of workers to such change has grown (Kiefer, 2002; Liu, 2005; & Vince, 1996). The focus then and the focus today remain spotlighted on the organization, with minimal attention to the individual. Indeed, organizations have enjoyed the benefit of inquiry specific to those emotions that may complicate the workplace, address the individual's judgment while at work, and/or keep the individual functioning while at work, all based in organizational needs (Ashkanasy, Zerbe, & Hartel, 2002; Brown, 1974; Minter & Thomas, 2000). Others have paid specific attention to emotions as they relate to the organization and have been addressed with emphasis on knowledge management, communication, sharing, and culture as a process of emotional management (Henrick, 1999; Kundas, 1989; Liao et al., 2007).

Today, emotions are being considered as being dedicated communication to oneself or others. Those emotions are then seen as signals that indicate intentions or changes of intentions (Oatley, 1992). There are those who see them as a mental state (Brown, 2003), a process (Frijda,

1986), or a response to an external event (Oatley, 1992). Some research has focused on emotion and organizational behavior, emotion and training, emotion and management, management of emotion, and emotion and change (Bierema, 2008; Blau, 2006; Ferris, Munyon, Basik, & Buckley 2008; Fineman ,2003; Levine, 2010; Liu & Perrewe, 2005; Miller et al., 2007; Pearce, 2007; Riggio & Lee, 2007; Stinchcomb & Ordaz, 2007; Zapf, Seifert, Schmutte, Mertini & Holz, 2001; Zautra, 2003 ). However, the vast majority of this literature framed the research from the organizational viewpoint, with little directly reported from immediate experiences of those individuals who experience the changes first hand (Fineman, 2004; Fox & Spector, 2002; Miller et al., 2007).

Recalling the different lenses through which emotion has been studied one can see the many opportunities for additional inquiry: Emotional labor; Emotional work; Emotion with work; Emotion at work; and Emotion towards work. Emotional labor is what Hochschild (1983) considered those superficial emotions as required of the job, such as theme-park personnel. Emotional work relates to those individuals who must deal not with only their emotions but those of the individuals they deal with daily, such as physicians, teachers, ministers, and funeral home personnel. Emotion at work hones in on those emotions experienced by individuals related to their interactions with fellow workers as well as direct supervisors. Emotion at work is specific to those connections that individuals have with other workers, such as friends, spouses, parents, union members, and sports fans. Finally, emotion toward work, which lends its focus on job satisfaction and job burnout, has enjoyed the majority of attention by researchers leading the field in specific inquiry regarding emotion at work.

There is some overlap of these categories, and individuals will, as a matter of life's changes, experience any one or combination of emotion during their employment. As noted earlier in this chapter, research denoting change, emotions, and culture has historically had more

attention at the organizational level. However, it is the sudden and unintended change process that finds limited attention from the individuals' viewpoint that is being considered with this research (Bond & Bunce, 2003; George & Jones, 2001). Kalleberg (2000) noted that employment today has become 'nonstandard' in that there are part-time, temporary, contract, and independent contract workers along side organizational employees, suggesting that any understanding of these nonstandard work arrangements is hindered by a lack of definition and a definite lack of research. As work perceptions morph, so do the results of both voluntary and involuntary job change (van der Velde, 1995). Turnbull (2002) addressed the planned and unintended emotions that result from organizational change and suggested that complex organizational change is worthy of additional research. At the same time, the unintended change, a response to a change instituted by the organization where the response from the employees was unanticipated, also bears further review.

Drawing on the body of literature and some recent works, there has been nominal research focusing on the individuality of workplace emotion and the individuality of responses (Fox & Spector, 2003; Miller et al., 2007). The research on emotions and the documentation of those immediate experiences of individuals have been limited and necessitate further attention (Fox & Spector, 2003). Muchinsky (2000) has implored researchers to take an active look into the field of emotions in the workplace. Turnbull (2002) has combined a look at both the planned and unintended emotions that result from a corporate change process. While there has been some attempt at addressing unintended outcomes or unintended consequences from organizational change, the emphasis continues to focus through a management lens (Balogun & Johnson, 2005; Jian, 2007). There remains an opportunity to bridge the gap between the research which focuses on unintended change and the perceived emotional effects of individuals from the organizational standpoint toward individual lived experiences (Fox & Spector, 2003; Miller et al., 2007). This

research has answered those calls for further inquiry with a specific and detailed account of an unintended change by a group of Medical Case Managers and the perceived emotional effects noted as a result of the unintended change they experienced. By way of individual accounts, the focus was aimed at identifying the individual emotions marked by personal issues of anger, loss of trust, and the fear of job loss (Markus & Kitaymia, 2003; Raftery & Bizer, 2009). A detailed look at the lived experiences in the spring of 2003 post unintended change as well as in the fall of 2010 post unintended change, demonstrated the timelines of the transition process as denoted by personal accounts from the two separate interviews. Finally, the knowledge generated from this study will help researchers garner insight into the emotions experienced by individuals due to a forced or involuntary change. Further research may offer additional insights into individual responses to unintended change. What was learned with this research is expected to offer sociologists, psychologist, career counselors, and human resource personnel new insight into individual emotional reactions when faced with unintended change.

## **CHAPTER 3**

### **METHODOLOGY**

#### **Introduction and Overview**

Emotion, in particular the study of emotion in the workplace, has enjoyed a revival and renewed interest. Literature focusing on emotion suggests that fields ranging from music (Carr, 2004) and the gaming industry (Andrade & Ho, 2009) to psychology (Bridges, 2003) and travel (Woosman & Norman, 2010) have taken to task the difficult job of making sense of human affective response and communication. As with these disciplines, the literature on organizational change and the emotional responses of workers to such change has grown rapidly. The focus then and the focus today remain spotlighted on the organization, with minimal attention to individual's account of their experiences (Barnett, & Carroll, 1995; Bartunek, Rosseau, Rudolph, & DePalma, 2006; George, & Jones, 2001). The general consensus is that emotion researchers have just scratched the surface of a variety of diverse topics. As these topics are investigated, the world of academia will see a corresponding wealth of publications and possible theories in the future literature that will address emotion and individual lived experiences (Fineman, 2004; Fox & Spector, 2002; Miller, et al., 2007).

This chapter will focus on the lived experiences of seven Medical Case Managers (MCMs) who changed from working for a Class I Railway (referred to as Railway) as “consultants” to becoming “employees” of a managed health care company in order to maintain their current employment and career path. By way of an employment determination completed by the United States Railroad Retirement Board, regarding two Class I Railways (Southern Pacific Transportation Company and the CSX Railroad), their “consultants” were deemed to be employees of the carrier. This determination then presented the Railway with a dilemma, a potential liability. These board rulings spurred Railway to remove this threat by having the

“consultants” become “employees” of a Managed Health Care Company (MHCC) whose medical case management software had been contracted for the Railway’s use with both work related medical cases and non-work related medical cases. This unintended change from “consultant” to “employee” of the MHCC was burdened with emotions. By way of qualitative inquiry, this research will focus on the in-depth telephonic interviews completed in the spring of 2003 post unintended change, and again in the fall of 2010 post unintended change. The ability to not only conduct the interviews a second time, but to have the participants available is seldom accomplished in qualitative research. This offers a comparison of the interviews at the two time-frames in an effort to convey the lived experiences and the individuality of responses of this unique group of individuals while looking for any significant differences (Fox & Spector, 2003; Muchinsky, 2000).

The purpose of this study was to describe the lived experience of a group of specialized MCMs who were working for a Class I Railway. The MCMs were working as “consultants” but were strongly encouraged to become “employees” of an outside company in order to maintain the same career path. The implied alternative by the Railway was move on to employment or quit. The research study follows the path of the transition from initial interviews as part of a scholarly research project completed in 2003 and to a follow up interview in 2010 where the initial guiding questions were readdressed and attention was focused on current career path by way of additional career-focused questions, with special attention to what, if any, perceived emotional effects guided current decisions. This research presented for review by researchers and academia describes the immediate experiences of these MCMS over a span of time, as well as offers insights into career paths from ending to transition to beginning noting the unintended change and the perceived emotional effects. The main research questions were:

1. What were the immediate perceived emotional experiences of a group of Medical Case Managers who were part of an unintended change from ending to transition to beginning?
2. How did the perceived emotional effects of this group of Medical Case Managers affect their current career path?

### **Phenomenology: A Qualitative Framework**

Qualitative research can be used to interpret or assign meaning to phenomenon (Merriam, 1991). In Merriam's (1991) review of qualitative research, she pointed to six assumptions and suggested her support for each as follows: First, outcome is not the focus in a qualitative research project. The lens is on the process. In this study, the fundamental spotlight is on the lived experiences of unintended change in the workplace. Second, the individuals who are at the center of the research project are interviewed to capture the individual meanings and how they deal with and make sense of what they experienced (Merriam, 1991). For that reason, the individuals who were interviewed for this project were those who had first-hand knowledge of unintended change in the workplace. Third, the researcher is the principal instrument for the data collection and analysis (Merriam, 1991). The responsibility of the interviews, the data collection and the subsequent analysis fell to me. Fourth, fieldwork is normally a part of qualitative research (Merriam, 1991). In this instance, I went with what was the natural setting for these Medical Case Managers, and that was telephonic interviews. Fifth, qualitative research is descriptive in nature. Narrative responses were used to provide a representation of experiences of the Medical Case Managers. Lastly, the sixth assumption is that qualitative research is inductive (Merriam, 1991). The research project that I undertook lent itself to the phenomenology method of inquiry. My aim was to gather from a unique group of individuals, their lived experiences of an unintended change and their perceived emotional effects during that process. The lived

experiences were explored and systemized using this technique. Eatough and Smith (2006) stated that as researchers address the “characterization of first-order emotions” it is “more typically the domain of phenomenology...” (p. 484).

Phenomenology has become a staple as a methodological tool in social science research, especially in the nursing arena. A quick review of journal articles from 1990 to 2007 produced in excess of several hundred articles using phenomenology in the medical-related occupations. As phenomenology is based in inductive descriptive research, the focus on the human phenomena fits with research that has as its base a discipline based on the human experience (Groenewald, 2004). Reaching individuals through their individual lived experiences brings forth individual perceptions of the experience (van Manen, 2007). Employing a descriptive methodology for this study in its uniqueness allows for a first time look at this phenomenon.

From the inception of this project at the 2003 scholarly research project, the framework was qualitative in design. It began with a desire to obtain from a group of individuals their lived experiences as only they could articulate. And although qualitative research can be “messy,” it can also be quite rich with detailed accounts of occurrences that researchers are privileged to study by way of detailed interviews (Chi, 1997). From the 2003 project, an idea unfolded for a second interview with seven of the original ten MCMs. Miller and Friensen (1982) have noted that so much of research is noncumulative, and there is indeed a need for research to act as a “foundation where growth of knowledge can then become a hallmark” (p. 1013). This offered a rare opportunity to revisit the original interviews, to ask the same questions at a different time frame, and to determine the current career path and how the unintended change affected that choice. The phenomenological researcher’s goals were to capture the lived experiences of the MCMs at two separate time frames, to find meaning in those individual accounts that may or

may not be apparent to those who experienced them, and to describe the phenomenon by way of combined narrative.

Understanding the essence of the experience was the focus of the phenomenological approach in this qualitative research. The aim was to describe the essence of the lived experience drawing from philosophy, psychology, sociology, as well as education, most often for a group of individuals who have had a shared experience. The primary data collection was in the setting of the 2003 interviews and the 2010 interviews. The analysis of the data then took on a specialized center of attention focused on finding any significant declarations, meaning or repetition of words or sayings, content and structural images. Finally, unfolding the essence of the lived experiences in an effort to bring detailed descriptions to the themes and meaning of the phenomenon was undertaken (Finlay, 2009; Moustakas, 1994).

The phenomenological approach was selected for this research because it allowed for the lived experiences of a group of MCMs who experienced an involuntary change in work status in order to maintain their same profession and career path to be studied. It was unique in that the MCMs did not actually change their profession, nor was this a case of downsizing or outsourcing, but a rather uncanny change from being “consultants” of a large railway company, to “employees” of a managed care service company, working the occupation, work load, geographic location(s), with the exact same title. From this group came their lived “stories” as well as the perceived emotional effects of the unintended change. This inquiry allowed a glance at their raw feelings; the lived experiences they voiced as they progressed through the process as opposed to some insights into how they actually fared through the change; the turmoil experienced by this group; and finally, how the unintended change process affected their current career path.

There are several processes to data analysis in descriptive phenomenology, which all suggested that the researcher must “suspend their past experience, knowledge of predication of the experience” (Holloway & Wheeler, 1996, p. 180). These approaches to the data analysis in a phenomenology study vary in the number of procedural steps as well as some minor differing thoughts. For example, Giorgi (1985) has four steps in the data analysis process and places emphasis on experimental psychology, while van Manen’s (1990) approach aimed at both the "description of the lived-through quality of lived experience and the description of meaning of the expressions of lived experience" while using six procedural steps (p. 25). Much like Giorgi (1985), van Manen (1990), van Kamp (1959), and Moustakas (1994), Colaizzi (1978) based his data analysis process in the realm of psychology.

**Table 2. Colaizzi’s Seven Steps of Phenomenological Analysis**

<b>Phenomenological Analysis Colaizzi’s Seven Step Method</b>	<b>Coding Steps, Grouping and Analysis</b>
The researcher views the collected data and becomes familiar with it. Through this process they gain a feeling for the subject’s inherent meanings.	Personal Log Coding (Interview) Inherent Meaning Coding (Interview)
The researcher returns to the data and focuses on those aspects that are seen as most important to the phenomena being studied. From this data they extract significant statements.	Identification of Important Statements Coding (Interviews)
The researcher takes each significant statement and formulates meaning in the context of the subject’s own words.	Analytical Log Coding (Interview)
The meanings from a number of interviews are grouped or organized in a cluster of themes. This step reveals common patterns or trends in the data.	Scheme Grouping (Interview) Theme Identification (Entire dataset)
A detailed, analytic description is compiled of the subject’s feelings and ideas on each theme: exhaustive description.	Analytical Log Grouping (Interview) Final Categorization (Entire dataset)
The researcher identifies the fundamental structure for each exhaustive description.	Key Feature Grouping (Interview) Final Categorization (Entire dataset)
The findings are taken back to the subjects who check to see if the researcher has omitted anything: member check.	Post interview follow up

Colaizzi (1978) had as his center Husserl's (1939) "returning to the things themselves" as a means of understanding the phenomena. Colaizzi (1978) further based his process in what he calls "being-in-the-world." His statement "to believe that my experience doesn't count amounts to believing that my existence doesn't count" was the correct fit for this research (Colaizzi, 1978, p.52). One emphasis in Colaizzi's method is aimed at the interpretive stance of finding the meanings in what the participants say and what they mean. The verbatim interviews are read and reread for sarcasm, jargon, and unique phrases. Coupled with this are the audio recordings of the interviews which can shed light by way of tone of voice, emotion, or long pauses. For these reasons, Colaizzi's (1978) method of data analysis was chosen for this research. The goal of this research was to describe the lived experiences of seven MCMs that were part of an unintended change process and detail their personal accounts of their perceived emotional effects due to the unintended change. Patton (2002) has suggested that a phenomenology study can have as its focus emotions, culture, relationships, jobs, programs, etc. This research had a combination of these topics which are interconnected. So as to thoroughly detail this research, Colaizzi's (1978) method of data analysis, which used in-depth, lengthy interviews, allowed the researcher the opportunity of gathering rich verbal data for synthesis was. Additionally, the researcher complied with Pole's (1999) recommendation that the researcher must identify the best research design for their field of study. Fletcher's (2004) analysis and coding chart which demonstrates Colaizzi's steps and the corresponding coding steps, grouping and analysis is shown in Table 2.

### **Stance as a Researcher**

Sideman (1991) suggested that in order for researchers to be successful, they must identify the *source of their interest*. Acknowledging any connection allows the researcher to minimize any misrepresentation. He further noted that an autobiographical section explaining this connection is seen as "crucial for those interested in in-depth interviewing" (Sideman, 1991,

p. 25). With this in mind, I will provide a history of this research idea and process along with the passion which drove the researcher to follow this path with an open mind allowing the individuals to tell their stories (Miller et al., 2007). My work has and is a passion and as a Medical Case Manager, I felt that I was the person who could bring life to the individual experiences by way of my knowledge of the individual field of work and the specific organization.

I have been a Medical Case Manager specializing in working with the railroad for over thirty-two years. I was one of the consultants in the original determination by the United States Railroad Retirement Board concerning the Southern Pacific Transportation Company, where the United States Railroad Retirement Board determined that the “nurse consultants” were in reality employees of that railroad transportation company. When I interviewed with the Railway, I brought my former association with the Southern Pacific Transportation Company to their attention as their were ongoing legal issues with far reaching consequences. Knowing this, the Railway hired me as a “consultant” and thus began my association with the MCMs. I have known these individuals for fourteen years. Interestingly, this unintended change did not affect me in the same way as it did this group as I had been through something so very similar with the Southern Pacific Transportation Company when it was bought by Union Pacific Railroad. Most of the MCMs’ positions held with the Southern Pacific Transportation Company were abolished by the Union Pacific. Having been through this process in my career, I felt like I was poised to offer these individuals a method by which to tell their story, put their history in perspective, and that if I did not, then their individual stories would be lost as were the stories of the “nurse consultants” from the Southern Pacific Transportation Company. I felt that rather than a hindrance, I was indeed an asset because of the many years of railroad association. I possessed the knowledge, skills, and abilities to understand their connection with the Railway and an

understanding of the unintended change that they experienced and the perceived emotional effects that lingered.

Emotion is a significant reality in everyday life, while the role of emotion as part of the actual research process has received limited attention (Dickson-Swift, James, Kippen & Liamputtong, 2009; Hubbard, Brackett-Milburn & Kemmer, 1999). Having traveled through a nonstandard employment relationship with the Southern Pacific Transportation Company and having experienced the subsequent unintended change by Union Pacific Railroad, I felt that this presented an opportunity to present the lived experiences of this group of MCMs by someone who was familiar with the industry in which they worked. Being able to offer them a venue in which to express the emotions that surrounded the unintended change was both an opportunity and a privilege. Benjamin (1988) suggested that emotions can indicate how one perceives the world around him. Ezzy (2010) stated that he believes that emotions are essential in qualitative interviewing and elicits a “performance” touched with emotion by the researcher in order to draw out a richness of data that only emotion can produce. This research enabled me to demonstrate how a unique group of individuals who were part of an unintended change process perceived the world around them. The perceptions discovered in this research were charged with emotions, they were the perceived emotional effects that resonated with the MCMs. They punctuated the change process and provided a unique look at the transition process. Lastly, it gave some insight into career paths that were touched by the emotions of the unintended change that moved the MCMs on professionally.

There were several aspects that influenced this instrumentation.

- What is the purpose of the study?
- Is there a body of information already known or can this add to the body of literature?

- Is your sample handy; will you have enough time; could some other extenuating issue limit the capability of the researcher?
- Is there any outside influence that might compromise the gathering of data?

The purpose was clearly to describe the lived experiences of this group of Medical Case Managers as they traveled the path of an unintended change in the workplace. This research is indeed unique as it addressed a change that is not part of the norm, such as downsizing or corporate take-over, but rather nonstandard employment that became a significant career experience. The sample was indeed handy, in that these individuals were still known to me and although they resided in the North American Hemisphere, they were not local to this researcher, so some challenges were present, but were easily addressed. A challenge that this researcher faced was honoring the confidentiality that began with the 2003 project and continued with the 2010 interviews. There were concerns on the part of most of these individuals that should they be recognized, current employment might be impacted in a negative manner. This important piece, full confidentiality, was assured to each individual, allowing the individuals to open their hearts and give full disclosure regarding the unintended change, the perceived emotional effects, and the impact on career paths. The previous questions from the 2003 interviews had been addressed individually. However, the initial request was made to the group collectively via a conference bridge phone line. After the Medical Case Managers agreed to participate, the researcher began the development of individualized interview schedules that included specific timelines, contact numbers, journal entries, and audio-taped recordings. Although time consuming, the research from the 2003 interviews produced a quantity of raw data gathered via field notes and verbatim interviews that was truly invaluable (Devers & Frankel, 2000; Rubin & Rubin, 2005; Patton, 1990). These processes were followed for the 2010 interviews except for the initial contacts asking for participation accomplished via email.

I saw this as an opportunity where the body of information captured an accurate accounting of this story which contributed to qualitative interviewing and analysis. As a researcher who traveled a similar path, I was very aware of the sensitivity of the subject matter as well as how each individual interviewed felt about the topic based on the 2003 interviews. I took steps to make the individual feel comfortable and emotionally safe, while knowing that at the same time, I had to be ready to “conduct the interview whenever the opportunity presented itself” (Schulman-Green, McCorkle, & Bradley, 2009, p. 93). It was my obligation to draw out from the participants the story that gave life to this project. The results are refined concepts that offer an innovative view. The literature has called the researcher” the lens through which the data is viewed;” “the instrument through which the music is heard;” however, a specialized focus here is the passion of this researcher for this project and “the emotionalism that surrounds interviews” with these MCMs (Green, et al., 2009, p. 90).

Good field research is not just about taking copious notes but rather about the relationships that were established that allowed for the unexpected (Barley, 1990). As a researcher, I was open to candid reflections that allowed for additional reflection and analysis. I became a student and learned from the candid reflections of the MCMs. In the end, I used my knowledge, skills and abilities as a researcher as well as my own experience as a MCM to resolve that which was important, ethical, inclusive and truthful as the answers in the interview process (Rubin & Rubin, 2005). The end result provided interviews that were agonizingly honest and sometimes painful. They were filled with emotion both acknowledged by the individual and sometimes denied in an effort to deny the emotions. However, in the end, the stated feeling of catharsis at the end of the 2010 interviews by each participating MCM was the confirmation that their stories were indeed told to their satisfaction. .

