Identity and stressful organizational change: A qualitative study

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Paper presented at Emotions Network Conference, Rome, Italy, 4-5 July 2016

Abstract

Individual identity is constructed through many experiences, including the processes and outcomes of organizational change. Change is often stressful and can force individuals to rethink how they view themselves in organizational contexts. Our interviews in a healthcare organization highlight how individuals' work-related identities and their coping strategies are impacted during and after stressful organizational change. We contribute to theory by presenting a more fine-grained understanding of the importance of identity and coping strategies in experiencing stressful organizational change and by developing a model that emerged from our analysis of the interview data.

Key words

Coping, identity, narratives, organizational change, qualitative, stress

Introduction

Various authors have investigated identity at work. Research has focussed on how identity is constructed and reconstructed through a multitude of experiences (Alvesson, 2010), by feelings of insecurity (Collinson, 2003) and loss (Conroy & O'Leary-Kelly, Hakak, 2015), and how it is imbued with emotion (Cascón-Pereira & Hallier, 2012; Kira & Balkin), moulded by discourse (Brown, 2015) and explored through narrative (Chreim, 2005; Humphreys & Brown, 2002). However, there is insufficient research on the nexus between change, stress, and identity. Studies have shown that organizational change impacts on personal identity, e.g. self-esteem (van den Heuvel, Demerouti & Bakker, 2014), self-efficacy (Vardaman, Amis, Dyson, Wright & van de Graaff Randolph, 2012); self-integrity (Wiesenfeld, Brockner, Petzall, Wolf & Bailey (2001) and also on social identity (van den Heuvel, et al., 2014) and organizational identity (Corley & Gioia, 2004). However, there is little research on how individual identity emerges as a lens through which employees view *stressful* organizational change and try to cope with it.

Our research questions are therefore: What change-related stressors influence employees' identities? How do employees cope with change-related identity threats?

Stress, according to Folkman and Lazarus (1985; 1986), is an ongoing transaction between a person and the environment where causes, consequences and coping are in constant flux. Disruptions to identity can be stressful as they force one to rethink "who I am" (Alvesson & Wilmott, 2002; Brown, 2015), especially when there is a discrepancy between the ideal and "who I am becoming" (Conroy & O'Leary-Kelly, 2014). Social identity, the sense of self as a member of a group (Burke & Stets, 2009; Cornelissen, Haslam & Balmer, 2007; Tajfel & Turner, 1979) and organizational identity, the meshing of individual and employer identity, extend the concept of identity to the question of "who we are" (Corley & Gioa, 2004). The fluidity of these forms of identity becomes evident during and after an organizational change when perceptions of self can be upended by stressful processes and outcomes.

Language helps in making meaning of our experiences and narrative is one pathway to express how identity is constructed by individuals who experience stressful change. Stress is present to some degree in every job and its level may rise (or fall) as change unfolds. A narrative approach is thus well suited to revealing the thoughts, feelings and actions of individuals in coping with stressful changes (Syrjälä, Takala & Sintone, 2009) and to exploring how facets of identity are shaped by evolving experiences.

This paper makes a contribution to the literature by explicating the dynamics of the relationships between stress, organizational change and identity through qualitative empirical evidence and the explanatory power of narrative and by developing a new model of identity, stress and change. Our model reveals a range of change-related stressors that impact on different forms of identity (the personal, role, social and organizational) and the strategies individuals used in coping with identity issues. The article is structured as follows: first, literature on the relationships between identity, stress and organizational change is reviewed; second, the choice

of a narrative approach, the research context and the participants are outlined; third, the qualitative findings are presented; fourth a model is offered and, finally, implications for research are suggested.

Literature review

Conceptualizations of identity

Stets and Burke (2014: 412) define identity as "a set of *meanings* that defines individuals in terms of the roles they occupy, the social categories or groups they belong to, and the individual characteristics that define them as unique persons." They refer to three types of identity. Person identity is a self-perception of individual attributes such as values and traits. Role identity inside the work environment is largely made up of tasks and expectations, and outside of work the role may encompass expectations of a family or community member. Social identity (a construct developed by Tajfel and Turner, 1979) is related to one's perceived membership of a group, which may be determined by demographic characteristics such as ethnicity and gender, or occupational and professional identities, and membership of groups, including organizational departments. Self-esteem penetrates all three bases of identity: self-efficacy relates to role identity, self-worth is manifested through positive social relationships and authenticity lies in the personal domain (Burke & Stets, 2009).

Theorists of organizational studies have categorized identity in different ways, for example, as the personal, role and social (Brown, 2015); the personal, social and organizational (van den Heuvel et al., 2014), the individual, group, organizational and corporate (the last being the "branding" of the organizational identity)(Cornelissen et al., 2007). According to Järventie-Thesleff and Tienari (2015) role identity has slipped under the research radar but they demonstrated its relevance to organizational change during a major rebranding exercise. The concept of work-related identity has been the focus of Dutton, Roberts and Bednar (2010),

Conroy and O'Leary-Kelly (2014) and Meister, Jehn and Thatcher (2014), who all include the constructs of group, occupational, professional and organizational identities. Managerial identity, a combination of role identity and social identity, has also been explored (e.g. Cascón-Pereira & Hallier, 2012; Clarke, Brown & Hope Hailey, 2009; Watson, 2009).

Various forms of identity may be tightly interlinked but may become more salient under different conditions (Meister et al., 2014. Identity is regarded as having elements of stability and fluidity (Brown, 2015; Collinson, 2003). Identity construction is thus an ongoing process, evidenced through relationships and experiences; it is both shared and singular, which means that varying identities may not exist in isolation – they may be mutually reinforcing, contradictory or in tension with each other and must be managed thorough the reflexive processes of identity work (Brown, 2015; Clarke et al., 2009; Collinson, 2003).