### **Selection of Participants**

The sample for this research is a purposeful sample as it was in the 2003 scholarly research project. Ten Medical Case Managers participated in the scholarly research project in 2003. The number participating in the 2010 interview process was seven. Two of the original ten MCMs retired shortly after the first interview, and the third original participant, the researcher, was removed after careful consideration and in consultation with her major professor. There is no magic number of individuals in qualitative research (Munhall, 1994). Creswell (1998) has suggested that in phenomenology research, the number ten is adequate. However, Colaizzi (1978) has recommended that the number of individuals in qualitative research can be any range, but in particular a smaller sample size seems a more manageable fit when using the lens of phenomenology.

Gathering qualitative information opened up a unique set of complex issues. Specifically targeting individuals who experienced the involuntary change as well as focusing on the group as a whole provided a unique undertaking as these MCMs all worked from virtual offices (Fineman, 2003; Peshkin, 1988; Robinson & Robinson, 2005). These offices were located across the United States in differing locations and time zones. The gathering of this data by way of this purposeful sample, offered the researcher an exceptional glance into the individuals' immediate responses, as well as the group response to the involuntary change of employers with an aim of possible theory and/or concept development (Devers & Frankel, 2000). The size of the group was small in comparison to other scientific studies and other larger sampling groups'; however, what this did present was an in-depth quality to the data for synthesis (Bowen, 2005).

Although some call interviews and verbal explanations "messy," there was no better way of gathering the wealth of first-hand information than from the unique group of individuals who experienced unintended change in the workplace (Chi, 1997). Oral narration has long been a

benchmark in history for the telling of events and occurrences. This research allowed for oral narration that provided the lived experiences of a group of MCMs as they encountered and endured an unintended change in the workplace. As Lincoln and Guba (1985) pointed out, often the researcher must place value on the opportunity of gathering maximum information over sample size. The results of this project confirmed that quality of the information obtained from the individual interviews was indeed more prized than quantity of the participants.

### **Preparation for Study**

The seven remaining Medical Case Managers were contacted individually via email. The 2003 scholarly research project in which they participated was revisited. A request was made in the email requesting if they would consider participating in a second interview as part of this research study. The project was discussed in detail in the email, allowing the participants to become familiar with the focus of the research and what it would entail, which allowed them some time to think about whether or not they wanted to participate. Confidentiality was promised to the participants as this was the condition of the first interview in 2003. Additionally, there was a concern that each individual might be recognized, no identifying demographic information was collected.

Within several days of sending out the email requests for participation in the project, all of the former MCMs replied via email with an agreement to take an active role in this research project. A thank you was sent back immediately offering sincere appreciation for their willingness to take their time in an effort to bring about their lived experiences of the unintended change in the workplace. A second request was sent to each individual asking for date ranges to fit in with their individual work and leisure schedules. Upon receipt, a timeline was constructed and email messages were sent out to each individual with a firm date and time for the telephonic interview. As the replies came back via email, a calendar was set up via Microsoft Outlook

Express® and interview times were confirmed via this invitation method. The dates and times when confirmed, were then placed on the researcher's calendar and the participants' calendar as a reminder. Telephone numbers were obtained for the date of the interview and it was agreed that the researcher would make the call to each participant. Prior to the interviews, the folders from the 2003 scholarly research project were reviewed. These contained the verbatim transcribed interviews along with personal hand written notes of the researcher. Blank copies of the original guiding questions were placed in each file along with copies of the email messages, telephone numbers, and calendar. Informed consent documents were mailed out to each individual with a self addressed stamped envelope for ease of returning. One consent form was sent overnight to an individual outside of the United States of America, and it was confirmed with Louisiana State University that this individual could sign the form and send back a scanned copy via email. This was printed and placed in their folder, as were the other informed consent forms.

The participants were told that the interviews would again be audio-taped for use in verbatim transcription. They were assigned the original numbers from the 2003 scholarly project. Although the audio-taped interviews from the 2003 project were no longer available, the verbatim transcriptions were along with detailed field notes in their original folders in a personal filing cabinet. The 2010 audio-taped interviews and verbatim transcriptions were added to the individual file on each participant. Safety measures were taken in advance to ensure that the individuals did not interpret the interview of 2010 in a negative light.

### **Method of Verification**

Creswell (1998) suggested that verification takes place throughout the research process, to include the data collection, the data analysis, and the final summary. He further suggested that in order to check the "accuracy of the findings" the researcher should employ one of more

methods available to meet this check (Creswell, 2002). In order to meet that challenge, the following methods of verification were engaged: self-reflection, research diary, thick descriptions by way of the individuals own words, and member check.

Beginning with self-reflection, Creswell (1998) recommended that “the researcher comments on past experiences, biases, prejudices, and orientations that have shaped the interpretation and approach to the study” (p. 202). By way of this suggestion, a research diary was kept that supported Lincoln and Guba’s (1985) reflexive journal that allowed me to keep a detailed account of the methodological choices and the corresponding reasoning, the time line of the study and a personal reflection of what was happening at the time. There were times when keeping my emotions separated from those of the MCMs involved a challenge, but I was on guard toward this bias and remained focused on the data.

I used thick descriptions as another strategy to communicate the findings (Creswell, 2002). My aim was to have readers not only see but feel the emotional responses of the individuals. Creswell (2002) suggested that this method has a way of transporting the reader in an effort to gain “shared experiences.” This required detailed accounts of the lived experiences of the MCMs, while digging deep into my own understanding of the experience as an asset to communicate the significant statements and formulated meaning in the context of the MCMs’ own terms. This method was noted by consternation on my part, however, in the end, the portrayal was in context.

I used “member checks” to determine the accuracy of the qualitative findings. By presenting the final thematic clusters and fundamental descriptions to the MCMs, it offered each individual participant to either agree or disagree with the findings (Creswell, 2002). Interestingly, this is Colaizzi’s final step in his data analysis method. Lincoln and Guba (1985) as well have suggested that this is considered to be “the most crucial technique for establishing

credibility” (p. 314). This step offers the participants a chance to comment on possible omissions, inconsistencies or errors. Member check also offered the participants the opportunity to view their input in context with the completed research study, which allowed them to see how their participation was indeed a significant contribution in the research project. Finally, this offered each one the ability to make comments and to add to their previous involvement. This task was done first by email with the verbatim interviews returned to them for comment and notations, which was also done during the 2003 scholarly research project. Once those were returned, a follow up phone call was made to ensure there was nothing further that they wanted to add or subtract, and then to offer sincere appreciation for their forthright dialogue and thank them for their participation. Each one was promised the link to the final document once it was completed.

Lincoln and Guba (1985) recommended to researchers that “prolonged engagement is the investment of sufficient time to achieve certain purposes: learning the ‘culture,’ testing for misinformation introduced by distortions, either of the self or the respondents, and building trust” (p. 301). Having had a long association with the seven MCMs was the starting point for me. During the 2003 scholarly research project, my twenty-five years of experience unique to the Railway gave me both credibility and faith in my understanding of the disability management process as well as the special distinctiveness of the Railway. Trust was established by way of the 2003 interview, and I believe that based on this, the participation was both forthcoming and far-reaching.

Finding someone who can review your research and ask questions about this phenomenology study was imperative in the verification strategy. I used Analyst Triangulation as a means to review findings. My major professor, Dr. Krisanna Machtmes and Dr. Sean Huss, University of Arkansas Professor of Sociology, both assisted in the process of alerting me to

possible blind spots in the interpretive analysis, as well as looking at the data from multiple perspectives. The interview process itself was part of the validation process. I was able to not only read the interviews verbatim repeatedly, but I was able to hear the inflection placed on the MCMs' words. The emotionality that surfaced individually was more similar than dissimilar. Although each participant was a unique individual, the common ground was the reaction to the event and the bonding that the experience brought to them as a group.

### Establishing Trustworthiness

Lincoln and Guba (1985) pointed out that establishing trustworthiness in qualitative research is imperative. McConnell (2008) said that “intimacy and warmth toward one’s research participants represents, in general, a natural phenomenon” (p. 63). In order to address this, several methods were used in order to establish credibility for this research project. Four techniques were chosen to address this: peer debriefing, cross checks, participant checks, and prolonged engagement.

Peer debriefing, noted as a practice for placing your findings to your peers by Lincoln and Guba (1985), offered both an opportunity to develop and test the design of this research with input from other researchers. The researcher benefited by this process in that it offered searching questions for thoughtful consideration. The researcher’s major professor, Dr. Krisanna Machtmes, assisted in this purpose as did Dr. Sean Huss, University of Arkansas Professor of Sociology. Additionally, the researcher had a doctoral student with some knowledge of this venture review this project. Research methods and outcomes were reviewed repeatedly to explore biases, scrutinize meanings, and elucidate interpretations. These three individuals allowed me to share my way of thinking with the caveat that they would point out any cloudy data analysis. These contributions were invaluable in that when the subject is close to the heart of the researcher there is always the tendency to under explain.

Cross checks were employed as another approach of establishing credibility. The point of cross checks is to locate inconsistencies in the individuals' accounts (Taylor & Bogdan, 1984). This was accomplished in two ways. Both at the 2003 scholarly research project and again at the 2010 interview, special attention was paid to listening for conflicting outlooks about the unintended change. If there were any inconsistencies, the researcher clarified this within the same interview. Next, the verbatim interviews were reviewed after each interview with special attention focused on the capture of any inconsistencies. There is always the possibility of participants' reporting differently for similar events. Participants in telephonic interviews often think out loud in an effort for self clarification as well as an effort to be at their best. This was not the case in this data. It was obvious that these individuals stepped forward in an effort to be "honest, open, and upfront about their feelings and experiences" (McConnell, 2008).

Participant checking was employed to check verbal observations, interpretations and analysis with each individual participant (Lincoln & Guba, 1985). Both at the 2003 scholarly project and again at the 2010 interview, the verbatim interviews were sent back to the individuals for review and comment. This was done with the intent of allowing each participant to either agree or disagree with what was transcribed; to decide if their views were precisely understood and portrayed; and as an additional basis for trust with the researcher. Each individual returned their transcript with minimal edits, none affecting the content of the interview. Interestingly, each participant noted after the 2010 interview that they indeed felt that this "finally" put an "end" to the "chaotic time" in their lives. Leininger (1985) contends that when the researcher verifies, clarifies, and confirms the data by way of participant checks it contributes to the believability of the findings.

As previously noted, I had worked in the railway industry as a Medical Case Manager for over thirty years. I had also completed the 2003 scholarly research project under the guidance of

Dr. Elwood Holton III, Professor of Human Resource Development and Executive Director of the Center for Leadership Development at Louisiana State University. I had known the research participants since October of 1996. Being oriented with the unintended change allowed the context to be appreciated and understood. Prolonged engagement by way of having sufficient time in the field to learn or understand the culture, social setting, or phenomenon of interest was met.

### **Data Collection**

The day of the scheduled interview, the researcher cleared the whole day for focus on the interview, the transcription process, and review of the data. The microcassette was checked before the call. Additional cassettes were available as were batteries. The original transcription from 2003 was available for review as was a log that denoted emotion words identified when listening to the audio tapes. The tapes themselves from 2003 were not available. A blank 2003 guiding questions form was printed for notes at this current interview (2010) and to write any thoughts or to revisit a question for clarification. A blank 2010 career path inquiry was also printed to use in conjunction with the follow-up questions that dealt with career path, which allowed for copious notes. The career path inquiry was developed in conjunction with Dr. Krisanna Machtmes, Assistant Professor School of Human Resource Education and Workforce Development Louisiana State University, for the purpose of determining where the Medical Case Managers were at this point in time and to ascertain how the unintended change may have guided their current career path. The main research questions were:

1. What were the immediate perceived emotional experiences of a group of Medical Case Managers who were part of an unintended change from ending to transition to beginning?
2. How did the perceived emotional effects of this group of Medical Case Managers affect their current career path?

The original guiding questions were used from the 2003 interview with the following subset interview questions, which focused on current career path:

2. Can you describe what the time period was from when you first began to think about leaving the Managed Health Care Company and when you actually left for another job? What were your feelings?
3. Can you describe the company where you currently work?
4. Can you describe the type of work you do at present?
5. How would you describe the work you did in the past at Managed Health Care Company to the work you are currently doing?
5. Can you describe the primary reasons that influenced your decision to leave Managed Health Care Company for your present position?
6. How would you describe your career move with respect to the following: (Please describe) The career move was influenced by any and/or all of the following and why:
  - a. Different work environment
  - b. Personal training and educational level
  - c. Personal skills, knowledge and abilities
  - d. Suggestion from family or friends
  - e. Personal knowledge about career market
  - f. Personal financial and economic concerns
  - g. Career choice influenced by own background (specific career)
  - h. Easy access to a new career of choice
  - i. Lack of access to other career options
  - j. Quality of life associated with the career of choice
  - k. Flexibility associated with the career of choice
  - l. Autonomy associated with the career of choice
  - m. Development opportunities associated with the career of choice
  - n. Promotion opportunities associated with the career of choice
  - o. Training and education opportunities in the career of choice
  - p. Superior financial rewards in the career of choice

A final probing question was asked: Do you think that this career move was motivated by chance, luck, and/or faith? And why? This inquiry was completed with the aim of obtaining from these individuals how the unintended change influenced their current career paths.

As noted previously, each participant responded favorably regarding participation. An invitation via Microsoft Outlook Express® was sent to each one so that the time and date would be placed on their calendars for an in-depth phone interview. That reminder popped up the day of the interview. Face-to-face interviewing was not an option due to the geographical locations of the MCMs in the Northern America hemisphere. Since the MCMs are all well versed in telephonic medical case management, this forum is both familiar and comfortable for them and the researcher. Telephonic inquiries have been used in research methodology for many years (Falthzkik, 1972).

The MCMS were offered a time and date convenient to their respective schedules. Demographic information such as age, gender, marital status and ethnic background was not asked, nor were such specifics regarding career profession, i.e. nurse, vocational counselor to assure confidentiality. Confidentiality was discussed at length with all participants. They agreed to inclusion in the research project based on being able to maintain privacy. The MCMs were all concerned over any recognition by former or current employers. The individual participants were told that they would be assigned the same number used in the scholarly research paper in 2003. An informed consent was mailed to each before their scheduled interview. Upon receipt of the informed consent via mail, the consent forms were placed in a folder for review. One consent form was returned from out of the country via scanned email and was approved by Louisiana State University. The participants were advised that not only field notes would be taken, but an audio taping would be used as well. All were in agreement and the interviews were scheduled. Only one interview had to be rescheduled due to a family emergency.

The data interview began with a briefing of what would take place during the interview process. Each participant was encouraged to ask questions and provide any feedback or concerns. All questions were addressed and these for the most part centered again on continued confidentiality. The researcher began with describing the aims of the study and allowing the participant to again commit to the process. A brief outline as to the value of certain questions was explained, without asking the specific question. The preeminent approach to increasing participation and truthfulness is by increasing the participants' understanding of the study and the importance of their role (Flory & Emanuel, 2004). The participants were reminded how much their lived experiences meant during the 2003 scholarly project and how much their input would add to the current interview and subsequently the total project. Each participant expressed a desire to complete the cycle and honestly shared with the researcher their feelings, thoughts, and ideology.

Transcription of the field notes was read and rewritten for clarification immediately after the interview. Transcription of the recorded data was completed the day of the interview which was considered accomplished in a timely manner. Both the field notes and the transcriptions along with the tape recordings were kept in individual folders with the number corresponding to the participant on the file. The 2010 responses to the original guiding questions from the 2003 scholarly research project were reviewed and compared for both consistency and differentiation. The questions about career path were used to determine what if any effect the perceived emotional effects of the unintended change had on the decision to leave the MHCC for other vocational opportunities.

As previously noted, the interview process employed was a qualitative interview. Lincoln and Guba (1985) suggested that the process be fluid in that the researcher can "follow up promising leads or return to earlier points that seem to require fuller development..." (p. 270).

Patience and skill on the part of the researcher during this process is significant (Creswell, 1998). Listening skills are vital, as is silence (Marshall & Rossman, 1999; Munhall, 1994). Ultimately, the researcher must not just hear the words, but must be attuned to the “totality of his being and the entirety of his personality” (Colaizzi, 1978, p. 64). The product of this inquiry was the lived experiences of this group of MCMs as they traveled the path of an unintended change in the workplace.

### **Insights from 2003 Scholarly Research Project**

In the spring of 2003, a scholarly research project was completed as part of a graduate class. The course was entitled “Managing Change in Organizational Systems.” During the lecture, a handout was presented to the students with instructions to complete and return at the next class period. This handout was a worksheet entitled “Experiencing Transitions.” It was from this worksheet that the idea for the study came about. The worksheet developed by Dr. Elwood Holton, III (2003) asked the following questions:

1. Recall an experience you have had (personal or professional) when you were forced to make a change that you didn’t want to make. That is, think of something that you did not want to end, but did end. Describe that change.
2. Think back to the period of time before it ended and answer the following: How did you feel about yourself and your abilities? Describe your relationship with others during this time period. How did you feel physically?
3. Now think about the time period immediately after it ended and the change began. Describe your initial response to the change. How did you feel? What were your thoughts? How did you react? What do you recall as being the toughest things to give up or let go of?
4. After some time (days, weeks, and years) had passed, your response had probably changed some. Describe how things changed and how you felt at that point.

5. At some point you probably found yourself either getting comfortable with or accepting the results of the change. What prompted your change of perspective? What were your thoughts or feelings at that time? How did your life change then?
6. How did the change turn out? Was it good, bad, or a mixture? How do you feel about the change now?

From this assignment, came the idea for the 2003 scholarly class project. This idea was discussed at length with Dr. Holton, who agreed that this was a project worthy of inquiry. There was no research at that time that addressed unintended change in the workplace, nor were there any specific references to perceived emotional effects from an unintended change from individual participants' point of view. The research was designed to draw out from the group of Medical Case Managers a verbalization of the perceived emotional reactions they experienced as a result of the change. Additionally, it focused on documentation of any physical reactions as noted by the individuals during the change process. With these goals in mind, the original class questions were revised for specific meaning for the MCMs. These were reviewed and refined in conjunction with my professor of the graduate course. The interview questions for the 2003 scholarly project were:

1. How long have you done case management specific to the railway industry?
2. How long have you done case management specific to this railway?
3. How did you first hear about the proposed change from consultant-worker to employee of health care company? What feeling did you experience? Was there any physical reaction to this, please explain.
4. When introduced to the health care company (at the first meeting to discuss the unintended change and how it would take place), what were your feelings and emotions? Was there any physical reaction to this, please explain?
5. As the unintended change proceeded, describe your feelings about yourself. Your abilities; your self esteem; your relationship with others; your personal time away from work; and what did you note upon return to work?

6. Once the unintended change became permanent, when did you feel that the change had ended?
7. When you look back at the unintended change, how would you describe your reaction to the change? Feelings? Emotions? Physical Reactions/ Response?
8. What do you recall as the hardest things you had to give up and let go of during the change period? Once the change occurred and you let go, what if anything changed for or about you?
9. At some point, you probably found that you were either accepting the results of the change or getting more comfortable with the change. Can you identify what prompted that change? Can you describe your thoughts and feelings at that time? Can you describe how your life changed?
10. In the end, what do you think about the unintended change? Worse, Better or Mixture? How do you feel about the unintended change today?

At the end of each interview, one probing question was asked: During this interview process, would you describe emotions that surfaced and/or any physical reactions you may have experienced as you relived this experience? I believe that this initial study set the tone with respect to continued trust and participation of the MCMs. By way of comparison of the interviews from both 2003 and 2010, conclusions were noted that provided insight into the unintended change process; to the transition process as verbally noted by the participants but whose emotionally connected responses painted a different view; and to how that process affected their career paths.

### **Data Analysis**

William Bridges (1991) change model allowed a specialized look at the psychological aspect of the unintended change in the workplace, specifically a look at the transition process and the emotional effects as noted by the MCMs. This will be discussed in detail in Chapter Four. However, what it did not allow was for the detailed analysis that provided the reader with a deeper understanding of the unintended change as well as how the perceived emotional effects

influenced future vocational decisions. In order to further this understanding, I elected to use Colaizzi's (1978) seven steps of phenomenology analysis for this research project. As noted in an earlier chapter, there are several processes to data analysis in descriptive phenomenology. Each of these approaches to the data analysis in a phenomenology study varies in the number of procedural steps as well as some minor differing thoughts. For example, Giorgi (1985) has four steps in the data analysis process and places emphasis on experimental psychology, while van Manen's (1990) approach aims at both the "description of the lived-through quality of lived experience and the description of meaning of the expressions of lived experience" while using six procedural steps (p. 25). Much like Giorgi (1985), van Manen (1990), van Kamp (1959), and Moustakas (1994), Colaizzi (1978) based his data analysis process in the realm of psychology. Colaizzi (1978) has as his center Husserl's (1939) "returning to the things themselves" as a means of understanding the phenomena. Colaizzi (1978) further bases his process in what he calls "being-in-the-world." His statement "to believe that my experience doesn't count amounts to believing that my existence doesn't count" (Colaizzi, 1978, p.52) was the correct fit for this research. One emphasis in Colaizzi's method is aimed at the interpretive stance of finding the meanings in what the participants say and what the data reflects as what they meant. For these reasons, Colaizzi's (1978) method of data analysis was chosen for this research (Sanders, 2003).