Individuals constitute and reconstitute their subjectivity through multiple discourses (Brown, 2015; Clarke et al., 2009) and narratives (Ibarra & Barbulescu, 2010; Humphreys & Brown, 2002), as they relate to their surroundings and seek meaningful relations and coherence with their own identity. Thus identity is malleable and multifaceted, meshed in a complex web of interacting non-linear processes, as individuals seek to make sense of experience. Identity construction is precarious and processual (Alvesson, 2010). For example, Cascón-Pereira and Hallier (2012) show how doctors who become managers cope with the tensions between the clinical and the managerial role, both constructed as aspects of professional identity. Pratt, Rockmann and Kaufmann (2006) lay out the processes of identity construction medical residents undergo through their training and career transitions, particularly through the interplay between integrity and competence. The study by Kreiner, Hollensbe and Sheep (2006) reveals the struggles of priests to establish a balance between their personal identities and the social/professional elements of their jobs.

Stress occurs when organizational members see misalignments (Kira & Balkin, 2013) between their jobs and their identities, or asymmetries between their self-perceived identities and the way they believe others view them (Meister et al., 2014). When threats in organizational life destabilize patterns of consciousness elements of negative identity surface (Alvesson & Wilmott, 2002) and when a sense of loss penetrates work-related identity, individuals engage in sense-making and emotional regulation through a period of liminality until a healthy equilibrium can (hopefully) be re-created (Conroy & O'Leary Kelly, 2014). Negative work experiences influence people to rethink their careers (Lysova, Richardson, Kharpova & Jansen; 2015), overtly or covertly engage in resistance (Alvesson & Wilmott, 2002), seek a more salubrious workplace elsewhere or cope with what they have (Rothausen Henderson, Arnold & Malshe; 2015).

Identity, organizational change and stress

Organizational change is a fertile stream to explore the fluidity of identity, regarding both the reflection on change and telling the story to various audiences (Ibarra & Barbulescu, 2010). Individuals can choose to support those aspects of change which support their identities (Chreim, 2005). Conversely, when change triggers a negative identity stress occurs (Clarke et al., 2009).

According to Folkman and Lazarus (1985: 152) stress is "a relationship between the person and the environment that is appraised by the person as relevant to her/his well-being and in which the person's resources are taxed or exceeded." They observe that primary appraisal occurs when one evaluates a situation as threatening, challenging or neither, while secondary appraisal is a consideration of possible coping strategies. Organizational life has many possible sources of stress that lie in the nature of tasks, internal and external relationships, inadequate rewards and resources, poor communication, dysfunctional organizational cultures and job

insecurity (Farragher, Cartwright & Cooper 2004; Karasek, 1979). Identity issues flow through many of these aspects of organizational life.

Organizational change is potentially an additional stressor that may exacerbate pre-existing stress levels (Fugate, Kinicki & Scheck, 2002; Greenglass & Burke, 2001; Paulsen et al., 2005). The processes and outcomes of change will be stressful if the ability of individuals to achieve personal goals is thwarted or their wellbeing (Folkman and Lazarus, 1985), self-esteem (Rothausen et al., 2015; Wiesenfeld et al., 2001) and self-efficacy (Kalimo et al., 2003; Rothausen et al., 2015, Vardaman et al., 2010) are threatened. Change can increase workloads, require skills an employee may not have, fracture relationships and lead to a sense of insecurity and alienation (Paulsen et al., 2005; Wiesenfeld et al., 2001). Processes of change that are poorly communicated and exclude employee participation may lead to perceptions of unfairness and marginalization (Riolli & Savicki 2006). Stress may be heightened during transition periods fraught with anxiety over the possibilities of redundancy, redeployment and job redesign (Paulsen et al., 2005). When change processes and outcomes undermine an individual's feelings of worth and sense of belonging, stress and resistance to change are likely to occur, for example, when the possibility of redundancies puts the identity of "employee of X" at risk or, even more wrenching, simply that of "employee".

During change "identity work may move to the front burner of everyday consciousness" (McAdams, 1999: 486) and what adds to the "heat" is stressful experience (Rothausen, et al., 2015; Smollan & Sayers, 2009). In subtractive change, where an attribute of the organization is permanently and abruptly removed, such as mass layoffs and corporate spin-offs, Corley and Gioia (2004) and Hakak (2015) suggest that identity ambiguity, and confusion are likely. Mergers can also produce threats to identity that lead to resistance to change (van Dijk & van Dick, 2009). Coping with stressful change is aided by a positive work-related identity (Wiesenfeld et al., 2001), including notions of self-efficacy (Vardaman et al., 2010), and by

supportive work relationships that underscore the value of the individual to the collective (Lawrence & Callan, 2010).

Folkman and Lazarus' (1985; 1986) transactional model of stress emphasizes that coping is an ongoing process in which people use various strategies, which they classify as problem-focused (planful problem-solving and confrontive coping), emotion-focused (distancing, self-control, escape-avoidance, accepting responsibility and positive re-appraisal) and seeking social support, which may be problem-focused and/or emotion-focused. Tapping support networks, inside and outside the organization, can be an effective strategy for enhancing a sense of community and wellbeing (Lawrence & Callan, 2010). Latack (1986) categorizes coping responses as control, escape and symptom management, while Moos and Schaefer (1993) use a matrix of cognitive-behavioural and approach-avoidance strategies.

When negative aspects of work, such as stressful change, evoke identity concerns they trigger a liminal phase (Conroy & O'Leary- Kelly, 2014) where the individual is groping towards a new reality and trying to make sense of its implications (Rothausen et al., 2015). A noxious brew may begin to bubble when individuals needs to cope not only with the new work demands but also with a fragile sense of self and a questionable foundation of social relationships. Lack of agency and empowerment erode the ability to cope with stress; conversely one may be able to construct (or reconstruct) positive work identities despite difficult circumstances (Conroy & O'Leary-Kelly, 2014; Dutton et al., 2010; Wiesenfeld et al., 2001).

Prior studies of organizational change have shown how individuals attempt to cope with identity issues by using various strategies. For example, Lawrence and Callan (2010) showed the value of social support during large scale change and downsizing in confirming salient aspects of professional and collegial identity among health professionals. Clarke et al. (2009) reported that managerial identities and perceptions of integrity were challenged during

downsizing in an engineering company with some managers trying to distance themselves emotionally from their subordinates and to act "professionally". In a study of school teachers facing change, Vardaman et al. (2010) found that support networks enhanced self-efficacy, which enabled the participants to cope with stress by believing that they could exert some control over their new conditions. Van den Heuvel et al. (2014) found that police force members coped better with change where they had high levels of self-esteem, strengthened by the perceived availability of identity-related resources, including good relationships with their supervisors, and the belief that they were valued and taken seriously by the organization.

However, what appears to be under-researched in empirical studies is the wide ranging impact on different forms of identity during and after stressful organizational change. There is insufficient knowledge on which forms of identity (personal, role, social and organizational) are evoked when a stressful change occurs, what triggers them and how individuals cope with threatening identity issues. We sought to bridge this gap by examining how participants in an organization undergoing change experienced and coped with identity-related stress.

Method

Theoretical foundations

Narrative consists of myriad forms and nuances and facilitates how individuals make sense of themselves and their experiences in many contexts, including the workplace. Narratives are "accounts of events in the world which are organized in a time-related sequence" (Watson (2009: 429). Therefore, there is a uniqueness in how a narrative is created and shared against the backdrop of the interplay between the individual, others and the environment (Boje, 2001). According to McAdams (2001), narrative creates unity and purpose in life through reflexively constructing stories that are lived through.

Narratives represent what has happened and what is happening and this is often used to inform how identity is negotiated and understood. Furthermore "it is possible to locate all our actions within stories" (Ramsey, 2005: 226), to have multiple tellings, themes and endings and to shift our focus from what is "true" to what will enable change. Thus narrative can be both creative and descriptive and individual narratives often compete against organizational narratives where the latter are embedded in power (Brown, 2015; Syrjälä et al., 2009). The multiple nature of selves can reinforce ambiguity and insecurity particularly within a context of social change, workplace relations and power asymmetries (Alvesson, 2010; Collinson, 2003; Corley & Goia, 2003; Humphrey & Brown, 2002). Additionally, narratives are sequenced and situated in time and space; they are a way to process information, make meaning of emotions and facilitate our understanding of reality (Dailey & Browning, 2014).

Narratives have "no automatic starting and finishing points" (Squire, Andrews & Tamboukou, 2008: 3) and though diverse and multi-layered, they enable the description, understanding and explanation of specific phenomena. Talk and storytelling are co-constructed in a research situation and context must be considered in understanding how meaning is made and negotiated (Watson, 2009). Narrative is a re-presentation of events through stories and plays an important role in the formation of identity. Narratives of identity are an interactive process of co-construction, story-creation and story-telling in mapping out the structure, including the plot (Boje, 2001), from which the narrative emerges (Humphreys & Brown, 2002; Sims, 2003; Watson, 2009). Narratives are thus an important way of revealing the fluidity of identity through stressful organizational change.

Research site and participants

The site for our study was one of 20 District Health Boards (DHBs) in New Zealand that provide public healthcare services through a range of hospitals, clinics and specialist centres. Reforms

in the country's public health sector over many years have been directed at increasing its coverage and quality while seeking to control its costs (McKenna & Richardson, 2003). The DHB in our study provided a list of nearly 200 email addresses of employees whose departments had recently been through considerable change as part of or alongside a series of restructurings that led to the centralization of some services, the disestablishment and redesign of roles and staff redundancy and redeployment.

Semi-structured interviews with 31 participants were conducted by the first author in 2012. There were 22 White/European participants, 4 Asian, 3 Maori (indigenous people) and 2 of Pacific island heritage. Ages ranged from 32 to 65 (mean 40.3) and length of service from 4 to 27 years (mean 10.7). 19 participants were in clinical positions (e.g. nursing and physiotherapy) while the balance had administrative jobs (such as in accounting and training). 25 were managers (2 senior, 8 middle, 15 supervisory or professional team-leaders) and 6 were non-managerial employees.

Interviews between 35 and 75 minutes were conducted at various DHB sites and the participants were asked to define stress, outline one change and discuss the stress that had occurred before, during and after that change. Participants were asked what had caused them stress, what the consequences were for them and how they had coped. Interviews were recorded and verbatim transcripts were made available to the participants, who were coded from A to FF. What emerged clearly from this data was the unanticipated impact of identity in experiencing and coping with stressful change.

Data analysis

Our data analysis involved two phases. First we re-read the transcripts several times, looking for comments that reflected identity. While authors have categorized identity in various ways (e.g. Alvesson, 2010; Burke & Stets, 2009; Collinson, 2003; Conroy & O'Leary-Kelly, 2014,

Cornelissen et al., 2007, Dutton et al., 2010), our classification consists of four separate but inter-twined types of work-related identity: the personal (relating to self-concept), role (perceptions of the expectations of work roles), social (including occupational, professional, collegial and ethnic identity) and organizational (a more diffuse extension of social identity). We then looked for comments that signal a specific type of stressor that occurred in an organizational change (often by more than one participant), the noting of which forms of identity it relates to and our analysis of the stressor-identity relationships (please see Table 1 in the findings).

Next we searched for ways in which the participants had coped with identity issues and Table 2 contains an analysis of how the same participants featured in Table 1 had attempted to cope with the stressor. Here again we selected a representative quote, related it to different forms of identity and analyzed the stressor-identity relationships. In particular, we looked for evidence of how coping strategies resulted in a reconfiguration of identity.

Given that the tables provide isolated snapshots of stressful change, we then sought greater breadth and depth of experience in the second phase of our analysis through the narratives of three participants whose rich descriptions illustrate how their identities were re-examined though different phases of change. Trajectory, according to Rothausen et al. (2015: 12) is "the sense of past, current, and future coherence in growth and development over time." Narrative analysis works well, according to Dailey and Browning (2014), when the background story is presented in sufficient detail with, if possible, an identifiable, beginning (before change in our study), middle (during change) and end (after change), "complete with a moral and with an agreed plot" (Boje, 2001: 3). Yet, as Squire et al. (2008) point out, narrative plots do not necessarily roll out in a neat, linear fashion.