The goal of this research was to describe the lived experiences of seven Medical Case Managers that were part of an unintended change process and detail their personal accounts of their perceived emotional effects due to the unintended change. Patton (2002) has suggested that a phenomenology study can have as its focus emotions, culture, relationships, jobs, programs, etc. This research has a combination of these topics that are interconnected. So as to thoroughly detail this research, Colaizzi's (1978) method of data analysis which used in-depth, lengthy interviews allowed the researcher the opportunity of gathering rich verbal data for synthesis and

thus complying with Pole's (1999) recommendation that the researcher must identify the best research design for their field of study.

The interviews with the MCMs were conducted telephonically. They were recorded via audio-tape and then transcribed verbatim. The data analysis model employed was Colaizzi's (1978) seven steps of phenomenology analysis. As mentioned earlier in this chapter, there are indeed several methods of data analysis in a qualitative phenomenology research project (Giorgi, 1985; Moustakas, 1994; Van Kamp, 1959; van Manen, 1990). Each one has identifiable focuses that were used to gauge its appropriateness for this research. Some offered few realms of inquiry while others lacked the focus of the specific lived experience. Colaizzi's (1978) statement "to believe that my experience doesn't count amounts to believing that my existence doesn't count" was a point that set him apart and seemed to resonate with the lived experienced of the MCMs (Colaizzi, 1978, p.52). Interestingly, highlighted in Colaizzi's method is the interpretive stance of finding the meanings in what the participants say and in what they mean. For these reasons, Colaizzi's (1978) method of data analysis was chosen for this research. With that in mind, the goal of this research was to describe the lived experiences of seven MCMs that were part of an unintended change process and detail their personal accounts of their perceived emotional effects due to the unintended change. The data was analyzed per the Colaizzi's (1978) method with clear outcomes and some surprises. As Patton (2002) has suggested, a phenomenology study can have as its focus on emotions, culture, relationships, jobs, programs, etc. This research has a combination of these topics which are interconnected. This detail in the research of interconnectivity of phenomena added to the certainty that the Colaizzi's (1978) method of data analysis was appropriate as it used in-depth, lengthy interviews as a means of allowing the researcher the opportunity to gather rich verbal data for synthesis. Pole (1999) recommended

that the researcher must identify the best research design for their field of study; Colaizzi's method fit the detailed analysis of the 2003 and 2010 interviews.

Beginning with his first step, where the researcher reviews the collected data to become familiar with the data in order to gain a feeling for the participants' inherent meanings, both the 2003 and 2010 interviews were read and reread from the verbatim transcriptions with the aim of making sense out of the quantity of statements and to acquire a feel for each description (Colaizzi, 1978). Additionally, the audio-taped cases from the 2010 interview were listened to for insight and inflection. Although the 2003 tapes were no longer available, the original notes and log were available for review with the notated comments from the researcher with inherent meanings in the margins.

The data was again reviewed with special attention placed on those characteristics that were noted as being most significant to the phenomena being considered. From several reviews of this data, the significant statements were extracted. These were then coded as being of importance and noted as such. From these statements, the researcher then reviewed and synthesized the formulated meanings in the context of the individuals' expressions. This task is labor intensive and often there is an inclination to note the comments as having two meanings. The audio-taped recordings from 2010, as well as the 2003 log, were instrumental in refining the significant statements thus discovering and identifying the single, formulated meaning. Fletcher (2004) suggested that participants "use of sarcasm, jargon, economy of phrase and the expression of strong emotions can alter the meanings of the verbatim transcriptions" p. 21).

The meanings were then reviewed from the 2003 and 2010 interview for both similarities and possible outliers. These were then grouped and organized into thematic clusters. A theme in data suggests a common pattern or trend. Once these themes are identified, the researcher can then begin a detailed, analytic description of the participants' feelings and ideas on each theme.

However, during this phase the clusters were pared down into specific themes, which were coded with the formulated meaning coupled to it. The aim in this step was to collapse the data into individual themes without losing any of the richness of the data, without losing the phenomena being analyzed.

Patton (1990) suggested that an exhaustive description goes far and above the trivial and mundane. He points out that an exhaustive description must communicate the “voice, feelings, actions, and meanings” of the participants (p. 3). Developing a statement that is the unequivocal statement of the essential structure of the each theme that comprises the participants’ feeling and ideas is the exhaustive description process (Colaizzi 1978). Once completed, the fundamental structure for each exhaustive description is then identified (Colaizzi, 1978). These findings are then taken back to the participants for a member check (Colaizzi, 1978). Member Check is the last step in the Colaizzi (1978) method of data analysis, which aims to answer the question: “What aspects of your experience have I omitted?” (Colaizzi, 1978, p. 62). This offers the participants the opportunity of agreeing with, suggesting other themes, or bringing forth additional insights, while being acknowledged for their participation and contributions to the research project.

### **Summary**

The purpose of this qualitative phenomenological study using the Colaizzi Method (1978) of data analysis was to describe the perceived emotional effects of the seven Medical Case Managers who changed from “consultants” of the Railway to “employees” of the Managed Health Care Company, in order to maintain current employment within their chosen field as Medical Case Managers specializing in telephonic case management for injured railway employees. This research also aimed to describe in detail their personal account of the immediate experiences and their perceived emotional effects, from in-depth interviews from a scholarly

research project in 2003 and again at the 2010 time frame. Attention was paid to the transition period in an effort to detail the essence of this transition period and determine if it followed William Bridges' (1980) psychological model of transition and change. Finally, it focused on what, if any, lingering emotions might have affected the current career path since the unintended change, and to allow the immediate experiences of these individuals to be heard by way of the richness of their own individual story.

## **CHAPTER 4**

### **RESEARCH FINDINGS**

The purpose of this study is to describe the lived experience of a group of specialized Medical Case Managers who were working for a Class I Railway. The MCMs were working as “consultants” for the Class I Railway, and in order to maintain their same career path, had to become “employees” of a Managed Health Care Company that was awarded a contract to the Railway Medical Department to provide case management software and the services of medical case management. This came about as a result of two determinations by the United States Railroad Retirement Board, where the “nurse consultants” of two Class I Railroads providing similar medical case management services for those organizations were found to be employees of the two carriers. Interestingly, the MCMs working for the Railway had numerous years of association with that organization, with the association years ranging from three to ten years at the time of the unintended change. These individuals were working as MCMs for the Railway providing disability case management. Although they were employed as “consultants,” their identification was with the Railway organization. This study began as a scholarly research project completed in 2003 into the lived experiences of ten MCMs and how they faced and experienced a perceived involuntary or unintended change. Building on the 2003 study, a follow-up research project completed in 2010 with seven of the original ten MCMs was conducted. The MCMs were interviewed in 2010 by using the same guiding questions from the original project. A second group of questions about career decisions following the unintended change were added in an effort to determine how the perceived emotional effects of the change might have influenced their individual career paths. Above and beyond comparing the interviews from the two time frames, an additional desire was to take a look at the verbal transition periods as

denoted by each case manager with the actual themes that would indicate a movement forward. Additionally, what, if any, influence the noted perceived emotional effects of this unintended change might have played in the career paths of these seven MCMs was investigated.

This chapter will begin by looking at the individual participants, who shared their lived experiences of an unintended change in the workplace. These participants were seven very different individuals who lived through a very chaotic time in their lives and were willing to share their individual stories. In order to better understand these individuals, a section introducing the participants is presented. This section provides some general outline to the history of their individual association as a “consultant” for the Railway. Using Williams Bridges’ (1981) model for transition, the participants’ direct comments, as well as the noted emotions during each phase, were discussed and noted. Each participant’s noted emotions were presented in table format for review and comparison. This process, used in the 2003 scholarly research project was the precursor for implementing the study and Colaizzi’s (1978) method of analysis at the 2010 interview was then employed on all of the data collected via the interview processes.

Using Colaizzi’s (1978) method of analysis, the MCMs’ interviews and feelings provided the means for discovering the truth and uncovering the knowledge which provided the essence of the unintended change and the perceived emotional effects of that change in the workplace (Thorne, 2000). By way of that process, this chapter will provide some specific excerpts and portions of actual interviews at both the 2003 and 2010 time frame which establish and advance the lived experiences of the MCMs from their perspectives. Many researchers acknowledge the importance of understanding what happened and how it happened to those engaged in the experience, as well as their understanding of the occurrence (Colaizzi, 1978; Creswell, 1998; Moustakas, 1994; Shumer, 2000). Although thematic clusters were not specifically identified at

the 2003 project, the findings presented in this chapter support that those clusters were indeed present then as well as in the current research project.

### **Brief History and Overview**

In order to better understand some of the frustrations of the Medical Case Managers, I think it is imperative to offer a brief history and overview of the challenges they faced on a daily basis once they became “employees” of the Managed Health Care Company. As noted in the previous chapter, I was involved in one of the United States Railroad Retirement Board determinations when working as a consultant for the Southern Pacific Transportation Company. This information was shared with the MCMs when I began with the Railway in October 1996. However, most did not feel that this would ever have any impact on their long-term association with the Railway, nor did they think that the relationship would ever change. They noted that the Railway had and did consider them integral members of the Railway’s Medical Department, often calling them the “hub” in the wheel. At one gathering of the MCMs with the Railway Medical Department, this illustration was actually shown as a power point presentation to delineate and enhance the importance of the role within the organization, both at a local and organizational level. When the unintended change was presented as a *fait accompli* by the Railway Medical Department, the majority of the MCMs indicated that they were stunned; some were in denial and for me, just another change in the world of railroad disability case management.

Once the Medical Case Managers became “employees” of the Managed Health Care Company, frustration became the name of the game. The MCMs were told by the Railway that they would be getting raises for becoming “employees.” This was promised by the Railway, and the MHCC had to tell them that it was not going to happen. The MHCC then hired a physician and his nurse to “run” this account for them. The physician and his nurse had never worked in

the arena of disability case management specific to the railway industry. Nor did they have any recent first-hand knowledge of what process was instigated by the Railway and how they wanted this continued. The MCMs were secure in the knowledge management that they possessed regarding their profession. They had been in this vocational role for some time. The MCMs were secure in the knowledge of their respective geographic regions and the medical resources in those areas. They had been working successfully with the rank and file employees in those regions, and this was not going to change in the least. Lastly, the MCMs were knowledgeable with regard to the rules and regulations that are indicative of the Railway and for some time had been successfully carrying out the goals of the specific work on a daily basis. They possessed the knowledge and the skill to successfully provide disability case management for the Railway.

The Managed Health Care Company had absolutely no background in railroad disability management. This company's expertise came from the world of state workers' compensation management model. These two are similar in that it is disability case management of injured employees of organizations. Beyond that the differences become widespread with the Railway model being distinctive to a federal statute. For many years, the MHCC kept up a steady effort in trying to tailor the railroad disability management into their workers compensation model. The MCMs were all professionals, some with backgrounds in workers compensation, who knew and voiced their knowledge that the MHCC's workers compensation model was not an appropriate fit for the Railway or its requirements. Additionally, the MHCC did not have at that time the number of remote workers that it enjoys today. In those early days, there were complications with technical support for the computer system, which added to the levels of tension. There were increased work loads that were at the time unmanageable for quality railroad disability management to succeed. And there was little interaction with the home office of the MHCC with the MCMs on any regular basis in those early years. The virtual offices were new to the MHCC

and a normal occurrence to the MCMs. Interestingly you will see in the data that the time spent working as a MCM for the MHCC was actually a transitional period that remained in what I, the researcher called “The Turmoil Cycle” until it was broken by the decision to move on. The MCMs moved from heightened emotions at the unintended change to a stagnant state of ambivalence directed toward the MHCC, which was only broken at the point that they individually chose a new career path.

### **The Participants and the Transition Process**

The unintended change from “consultant” of the Railway to “employee” of the Managed Health Care Company was a major change in the lives of the Medical Case Managers. These individuals were sought out by the Railway from other employment with the goal of having them become “consultant” MCMs for the Railway because they had some experience working with the Railway. This researcher knows that it takes about two years for someone with no railroad experience to learn the nuances and federal rules that govern this transportation entity, which makes these individuals principal nominees for this type of work. The MCMs who made a choice to leave other career paths in order to become disability case managers for specific Railroad Divisions did so because they wanted to expand their career and knowledge as MCMs in this specialized industry. The numbers of individuals who work as MCMs specific to the railway industry are minimal when compared to the number of individuals working for state workers’ compensation agencies. This group is a highly specialized group of case managers within the world of medical case management. When these individuals made the choice to move to the role of disability case management “consultant” for the Railway, the transition process was relatively smooth.

When the change was announced by the Railway notifying the MCMs that they would no longer be working directly for the Railway as “consultants,” they were stunned. Emotions

surfaced that signaled feelings denoting an emotional experience that allowed a look at “what it is like” (Eatough & Smith, 2006). The personal perspective of the detailed look at this experience has offered us the ability to comprehend the feelings experienced by this exceptional group. Although some have suggested that emotions are nothing but red herrings, others have challenged this view with an aim at a component view at the emotion experience (Frijda, 2005; LeDoux, 1998; Marcel, 2002). What came about were the lived experiences of the Medical Case Managers and a detailed account of the perceived emotional effects by way of their stories. These findings will be detailed by way of Colaizzi’s (1978) data analysis in a later section.

Another aspect of this research was to look at the perceived emotional effects of the unintended change in the workplace as noted during the transition process. William Bridges’ (1991) change model focused on the psychological aspect of the change process. His focus and template suggested an ending, which is the change, a neutral zone, which denotes the transition, and a beginning, when the change has been accepted. In most of his writing, the suggestion is the organization has a clearly outlined time frame for change, not so for individuals (Bridges, 1991). The transition process for individuals has been suggested by Bridges and others to be somewhere in the vicinity of one to two years (Bridges, 1981). The 2003 scholarly research project suggested that although some participants voiced a transition and new beginning, the “what they said and what they meant were not always the same” (Patton, 1990). Focusing on the transition period appeared to be the appropriate method to introduce each of the participants and what their transition period actually looked like. It was with this desire in mind that I was able to show in individual tables the perceptions of the MCMs. Using a modified Bridges’ (1981) model, specific statements were noted at the ending stage, the neutral zone stage and the beginning stage. At each of these stages, the specific emotional words were noted to correspond with the actual comments by the MCMs. This offered an insight into the emotions noted at the change as

well as during the transition process, with some surprises in the individual accounts. And it provided a look at the emotions that were noted as they moved from “employees” of the MHCC to new careers.

#### Participant # 1

Participant # 1 was part of the original group of ten Medical Case Managers who were interviewed for a scholarly research paper in 2003. Participant # 1 has been in the world of medical case management for over fifteen years. Although most of that time has been specific to the railway industry, this participant does have a background in medical case management both at the state workers’ compensation level as well as other federal echelons and additional private commerce arenas.

Participant # 1 acknowledged that the first recollection of knowledge of the proposed unintended change from “consultant” of the Railway to “employee” of the MHCC was in early 1999 and that this information was learned from personnel of the medical department of the Railway. At that early point, there were several Requests for Proposals being considered by the Railway, so the times were very disconcerting. Participant # 1 recalled with great emotion a time that was filled with the emotions of anxiety and stress. The period prior to the unintended change was seen as a kind of out-of-body experience. Incredulous was one description of the time. Lack of trust for both the Railway and the MHCC were prevalent. Anger at the Railway was noted by a sense of betrayal. As the transition progressed, feelings of frustration and questioning were widespread. As time went on, noted to be about two years into the change, Participant # 1 indicated feelings of letting go of the past and hope surfaced for the future.

Participant # 1’s decision to move away from the MHCC was based, in part, on the ability to have a vocation that included continued work with injured employees as well as being an employee advocate, disability management. Excitement about moving on with his/her career

path was tinged with some trepidation over what would the new challenges entail and how he/she would meet those tests each day. In the end, the decision to make the change was, in some part, a response to the MCMs being phased out in favor of the Railway Field Managers and an inevitable real loss of work looming on the horizon. Today, Participant # 1 is very happy in his/her new role, confident in his/her ability to master the tasks presented to him/her, and assured that he/she can and will continue to be a patient advocate for those individuals with injuries, a major career goal that was met.

**Table 3. Representation of Participant # 1’s emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 1 SAID</b>	<b>WHAT # 1 SAID</b>	<b>WHAT # 1 SAID</b>
Will I have a job?	No one knows who’s in control.	I was ready to make a choice
How will this affect my job if I do have a job?	Does the Managed Health Care Know what they are doing?	I was ready for a change
Anger at the Railway for lying to us.	The rules forever changing with the Managed Health Care Co.	It was an opportunity to learn
How could the Railway treat us so?	I fear for this program continuing.	
What will happen to my family?	I have faith in my ability to do the job, but not in the MHC Company to recognize the fact.	
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Anger	Fear	Anxiety
Insecurity	Frustration	Letting Go
Lack of Trust	Questioning	Learning
Betrayal	Lack of Trust	Hope
Stressful		

Participant # 2

Participant # 2 was a member of the group of ten Medical Case Managers interviewed in 2003. Participant # 2 had been in the world of medical case management for almost ten years.

And like many of his/her fellow MCMs had some background in both state workers' compensation medical case management as well as several areas of federal medical case management and private arenas that add to his/her knowledge, skills and abilities.

**Table 4. Representation of Participant # 2's emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 2 SAID</b>	<b>WHAT # 2 SAID</b>	<b>WHAT # 2 SAID</b>
Will I have a job?	The MHC Co. does not know what the MCMs really do in this system.	I needed to do something different
Anger at the Railway for lying to all of the MCMs.	The MHC Co. seems to be ever changing, trying to fit us	I was afraid to make the move, but I did.
Disbelief that the Railway was so cavalier in their attitude toward the MCMs, who they lauded as the center of their process.	It was forever changing, MHC Co scrambling to fix things.	It was an available opportunity right in front of me.
What will happen to my family?	I just felt like I had to accept the way things were	
I lost faith in the Railway		
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Anxiety	Anger	Hope
Stress	Frustration	Letting Go
Fear	No control	
Lack of Trust	Questioning	
Betrayal	Lack of Trust	

Participant # 2 also learned of the “unintended change” from a member of the Railway’s Medical Department. At first there was fear of the unknown. Questions about having a job were shortly followed with feelings of anxiety and stress. Participant # 2 “tried to keep an open mind,” but as time went along, feelings of betrayal and anger with the Railway for lying were noted. Although the feelings of betrayal and anger that were expressed were also noted by the other MCMs, this particular MCM did so with much less fervor at both the 2003 interview as well as the 2010 interview.

As the unintended change came about and Participant # 2 became an employee of the MHCC, there was some relief at having a job. There did not seem to be the depth of emotion during the previous interview (2003) or the current interview (2010) as exhibited by the other MCMs. Participant # 2 acknowledged that there were other vocational opportunities available for them should this not work out, so this may have been the basis for the lessened emotional expression. However, there was some frustration noted with the MHCC in that there was little recognition of how arduous the job of providing disability case management services for the Railway was or the continued first-hand demands that the Railway made on the MCMs. It has been noted by all of the participants that the MHCC did not know or fully comprehend the specialized demands of the Railway prior to being awarded the contract for disability case management services.

Participant # 2 was always looking for other opportunities once the unintended change took place. When it became evident that the Railway was swapping the MCM positions for Railway Field Managers, the look at employment prospects became serious and much more focused. Once the decision was made to leave the MHCC, Participant # 2 expressed some anxiety over another change, but this time it was tempered with hope and excitement. Once the move was actually made, relief and comfort were noted and it continues today as indicated in the 2010 interview. Interestingly, the move was precipitated by a feeling that the MCM position would soon be gone. The move was also made independently of any family member or friend. It offered an opportunity to continue the use of the skills as a MCM, as well as offering additional opportunities for education and skill enhancements. Quality of life issues were explored during this time and both flexibility and autonomy played some part in the decision to change and in the particular career path.

### Participant # 3

Participant # 3 was a member of the original ten Medical Case Managers interviewed in 2003. This participant, too, has a background that is steeped in telephonic medical case management. Many of those years of working with not only railway workers but also with individuals' injured in the state workers' compensation field, individuals' injured while working for some other federal entity, and individuals' injured while working in the private sector. Participant #3 was also an individual with a variety of skills and abilities that were transferable into a variety of career paths.

Participant # 3 met this interview with feelings of dread. Time was spent in allowing the individual to just talk until a comfortable place in time was reached and Participant # 3 felt at ease. Recalling the past was not a pleasant experience for this individual. Feelings of anxiety and stress were noted at both interviews. Anger was also noted and this was directed toward the Railway in both interviews. A running theme was that the participants were convinced that the Managed Health Care Company did not have any clue what was really expected of them. The MHCC was coming from a state workers' compensation background. Frustration was noted by this participant when he/she noted that the people, who were in a supervisory role, did not have the Railway Case Management experience to speak to the daily problems and issues that the MCMs faced.

As the unintended change moved forward, there was very real questioning of one's ability to do the job and some feelings about individual self esteem noted by the Participant # 3. "Am I good enough?" was one of the doubts that seemed to be of uppermost concern. In the end, this time of turmoil was kept close to the breast and this individual carried this burden alone. Participant # 3 did not feel open to verbalizing this time with others. On occasion, there was

some discussion with other MCMs going through the same process, but absolutely no sharing with family or friends was made and this weight was carried alone.