Findings

The impact of stressful change on identity

All 31 participants acknowledged that varying levels of stress had been present in their jobs before the change. The causes differed but generally lay in challenging workloads, goals and deadlines, and in difficult relationships with other staff, patients and their families. The announcement of change and an uncertain future, especially regarding their own roles, became a significant source of stress. Processes of change were seen by some participants as damaging their wellbeing, particularly when there was a lack of participation in decision-making and inadequate or insensitive forms of communication. After the change participants found that workloads had increased and resources had shrunk. Facing new roles, expectations and relationships (for example, clinicians taking on part-time team leader roles), added stress.

Different forms of identity were challenged in a number of ways (see Table 1). Struggles to cope with heavier workloads triggered feelings of incompetence. Awkward moments and hostile comments greeted some of those who transferred to other departments or took on new roles. Cursory explanations of change by senior managers were interpreted by the participants as a sign that they and their colleagues were not valued by the organization.

Insert Table 1 about here.

Stressors can affect different aspects of identity. For example, participant EE experienced a heavier workload after the change (role identity), feelings of incompetence as he struggled with this workload (personal identity), and the embarrassment of being relocated to a desk in a hospital corridor (which damaged his personal, social and organizational identities). Well-intentioned offers of psychological support from his colleague, which could have reinforced his social identity, were partly unwelcome because he felt his colleagues believed that he was not coping, a perception that further eroded his self-esteem.

Coping with identity issues during and after stressful organizational change

To cope, participants utilized a variety of strategies, some of which were aimed at minimizing the specific stressors, others at dealing with negative emotions and/or identity issues. While some participants relied on their resilience, confidence and optimism, others sought support (tangible and psychological) from people inside and outside the organization. Those in clinical professions whose governing bodies require professional supervision, the opportunity to discuss client-oriented matters with a competent peer, found this form of support was beneficial.

Table 2 presents the complexity of coping responses. Examples are provided by the same participants found in Table 1 that indicate that some of the coping strategies they used helped them maintain a positive identity while others used maladaptive approaches, such as drinking and over-eating, that exacerbated negative identities. An identity-based stressor may result in the deployment of a specific coping strategy but parallel strategies were also evident. For example, K used an assertive, even confrontational form of coping, in venting about workload, an aspect of role identity, but also used escape coping through higher levels of alcohol consumption, thereby undermining personal identity.

Stories of stressful change and identity

The power of the narrative approach lies in its potential to tell a coherent story of idiosyncratic recollections of experience over time. The next section therefore features the stories of three participants, providing rich, in-depth accounts that reveal how identity is constituted and reconstituted before, during and after stressful organizational change. The first vignette (D's story) focuses on her inadequacy as a manager and colleague in alleviating the stress of others, illustrating the impact of powerlessness on identity construction. The second vignette (O's story) highlights how cognitively reframing change led to a sense of responsibility for her own

emotional state and a strengthening of personal and professional identity. The third vignette (FF's story) presents a saga of stress over a long period of personal and organizational change. While the absence of organizational support was particularly stressful, the presence of social support, through the ethnic dimension of social identity, helped him cope.

D's Story

Before change. As a senior clinical manager D's role subjected her to what she termed "normal, everyday stressful things", such as difficult staff and accountability for decisions. She coped with this partially through peer supervision, maintaining that it was not "healthy to try and do the job without it." There had been changes at a local level of the DHB but rumours began to circulate that a major organizational restructuring was taking place. "The tree was being shaken but you actually didn't know what it was about." What disturbed her were the disempowering leadership styles of two members of the executive team (one replacing the other) who had been instrumental in a series of restructurings.

> The first one didn't describe himself to us...he had an agenda which he didn't share with us at all. The second one was very clear. I'm an iron fist in a velvet glove, so I'm really clear about my expectations, what I want and I will come down on you hard if you don't meet them.

The impact on D as a senior health professional and manager was profound. Lack of information and consultation was taken as a sign of disrespect for her and her colleagues.

> With hindsight you can look back and see that there was actually a plan, but they didn't tell us that there was a plan and for me, that would be my first milestone in terms of being a stress factor. I think the DHB employees mainly are fairly intelligent, clear-thinking people and…it's very stressful when you feel like people are treating you like you're stupid and you know there's something going on but they won't tell you.

During change. D's job was not directly affected by the restructuring but she was stressed by the pain experienced by her colleagues and her inability to do much about it. Acknowledging a

sense of "survivor guilt", what bothered her immensely was that she felt "helpless to be able to do anything about what felt like a rollercoaster out of control for the people who were going through that." During the transition phase her identity was shaken by being unable to forestall or substantially mitigate these effects. "I'm in a senior role where helplessness and powerlessness are not my usual lived experience, so to suddenly find myself in that place was very uncomfortable and that was stressful…and quite devastating." She acknowledged that at times providing psychological support to colleagues and subordinates was beyond her capability and undermined her authenticity and her identity as a caring manager and colleague.

> I was quite challenging at times…to not swear at people and tell them to pull their heads in and not be so self-serving and entitled, and be thankful they've got a job and just get on with it...I'm trying to keep my face and my body language and my tone in a way that is engaged with this person, but it's at some degree of dissonance with what's actually going on for me...I like to be honest and transparent but for some time there I could not do that.

D considered the support of her immediate superior to be unquestionable and of great comfort. In addition, discussing matters with colleagues was very helpful. "Knowing that the other person is in the same place as you makes you feel less alone and isolated and all of those sorts of things, so certainly peer support is really important." She also continued to access valued professional supervision in coping with her own stress.

After change. D was painfully aware that further changes could take place at any time. The combination of lack of job security, lack of consultation and the perception that the organization did not care for its staff, had undermined her trust in the organization and her affective commitment to it. The dynamics of the restructuring had:

> made me question my psychological contract to the organization and I think probably damaged it to a point where some things have been lost. They'd already decided what they were going to do before they put the document out. What we say won't change things.

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She believed that the array of coping strategies she used were largely effective in bolstering her compromised sense of wellbeing. Of particular help was the continued support from her manager, colleagues, and peer supervisor, and from her partner and friends outside the organization.

O's Story

Before change. Possessing a professional qualification, O was in a supervisory administrative role that provided support to a section of the organization. Her first source of stress was getting to know her job in a new organization, followed by dealing with the conflicting demands of servicing two departments and problematic staff matters. Advice from the human resources department helped her deal with these relationship issues.

During change. Prior to the centralization of many of the administrative services in the DHB staff were invited to make submissions. O initially believed that consultation was genuine. "My team and I gave feedback in good faith, thinking that because we worked in the area, some of our ideas may be adopted for the good of the organization." However, as the lengthy process unspooled her optimism vanished and was replaced with negative emotions.

> The restructure went as what the proposed document stated. So in the end, you really don't know whether giving feedback is just a process that they had to follow…I felt angry because I did put 110 percent into my job to make it successful. I felt out of control, which is really new because I'm the one that always makes the decision to move, not someone to dump you. I felt sad as well. I felt betrayed.

O's role was disestablished and she was unsuccessful in obtaining one of the new positions. She was given the choice of taking redundancy or a contract role and opted for the latter. What struck her as particularly painful was that, "I'm used to change because I migrated…to New Zealand…and I've always been in control of the change. I choose to move to organizations and I have been to several. This is the first one that I've lost control." She

benefitted from the support of her manager, who also coached her in applying for new roles and interview techniques. However, O relied largely on her own psychological resources and remembered being:

> Angry and helpless...but once you get past that then I think then I'm back in charge, but in control. You can't go and stay in a helpless state for long, otherwise I'm the person that's suffering from that. It's recognizing my emotion and getting on top of it.

After change. For O matters worsened in the initial stages of the aftermath. Not only had she lost her managerial role and permanent status, she had to move offices in a way she found demeaning.

> I was asked to vacate the room that I used for two years...to go into an open plan office. I was told not to attend group meetings because that's no longer in my role. I feel that I was packed to one side…that is the most emotional thing…it's like being discarded.

Over time she adapted to her new role and status and was confident of finding a professional role elsewhere but with a lingering sense of resentment, believing that she been "victimized". In response she no longer put in the extra time she had done previously, took the odd day off when stressed and reframed how she viewed her contract position. Her organizational identification declined. "I joined the organization because I admired its values, but the things that are going on are not reflective of those published values anymore…For a health organization it can be ruthless."

FF's Story

Before change. With a professional clinical qualification FF had graduated in time to a managerial role which he described as "huge" and which he held for a number of years. His

initial stress centred on learning to deliver in a new environment but with a very supportive supervisor who "in some ways was my saving grace, she was a person of wonderful substance really, a person of excellent credibility and very, very supportive. Otherwise I don't think I could have made it."

During change. Rumours of change in many sections of the DHB surfaced in FF's network following a major restructuring in the organization. None of this, however, was of immediate concern to his department, which catered to an ethnic sector of the population. However, the DHB transferred responsibility for some services to this community to a department that dealt with funding a wide range of programmes and ongoing services (known in the DHB system of New Zealand as Planning and Funding). As a result, some jobs in this department were disestablished, new ones were created and some were left unchanged. While FF's role did not change he disliked both the process ("people felt uninformed in terms of the restructuring") and the outcome of the new decision-making and reporting system.

> Because we are the Maori, we were Maori Health at that time and we had clear understandings through consultation with our people in the community, about where the needs were best met within those contracts. Planning and Funding had no idea about that, they were never involved in it...So what I saw was the whole dismantling, really, of Maori Health...it was a constant point of contention and discussion in the team and it brought about a lot of stress in the team, it brought about a lot of worry, a lot of fear.

After change. For FF the consequences of change were a growing workload, the lack of tangible and psychological support to manage it, the marginalization of the ethnic group of which he was a member and whose unit served it, and threats to the job security of its staff. The pressures on him multiplied rapidly as the staffing resources in his team diminished and his own manager As part of the changes a new senior manager in Planning and Funding took over and made a number of key decisions without consulting FF's boss, who "in despair, resigned". Losing a key

source of support reinforced FF's own sense of dislocation and dismay at what he saw happening. His role expanded significantly but his title and remuneration remained the same and he had to manage his responsibilities with minimal administrative staff. He reported, "I didn't have the [administrative] skills to do it...I asked for support, the budget was there to pay for it, but I wasn't allowed to use the budget." A new manager to whom he was expected to report admitted he knew nothing about Maori Health. "I was left on my own and that's where all those stresses came from."

The consequences for FF were severe. He claimed, "I wish to God that I had never, ever taken that job on. It was the most horrendous thing that's ever happened to me in my life…It was an absolute nightmare." To cope he withdrew to the comfort of his community.

> I went home, I went back to where my ancestors come from…I have a home up there and it looks out over the sea…My ancestors, my mum, my brothers and all that are all buried up there and I just felt some solace in going back there and rejuvenating my spirit.

He was scathing about the lack of support of the chief executives during this period:

> With all their *korero* [discussion] around values and champions and this, that and everything, [they] had a bloody cheek to talk about…how we should be supporting each other…and they didn't even look after their own managers; they couldn't give a rat's arse about us.

When asked if he had sought support from the organization's employee assistance programme he replied:

> They've always offered all that, yeah. But quite honestly, to a Maori, it doesn't mean a damn thing. We don't need that. Because it's our cultural needs, our spiritual needs and our values, that these things the hospital don't even recognize and have no understanding of those needs whatsoever. So we have a tendency to go to each other, or we go back to our families, or we go back to our *Turanga waiwai*, to our homesteads…that's where we get our assistance from.

In reviewing the long period of restructuring, including ongoing initiatives, he reflected:

> What's happening is Maori Health has found its services being shrunk, being minimalized, throughout the organization. It's almost non-existent now…If I was to compare Maori Health to every other service in this organization, we would definitely be the poor cousins, in every way, in every sense…I don't think

you would find one Maori person that would say the DHB was honest, in terms of what it was setting

out to do, it was actually ripping apart Maori Health to achieve another end. I mean this is a process

that's done at a very high level, through mainstream understanding that totally alienates Maori and we

were never really truly involved.