**Table 5. Representation of Participant # 3’s emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 3 SAID</b>	<b>WHAT # 3 SAID</b>	<b>WHAT # 3 SAID</b>
How could the Railway treat us this way?	! I didn’t want to let go of the old style of case management	I just needed a change, something different
Anger at the Railway for lying to all of the MCMs.	Do they (MHC Co) realize that I am doing a good job?	It’s not like I was looking for a job, but I was ready to do something different
The new company does not understand what we do for the Railway.	They (MHC Co) doesn’t get that this is NOT Workers Comp!	You make a job change voluntarily, you always question
Why do things change?	When will the next shoe drop!	I was so ready to move on
Will I have a job?		
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Betrayal	Frustration	Learning
Anger	Questioning	Letting Go
Anxiety	Sense of Dread / Doom	Hope
Nervous	Irritable	
	Distracted	

At the point that a career path change was considered, Participant # 3 felt it was overdue. Burnout was mentioned and the relief noted in the conversation at making the decision to move away from the MHCC was palpable. Dissatisfaction was noted by Participant # 3 in the times between the 2003 interview and the time before the career path change was actually made. When the occasion for a shift presented itself, the decision to move on was noted an easy one by this individual. This decision was made alone, without family or friend or counsel. The new career path allowed Participant # 3 to use those skills that were honed by being a MCM for the Railway and the MHCC in a similar disability management venue. This individual felt that the skills, knowledge and abilities possessed were a natural transition into the next phase of their vocational

world. This new world offers some creative opportunities as well as educational choices that will continue to enhance the chosen career path. Happiness and hope were very real expressions during the interview about the current career path.

#### Participant # 4

Participant # 4 participated in the 2003 interview that was part of a graduate class assignment. This participant was also a seasoned telephonic Medical Case Manager. There was no concern about the interview process, and the participant was eager to provide his/her thoughts and feelings concerning the unintended change, the perceived emotional effects, and what effect, if any, touched the career path taken to date. This MCM also possessed the knowledge, skills and abilities to provide disability medical case management services telephonically.

Participant # 4 was somewhat reserved at the beginning of both the interview in 2003 and again in 2010. However, once some gentle guiding questions were asked, the narrative flowed, naturally, and, at some point, painfully sincere. Betrayal and anger seemed to be at the base of the feelings concerning the unintended change and those feelings were focused on the Railway. Feelings of dread at meeting the MHCC continued into the employee's early association and subsequent employment with the MHCC. Frustration at the MHCC's inability "to know what they were getting into," not knowing what medical case management for the Railway entailed, and facing changes that seemed to appear daily were noted many times. There was a real sense of agitation when listening Participant # 4 as he/she conveyed his/her feelings and emotions of this turbulent time in his/her life.

Participant # 4 pointed out what most of the MCMs felt and opined, which was that the MCMs possessed the depth of specific disability case management knowledge that the MHCC needed in order to fulfill their contract with the Railway. However, Participant # 4 acknowledged that he/she withheld information as a method of ensuring that he/she would continue to be

needed and not replaced with a clerical unit by the MHCC, which was a model they used with a state workers' compensation account. Anger at the Railway turned to anger at the MHCC. That anger later became a type of endurance that was tolerated until the chance for a career move appeared.

**Table 6. Representation of Participant # 4's emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 4 SAID</b>	<b>WHAT # 4 SAID</b>	<b>WHAT # 4 SAID</b>
The Railway told us we were going to be fine and then they dumped us.	I was sick that I was going to be working for somebody who didn't have a clue.	I wanted to put the this time behind me
Were we going to have a job?	What was this going to do to my standing?	I am at peace with my new career
It was a humiliating experience.	The pressure to conform to the MHC Co and still do the work that the Railway expected was tremendous.	I am treated with respect
The Railway lied to us over and over.	The MHC Co just waltzed in and sucked up all of our knowledge, while treating us like step-children.	
I didn't know if I was going to fit this new program.	Why couldn't they (MHC Co) get the picture?	
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Betrayal	Fear	Anxiety
Anxiety	Questioning	Relief
Insecurity	Stress	Tolerate
Anger	Anger	
Confusion	Frustration	

There were times, during the beginning of the unintended change, when Participant # 4 questioned his/her ability to do the job, not because of his/her past performance, but because there was little to no feedback from the MHCC, except in the form of a continuous change in the work product. During this time, Participant # 4 held this conflict close to the vest not sharing with friends or family. "I was alone, like on an island." Participant # 4 concluded that there was

never any comfortable time associated with his/her work as an employee of the MHCC. There was some relief noted at becoming an employee, at having benefits, but the actual work was no longer “fun” as it had been in the days when this participant and others identified themselves with the Railway. Participant # 4 demonstrated elements of grief when speaking of that time.

As time progressed, Participant # 4 began looking for jobs that were available in the medical case management arena away from the MHCC. This exploration took place, but not with a serious intent until the swapping of a Medical Case Management position for a Railway Field Manager position was announced. It was at this point that serious inquiries began and when a prospect became available, the decision to move on was made. Participant #4 made the decision to move on in his/her career path, but this time it was viewed as a time of hope and excitement. It was letting go of the past and all of those feelings that were still in place since the unintended change had begun in 1999.

The catalyst to move on was “to put the unintended change behind me.” With that in mind, “I made the decision to continue in the field of medical case management” where their skills were looked upon with superior satisfaction. The career choice was based solely on Participant # 4’s decision making. “It offered a quality of life that was acceptable to me.” Participant # 4 said that the career move offered flexibility and autonomy. Additionally, it offered the ability to learn new and exciting programs that would enhance “my career path.” “This was absolutely the right move for me.”

#### Participant # 5

Participant # 5 had over twelve years of medical case management, the majority of it being specific to the railway industry. Although there were other years not counted in the twelve that were spent in specific case management at the state, other federal levels, and private concerns, it was not specifically telephonic in nature, but rather a combination of methods.

However, the dozen years spent specifically with the railway industry sharpened the skills, knowledge and ability of this participant as a telephonic Medical Case Manager with keen listening abilities.

Participant # 5 was also very angry with the Railway. The tone of voice was such that this researcher felt the coldness that this individual was feeling toward the Railway and it was a very uncomfortable feeling to experience. The unintended change was viewed by Participant # 5 as such an out-of-the-blue idea, that this participant at first thought it must be a joke. Then as the realization became a fact, that realization turned into feelings of anger and betrayal felt by the MCMs with its focus on the Railway. “It was such a surprise!” “How could they treat us that way?” Participant # 5 indicated that there was such a sense of betrayal at being hailed by the Railway as “the center of their processes,” “the hub,” and then being told that in order to maintain your current employment you will have to become an employee of the MHCC. Participant # 5 stated what the other MCMs said: “we didn’t know anything about this company...who they were...their work ethic...their commitment to the work.” “We were told that we would all have jobs and that we would all get increases in salaries. None of that was true!” And in the end, it became evident that “nothing the Railway said to us was true!”

The meeting with the MHCC did not go well, as “the Railway had the MHCC hire someone that the Railway knew to help run this program. It turned out to be such a fiasco.” Participant # 5 said that it went downhill from there. “There were times that I would lay awake having gut-wrenching stomach aches at the thought of what the next day would bring.” This participant always felt confident in his/her ability to do the job, but knew that the MHCC “did not want us any more than we wanted them.” “My life became obsessed with what was happening,” and it took some time before this participant was able to let go and move on.

**Table 7. Representation of Participant # 5’s emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 5 SAID</b>	<b>WHAT # 5 SAID</b>	<b>WHAT # 5 SAID</b>
Was I going to lose my job?	I wanted to stay with the Railway. I had no choice.	The job offer was like a life
Would I fit into the “new” plan?	I knew Railroad case management; they (MHC Co) did not.	I was burned out
How could the Railway treat us as they did? They kept saying how important we were to the process.	It was never away from me. I was talking about it all the time.	I was unhappy with the current situation
The Railway told us one thing and then dumped us in a heartbeat.	I felt miserable; I was under such stress.	This career change was motivated by my choice
	I felt I was being used and was not sure that I would be part of the team once my knowledge was obtained by the MHC Co	
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Fear	Loss of Control	Frustration
Anxiety	Questioning	Letting go
Betrayal	Chaos	Learning
Angry	Unhappy	Acceptance
Frustration	Hostility	

Participant # 5 did feel that there did come a time when acceptance was at hand. “A regular pay check was nice to have.” This individual felt that both benefits and vacation were an added plus to what was happening. Having someone to act as the buffer to the Railway when demands were being made by the Medical Department was a real bonus. In the end, Participant # 5 felt stifled by the MHCC and did not feel that the ability to be creative was there. As a “consultant” for the Railway, there was a sense that individual creativity in your area of case management was valued. The sense of any out-of-the-box thinking was perceived as unwanted by the MHCC, with a feeling that the ultimate goal of the MHCC was a move toward their case management model. Participant # 5 knew that this would never be realized as the demands of the

Railway would never mesh with that model. Additionally, this individual noted that where he/she was once heralded by the Railway as the cog that held the wheel together, they were now reduced to feeling that they were a “necessary evil.” Sadness ensued.

At the point that Participant # 5 made a career choice to move on, which he/she viewed as “being in the right place at the right time.” “I was unhappy with (the MHCC).” The individual noted that he/she wanted to be out of the MHCC increasingly as each day dawned. Participant # 5 felt that with the variety of medical case management experience, which he/she indeed had, he/she had quite a lot to offer. The move was made with little hesitation and feelings of elation, hope and excitement were immediately experienced upon the commitment to career change.

#### Participant # 9

Participant # 9 also came from a wide-ranging background in medical case management. Many years were spent at the state workers compensation level as well as supplementary federal levels and additional railway organizations. This participant acknowledged almost fifteen years of medical case management specific to the railway industry. This has equated to a vast quantity of knowledge and skills gained in the telephonic medical case management field. These specialized skills were unique to a limited number of case managers within the world of disability case management, which was specialized in the Railway industry.

Participant # 9 learned about the unintended change from another MCM. Feelings of dread and uncertainty were met each day with the focus of the actual work taking a back seat to this ongoing turmoil. “I felt mistrust for both the Railway and the MHCC.” Concerns for self and such basics as job security were then met with doubts concerning an employer who had no background whatsoever in medical case management specific to the Railway. “This company did not know what they were getting into.” Participant # 9, like most of the other MCMs, faced fear

and trepidation as his/her daily work life, all the while waiting for what would happen next:

“When was the next shoe going to drop?”

**Table 8. Representation of Participant # 9’s emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 9 SAID</b>	<b>WHAT # 9 SAID</b>	<b>WHAT # 9 SAID</b>
How could I ever trust the Railway again?	I was overwhelmed with the changes and how what the MHC Co would require would meld with what the Railway demanded from us.	I had some concerns about moving on, but the opportunity presented itself and I chose to move on
What did my future hold?	I began to question my abilities as the time progressed and change seemed to be around every corner.	I felt that I had something to offer
Did I have the ability to be chosen to work for the MHC Co?	My family thought all I did was work.	I am happy where I am today
Was I going to be without a job?	I did not feel comfortable with the MHC Co in that they did not seem to understand our roles.	
	I dreaded Sunday and the looming return to work with the problems that were sure to be there waiting for me.	
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Mistrust	Overwhelmed	Anxiety
Anxiety	Self doubt	Fear
Stress	Guilt	Unsure of my new employer
Fear	Depression	Letting go
	Dread	Cautious optimism

Participant # 9 was plagued with self doubt and at the same time tinged with assurance that the job of a MCM was something that he/she could handle, but at what price? In an effort to ensure a place and have the MHCC notice and acknowledge their worth, Participant # 9 acknowledged that he/she became obsessed with work. A family member commented, “All you do is work.” Participant # 9 admitted that this was indeed very true, but tried to soften this with

an explanation that as it often happens when you have a home office, the work never goes away and you never get away from the work, a kind of self bargaining.

Participant # 9 felt that there was a period of about two years of continued anxiety and fear before some letting go was experienced. As time went on, there came an instance when some comfort level was noted and a cautious optimism was acknowledged by this individual. Participant # 9 even went so far as to acknowledge that there was a self perception that the MHCC actually valued his/her services and opinions. This individual then felt that the MHCC had finally begun to acknowledge that he/she had “hired professionals to do the job of the disability case management for the Railway,” and that the MHCC knew at some level that “this job could not be done by just anyone.”

Participant # 9 also began to look at other vocational career paths when the Railway began swapping a MCM position for a Railway Field Manager position. There was anxiety at making a career move. In the end, this individual felt that it was the right move for him/her. The opportunity for a chosen career path was noted as being “intoxicating.” Participant # 9 noted that there is both autonomy and flexibility associated with this career path. Participant # 9 felt that they had a lot to offer in terms of both a variety of experience and specialized formal training. In the end, the decision was made independently of any input from family or friends, but rather a choice by this individual to move on. One of the items that enticed Participant # 9 into the new career path was it had been presented as a position that would enhance the ability to garner new skills, knowledge and abilities. Participant # 9 felt that this employer had been truthful in this.

#### Participant # 10

Participant # 10, as well, was one of the ten Medical Case Managers from the 2003 interviews. This participant also gathered expertise and proficiency in the telephonic medical

case management area logging in over fifteen years of know-how. Additional experience was noted in other areas such as the state workers compensation service area as well as several federal levels and some private concerns. This MCM, as well as the others, possessed a well rounded background in medical case management, but an even sharper ability in the world of telephonic medical case management specific to the railway industry.

Participant #10 learned of the unintended change from another contractor to the Railway Medical Department. This news was met with feelings of sickness and fright at the onset. Having a long association with the Railway Medical Department, as well as the local Division, this individual felt that there was “no way” that the Railway would “get rid” of the MCMs. There was also some hope, that maybe the Division would intervene, but in the end, similar emotions were experienced such as anxiety and stress. Uppermost in this individual’s mind was the concern that no one was coming to their aid as an advocate. Participant # 10 was devastated that those individuals, who had over and over praised their work, had dropped them like they were a “leper.” It was a very turbulent time, and this individual commented several times over the course of the interview that what he/she found astounding was that for so many years, the MCM was viewed as the knight in shining armor, and now they were being treated as *persona non grata*. He/she recalled a power point presentation that the Railway’s Medical Department presented with the MCM at the hub of operations, suggesting an integral part of the Railway team. Participant # 10 had a very difficult time integrating what he/she referenced as no indication from the Railway that his/her work was lacking or that the program was not meeting the needs of the Railway. The saving grace for this individual was that “it was not just me.” Participant # 10 seemed to articulate the feeling of betrayal the keenest.

Participant # 10 never was plagued with doubt regarding self perception of abilities or self esteem during this time. However, there was always the “feeling” from this participant that

he/she was really part of the Railway. Participant # 10 always felt that someone from the Railway, aside from the Medical Department, was going to come to the aid of the MCMs. Once that did not happen and Participant # 10 reconciled becoming an employee of the MHCC, however, the self identification, the culture, was with the Railway at the corporate level, at the Division level, and even with the Medical Department of the Railway. Interestingly, this participant felt that the whole time he/she worked as an employee of the MHCC, there was in reality no end to the unintended change, specifically the transition cycle. One comment from this participant seemed to immortalize in words what most of the MCMs interviewed thought: “It was the same work, with the same people, in the same setting, with another name on the check.” There was not any difference in the actual workload, in the workplace, or in the people with whom there was daily interaction.

Participant # 10 also began to look for another career option in earnest once the Railway began absorbing the positions from the MCM positions. At the point that a career opportunity was identified, the excitement and hope began to build. Participant # 10 saw leaving the MHCC as a way of “getting away” from what many viewed as a “quagmire of feelings.” There was a period of some doubt, but in the end, Participant # 10 felt that this was indeed the correct shift for their personal and professional life. There was elation in the voice when talking about the new career path. There was excitement with the opportunities that were present in that there were supplementary forms of educational arenas available. “Learning new things” was voiced as a genuine pleasure. “Personal growth” touched not only development opportunities, but also promotion opportunities and training and development individually and as a team member. The move was not only seen as a way to move away from what has been termed “a major life crisis” to a change that helped “put into perspective” what the unintended change was all about. “It put an end to the chaos.”

**Table 9. Representation of Participant # 10’s emotions during the unintended change**

<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
<i>Old responsibilities change</i>	<i>Temporary state between old and new</i>	<i>Renewal</i>
<b>WHAT # 10 SAID</b>	<b>WHAT # 10 SAID</b>	<b>WHAT # 10 SAID</b>
Worried about having a job? Fear of the unknown.	I knew that I could do the job of medical case management for the Railway, but I didn’t know if the MHC Co would be able to recognize a good job if they say it.	I was excited about this new opportunity
I was angry at having to make the change. Angry at the Railway for making me feel trapped	I was angry at having to make the change. Angry at the Railway for making me feel trapped.	It did not feel like a huge career move, but it was.
I loved working for the Railway. I didn’t want to lose that relationship.	I was frustrated at having to give up the creativity that I was able to use and praised for using by the Railway, but sticking to the MHC Co rules.	I am growing in a new way.
It feels like I’m starting over	Wondered how the MHC Co really felt about us being “dumped” on them as part of the contract.	
	It felt like the whole time we were in turmoil	
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Fear	Questioning	Letting go
Anxiety	Angry	Acceptance
Stress	Frustration	Hope
Worry	Ambivalence	Relaxed

**Transcriptions**

The collected data was reviewed repeatedly by the researcher with the intent of becoming exceptionally familiar so as to gain insight into the individual’s inherent meanings, step one in Colaizzi’s(1978) method of data analysis (Sanders, 2003). This involved reading and rereading the transcribed verbatim interviews from 2003 as well as 2010. The audio-taped recordings from the 2010 interviews were listened to repeatedly for clues and evidence and were linked to the responses. Although the 2003 audio-taped recordings were not available, a detailed log remained

in the 2003 file with these notations. This log was reviewed with current responses for similarities and themes. These two methods allowed the researcher to match themes with voice inflection during the 2010 interview process. Hearing the emotion in their individual voices as they relived the experience was heartbreaking at times. I felt like I could quote some of the statements word for word. Although each participant had individual reactions and emotional responses, for the most part, they were more similar than not in content about their feelings for both Railway and the Managed Health Care Company as will be detailed in the thematic clusters. In order to identify thematic clusters, the transcripts are reviewed for significant statements, which are directly related to the phenomena of interest. Once these are identified, each statement is then carefully reviewed “to determine a sense of its meaning” (Sanders, 2003). Those meanings are what Colaizzi (1978) called formulated meanings. Thematic clusters are then identified from the formulated meanings after vigilant assessment. The researcher is the instrument by which the integrated summary is brought through the exhaustive description of the phenomenon of interest in an effort to reduce the data to an essential structure, an emerging theme.

Brown and Kulik (1977) coined a term for recollection of emotional memories, “flashbulb memory,” which suggests that an emotional episode often triggers a special memory mechanism which allows that experience to be recorded with picture perfect accuracy. The statements gathered from these individuals support this finding as the recollections from the 2003 interview and the 2010 interview were comparable.

### **Significant Statements**

Colaizzi’s (1978) second step involves the extraction of significant statements from the interview process. Identification of those aspects of the phenomenon that are important to the

data was studied over and over again. From this process, the significant statements were pulled out. Examples of the significant statements included:

- I felt uncertain about my future. I was tremendously anxious. I feared losing my job, my family depended on me. I was confused.
- The job duties were the same. We were professionals, we knew our work. I knew I could do my job, but they (Managed Health Care Company) did not acknowledge that reality.
- They (Railway) lied to us. They (Railway) told us that we would be getting raises when we became employed by... (Managed Health Care Company). They (Railway) dumped us on ... (Managed Health Care Company).
- I always thought of myself at a railroader. They (Railway) treated us as one of their own. I recall a power point where the Medical Case Managers were the spoke of the wheel, the center point of the program.
- My job never changed. It was the same work, with the same people, in the same setting, with another name on the check.
- I had many sleepless nights. I began eating sugar. I couldn't sleep and had stomach aches. Sunday night was a tight gut.
- I had to move on. I had to put the railroad behind me. I had to choose my own path. I had to cut all ties.
- I was frustrated. I felt my creativity was no longer an option.

From these interviews, I extracted two hundred thirty-one significant statements. I color coded these statements within the verbatim interviews for ease of access. I worked diligently to ensure that the statements selected were all connected to the phenomena of interest and not to some statement that might have meaning to me or the participant, but was not directly related to the study at hand. This required several evaluations and once this was completed, the process moved forward (Sanders, 2003).

### **Formulated Meaning**

The third step of Colaizzi's (1978) method of data analysis is to formulate meaning in the context of the participants' own words. The development of the structural description is what Moustakas (1994) called the "how" of the experience of the phenomenon. This is indeed the most difficult step in that it requires the researcher to present the reflected fundamental information without altering the unique narrative (Colaizzi, 1978; Sanders, 2003). I read and reread the significant statement numerous times. Each of those statements was inscribed on an index card. On the back of each one of these cards, I then wrote out their meanings according to the Medical Case Managers' own terms. Examples of a couple of individual significant statements and interpretive meaning are:

- Statement: I always felt like a railroader. It didn't go away after becoming an employee of the Managed Health Care Company.  
Interpretive meaning: My cultural identity was with the railroad.
- Statement: I threw myself into the work, but I knew that they (Managed Health Care Company) didn't really know what was required.  
Interpretive meaning: I was frustrated with my employer.

This is by far the most difficult step in Colaizzi's (1978) method (Sanders, 2003). There were times when I questioned whether I had deduced the correct meaning of the significant statements. However, after reading, rereading, scrutinizing, and comparing in both the 2003 and 2010 interviews, I felt that my perceptions were in line with the participants. Listening to their voices when answering the 2010 interview questions also provided additional insight into the participants own terms. Deep in those statements and within those recordings were emotions that these participants were barely aware of and often times timid to acknowledge (Ezzy, 2010). It was with time and patience that the interpretive meanings were extracted from the participants own words to answer the "how" of the experience.

### **Thematic Clusters**

Colaizzi's (1978) fourth step involves gathering the formulated meanings which had been derived from the significant statements. These formulated meanings were then arranged into cluster themes. This offers a view of common patterns and/or trends in the data. This step required rereading each of the formulated meanings on the note cards and organizing them into similar categories and themes. I then matched the nine themes that emerged from the formulated meanings back to the 2003 and 2010 transcripts for validation rationalization (Sanders, 2003). Each card was spread over a surface. The interpretive meaning was then read and placed with the corresponding theme. There were some that at first glance seemed appropriate to more than one theme. However, upon rereading the statement, cross checking it with the 2003 and 2010 interviews to determine the flow of the participants' rationalization and listening carefully to the audio-taped interview, the theme became clear.