Overwork, anger and marginalization stoked his stress levels to dangerous levels, eventuating in his hospitalization. He was aware that he had not coped well with the prolonged stress of the various changes. Together with seeking social support his escape-driven tactics allowed him some respite until he chose to leave the role he had.

Discussion

Evidence from our study confirms previous research that organizational change can undermine identity and wellbeing (Hakak, 2015; van den Heuvel et al., 2014), but participants who believed that they could cope with the stressful change maintained a positive work-related identity. We first analyze the identity-related stressors, then the coping strategies and finally we present a model of identity and stressful change.

Change stressors and identity

Our findings indicate that all four forms of identity issues (personal, role, social and organizational) emerged from the interview data. Work life for many people is characterized by a plethora of issues, events and relationships, some of which can become particularly meaningful for their identities and which trigger what authors have referred to as identity construction (Alvesson, 2010), identity work ("efforts to craft the self" (Conroy & O'Leary-Kelly, 2014: 69) or identification (the aligning of self- and social identity)(Kreiner et al., 2006). The participants in our study spoke of stressors that appear in other empirical studies of organizational change, such as increased workloads and role expectations that lower self-efficacy, negative relationships that compromise social identity and poor leadership and

communication practices that wreak havoc at the interface between personal and organizational identity (Clarke et al., 2009; Riolli & Savicki, 2006; Wiesenfeld et al., 2001).

While it is unsurprising that negative emotions surface during stressful change, it is notable how emotions infused the identities of participants in the current study. For example O's bitterness over being "betrayed" and "victimized" underscores the fractures caused by change in social and organizational identity. D's despondency over her inadequacy in alleviating the stress for her subordinates and colleagues, despite her senior management position, undermined her managerial identity and self-efficacy. Her "survivor guilt" further destabilized her social identity. The importance of FF's ethnic identity, underscored by his occasional use of Maori language in the interview, was reflected in his dismay at the impact he saw of organizational restructuring on Maori staff and led to the loosening of his organizational identity. The part played by emotion in the construction and destruction of identity has been emphasized by Cascón-Pereira and Hallier, (2012), Kira and Balkin (2014) and Rothausen et al. (2015).

In traversing through change the temporal nature of identity become salient. According to Rothausen et al. (2015) trajectory is a sense of identity through the past, present and future. Our interviews tracked experience before, during and after an organizational change and clearly revealed how lack of consultation, job insecurity and inadequate support led to a reframing of identity. D's comment that "I'm in a senior role where helplessness and powerlessness is not my usual lived experience" is a particularly poignant reminder of the fragility of identity in fluid organizational settings. Uncertainty is characteristic of liminal identity during transitions (Conroy & O'Leary-Kelly, 2014) and is heightened by a lack of perceived control (Paulsen et al., 2005; Wiesenfeld et al., 2001) and a sense of loss (actual or impending), when individuals struggle to release the old (and preferred) identity and assume a new one (Conroy & O'Leary 2014; Kira & Balkin, 2014).

Organizational change, identity and coping

According to Folkman et al. (1986) problem-focused approaches are generally used when the individual believes that something can be done about a stressor. In the context of organizational change emotion-focused strategies are more often employed when little control can be exerted (Fugate et al., 2002). Being able to cope with the identity challenges wrought by change, by accepting or safely resisting it, indicates a sense of agency (Alvesson, 2010; Brown, 2015) that relies on a strong self-concept but within a social and organizational context of support, indifference or opposition (Alvesson & Wilmott, 2002; Collinson, 2003).

Support can be tangible and used in conjunction with problem-solving strategies, such as by asking the supervisor for extra resources. When this did not produce the right results for FF he chose the emotion-focused strategy of escape-avoidance. Tapping into social identity were those participants who sought psychological support from supervisors, colleagues or outsiders to deal with negative emotions. Professional supervision was an important source of support for those in clinical positions who have access to it (see, for example, the *Supervision guidelines* of the New Zealand Psychologists Board, 2010). Relationships are part of a store of coping resources (Hobfoll, 2001) but depleting the goodwill enfolded within them discourages their over-use. Lawrence and Callan (2010) found that participants in their study of a public healthcare provider welcomed support when it was needed but rejected it or avoided if they believed it would create a burden of reciprocity. Thunman and Persson (2015) report that the stigma of stress may dissuade individuals from asking for support even when they need it and Harkness, Long, Bermbach, Patterson, Jordan and Kahn (2005: 128) found that while many of their participants believed work stress was normal they strongly felt that "being unable to cope with stress was seen as abnormal, or unacceptable, indicating the presence of a personal weakness or flaw." Furthermore, the perceived need to be silent heightened their stress. In the

case of EE, rather than enjoying the benefits of collegial concerns for his wellbeing they undermined his identity as one who could cope.

Finally, the socially-constructed nature of identity was evidenced by discourses within departments and professional/occupational groups where the "me" was enveloped in the "us". When change occurs and stress radiates, colleagues within and across departments and professions converse about their status in multiple forums. As Clarke et al. (2009) argue in their empirical study, there are many competing discourses on which employees can draw in redefining their various identities. One outcome may be a reaffirming sense of the collective experience, countered by the "antagonistic" discourse of individual or group marginalization and the discounted official discourse.

A new model of change, identity, coping and stress

Our model is derived from insights gained through our interviews with 31 participants in change and is supported by a considerable body of literature. It indicates that identity is one lens through which participants in stressful organizational change may view their experiences and that identity itself changes as new events occur and issues materialize. Work-related identity (Conroy & O'Leary-Kelly, 2014; Dutton et al., 2010) is manifested in four ways - the personal, role, social and organizational - and is expressed in a myriad of actions and reactions. The malleability of identity has also been demonstrated in a host of organizational contexts (e.g. Collinson, 2003; Cornelissen et al., 2009, Kira & Balkin, 2014), particularly during organizational change (Chreim, 2005; van den Heuvel et al., 2014).

Insert Figure 1 about here

The link between organizational change and stress has been well documented, as our literature review indicates, particularly in longitudinal studies (e.g. Fugate et al., 2002; Paulsen et al., 2005). Threats to an established identity, caused by organizational change, can be

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stressful (Hakak, 2015; Smollan & Sayers, 2009). The stressors identified in our study are symptomatic of processes and outcomes of change which have been reported elsewhere (e.g. Vardaman et al., 2010; Wiesenfeld et al., 2001). Increased workloads, the redesign of roles and groups, and threats (or the actuality) of downsizing, accompanied by lack of consultation and poor forms of leadership, make employees re-evaluate their sense of self and question their value to the group or organization. During the transition phase of change a liminal identity emerges (Conroy & O'Leary Kelly, 2014) as the employee tries to make sense of the implications of the change. A vicious cycle may be created when organizational change poses a threat to identity, including lower self-efficacy. This in turn may lead to maladaptive coping strategies which multiply feelings of inadequacy.

There is a direct relationship between stressors and coping strategies in the context of change (Fugate et al., 2002; Lawrence & Callan, 2010). To cope with stressful organizational change individuals use a variety of problem-focused, emotion-focused and support strategies (Folkman et al., 1986) or cognitive-behavioural and approach-avoidance strategies (Moos & Schaefer, 1993). Coping with stressful change has three main aims: dealing effectively with the challenges of new work roles, building or repairing relationships that are central to social and organizational identities and bolstering self-esteem. Identity can thus operate as a lens through which individuals view how they can cope with stressful organizational change. This is clearly not an end-point since organizational life is dynamic and new events, including further changes, may force a re-questioning and self-verification of identity (Meister et al., 2014).

Limitations and implications for research

Our paper has explored the nexus between stressful organizational change, coping and identity through exploring the experiences of 31 participants in one section of the New Zealand public healthcare system. Given the limited scope of our investigation we are conscious of the need

for a range of studies in other national, industrial and organizational contexts. Questions specifically about identity were not asked; they emerged from the interviews and our transcript analysis. Hence a study designed to investigate identity may widen the depth and breadth of responses. Additionally, recall of experience is not necessarily accurate and the psychological wellbeing of an individual at the time of the interview may influence the reconstruction of identity issues when the organizational changes took place.

A mixed method approach might present additional evidence of the relationships between identity, stressful organizational change and coping. From a qualitative perspective, repeated interviews over different phases of change could surface elements of identity and coping with stress (e.g. Clarke et al., 2009). In addition, future studies could use diary methods of recording what the stressors and strains were as participants went through various stages of change, how they coped and how identity was reshaped over time (e.g. Schreurs, van Emmerik, Günter & Germeys, 2012). Such research methods are likely to provide more accurate forms of recall than single interviews and provide rich information of the flux of identity through stressful encounters.

We propose that identity is one lens or mediator through which employees may view how stressful change can be. A second aspect of mediation occurs when they query how well they coped with the new job demands, the emotional impact and identity issues. As Baron and Kenny (1986: 1176) explain, "Mediators explain how external physical events take on internal psychological significance." The model we have developed is thus amenable to testing through quantitative means.

Several key factors need further exploration. For example, how do different coping strategies influence self-identity and change self-efficacy? While the ability to regulate emotions has been considered as a helpful coping strategy there is evidence, from our study and others (e.g. Clarke et al., 2009; Lawrence & Callan, 2010), that some types of emotional

regulation during change may contribute to stress. Further research can elucidate whether escape or avoidance strategies (Folkman et al., 1986; Latack, 1986; Moos and Schaefer, 1993) are necessarily counter-productive in terms of maintaining or repairing identify and explore which type of strategies are more likely to restore psychological equilibrium. Finally, the relationships between self-identity, role identity, social identity (group, occupation/profession, ethnicity, etc.) and organizational identity in the context of stressful organizational change needs further exploration.

In conclusion, we have made two important contributions to the literature. Firstly, the searing narratives of the participants in our study reveal how salient identity can be in experiencing stressful organizational change. Secondly, we have developed a model which provides an analytical space to further investigate how subjective processes that go the core of identity during phases of organizational change affect individual outcomes. As stressful change is likely to be an ongoing feature of organizational life, the challenge for management is to take into account the complexities of identity to enhance the likelihood of coping effectiveness and positive outcomes for employee wellbeing and commitment to change.

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TABLE 1: Change-stressor-identity relationships

Identity stressor	Participant comment on cause of stress	Form of identity	Analysis of change-stressor-identity relationships
Changing job roles that increase workload and job complexity Following a restructure clinical team leader positions were created that combined clinical work with the oversight of professional development for colleagues. (K – clinical team leader).	You get treated like you don't manage your caseload properly…it is because you're incompetent…Trying to still maintain my little bit of overtime for the clinical role but [the team leader role] in the last month was roughly 20 hours, but it's only eight hours a week, designated.	Personal: self-efficacy Role: workload Social: occupation/profession, subordinate, colleague Organizational: employee	Employees who take on two or more roles have to deal with greater identity and task complexity. When organizational change creates raised expectations of the quantity and quality of work of an employee, stress results from reduced self-efficacy and resentment towards the manager or organization that has initiated new role expectations.
Changing work groups After a redundancy and job resign process the participant was moved to a specialized role in another hospital where an existing staff member had been laid off. (L – clinical educator)	So if you're working at a hospital, where they don't know you, they don't know your clinical expertise…they're much harder to engage in a programme which they think doesn't make any difference for them…I was expecting a bit of a welcome, and I was in tears within five minutes. [One person] was very angry about what had happened to [a colleague] and had seen her distress. Everybody loves her. I'm the new jumped-up upstart who got the job which she decided not to apply for.	Personal: self-worth Social: occupation,/profession, colleague	Stress occurs when an organizational change means a new work group is entered, and is exacerbated by hostility when staff in that group have lost a well-liked colleague.
Stress of others Although not in scope for redundancy the participant was keenly aware of others' stressful responses to the announcement. (V – clinical manager)	What I found stressful was the distress of the staff who had been informed that they may lose their jobs. They'd be at my door worried about the partner might've been out of work, or how are they going to feed the kids.	Personal: self-authenticity Social: colleague	The stress of others facing stressful change elicits the support of colleagues (and managers) who feel the need to act with self-authenticity.
Being unsupported Following a restructure the participant was moved to another department where managerial support was absent. (X – educator)	She didn't have any understanding of our roles. She was busy but she'd said that she would make the time, which didn't happen…That made us feel really undervalued and more of a nuisance than being part of a team.	Personal: self-worth Social: occupation/profession, subordinate, colleague Organizational: employee	Lacking support from manager and the organization when it is needed undermines self-worth and exacerbates the negative emotions triggered by the change.