The following paragraphs will introduce each of the nine distinct thematic clusters. Each thematic cluster statement is followed by interpretive meanings of the significant statements for the cluster, and an integrated summary appropriately referenced. Each thematic statement can be found in all seven MCMs interviews, 2003 and 2010 with some differing emphasis. The themes that emerged from this process were: the feelings of unintended change, the physical link, knowledge management, trust, culture, transition, reciprocity, connection, and career path. These were reviewed with my major professor and other experts to determine that the correct relationships had been formulated between the meanings, the thematic clusters and the emergent themes in an effort to ensure that the process was both transparent and described precisely. Each theme will present both in-depth examples of individual statements that contributed to the theme followed by an interpretative discussion of the theme.

## Theme Number One: The Emotion Experiences of Unintended Change

The statements listed below are those significant statements that were common to the Medical Case Managers in both the 2003 and 2010 interviews. These statements were reduced to formulated meanings, then thematic clusters, and later to an emergent theme.

I felt like I was going to lose my job. I don't like change. My family depended on me. I feared the unknown. The contract that the (Managed Health Care Company) had with the Railway, you never knew when it would end. I felt anxiety and insecurity. I had to give up my independence. I become frustrated every time I think of what took place. They (Managed Health Care Company) did not see the "whole" picture. I feared I would not have a job. I was sick and I was frightened. It was like starting over again. I was so pissed. I was angry. I was betrayed by my employer. I was lied to. We were told by the (Railway) that we would be getting raises with this change.....we were lied to. It created great hostility...a sense of being used. I felt like I had lost control of my life. I needed a job...I needed the income. Because there was no other option at that point in my life.....I had no control over my career. It's going to affect my life....everything is going to change. I feel betrayed by the Railway....I am angry at the Railway. I felt anxiety toward the railway....and fear for my future. I was angry at the Railway. My job was fun. I was frightened. I dreaded the change. I was anxious. I thought we were being displaced, devalued, and demeaned. I cried. It created insecurity and mistrust. I had a family. I had financial obligations....I had no choice.

Medical Case Managers (2003, 2010)

Most of the MCMs voiced as their first reaction to the unintended change a strong feeling of betrayal. Many had been solicited by the Railway to leave other employment to become "consultants" in the Railway's Disability Management Program. The participants were from differing backgrounds and geographical locations across the United States. They were all well versed in medical case management, most with railroad experience at the time they began their association with the Railway's Medical Department. Others, who did not, learned over the many years that they spent working with the Railway. There was a sense of incredulous astonishment that the Railway "treated them in this manner." One MCM explained: *I learned that the Railway would turn on their own, and then eat them.*

The sense of betrayal soon turned to anger, which was expressed by such verbalizations as: *I was so pissed (at the Railway). We were lied to (about the change). It created great*

*hostility. I became frustrated every time I think of what took place. I thought we were being displaced, devalued, and demeaned.* Organizational change happens. The success of that change is often on the shoulders of those implementing the change or carrying out the change process. There is little research that predicts specific employee reactions to the change process (Hay & Hartel, 2001). The importance of addressing intended change prior to the event can decrease the anxiety that is often felt and decrease the resistance of the individuals who are affected (Carr, 1994). Change that affects one's job usually involves something specific such as a role change, a change in the occupational persona of the occupation (van der Velde & Feij, 1995). However, this change did not involve change of role, but rather as one case manager said: *It was the same work, with the same people, in the same setting, with another name on the check.* This change was perceived as an unintended change, in which the MCMs had little or no voice: *I felt like I was going to lose my job. I had family obligations. I needed a pay check. I had not control over my career. It's going to affect my life. Everything is going to change.* This research offers a candid look at the perceived emotional effects of this unintended change in the workplace.

#### Theme Number Two: The Physical Link

These statements from the two interviews with the Medical Case Managers were pulled from the significant statements into the formulated meanings. These statements have demonstrated the theme that links the emotional component of the unintended change to a physical link as noted in this theme.

I had some sleepless nights. Sleep disturbances along with feelings of being overwhelmed were a daily occurrence. I think I had some low level depression. I was tired most of the time. I was sick to my stomach. I had sleep deprivation, diarrhea and stomach aches. Noted panic-like attacks on Sunday nights. I was nauseated. I had pain in my gut on Sunday nights. Shortly before the end of my vacation, I began to stress about work and what was waiting for me; I might as well have not gone by the time the first day back rolled around; and I saw what was waiting for me. I felt tired most of the time. I

had an increased heart rate. Very poor sleep. Lack of sleep, a kind of fixation on where things were headed. I had sleepless nights. I was tired. I felt really sad.

Medical Case Managers (2003, 2010)

The accounts from both the 2003 post change and the 2010 year post change brought to light the same recollections about sleepless nights. Several of the MCMs also noted intestinal distress as well as “pain in my gut.” Others noted being tired, which translated into possible low level depression (Bartley, 1984). Stress and those physical ailments associated with stress were noted from the beginning of the unintended change until the MCMs moved on with their careers. Bartley (1994) suggested that the threat of unemployment is regarded as an unwelcome experience. He noted that job stress; possible job loss can be characterized as a form of bereavement. “Stress is held to affect physical health rather further down the line as a result of perhaps chronically increased levels of anxiety” (Bartley, 1984, p. 335). Not all of the MCMs made note of physical connections to their increased anxiety and levels of stress, but most reported at the very least some sleep disturbances. Scott and Judge (2006) found that insomnia could be linked to negative emotions at work.

### Theme Number Three: Knowledge Management

The formulated meanings that pointed to this thematic cluster were also derived from the significant statements of the Medical Case Managers at both the 2003 and 2010 interviews. There were very strong feelings that although the MCMs knew that they could continue to provide the quality of disability case management to the Railway that they had done as “consultants,” the Managed Health Care Company did not recognize the unique specialty of services that comprised this form of medical case management.

I knew that I could do the work. They (Managed Health Care Company) had no idea what the Railway was about. I was sick when I met (the nurse manager for the Managed Health Care Company), I knew I had the knowledge for the job, but when she opened her mouth, I was sick that I was going to be working with somebody like that...she had no clue what she was getting into with this type of case management. We had to teach them

(Managed Health Care Company) what medical case management for the railway was all about. We had to give them (Managed Health Care Company) all of the information, our information, and our collection of knowledge of the health care areas that we covered. I was stingy with sharing that information. We were told that we would be absorbed by this company (Managed Health Care Company)...but there was no guarantee...there was no one to fight for us....other than our history (our knowledge of the job) and what we'd done (our successes)...we did not know if that mattered. I knew that I could do my job...they (Managed Health Care Company) were in the dark as to how to provide the services....they were learning from us....to provide guidance and yet they continued to not understand what .....was required to meet those needs. They (Managed Health Care Company) came in and began talking about basic medical case management; as if we did not know our jobs...we had been doing them for over ten years.....successfully. It was very hard having to defend my work to people (Managed Health Care Company) who really didn't know what I did. I still feel that the people (Managed Health Care Company) who are rating, judging (my work) don't really understand the job we do and the time that it takes. I struggled at times to maintain the quality work that I had done as a contractor, with a smaller case load. The new company (Managed Health Care Company) is so clueless about case management for the railway. I was so concerned that they didn't have a clue as to how we did our jobs....and then they were trying to tell us how to do our jobs, when they didn't have a clue. I felt that I could do the work, knew the environment, but I did not feel that my abilities were recognized. I was always confident in my abilities to do the job.

Medical Case Managers (2003, 2010)

The MCMs were introduced to the proposed management team of the MHCC at a meeting that included the Railway. At that meeting, those individuals who were to head the team that consisted of the MCMs were introduced and then began to inaugurate their mission. The MCMs all agreed that it was clear from the onset that the MHCC did not have any background in medical case management specific to the Railway. Such statements were made: *We had to teach them (Managed Health Care Company) what medical case management for the railway was all about. We had to give them (Managed Health Care Company) all of the information, our information, and our collection of knowledge of the health care areas that we covered. The new company (Managed Health Care Company) is so clueless about case management for the railway. I was sick when I met (the nurse manager for the Managed Health Care Company), I knew I had the knowledge for the job, but when she opened her mouth, I was sick that I was going to be working with somebody like that...she had not clue what she was getting into with*

*this type of case management.* Manz and Sims (1980) pointed out that it is not always the supervisor who provides the structured “reinforcement contingencies that modify the behavior of subordinates” (p.361). They suggest that subordinates can and often do exercise self-management, noting that salient performance based on individual knowledge is often the explanation. “Individuals continuously preside over their own behavior” (Bandura, 2005, p. 246). He goes on to suggest that “self-management requires the exercise of motivational and self-regulatory controls” (p. 246). The MCMs were well versed in self-management having worked in virtual offices while being responsive to a variety of departments within the Railway as well as other consulting providers externally. The MCMs felt that not only their years of service working as “consultants” for the Railway, but the support of the many internal departments demonstrated their ongoing knowledge, skills and abilities specific to medical case management for the railway. The value that they added to the disability management program within the Railway was often lauded by the Railway’s Medical Department. The assignment of individuals to lead the “team” of employees of the MHCC, which was strongly recommended by the Railway’s Medical Department, was construed as an affront to the capabilities of the MCMs.

If Alvesson (2001) is correct in his suggestion that knowledge-intensive companies are those “said to be of an intellectual nature and where well-educated, qualified employees form the major part of the work force” then, why did the MHCC not recognize what they possessed in the MCMs? The knowledge that the MCMs possessed as subject matter experts at the time of the unintended change could be chronicled to their combined fifty years of medical case management specific to the railway industry. Alvesson (2001) goes on to suggest that “knowledge does not exist on its own, but is dependent on social recognition....(and that) company that claims to be in the knowledge business-to offer services or products with a sophisticated knowledge content-calls for the specific or institutionalized confirmation and

support of significant others” (p. 872). The MCMs repeatedly suggested that the MHCC failed to acknowledge that they (MCMs) were the purveyors of that knowledge which would meet the demands of the MHCC’s client, the Railway.

#### Theme Number Four: Trust

This thematic cluster was unique in that it noted a very definite lack of trust. However, this was directed initially at the Railway with noted intensity. This waned at some point, and the same theme was then directed toward the Managed Health Care Company. The following statements are those that led to the formulated meanings which were then arranged into the thematic cluster.

For the Railway: I felt confused, betrayed, and anger...it was hard to sort the feelings out, but anger at the Railway was pronounced. After everything we had been through with the Railway, we were reduced to this...I felt like they had made us responsible for (Managed Health Care Company) making it. My feelings during that time, were a time of betrayal. We were told by the Railway that this company (Managed Health Care Company) was a big company and had a lot of other contracts...we found out it was not true. I was angry at the Railway...I felt trapped...I loved my work. I felt betrayed, I felt anger. I felt fear.

For the Managed Health Care Company: They were wishy-washy, I never knew if or how long I might have a job. I never felt like they knew what they were doing. They never seemed to understand the difference between workers compensation and railroad disability management. They were always scrambling to fix things (demands of the Railway). I knew that I could do my job as a Medical Case Manager, but on the external side, they (Managed Health Care Company) were always trying to change something in response to the Railway demand with no input from those of us who knew how to handle this. Anger at them because we continually had to orient them with the specifics of medical case management for the railway and this was their client. I had such anger at the Managed Health Care Company that our jobs are so misunderstood. I was bitter with (Managed Health Care Company)...they did not understand the Railway. It was a tough time, they (Managed Health Care Company) began letting folks go and they wanted us to pick up the additional (work)...it was a total make shift...it was...there was no consistency and that was the big problem.

Medical Case Managers (2003, 2010)

“Trustful interaction serves the interest of those involved” (Lahno, 2001, p.171). Trust is usually viewed from the perspective of one person allowing someone else to have some control

over matters that are of importance to them (Lahno, 2001). When you open yourself to trust, you in essence open yourself to vulnerability. Trusting behavior opens a variety of options. However, the most common belief is that the “trustor believes that the trustee will behave in a way, which is favorable for him” (Lahno, 2010, p. 172). The MCMs prior to the unintended change in the workplace voiced deep faith and trust in the Railway. They pointed to instances where the Medical Department of the Railway demonstrated in voice and in deed their invaluable position in the disability management program. The indication from these individuals was that the trust was broken when the Railway announced the unintended change from “consultants” to “employees” of the MHCC. Trust has been noted as an emotional attitude:

“Trust is necessarily tied to a particular perception of the world or some part of the world. It may be characterized by certain patterns in the way the world is represented in thought and in the way certain contents of thought are associated with each other. There is a causal relationship between trust and belief. Yet, because trust somehow determines how we think, it cannot be understood as the immediate results of rational consideration” (Lahno, p. 177).

Interestingly, at the 2003 and the 2010 interviews, the overwhelming consensus was a lack of trust in the Railway. This was the starting point of the unintended change. The major theme contained in those interviews was the sense of betrayal and anger at the Railway for breaking the trust bond with the MCMs. Lahno (2001) argued that “common sense is right in maintaining that trust has emotional character” confirming that the intense sense of let-down that the MCMs experienced as a result of the unintended change was indeed emotion based.

The loss of trust was transferred from the Railway to the MHCC and persisted in the psyche of the most of the MCMs until they separated employment. For a majority, the lack of trust began with the perception that the MHCC did not have an appreciation for the precise knowledge that the case managers had for the positions they held as “consultants” and currently held as “employees.” These feelings were noted by such statements as: *They never seemed to*

*understand the difference between workers compensation and railroad disability management. I had such anger at the Managed Health Care Company that our jobs are so misunderstood. They were always scrambling to fix things (demands of the Railway). I knew that I could do my job as a Medical Case Manager, but on the external side, they (Managed Health Care Company) were always trying to change something in response to the Railway demand with no input from those of us who knew how to handle this. The MCMs perceived this as a lack of faith in them, and, in turn, the MCMs had a lack of trust in their employer.*

#### Theme Number Five: Railway Culture

A prevalent theme that emerged with the Medical Case Managers was that of cultural identification. Even that individual who had the least amount of association with the Railway had as the other MCMs identified with the Railway culture. There were many reasons for this, but love of the work and the emersion of the MCMs into the organization by the Railway were a common theme.

*I love this job. I loved working for the railway. I always thought that they would take care of me. I always liked my work with the Railway. I always felt that maybe the division would contract to us individually...no one ever said that...but I still felt that I was delivering what the Railway wanted and that the division would be there. I always felt like my connection was to the Railway and not to (Managed Health Care Company). I liked working for the railway...I liked the old way. Even though I was a Managed Health Care Company Employee, I always felt like a railroader...it never went away.....I never identified with the Managed Health Care Company, but always the Railway's culture.*

Medical Case Managers (2003, 2010)

It was not a surprise to find that all of the MCMs identified with the Railway. Since their beginning association with the Railway, they were seen as “belonging” to the Medical Department of the Railway. Many within the company thought that they were employed by the Railway Medical Department. The MCMs noted that they were treated as “employees” of the Railway, by such demonstrations as being included in safety awards; being recipients of items

designated for exempt personnel for their respective geographic areas; and receiving award plates that were sent to all company personnel. Often times they were referred to as “the company nurse” or “division Medical Case Manager (MCM),” an inference that they worked for the Railway Medical Department assigned to that Division.

The MCMs had a specific work identity. Walsh and Gordon (2008) have shown that the way individuals identify with their place of work creates their work identity. This cultural identification and work identity also suggests distinction and status. The MCMS even after being removed as “consultants” for the Railway remained in the same work role/identity, in the same geographical location, working with the same supervisors, employees, with the Railway Medical Department and other Railway Departments, so in essence their identity remained unchanged, their cultural identification the same.

#### Theme Number Six: Transition

The change process was not wanted by any of the Medical Case Managers. It was a shock. The emotions that were experienced were likened by the MCMs to a ride on a roller coaster. The statements from the 2003 and 2010 interviews note some differences.

For the 2003 interview: This is just the way it is going to be. I just did my job and kept quiet. I think it was at the one year mark. It has never ended. My family got tired of hearing me talk about this. It infiltrated every part of my life....the work load increased....I was so stressed. At about the year or two year mark I think it began to feel permanent. It got to the point where I just wanted them (Managed Health Care Company) to tell me what to do and I'll do it....because it was not going to be any different. I've accepted it, but it won't last. I was always waiting for the other shoe to drop.

Medical Case Managers (2003, 2010)

For the 2010 interview: I never felt like it ended. I just accepted that this was the way it was going to be. It never stopped. There was such confusion. We were not all on the same page. It has never ended. I felt like the whole time (during the unintended change and as an employee of the Managed Health Care Company) we were in turmoil....like the change never ended. Looking back, the turmoil never ended. It was one crisis after another.....constantly. The job with them (Managed Health Care Company) seemed that it was always in a state of turmoil. I am not sure that the turmoil with (Managed

Health Care Company) ever ended. It was crisis after crisis...it was constant. I was resigned that this was the status quo. The job duties never changed...we were doing the very same job we were doing as contractors.....my work was the same, my hours were the same, my territory was the same...we were employees of the Managed Health Care Company. This was a time of unrest.

Medical Case Managers (2003, 2010)

Organizational change and transformation is the subject of much research (Armenakis & Bedeian, 1999; Avery, et al., 2008; Balogun & Johnson, 2005). More often than not organizational change is categorized under change process, while transition is seen as having a more psycho-social component; however, separating them out allows a significantly different view. Change is usually noted to be the events and the things; the external and the systematic; the rational and the logical; the planned, the organized and the controlled; and that which is a management challenge. Transition is the psychological process; the emotional side of change; the internal and the personal side of change; and is difficult to plan. As discussed in the participants' section of this chapter, William Bridges (1991) suggested that people transition in their own time. There is no magic time-line that provides a road map to the finish, but rather it follows an individual path that is unique to each particular individual experiencing it (Bridges, 1981).

When the organization addresses change, it leaves the old state, moving to the change, and then arriving as the new state, doing so within a definite time frame. Individuals on the other hand, do not follow this precise pattern. They begin with the ending stage which is laden with emotions such as anger, sadness and fear. The issues surrounding them are a sense of loss and a fear of letting go. Bridges' (1981) next stage is the wilderness or neutral zone. Here the individual is plagued with the emotions of fear, ambivalence, bargaining and guilt. The problems here are confusion and lack of trust. The final stage, is what Bridges calls beginnings, where

emotions such as excitement, anxiety, and learning surface, with the individual looking toward a vision and commitment as he moves on (Bridges, 1981).

When following the transition of the MCMs as they faced and experienced the unintended change in the workplace, it became increasingly clear from both the 2003 interview and the 2010 interview that the unintended change did not propel them through Bridges' (1981) stages as one would expect. Looking at Bridges' (1981) model, you would expect that the unintended change was the ending stage, that the transition took place within the first year or two that the MCMs were "employees" of the MHCC, and that the Beginning was the acceptance and acclimation into the world of employee of the MHCC. Transformation "is not simply an internal psychological practice conducted in isolation from others-others are always implicated, both immediate others and generalized others such as institutional and social practices, beliefs, and values" (Tennent, 2005, p. 113). The transition process allows individuals to ultimately find "meaningful lives." There are times in the transition process when resigned acceptance is the chosen method of coping with change and thus allowing for some semblance of "meaningful lives." Resigned acceptance was clearly identified and noted by such statements in the 2003 interview as: *This is just the way it is going to be. It has never ended. It got to the point where I just wanted them (Managed Health Care Company to tell me what to do and I'll do it....because it was not going to be any different.* These MCMs were stuck in what they called turmoil and what I, the researcher have termed the Transitional Turmoil cycle, which will be discussed in detail in Chapter 5.

When the MCMs were interviewed again in 2010, the Transitional Turmoil cycle was still evident as noted by: *I never felt like it ended. I just accepted that this was the way it was going to be. I felt like the whole time (during the unintended change and as an employee of the Managed Health Care Company) we were in turmoil, like the change never ended. Looking*

*back, (I know now that) the turmoil never ended. It was one crisis after another. The job with them (Managed Health Care Company) seemed that it was always in a state of turmoil. I am not sure that the turmoil with (Managed Health Care Company) ever ended. It was crisis after crisis, it was chaos. However, each one had moved on to a new career. Each one spoke of the turmoil being over. This moving on will be addressed in detail in Theme Number Nine: Career Path.*

### Theme Number Seven: Reciprocity

The Medical Case Managers most noted negative and positive responses when talking about the Managed Health Care Company. There were extreme feelings of negativity toward the MHCC, some which remained; however, there were positive feelings that emerged to provide this theme.

Negative: I was angry at the (Managed Health Care Company) for not realizing that we knew what we were doing; they thought we didn't get it. I was so angry that they (Managed Health Care Company) just waltzed in and got it (all of our knowledge) from us, who had to learn (and gather) it the hard way. I held back information. I felt as if I had been dumped on them (Managed Health Care Company)....they inherited me from the Railway. I felt all along that they wanted to replace us (Medical Case Managers) with their own (case managers working for the Managed Health Care Company); they kept trying to implement their case management model. I'm not going to let them screw me. They don't understand where we are coming from....we are so going to get screwed. I felt that they (Managed Health Care Company) did not trust me. I had to report to people who did not know my job.

Medical Case Managers (2003, 2010)

Positive: The challenges actually made me a better case manager. The stability and having a buffer zone between me and the Railway has been good. I think there is some degree of respect for us as Medical Case Managers. We benefited from legal representation with the (Managed Health Care Company). There was a time when (an employee of the Managed Health Care Company) became a part of the package, I felt like we had someone on our side.....someone between us and the medical department...but she left and it went back to the way it was.....the Railway demanding and we had to respond. Having them (Managed Health Care Company) back me up with the Railway was trying to direct my work. It was nice having someone (Managed Health Care Company) fight battles for me. The feeling that this company (Managed Health Care Company) was beginning to realize how difficult this type of case management is as well as the multiple tasks we do.

Medical Case Managers (2003, 2010)

Reciprocity in social psychology refers to in-kind positive or negative responses of individuals towards the actions of others (Buunk et al.,, 1993). There appeared to be a kind of chaos and turmoil that the MCMs and the MHCC experienced. The perceived negative actions of the MHCC were responded to in kind by the MCMs. The perceived negative responses of the MCMs were responded to negatively by the MHCC. Rook (1985) noted that reciprocity is often contingent upon the individual's role relation and the context of their exchanges. Some of the exchanges between the MCMs and the MHCC were: *I was so angry that they (Managed Health Care Company) just waltzed in and got it (all of our knowledge) from us, who had to learn (and gather) it the hard way. I held information back. . I felt all along that they wanted to replace us (Medical Case Managers) with their own (case managers working for the Managed Health Care Company); they kept trying to implement their case management model. I'm not going to let them screw me.* On the other side, there were interchanges that were positive, but yet guarded such as: *The stability and having a buffer zone between me and the Railway has been good. I think there is some degree of respect for us as Medical Case Managers. There was a time when (an employee of the Managed Health Care Company) became a part of the package, I felt like we had someone on our side.....someone between us and the medical department...but she left and it went back to the way it was.....the Railway demanding and we had to respond.*

Although in time there were inklings of acceptance, it was clear that the MCMs were mostly ambivalent while working for the MHCC. There was no clear excitement in their declarations of intent; no obvious vision toward establishing themselves as employees; and no apparent commitment towards the MHCC. However, there always was a dedicated commitment toward the actual work. There were no innovators, early adopters, early majority adopters, no late majority adopters, and no laggards of the unintended change process (Rogers, 2003). This

group managed to stay locked in what I, as the researcher called the Transitional Turmoil Cycle, never moving into acceptance of the MHCC as a way of a new beginning.

#### Theme Number Eight: Connection

Recalling that the Medical Case Managers work from remote virtual offices in their homes across the United States, and as such, they do not have the luxury of coworkers stopping in to chat. They are connected to their coworkers, their employer, and the outside world of work by way of telephonic communication. With this in mind, the connection theme that emerged allowed each individual to hook up with those individuals who were going through the same transition.

I think that since they (Medical Case Managers) were going through the same thing (experience) that it was a bonding experience. Even today, those of us who came from the same history, we have a bond, a history that was just ours, we still have it today. We rode out the storm. The camaraderie that developed between all of us (Medical Case Managers) remains today. We were all in the same boat....we had a way to vent with each other. I think we all became closer, those people that I communicated with.....because we had a safe place to vent.....a safe place to go to talk....and because we were all going through this together, it made a bond. The relationship with my fellow Medical Case Managers was strengthened. The connection between us (Medical Case Managers) has become so strong. It will always identify us....we all got the lumps together. The thing that gave me comfort was chatting with the others (Medical Case Managers)....that we were all working together.....that made is acceptable. I was sad when I left the other Medical Case Managers...that I worked with.

Medical Case Managers (2003, 2010)

The MCMs that experienced the perceived emotional effects of unintended change in the workplace were a unique group of individuals. They were individuals who traveled this road alone, yet together. They were alone in their virtual offices, with no one at hand to talk to about the “chaos” or “turmoil” they found themselves in but their families. Most did not share the deep turmoil they felt with their families, but did reach out via telephone to those other MCMs going through the same experiences. Frost (2007) talks about individuals in pain needing a way in which they can reach out and talk about the pain they are living through. “Unless this happens, the emotionality of the experience remains, even if masked, and stifles the possibilities of a

healthy reengagement with life and productivity” (p. 206). The dialogues that the MCMs had with each other served to address this emotionality. “Talking about experiences of pain can also help sufferers create a new beginning, a more hopeful future” (Frost, 2007, p. 207).

By way of talking through these turbulent times, the MCMs also formed a bond. Parappully et al. (2002) discussed individuals who were able to access a positive outcome resulting from trauma. Within this research, they identified four processes that supported the positive outcome: acceptance, finding meaning, personal decision making, and reaching out to others in compassion. The MCMs reached out to one another with compassion and as a sense of belonging. They often felt isolated and this was a method by which they could feel that they were not alone. This was noted by such statements as: *We were all in the same boat....we had a way to vent with each other. I think we all became closer, those people that I communicated with.....because we had a safe place to vent.....a safe place to go to talk....and because we were all going through this together, it made a bond. The thing that gave me comfort was chatting with the others (Medical Case Managers)....that we were all working together.....that made is acceptable.* The personal decision making was a definite contributing support and will be discussed in Theme Number Nine: Career Path.

#### Theme Number Nine: Career Path

The final theme that emerged from the formulated meanings was that of career path. The Medical Case Managers all felt that until they individually chose the next career step, they were bound in a chaotic cycle that never allowed them to accept as a good thing their employment with the Managed Health Care Company. The move was not always an easy decision, but the feelings that were noted after having made the decision to leave and move-on were quite evident.

I never felt stable. I was scared about leaving, but more scared about staying because of recent jobs that were lost. Easy access to by own career choice....I knew people who

were in it (new vocational arena)...working with people I knew....they (employer post MHCC) made us feel too important....we never felt like this with the Railway or the Managed Health Care Company. I started looking for another job because I felt trapped. I applied for one of the Field Manager jobs with the Railway and they wouldn't hire me. I did not feel that the Managed Health Care Company was the caliber of company that I wanted to work for.....I made the decision to leave. I am at peace with my new job. I felt like that part of my life, with the railway was nothing but a nightmare.....what began as fun, turned into a nightmare. For many years I could do no wrong, then I (at this change time) could do nothing right.....I am still very raw from the way the Railway treated me....and I never in a million years would have guessed that they would have treated me as they did. I feel relief that it's over. It was a major life crisis. It was the same career path, telephonic case management, but it was not the railroad. It was about cutting ties. We did not realize...we did not realize that there was life on the other side...and you don't know that until you are gone. I was able to choose this job. This job (new career) was like a life line. I was so burned out and so tired of the Railway and the workload.....I thought that if I could just get out of here...it'll be better...it'll be better...it'll be better...it was an easy decision in the scheme of things. I just needed a change. I needed to do something different. It was an opportunity to grow professionally and personally. I got to choose.

Medical Case Managers (2003, 2010)

The MCMs labeled the unintended change in the workplace as “chaotic” and further suggested that their continued association with the MHCC was in a constant state of “turmoil.” This can be seen in such declarations as: *I felt like that part of my life, with the railway was nothing but a nightmare.....what began as fun, turned into a nightmare. It was a major life crisis.* The MCMs were each looking for a way to progress past this state and each one did so in individual decision making processes.

Parappully et al. (2002) has suggested that individuals can employ personal decision making as a means of accessing positive outcomes after a traumatic event. The MCMs did not move beyond the wilderness or neutral zone, as William Bridges' (1991) model suggested when they became employees of the MHCC. Rather, they remained in Transitional Turmoil Cycle until each one made the decision to leave the MHCC and move on. This is readily seen in such statements as: *It was a major life crisis. It was the same career path, telephonic case management, but it was not the railroad. It was about cutting ties. We did not realize...we did*

*not realize that there was life on the other side...and you don't know that until you are gone. I was able to choose this job. This job (new career) was like a life line. I thought that if I could just get out of here...it'll be better...it'll be better...it'll be better...it was an easy decision in the scheme of things. I just needed a change. I needed to do something different. It was an opportunity to grow professionally and personally. I got to choose.* For these Medical Case Managers, the ability to feel that they had been able to choose their career path was paramount to taking back their lives, removing themselves from the association of the unintended change, and as most either stated or alluded to, they *moved on*.

### **Exhaustive Description**

Each Medical Case Manager described the unintended change in the workplace with individual accounts that were both personal and deeply reflective. From these narratives, I extracted the significant statements, interpreted meanings, and produced thematic clusters. Using these extractions, I was able to compile an exhaustive description, which translated into the detection of the essence of the perceived emotional effects of the unintended change in the workplace.

The MCMs were shocked when the Railway announced that they would be locating a company to hire them as “employees” so as to lessen any possible liability from two previous United States Railroad Retirement Board awards involving nurses who worked as consultants for other Class I Railroads, but who were deemed employees of those organizations by way of these board awards. Each of these individuals voiced that they were initially stunned, but that soon the emotion became a sense of betrayal and anger. The world of railroad medical case management, which each had worked in for over fifty years of combined experience, was now upside down. Each MCM had individual concerns that surfaced in response to this declaration. Most were panic-stricken. They had family obligations and financial obligations. They were concerned

about being unemployed. Job opportunities at that time were not perceived to be readily available. They felt that this was an unintended change in their workplace, and they had little recourse expect to follow this path, dealing with the emotional fallout along the way.

The time between learning of the unintended change and the time noted to be the early years as MCMs now employed by the MHCC was marked with physical associations tied to self evident emotions. The number one physical symptom was sleeplessness. This was noted by most and often Sunday evenings presented as a trigger to this ongoing problem. Issues with pain in their stomachs, in the gut, and some diarrhea were noted. Feelings of being tired were questioned as being a result of the work load or possible low level depression marked by sadness (Bartley, 1984).

The MCMs were secure in one area. They all knew that they held the key when it came to the specific knowledge of the job. Disability medical case management, particular to the railway industry, is a unique profession with the learning curve having been suggested as a minimum of two years. The MHCC did not possess any experience in the arena of railway disability case management, so the MCMs were the subject matter experts. They were the purveyors of the knowledge. They were the knowledge managers. They were the single mechanism by which the MHCC could comply with the terms of the contract, the only means by which the MHCC could keep the customer happy.

The MCMs were faced with a dilemma early on. As they were integrated into the concept of being removed as “consultants” of the Railway to becoming “employees” of the MHCC, they often noted that they did not know whom to trust. On one hand, they had a history with the Railway, but as several noted, they were experiencing strong feelings of betrayal. As they were introduced to the MHCC, feelings of suspicion and frustration were paramount. As additional time progressed, feelings of mistrust evolved into distrust. The anger which began as directed

toward the Railway, shifted in focus toward the MHCC. The MCMs noted that they were continually on guard for a hidden agenda or ulterior motive.

The MCMs, for the most part, identified with the culture of the Railway. This was cemented along their consulting path by way of inclusion in the activities of the railway division that was aimed at team building, family associations, and identification with the Railway's Medical Department. Additionally, the Railway's Medical Department often provided tangible signs of inclusion that further cemented the cultural association. Since the job duties never changed and the job location never changed, the association with the Railway Medical Department was perceived as the same and the move from "consultant" to "employee" was viewed as a paper trail and nothing more.

The period noted to be the transition period for the MCMs where they would have moved to an acceptance of the MHCC as their employer did not happen. It should have been the beginning of a new phase, yet it was seen as a period of constant turmoil and chaos. The MCMs, for the most part, did not see that they moved beyond being comfortable in this stage. Rather, they were always waiting for the other shoe to drop. For many, this period was best labeled resigned acceptance of a constant state of turmoil.

The MHCC did not fully understand the particular style of disability medical case management they were charged with delivering by way of their contract with the Railway. They were leasing software and had committed to making some adjustments for their client, but assumed that their medical case management model which was based on a workers compensation model could be adapted. The MCMs, particularly those who had some background and knowledge of the state system, were adamant that this would not be the case. Many suggested that they were very vocal about this incompatibility, but felt that they were being ignored by the MHCC. In turn, they ignored the MHCC when they began to make subtle

moves toward a more centric model. This negativity seemed to take precedence at meetings, conference calls, and into the evaluation process. It was not until the MHCC acknowledged that the MCMs knew how best to serve their client did the tensions start to subside. However, for most of the MCMs the damage to the relationship could not be bridged. The issue of trust remained under the surface.

The MCMs all spoke in terms of this experience being a bonding experience for them. They noted that it was through communication with each other that they were able to face each new day. They noted that the ups and downs were faced not only individually but collectively and that the shared history carried them through. Even 11 years post unintended change, this group of MCMs continues to feel the connection and that connection serves as a relationship that will always be unique to them.

Interestingly, the MCMs have an additional unique characteristic. They felt that it was not until they moved on, made a conscious decision to choose a career path that they were able to leave the unintended change behind them. The emotions that surfaced during the unintended change; the perceived emotional effects that influenced their choice of resigned acceptance and the turmoil they lived each played a part in the decision making process that pushed them into a new career path. They understood that this experience changed their lives, and now they could change their life with a new career path.

These MCMs were prolific in their detail and accounts. This made it easy to follow their thoughts, their thinking, and to extract from the exhaustive description the following phenomenon:

1. The Medical Case Managers experienced perceived emotional effects of an unintended change in the workplace.
2. The Medical Case Managers experienced lack of trust for the Railway as a result of the unintended change and a lack of trust for the Managed Health Care Company

- based on the lack of acknowledgement that the Medical Case Managers were the purveyors of knowledge.
3. The Medical Case Managers experienced a loss of their cultural identification with the Railway as a result of the unintended change but gained a connection to each other that remains firm in its commitment today.
  4. The Medical Case Managers remained in a Transition Turmoil Cycle that did not subside until they moved past employment with the Managed Health Care Company.
  5. The Medical Case Managers were able to put the unintended change behind them only when they individually chose a new career path.

### **Statement of Identification**

Colaizzi's (1978) sixth step in the method of analysis involves developing a statement of identification. This is accomplished by condensing the exhaustive descriptions into a concise statement that encompasses the essence of what was discovered in the study of the perceived emotional effects of unintended change in the workplace. From that process evolved the following: Experiencing the perceived emotional effects of the unintended change in the workplace, the Medical Case Managers underwent a transitional turmoil that was suggestive of distrust aimed at both the Railway and the Managed Health Care Company, but which built a bond within this group that carried them, individually and collectively, toward the personal decision that allowed them to move on in their career path thus accessing a positive outcome.

### **Participant Verification**

The final step in Colaizzi's (1978) method of data analysis was taking the findings back to the Medical Case Managers for their verification. This was done in an effort to determine what if anything the researcher might have omitted. It begs to answer the question: What pieces of your experience have I omitted? The following comments were noted:

- Yes. Good synopsis!
- You got it!

- This really sums it up!
- It is great.
- That sums it up.
- This is it; it was a cathartic experience.
- It was a major life crisis....put in perspective. I can now let it go.

### **Summary**

This chapter began by looking at the individual participants, who shared their lived experiences of an unintended change in the workplace. These participants were seven very different individuals who lived through a very chaotic time in their lives and were willing to share their individual stories. Each of the seven participants involved with the research was introduced in an attempt to allow the reader to see and hear his/her stories, while honoring the confidentiality that was promised. Since so much of the change process remains centered on the organizational aspect of change and transition, the focus of this research was aimed at the individual and their account of transition. Following William Bridges' (1991) Change Model some remarkable differences were noted in the transition phase of change which did not quite line up with his model.

This chapter also revealed the essence of the perceived emotional effects of unintended change in the workplace by way of Colaizzi's (1978) method of analysis of the data. This method of data analysis was the correct fit in bringing to life the lived stories of this unique group of MCMs. Following Colaizzi's method (1978), I began with audio-taped interviews, taking copious notes along the way. The interviews were then transcribed verbatim and compared to the 2003 interviews that were the result of a scholarly research project. The interviews from both time frames were read and reread. The audio-tapes were listened to and notes were made on the corresponding interview transcription. I returned to the data and focused on those characteristics that developed as most important and closely connections to the

phenomenon explored. From this data came the extracted significant statements, where after continued review, formulated meanings were noted which matched the participants' terms. After an exhaustive review of these, thematic clusters were identified. These were discussed in detail with specific statement references that punctuated the theme. The exhaustive description further reduced the phenomenon, and from that stage I formulated the statement of identification. The final step was the member check with no new data emerging. Chapter 5 will present a reflection of the findings.

## **CHAPTER 5**

### **CONCLUSION**

#### **Reflection on the Findings**

The following reflection is but a compilation of the feelings expressed by the Medical Case Managers who were part of an unintended change. These individual statements were selected from the seven participants interviewed so as to allow a brief recollection of the general agreement about that time period in their lives.

I feared losing my job, my family depended on me. I felt uncertain about my future. I felt betrayed by the Railway. I had many sleepless nights. We were professionals, we knew our work. I knew I could do my job, but they (Managed Health Care Company) did not acknowledge that reality. They (Railway) dumped us on ... (Managed Health Care Company). I always thought of myself at a railroader. My job never changed. It was the same work, with the same people, in the same setting, with another name on the check. I had to move-on; I had to choose my own path. It's finally over.

Medical Case Managers (2003, 2010)

#### **Summary of Purpose**

The purpose of this phenomenological study was to describe the lived experiences of a group of specialized Medical Case Managers who were working for a Class I Railway. The MCMs were working as consultants but were forced to become employees of an outside company in order to maintain the current career path. The study results followed the path of the unintended change from initial interviews as part of a scholarly research project completed in 2003, to and including a follow up interview in 2010. Special attention was focused on the interviews and comments and the actual emotions that were noted in both statements and inflections during the audio-taped recordings. This data regarding the transition process of unintended change was compared to William Bridges' (1991) change model in an effort to document a factual timeline denoting the transition process. This research offers for review by

researchers and academia the descriptive immediate experiences of these MCMs over a span of time as well as offering insight into what I, the researcher have termed Transitional Turmoil Cycle which demonstrate the perceived emotional effects in a repetitive cycle which does not end until these individuals changed careers. The emotions that define and denote this project are analyzed at length with specific recommendations. The research questions that were proposed as the general aims were: What are the immediate emotional experiences of a group of MCMs who were part of an involuntary change from ending to wilderness to beginning? And what, if any are the emotional effects on a group of MCMs who were part of an involuntary change toward career assessments and career path?

### **Summary of the Methodology**

Ten Medical Case Managers had participated in a qualitative interview as part of a scholarly research project in 2003. Seven of the original ten were available for the 2010 interview. These seven MCMs had been “consultants” for the Railway, when in 1999 the Railway advised the MCMs that a contract was being arranged with a MHCC for a case management software product, and to maintain their employment status, the “consultants” would have to become “employees” of the MHCC. As part of the 2003 project, each MCM was interviewed telephonically. This was due in part to the fact that these individuals lived in various geographical locations across the United States and in part because telephonic disability case management was a familiar venue for them. The interviews were conducted at the pleasure of each participant. The interviews were recorded and field notes were taken by the researcher and later transcribed with a number being assigned to each individual. A fellow class mate who was also conducting qualitative research was asked to read the field notes and transcripts for themes and possible insights. Both researchers came up with similar findings with no inconsistencies noted in the two separate interviews.

Of the ten original MCMs from the 2003 project, seven were available for participation in this research. They were contacted via email with an explanation as to the study with an invitation to participate. Each one responded positively. Communication via email as to times and dates for the telephonic interviews were made, as well as contact regarding the informed consent. After several email messages, a time and date was established for each participant, and an invitation via Microsoft Outlook Express® was sent to each so that the time and date would be placed on their calendars for an in-depth phone interview and reminder. Face-to-face interviews were not an option due to the geographical locations of the case managers in the Northern America hemisphere. Since the MCMs are all well versed in telephonic medical case management, this forum is both familiar and comfortable for them and the researcher.

The case managers were offered a time and date convenient to their respective schedules. Confidentiality was discussed at length with all participants. They agreed to inclusion in the research project based on confidentiality. Two of them now work directly for the Railway and the other five continue to have some contact with the MHCC. Based on their concerns over some recognition by former or current employers, great care was taken in documentation during this project. The individual participants were told that they would be assigned the same number used in the scholarly research paper in 2003. An informed consent form was mailed to each participant prior to their scheduled interview. The participant was advised that not only field notes will be taken but that an audio taping would be used as well. All of these would be available to the researcher, the committee chair, and one outside consulting professor. They agreed to this arrangement.

The interview began with a few moments of general discussion, some personal and not related to this effort. This was done in an effort to establish rapport and to ease any anxiety the participants might have had with this process. Once I felt the participant was at ease, I began

with a briefing of what would take place during the interview process. Each participant was encouraged to ask questions and provide any feedback or concerns. All questions were addressed and these again dealt with confidentiality and anonymity. The researcher began with describing the aim of the study and allowing the participant to again commit to the process. A brief outline as to the value of certain questions was explained, without asking the specific question. The preeminent approach to increasing participation and truthfulness is by increasing the participants' understanding of the study and the importance of their role (Flory & Emanuel, 2004). The participants were reminded how much their lived experiences meant at the 2003 scholarly project and how much they would add to the current interview. Each participant expressed a desire to complete the cycle and sincerely afford the researcher with their feelings, thoughts, and ideology.

Notes were taken during the interview with comments on tone of voice that denoted a strong emotional connection. Transcription of the recorded data was completed the day of the interview which was considered accomplished in a timely manner. Transcription of the field notes was read and rewritten for clarification immediately after the interview. The 2010 responses to the original guiding questions from the 2003 scholarly research project were reviewed and compared for both consistency and differentiation. Although the 2003 recordings were not available, there was a log with emotions noted that corresponded to the 2003 interviews. These were reviewed individually and again in comparison to the 2010 audio-tapes. The questions about career path were used to determine the end of the Transitional Turmoil Cycle and to clearly document what propelled the MCMs to move on.

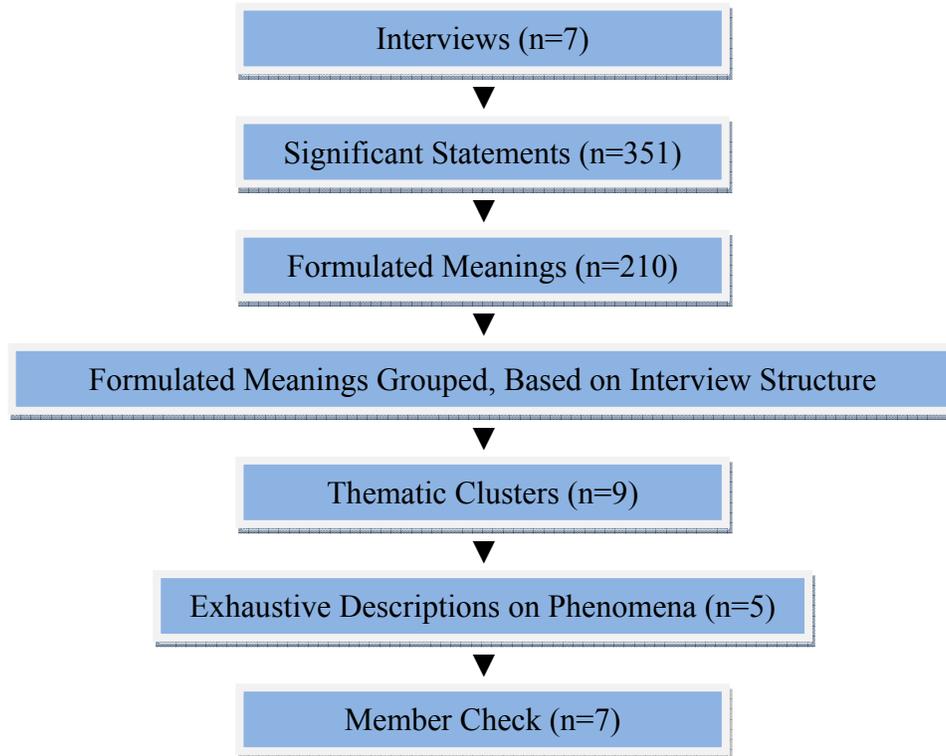
The records from the change in 1999, the data from the scholarly research project from 2003, and the data from the 2010 interviews was reviewed and synthesized. William Bridges' Change Process (1991) was employed as the lens by which the data was scrutinized and

examined in order to determine the transition process. Colaizzi's Seven Steps of Phenomenological Analysis (1978) was used to analyze the collected data from both the 2003 scholarly research project and the current research. This process allowed the researcher to become very familiar with the data, so that significant statements were extracted and formulated meanings were noted from the individual's own terms. From this, thematic clusters were developed and after exhaustive descriptions, the fundamental structure of the data was identified. The final step was taking the finding back to the participants for member check, which was completed with no modifications.

The sample for this research was a purposeful sample. This was done with full knowledge that this was not generalizable to the public at large but rather for the purpose of taking an intense look at a group of expert Medical Case Managers who work in a specialized transportation industry, allowing for a richness of data for synthesis (Bowen, 2005). Additionally, because of the involuntary change they experienced, the voluntary disclosure of detailed immediate experiences will add to the body of literature (Narayanan, Pinches, Kelm & Lander, 2000).

Although some call interviews and verbal explanations "messy," there is no better way of gathering the wealth of first-hand information than from the individuals who experienced it (Chi, 1997). As part of the qualitative inquiry, the MCMs were asked a series of questions having to do with their move from the MHCC to their current vocational status today. These questions were aimed at eliciting their feelings about the unintended change; their feelings during the transition; and what part the emotional effects of the unintended change played on their career choice to move away from the MHCC to employment of their own choosing.

**Summary of the Outcomes**  
**Data Analysis Review**



**Figure 1. Summary of data analysis**

As stated in an earlier chapter, Colaizzi's (1978) method of data analysis was employed for a detailed review of the collected data, with the intent of becoming exceptionally familiar so as to allow insight into the individual's inherent meanings. This involved reading and rereading the transcribed verbatim interviews from 2003 as well as 2010. The audio-taped recordings from 2010 were listened to repeatedly for clues and evidence which were linked to the responses. From here, identification of the phenomenon being studied was extracted from the data with significant statements proposed. Each of these statements was reviewed with the participants' own terms and formulated meanings were noted. Those meanings led to thematic clusters which provided a road map for following the data. From the themes that emerged came an exhaustive description which allowed the researcher to identify the fundamental structure of the data. Finally, the return to the participants for their comments as a way of member check, offering the

ability to concur, correct, delete, or add to the information collected and synthesized. Figure 1 is a composite of the data analysis process.

### The Unintended Change

From the themes came the following nine distinct thematic clusters: the emotion experiences of unintended change; the physical link; knowledge management; trust; culture; transition; reciprocity; connection; and career path. Each thematic statement was found in all seven Medical Case Managers interviews, 2003 and 2010. The themes that emerged were touched with the stated perceived emotions noted in both words and by way of voice inflection, sarcasm, innuendo, and a jaded mind-set. These themes were reviewed over and over to further refine them by way of specific exhaustive description to allow the phenomena to emerge in the following statements:

1. The Medical Case Managers experienced emotional effects of an unintended change in the workplace.
2. The Medical Case Managers experienced lack of trust for the Railway as a result of the unintended change; and a lack of trust for the Managed Health Care Company based on the lack of acknowledgement that the Medical Case Managers were the purveyors of knowledge.
3. The Medical Case Managers experienced a loss of their cultural identification with the Railway as a result of the unintended change, but gained a connection to each other that remains firm in its commitment today.
4. The Medical Case Managers remained in a Transition Turmoil Cycle that did not subside until they moved past employment with the Managed Health Care Company.
5. The Medical Case Managers were only able to put the unintended change behind them when they individually chose a new career path.

The perceived emotional effects of the unintended change in the workplace as experienced by the seven Medical Case Managers who participated in this project were very similar. Initially, the MCMs were in a state of denial. They thought that they would be “fine,”

some even going as far as suggesting that they thought that the individual divisions they worked for would contract to them directly and bypass the Railway's Medical Department. However, the realization that this was not going to take place quickly morphed into intense feelings of anger and betrayal directed toward the Railway's Medical Department. The emotions evoked by these feelings were focused on the Medical Department of the Railway. The descriptions of the anger, such as: *I was so pissed. I was so angry. I felt betrayed by my employer. It was all lies. I thought we were being displaced, devalued, and demeaned. I cried. It created insecurity and mistrust.* The Medical Case Managers felt betrayed because during many years most of these individuals worked for the Railway as "consultants", they were held in high esteem by the Railway; told on many occasions how important their contributions were; and that they were an indisputable member of the Railway's team. When the unintended change came about, all of these flattering words of inclusiveness were viewed by the participants as "lies" and that very keen sense of betrayal then morphed into a very factual and palpable anger with the Railway's Medical Department continuing to be the focus. Loss of trust became paramount in their feelings regarding any communication and contact with representatives of the Railway's Medical Department.

Trust issues continued to plague the MCMs. Although it began with the Railway, it evolved into similar feelings for the MHCC. As noted earlier, the most common belief is that the "trustor believes that the trustee will behave in a way, which is favorable for him" (Lahno, 2010, p. 172). The MCMs did not view the change as being in any way favorable to them. Instead, the theme that emerged from those in-depth interviews was a sense of betrayal and anger at the Railway for breaking the trust bond and a sense of betrayal and anger at the MHCC for not recognizing their inherent knowledge for the work they were doing. Lahno (2001) argued that "common sense is right in maintaining that trust has emotional character" confirming that the

intense sense of let-down that the MCMs experienced as a result of the unintended change was indeed emotion based. Mistrust was the early indication demonstrating a lack of confidence in the Railway, with distrust, the emphatic loss of trust quickly took center stage with the MCMs.

Interestingly, within the first year of the move from consultant of the Railway to employee of the MHCC, the MCMs began to distrust the MHCC. This was noted in such statements as: *I was angry at the (Manage Health Care Company) for not realizing that we knew what we were doing; they thought we didn't get it. I was so angry that they (Managed Health Care Company) just waltzed in and got it (all of our knowledge) from us, who had to learn (and gather) it the hard way. I held back information. I felt all along that they wanted to replace us (Medical Case Managers) with their own (case managers working for the Managed Health Care Company); they kept trying to implement their case management model. I felt that they (Managed Health Care Company) did not trust me. I had to report to people who did not know my job.* This shift in focus of trust issues from the Railway to the MHCC can be looked at as a second unintended change that was unforeseen by the MHCC. The MHCC did not have any knowledge base in railroad disability case management. The early months and years were fraught with interruptions and modifications that the MCMs were focused on and the MHCC seemed intent on hoping it would go away.

As mentioned previously, the MCMs' experienced feelings of anger, betrayal, stress, anxiety, fear, insecurity and distrust as they faced the unintended change. At this same time, the MCMs' individual identities which were tied directly with the Corporate Identity of the Railway, the Division Identity of the Railway and the Medical Department Identity of the Railway were removed from the unintended change. This led to additional feelings of anger, betrayal and loss of trust. However, a loss that the individual MCMs felt intensely was the loss of their identity with the Railway. The MCMs, when working as "consultants" for the Railway, spoke of actually

being included “as employees” of the Railway by association with the Railway’s Medical Department; hailed as “employees” of the Railway with safety gifts and other tangible accounts of inclusion; and held up as the cog in the Medical Department Wheel, as the Medical Department had circulated in a detailed accounting of return to work practices, disability management schematics, and at face-to-face meetings with Medical Department representatives. This identification with the culture of the Railway was beyond just belonging for these individuals; it was their individual identity, and it was their personal uniqueness tied up to their loyalty to the Railway Organization. That loyalty was in a real sense their safety net; they felt protected. Anger and betrayal continued with this loss of cultural identification. One comment, “I never identified with the MHCC, but always the Railway’s culture” seemed to sum it up. Interestingly, this loss spurred a different kind of identity and that was one that the group saw as their connection. Each MCM spoke of the bond that formed within the group, having gone through the process together. Even at this late date, some ten years plus post unintended change, they continue to talk about their connection and the way that they saw themselves.

The consensus among the MCMs was that the suddenness with which the Railway, specifically the Medical Department, divorced itself from the MCMs was likened to a death. It was “swift” and it was so “totally unexpected.” The MCMs saw this as “cruel” as death often is perceived, and it was a change that was not expected nor even anticipated. The revelation that they were not “protected” by the Railway was additional cause for anger and betrayal. In this same time period, the individuals noted that they felt a great deal of frustration and loss of control over their lives. Words like anxiety and stress seemed to present themselves in every answer. These individuals were grieving a loss but did not recognize it at the time.

The MCMs said many times how much they loved the work that they were doing for the Railway. Many of these individuals felt that they were in the job that they wanted to do forever.

Few had any aspirations other than “belonging” to the Railway, the Division and the Medical Department as partners in “one of the best medical case management models of all times.” The unintended change left them with a feeling a loss. It seems apparent from their comments that they did not recognize this for the enormity that it played in their lives at the time, but in retrospect they all felt that they had no control over the change in their lives nor did they recognize this loss and the ramifications until they were well into the process. There was a period of time when most pretended that it was all *OK* and *I’ve accepted it, but it won’t last*. That pretense soon turned to emotions that surfaced, such as anxiety, stress, and frustration, which remained so for the majority of their employment with the MHCC.

Most of the MCMs felt that they were not in any position (financially) that would allow them to do anything other than follow the path as set out by the Railway. This rested on such remarks as: *Would I have a job? What about my family? I have family obligations to meet; will I have a pay check?* There was a huge concern about looking for another job in the economic times that so many were experiencing in the work community at the time of this unintended change. Some participants voiced that they just did not want to give up the Railway association. In the end, most felt like they floated from one situation to the next as if in a dream like state. *“It didn’t feel real.”*

### The Transition Period

One of the focuses on this research was to try to put a clear and concise face on each individual transition period for the Medical Case Managers participating in this research project. Researchers are beginning to acknowledge the importance of time in social inquiry (Avital, 2000). Longitudinal research is allowing readers to gain a depth of understanding that covers not just one shot, but a multiple view of collected data for review and comparison (Pettigrew, 1990). Is there connectivity over time? The past and the future can tell quite a detailed story

(Whitehead, 1993 in Avital). This framework allowed for the disclosure of associations, both good and not-so-good, for rationales, and possible concurrences. Furthermore, the single-snapshot data collection process could offer some severe restrictions in what could be a more complete picture of the story (Avital, 2000). Research has been sadly lacking in a look at the transition process as indentified by the individual over a time period (Fox & Spector, 2002).

Following William Bridges' *Transitions* (1991), a template was made that allowed a look at the three phases of change under the headings of ending, wilderness, and beginnings. At each level, what the individual participant said with regard to that level as well as what the individual emotions looked like for each participant was painstakingly entered into a modified Bridges' (1991) template. This process enabled the researcher to compare the results of the 2003 scholarly research and the 2010 interviews for similarities or conflicts. The findings were noted in the individual participant tables for each MCM in Chapter Four. The responses from the seven MCMs were reviewed and noted at each separate interview process. Then they were reviewed in detail as a comparison at both the 2003 and the 2010 in-depth interviews. The responses were so similar at each interview, that it led this researcher to feel confident in the honesty and forthrightness of those participants. There were some noted differences about the transition, but this was a finding that led to the conclusion that the individuals were not able to move beyond the transition while employed by the MHCC. The individuals were most often in conflict and they did not move to the beginning phase as would have been expected by Bridges' (1991) Model for Change.

The MCMs noted feelings of frustration at a process that they did not feel they had any control over. Most noted anxiety over job loss; feelings of family obligations (financial); loss of any control; and they noted feelings of being *displaced, devalued, and demeaned*. Interestingly,

these same feelings were noted at the 2010 interview as transferred from focus of the Railway to the focus of the MHCC.

Listed here is a composite template which represents those emotions as experienced by the MCMs during the unintended change process. Table 10 is intended to demonstrate individual emotions during each phase of William Bridges’ (1991) Transition. The renewal is clearly that point at which the MCMs moved away from the MHCC’s employment and on to a new career.

**Table 10. Composite representation of the emotions during the unintended change**

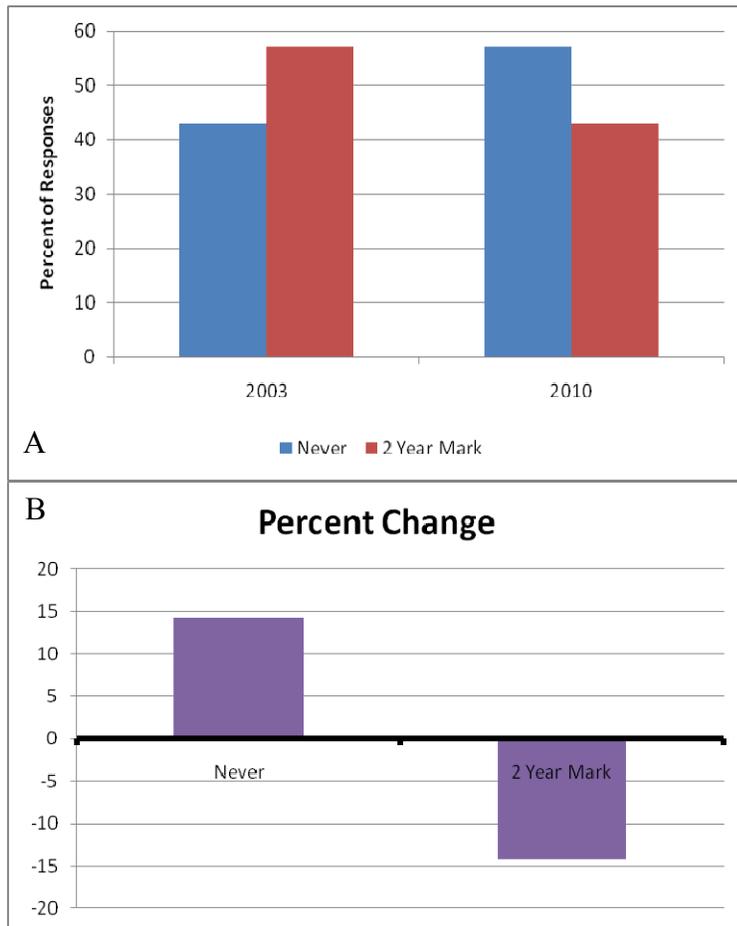
<b>ENDING</b>	<b>NEUTRAL ZONE</b>	<b>BEGINNINGS</b>
Old responsibilities change	Temporary state between old and new	Renewal
<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>	<b>WHAT THE EMOTIONS LOOKED LIKE</b>
Mistrust/Distrust	Mistrust/Distrust	Letting Go
Anger	Anxiety	Hope
Betrayal	Stress	Relief
Anxiety	Frustration	Acceptance
Fear	Questioning	Cautious Optimism
Stress	Dread	
	Ambivalence	

The Medical Case Managers were all professionals with a combined fifty years of medical case management experience, most of which was specific to the railway industry. This group was the manager of the knowledge that allowed the successful disability case management for the Railway to continue uninterrupted. They were instrumental in the success of the Managed Health Care Company, who had no prior railroad case management experience. Without this group of MCMs, the MHCC would not have been able to comply with the requirements of their contract with the Railway in providing disability medical case management services. However, the MCMs said at both the 2003 and 2010 interviews that their biggest frustration was having individuals in charge of this program who had no first-hand experience. This coupled with individuals being in positions of authority over the MCMs, at the request of the Railway, who

had little to no railway disability case management experience was seen as demeaning for this group of professionals. Next, the frustration level grew in response to having to teach the Managed Health Care Company how disability management in the railway industry was different, how the process worked, and then having to share the wealth of knowledge and contacts which they considered as their individual intellectual capital. That frustration then morphed into anger at the MHCC for their lack of acknowledgement that the MCMs were professionals and knew their jobs. The MCMs felt that they were constantly having to defend their work product and were sure that the MHCC wanted to tailor this program to fit their workers' compensation disability management process. This time period moved from frustration, anger, fear, irritability and hostility to feelings of being overwhelmed, questioning, chaos and turmoil. Bridges (1991) model notes that the individuals usually move on at about the two year period of the change process. This group, although some noted in 2003 that they indeed did move on, their statements, emotions and the follow up 2010 interview put a different view to this. The MCMs viewed their employment period with the MHCC as one of turmoil. Some noted ambivalence toward their employer: *I just did the job. I never felt like it ended. I just accepted that this was the way it was going to be. It never stopped. There was such confusion. It was ongoing. It was chaos.* Researchers have suggested that there has been little follow up to determine if the transition period as noted by the participants stand as such or if they differ. If they differ, how can one explain those differences? A composite view of the endings, the neutral zone and beginnings is here for review.

Interestingly, at the 2003 interview four of the seven participants noted that they felt the transition ended at the two year mark. At the 2010 interview, four of the seven participants noted that they felt the transition never ended. Two of the seven MCMs interviewed comments and recollections were the same at both the 2003 and the 2010 interview as related to the end of the

transition phase. Additionally, those individuals, whose perspective changed, did so as they



**Figure 2: A) The percentage of respondents that answered Never (blue) or 2 Year Mark (red) in years 2003 and 2010. B) The percent change of each response from 2003 to 2010.**

progressed into the next step of their career path and moved on to new opportunities, where they had made the decision to leave the MHCC.

Conversely, in the 2010 interview, the anger that was so very prevalent in the 2003 interviews and directed at the Railway was now turned in the direction of the MHCC. What could account for this switch and was this in any way associated with those individuals who at one time felt the change had transitioned at the two year mark, but were now saying it

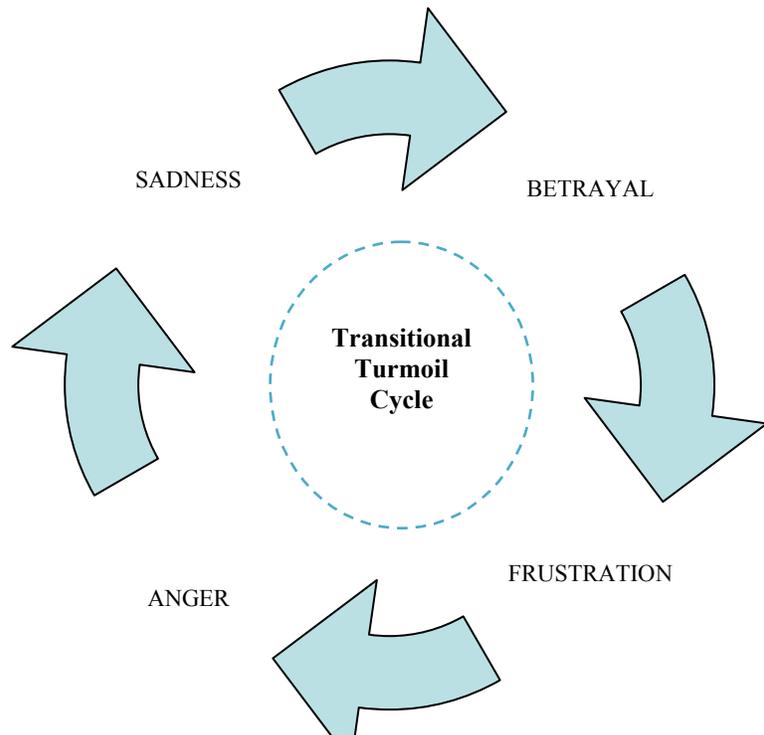
never was completed? How did these

emotions get so mixed up? If one were to look at the work of Elizabeth Kübler-Ross (1997) and review what she says about the five stages of death and dying, you could see where the Medical Case Managers never completed the cycle of grieving (Ross, 1997). It seemed that these MCMs were actually stuck in what Bridges (1991) called the neutral zone and what Kübler-Ross' (1997) called the acceptance stage. What should have been a transition from the neutral zone to the beginnings seemed to be a roller coaster cycle that was repeated. Where Kübler-Ross (1997) noted acceptance that led to moving on, the MCMs actually kept living the cycle over and over. Although the MCMs indicated that they were accepting of the transition at the two year mark,

their words and emotions during the 2003 interview decried this pronunciation. When compared to both their inflections noted at the 2003 interview journal with both the words from 2010 interview and audio-taped intonations from the same interview, a difference was noted. In essence, the real picture was a bargaining with the self, a resigned acceptance of the current state, in order to endure what was in their own terms a time of chaos and turmoil (Kübler-Ross, 1997; Bridges, 1991).

This sheds some new light into transitions and a way to make sense out of how the MCMs coped with this difficult time in their lives. Additionally, this offers a new look at the combination of Bridges' (2003)

psychological components of transition and Ashforth's (2001) social aspects of transition with what this researcher calls the Transitional Turmoil Cycle as demonstrated in Figure 3. For these Medical Case Managers, there was no beginning, until they left the Managed Health Care Company and moved



**Figure 3: Transitional Turmoil Cycle**

beyond anything that touched the unintended change. It was only at this point, that they were indeed able to let go and move forward.

### The Renewal

The Medical Case Managers all moved beyond employment with the Managed Health Care Company in separate stages after the 2003 scholarly research project. Prior to that move the

unease they experienced and verbalized with their employment connected to the MHCC seemed to be centered on four issues: continued identification with the Railway; issues of trust and job security; issues surrounding knowledge management; and ultimately the issue of choosing their own career path. These themes continued with the 2010 interviews. Each MCM was confident in his/her ability to do the job as required by the Managed Health Care Company, noting that he/she was indeed the subject matter experts who possessed the employment skills that would satisfy the client, the Railway. It was the perceived lack of acknowledgement in the early years by the MHCC regarding the ability of the MCMs to get the job done within the particular confines that differentiate disability case management in the railway arena from the state workers' compensation model. These issues continued to plague the MCMs with little perceived resolution.

Most of the MCMs had worked for a number of years as “consultants” for the Railway. Their identity centered on being MCMs who specialized in case management in the railway transportation industry. These individuals across the United States are few in number and as such are an elite group of case managers. The rules, regulations, and idiosyncrasies that surround the railway transportation industry add to the complexity of their profession. Adding to their cultural identity was their inclusion with this specific Railway by way of cultural identification with not only the corporate level but also at the Division and Medical Department levels. The move from “consultant” of the Railway to “employee” of the Managed Health Care Company did not alter this cultural identity for the MCMs. They were doing the same job, with the same title, for the same organization, the same division, and answering for the most part to the same medical department. As one MCM stated: “It was the same work, with the same people, in the same setting, with another name on the check.” Their emotions were moving like the wheels on a train. They were going round and round. There were issues with trust for the Railway that surrounded

their perceived treatment, and there were issues of trust surrounding the MHCC that touched an inability to understand the uniqueness of the job at hand, a job these individuals had been doing for quite some time. The perceived lack of acknowledgement from the MHCC for the quality of work being done by these individuals led to feelings of disrespect and condescension. Mistrust was the early indication by the MCMs demonstrating a lack of confidence in the Railway, soon turned to distrust, the emphatic loss of trust. Organizational Change has touched on the assessment of trust and cynicism in other transportation industries, with cynicism and distrust becoming the focus of clarification in research (Thompson, Joseph, Bailey, Worley, & Williams, 2000).

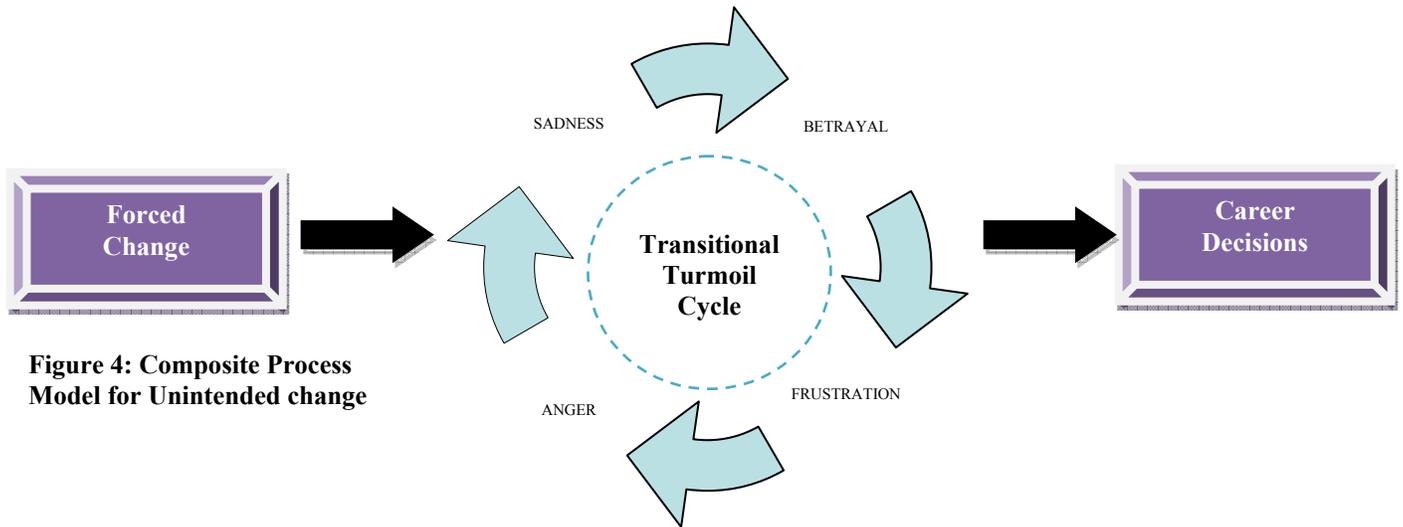
Putting an end to this chaos and turmoil was only completed when the Medical Case Managers were able to choose their own way, a new career path. They likened the chaos and turmoil, which encompassed the whole unintended change process, as a roller coaster ride that never stopped. Their personal decision to move on allowed them to move beyond the emotions that were a daily part of their lives. Being able to choose independently, with no input from family or friends, allowed them to move beyond the turmoil of the unintended change; it was making their own choice. Even though that choice predicated a change, that change was one that was welcomed. William Bridges (1991) said that “a person’s career, like a long-term relationship, goes through a sequence of phases” (p. 74). It appears that the unintended change and the emotional effects of that change, kept them mired in a Transitional Turmoil Cycle that did not end until they individually and thoughtfully made a conscious decision about career path. What should have been a transition into the beginning phase as they moved into employment with the MHCC did not take place. Rather, the beginnings phase for this group of MCMs did not progress until they were able to choose a career progression that called attention to their individual value that allowed them to focus on professional development as well as bolstering

their professional worth. It is noted that the transition ended only at the period that the MCMs made a “free choice” to move on, a choice toward a career path that they chose, and ultimately a change that they instigated willingly that allowed them to move past the chaos and turmoil.

The issue of career choice was explored at three levels of influence: micro, meso, and macro (Ozbilgin et al., 2004). At the micro level, the factors of individual agency affect individual choice, such as free choice; knowledge, skills and abilities; family or friends; knowledge of the career market and financial considerations. When individuals move on to the meso level, here individual career desires are reconciled as part of career choice with regard to such items: easy access to career path; quality of life associated with career choice; flexibility and or autonomy; developmental opportunities; and promotion. Finally, at the macro level, structural considerations are made that inhibit or enhance career choice, such as career choice being influenced by gender, ethnicity, age, or chance, luck, and/or faith. Interestingly, sociologists look to these relationships to explain occupational choice. The MCMs individual choice to move on to another occupation were all in agreement at both the micro and meso levels of influence that individual choice over their individual careers drove the desire to move on and past the turmoil and chaos of the unintended change. There were differing opinions on the topic of chance, luck, and/or faith with regard to the macro level of influence that either inhibited or enhanced their career choice; however, these seemed to stem from personal views. The overwhelming consensus was that having the freedom to choose their new path was liberating to the MCMs. One MCM summed this point up: *I think you have to make situations opportunities rather than become victims...even if it takes a while.*

Ozbilgin et al., (2004) suggested that “having the freedom in their career choice....does not exist in this pure agentic form” (p. 23). Rather, they see career choice as have a variety of constraints, some which we fail to recognize. Much like the MCMs who were in a career path

that they assumed would continue with the Railway. They were amazed when the Railway announced the unintended change and they were unnerved and unprepared for the next step. Thus understanding the many different factors that impacted the career choices of this unique group of individuals, would be favorable in “designing and delivering better informed career counseling and mentorship (Hunt and Michael, 1983 in Ozbilgin et al., 2001). For this group of Medical Case Managers, at each level of influence on career choice, the overwhelming confirmation was individual choice that allowed them to move past the unintended change in the workplace. Figure 4 is a composite accounting of the process model for this unintended change. This recent interview process and culmination of the totality of this research project was in many ways cathartic for both the participants and for me. It put an end to a tumultuous time and brought closure with a meaningful statement for each individual. *It's finally over!*



**Figure 4: Composite Process Model for Unintended change**

### Summary

Often times we wonder about individuals and the path they choose. What makes them choose the right lane or the left lane? What considerations did they take into deliberation when they made that choice? What did they reflect on and who did they consult? These questions focus on an individual making an informed decision, but what we rarely, if ever, think about is what if

the individual is faced with change, yet they feel that they have no choice, what then? What are their thoughts? What are their experiences? What are the emotions that mark this time in their lives? How does it impact future decision making? “Nothing in the end is real but what is felt, and for me nothing in the end is real but that which I feel” (Bradley, 1909). The essence of the immediate experience exists in the lived experiences of those individuals who tell their distinctive stories. Mergers and acquisitions happen in the work place and individuals are impacted both positively and/or negatively (Kiefer, 2002). However, this unintended change was brought about with such rapid progression that in essence it subdued the individual into a perceived feeling that they had no choice, and no control. This unintended change or what some recent researchers have studied as “unintended change to traumatic life events” must be viewed with a different lens (Jian, 2007). Its focus is recommended as centered on the individual and the emotions that abound in the change process (Miller et al., 2007). Ultimately, how those emotions influence an individuals’ decision making remains limited in the research (Fox & Spector, 2002). This research has brought to life a unique look at the lived experiences of a group of Medical Case Managers who were part of an unintended change in the workplace. The research focused on the emotional effects of that unintended change and how it impacted their lives, specially, how those emotions brought them past that change and how they impacted their individual career paths.

“From one vantage point, occupational careers have everything to do with identity and with the location of people within a social hierarchy; they provide not only a way of knowing one’s self, but also a way of knowing about other people” (Kanter in Moen, 2005, p. 190). Individuals who have a deep connection, who identify with the culture of the organization, feel protected and safe. When this safety net is lost, they will need a period of adjustment with any change process (Harris, 1994). Although the period of transition for the organization is a

predetermined time frame, the period of adjustment is not so defined for the individual. The period of transition for individuals is dependent on the nature of the change and the individual who experiences the change (Anderson, 2009). For those individuals who are able to get beyond the anger and betrayal, moving on seems to be the logical preference. However, there are times when some individuals remain in the same sequence, experiencing a sense of chaos and turmoil over and over again, much like a loop on a roller coaster. For these Medical Case Managers, the turmoil and chaos that they noted did not abate until each one moved from employment with the Managed Health Care Company and on to a new career path that they chose.

It has been acknowledged that the link between career and identity for those, whose conception is highly tied to their career, can be devastating when that identity is snatched away. Some researchers have tried to identify why some individuals seem to adapt and others fail. Research that addresses trauma has suggested that individuals may benefit from the ability to tell their story, and the “evolving story” can help repair the hurt toward a goal of resilience (Marwaza, 1999, McAdams, 1999). The “evolving story” with the current research focused on individuals who were trapped in a revolving transition that seemed plagued with fear, frustration, anger and betrayal. The Transition Chaos Cycle was viewed as never ending to the individuals who were part of this cycle. Interestingly, research has been limited on such a focus that would offer another suggestion as to why individuals do not follow prescribed change processes (Duchscher, 2009). The new career truly belonged to them, it was a career decision that was made by way of an “individual, objective, and rational process” (Motulsky, 2010). Little research has been conducted that focuses on the impact of emotion in career decisions (Kidd, 1998; Kidd, 2008). Researchers have focused on career change, career motivation, and change models that look at career decision making, lacking any focus on the impact of emotion (London, 1983; Mihal, Sorce, & Comte, 1984; Rhodes & Doering, 1983). This research adds to the body of

literature addressing career decisions based on the emotional effects of unintended change; however, additional inquiry is needed to fully understand the impact that emotions have on *significant career experiences*. This kind of experience has made its presence known. For those individuals who have faced a particularly traumatic job loss, the need to tell their story is emotionally charged. The individuals need to verbalize the events, and by doing so, this verbalization helps readers comprehend the enormity of where they have been and where they want to be and why. This shift forward allows the individuals to grow and put into action a personal action plan that moves beyond the old identity toward a new one (Gordus, 1986). Qualitative interviews can be a researcher's best vehicle by which to detail the stories using the individual's own words (Narayanan, et al., 2000).

The Medical Case Managers suffered from a lack of trust for both the Railway and the Managed Health Care Company. They possessed the specific knowledge for their roles as disability case management professionals; however, there was a lack of perceived acknowledgement by the MHCC. This unintended change led to a loss of commitment towards the Railway with no commitment toward the MHCC. In the end, the only real commitment was to the work. The commitment to their work remains most important in their new career paths.

Not being aware of the emotional effects of an unintended change or ignoring the emotions can and does have far reaching consequences. In this case you had two organizations, the Railway and the MHCC who both ignored what was happening. The Railway chose not to see how their lack of candor, with the MCMs in the evolution of the change, contributed to the emotional turmoil and chaos at the outset. By not being more involved in providing some security via contractual agreements with the MHCC, the Railway relegated the MCMs once held in high esteem and regard to positions of insignificance. The MHCC was blind in that they did not see the differences in their disability case management process and that specialized process

used with the Railway. The MCMs were ignored by the MHCC. There was no perception by the MCMs that the MHCC appreciated the wealth of knowledge they possessed. The MHCC did not realize the stress the MCMs were under. The MCMs suffered turmoil and chaos from both the Railway and the MHCC, resulting in emotional effects that continued in turmoil until they left the MHCC. As a result, the Railway and the MHCC both suffered the loss of over fifty years of institutional knowledge. The lesson to be learned is that people/organizations must be aware of the emotions go hand-in-hand with change, be it intended or unintended. By acknowledging these at the outset, involving all parties in honest dialogue, listening to those individuals who possess the institutional knowledge, the stress and turmoil that are related to change can be lessened with the change process evolving in a more regular cycle.

### **Recommendations**

The Medical Case Managers opened the door to a new career and used their knowledge base to move forward. Each one possessed the knowledge, skills and ability in the disability medical case management world, which allowed them to secure career opportunities. That door, also, has been opened for academia in such areas as education, psychology, anthropology, sociology, and human resources to explore not only voluntary changes in the workplace but involuntary change that are now considered nonstandard employment relations (Kalleberg, 2000). That open door will enable researchers to follow the paths of individuals in order to address unintended change; allow a clear view of the individual transition process; and allow a clear examination of those factors that influence career choice (Ozbilgin, M., Kusku, F., & Erdogmus, N., 2004). Today, as individuals face the new challenges of dealing with involuntary job loss, professionals, and Human Resource Development professional at the very least, are poised to address both coping with this job loss as well as building a new career. This shift represents a challenge in how individuals will build new careers in a world where the previous

standards of employment, such as thirty years with a firm, are fading away (Gordus, 1986). It brings a distinctive focus to career decisions when individuals are faced with an unintended change related to career choice. “Careers...help people make sense of and talk about the temporal nature of their lives; their past experiences, their present circumstances, and their future prospects, regardless of whether their occupational course is orderly, intermittent, or chaotic” (Moen, 2005, p. 190). Learning to navigate the emotions that individuals experience as a result of significant career experiences can address career well-being (Kidd, 2008), noting that career theory alone has done little to address emotions (Kidd, 1998). Although this research is limited in that it provided information specific to a group of unique Medical Case Managers, researchers have an opportunity to look for other unique groups as a means of providing a glimpse into exceptional lived experiences that can only be brought to light by way of the richness of qualitative research.

As professionals acknowledge and study emotions in the workplace, and the impact on both organizations and individuals, they have in their hands the opportunity to bring forth to the body of knowledge that which can and will demystify the ‘uncomfortable knowledge’ found within organizations (Vince, 1999). Organizations would benefit from additional research aimed at how individuals react to and interpret emotional events with an eye toward the organization better understanding the human capital they employ. Change agents within HRD are poised to take a step forward by taking the ‘uncomfortable knowledge’ of emotions into an arena for both the organization and the individual to face thoughtfully. There remains an opportunity for researchers to widen their horizons and acknowledge that individuals do come to work every day carrying a *grip* full of emotions that may impact the quality of their work; that sudden unintended change can and will have an emotional effect on individuals; and that dealing with them head on will level the playing field and allow both sides an opportunity for thoughtful and

genuine dialogue. Research will continue to require inquiry addressing both the supervisors and the individuals regarding emotions that avert such episodes as violence in the workplace, absenteeism, abuse of medical leave, work related injuries, and a general inability to get the daily job done benefits society at large. Addressing work role transitions prior to change can only benefit all concerned (Nicholson, 1984), and organizations would benefit from those professionals who specialize in leading and institutionalizing change. In order to access before the change any discrepancy, appropriateness, confidence, principal support and personal value, all core components of the change message, organizations must be active participants in the change process. Those participants must focus on honesty, competence, and vision.

Although some career researchers have addressed transitions necessitated by traumatic life events, the causes of these transitions vary from individuals who have suffered physical disabilities to those individuals having to adapt to new careers because of trauma (Dunning, 1997). The literature addressing career transitions of unintended change as such are scant (Spoelstra & Robbins, 2010). It seems that there is an opportunity for us to go forward and make inroads into this territory (Haynie & Shepherd, 2010). Here is an opportunity for such professionals in Human Resource Development, Human Resource Education, Organizational Development and Career Counseling to look toward research that might address the needs of individuals who have been displaced in the workforce. The ever changing workplace now needs new and unique approaches when addressing the problems faced by adults as the world of work changes. Nonstandard employment is no longer a unique experience, but is becoming more commonplace. There are changes in work perceptions as well as in work outcomes due to both voluntary and involuntary career change (van der Velde & Feij, 1995). Research focused on this turmoil would enhance our understanding of unique change processes. In this day and time, unique changes are becoming the norm rather than the exception. This would appear to be an

opportunity for researchers to aid the organization and its members by way of addressing career counseling, career development, and human resource development paths of those individuals impacted by the change (Motulsky, 2010).

Professionals have an opportunity to look at the unique and unusual while focusing on the impact of emotion in career theory; emotion as it relates to role transition in the theory of work; emotion and its impact on theory in career motivation; and emotion and its impact on change theory. Not only can Human Resource Development professionals take a look at how change happens during significant career experiences, but they can bring it to an open field for more visibility and discussion. They can identify the motivation for the change and speak to the possible resistance so that successful intervention can be implemented. This research offers a small opportunity to add to the body of knowledge in one specific area, namely individual experiences resulting from an unintended change, a significant career experience.

As organizations face change, the focus should begin with an honest conceptualization of the change, acknowledging that it will not be easy, it will not be perceived as a good thing by some, and that there is always some element of surprise. Intuitive exploration and data gathering prior to the change can address an issue such as trust. Preliminary evaluation of the individuals involved may identify possible problems which can then be diagnosed. If a problem is identified then a full evaluation can identify the issues and addressed with action plans. For those in the practice of addressing organizational change, the practical implications are such: active decision making that lends itself toward building ownership in the change, individual involvement, one step at a time, building competence in the actual execution of the change and identifying those individuals who are respected colleagues who might assist in the adoption of the process.

Professionals also face a new and unique challenge and that is in the role of career counseling. The employment of the past with individuals working their lifetime within one

organizational setting will be limited. Today, nonstandard employment coupled with voluntary and involuntary change offers opportunities for career counselors to address these issues in new and innovative actions. As nonstandard employment continues to grow, career counselors must acknowledge that work associations will be less about organizational commitment and more about commitment to the work itself.

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## VITA

Susan Batton Carriere was born in Opelousas, Louisiana. She graduated from the Academy of the Immaculate Conception in 1969. She began her college career at Louisiana State University at Eunice. She transferred to the University of Southwestern Louisiana where she obtained her Bachelor of Arts in sociology and her Master of Science in vocational rehabilitation counseling, completing an internship with the Louisiana State Division of the Blind.

Susan is married to John A. Carriere. They have two children, John III and Becky (twins). She has the best son-in-law, Mark Christofferson, and a beautiful granddaughter, Evelyn Rose. She is the daughter of beloved parents (deceased) Robert and Evelyn Batton. She is the middle sister to siblings Bob, Donald, Janice and David.

Susan began working in her father's grocery store at age 13. She worked as a cashier in a major retail store while in college. She worked as a bank teller, sold real estate, and for the State of Louisiana's Department of Social Welfare. She was the Social Worker at the Southwest Louisiana Rehabilitation Center in Lafayette, Louisiana. In 1978, she began working as a consultant for the Southern Pacific Transportation Company's Medical Department (Railroad), where she provided disability management services. She remained in that position until the Union Pacific Railroad bought the Southern Pacific and abolished these positions. In 1996, she was continued her career providing disability case management services to injured railroad employees. She continues in that same career path with almost thirty three years of specialized experience. She works from a virtual office in her home.