Poor communication and lack of participation in decision-making Management unilaterally changed the length, timing and frequency of shifts for a group of clinical professionals. (S – clinical manager)	It was done really badly…there was no discussion, it was just dumped on us… They came into a meeting and then it was just BOOM - this is what we're going to do, there was no discussion, there was no reason why other than it was going to be cost saving for the organisation. And it caused a huge amount of stress for myself and my colleagues…we would have to be here a lot more and we organise our lives around and our time away from here, partly because we do longer shifts.	Personal: self-worth Social: subordinate, colleague, family member Organizational: employee	Lack of consultation marginalizes employees who begin to doubt their self-worth. Exclusion from decision-making leads to a questioning of one's organizational membership but may strengthen one's collegial identification.
Inadequate office location The participant was moved from an office to an open corridor in a hospital. (EE- administrative professional)	It was demeaning where they placed me… basically in a passageway with a desk and a computer. I've got confidential stuff on my computer and I've got people walking past the back of me…It was crap. I had cardboard boxes with my files in them, next to my desk, I didn't even have a filing cabinet.	Personal: self-worth Social: occupational/professional subordinate Organizational: employee	Inappropriate office space has a symbolic dimension that lowers self-worth and undermines relationships with immediate supervisors or other decision-makers.
Threat of redundancy The announcement of restructuring and possible redundancies was a source of stress to a manager and his team. (N – administrative manager)	For all the staff it was pretty ruthless, what was happening...We were told we'd probably lose our jobs…It became like the big sword of Damocles hanging over you all the time. That started to wind up the stress.	Personal: self-worth, self-authenticity Social: supervisor, colleague Organizational: employee	The threat of redundancy ruptures the identity of the employee and undermines relationships with supervisor and the organization but may strengthen collegial relationships.

TABLE 2: Change-stressor-identity-coping relationships

Identity stressor	Participant comment on coping	Form of identity	Analysis of change-stressor-identity-coping relationships
Changing job roles that increase workload and job complexity Following a restructure clinical team leader positions were created that combined clinical work with the oversight of professional development for colleagues. (K – clinical team leader).	It got to the point where I felt like I had to have the one glass of wine and if I'd run out I'd have to go and buy a bottle…I put my head down and worked harder and harder…Then I completely blew my stack and said it how it was. And that actually felt quite good!..I basically said, Well either the job needs to be expanded to have more hours or we need to trim the job.	Personal: self-efficacy Role: workload Social: colleague, subordinate, Organizational : Employee	Maladaptive coping was replaced by a confrontational then collegial approach. Venting about workload to colleagues and the manager, accompanied by a practical solution, would (hopefully) lead to a reduced role and in turn enhance self-efficacy and relationships with more senior managers and colleagues in the same position.
Changing work groups After a redundancy and job resign process the participant was moved to a specialized role in another hospital where an existing staff member had been laid off. (L – clinical educator)	Just kept my head down, tied myself in the office, did the job. Always say hello to her. Just nicely…don't stand up to her. I just let it go.	Personal: self-worth Social: colleague	Avoidance coping may be chosen when colleagues maintain hostile behaviour.
Stress of others Although not in scope for redundancy the participant was keenly aware of others' stressful responses to the announcement. (V – clinical manager)	They'd come to the office, stand at the door, talk about…I'm looking for a job here, and what do you think about that? It was actually okay. It wasn't creating additional work. I like to be supportive of my colleagues.	Personal: self-authenticity Social: colleague	When one has limited power to address the stress caused for others by an organizational change, supporting them is also a coping mechanism to deal with one's own stress.
Being unsupported Following a restructure the participant was moved to another department where managerial support was absent. (X – educator)	We would have our new team meetings, so that was a good opportunity to be chatting I felt really supported by my colleagues in the office, who were still part of the original team that we were in…I've got a very supportive husband.	Personal: self-worth Social: occupation/profession, subordinate, colleague, spouse Organizational: employee	When managerial support is absent employees look to their colleagues and those in their personal networks for support.
Poor communication and lack of participation in decision-making	I thought, I wonder if there's a way that I can roster it so that the organisation is still gaining back money, but we can have what we want. And that's often my response to	Personal: self-worth, self-authenticity Social: subordinate, colleague Organizational: employee	A practical solution can address stress-related problems for oneself and colleagues and manages to achieve organizational objectives.

Management unilaterally changed the length, timing and frequency of shifts for a group of clinical professionals. (S – clinical manager)	any kind of thing that's quite stressful. Is there a way that I can make it work so that it's a win-win for everybody? And so that's partly what I did and so I came up with the solution that was eventually adopted.		
Inadequate office location The participant was moved from an office to an open corridor in a hospital. (EE- administrative professional)	I kept saying to them, I can't work like this... I [also] started trying to walk more and that sort of thing to just sort of ease myself – I realised what I had to do – I had to look after myself, survival instincts, I realised I had to cope.	Personal: self-worth Social: occupation, subordinate, colleague Organizational: employee	When requests for tangible support do not work stressed employees may resort to escape forms of coping.
Threat of redundancy The announcement of restructuring and possible redundancies was a source of stress to a manager and his team. (N – administrative manager)	As a team we sat down and discussed it. I answered the questions the best I could. Because I just didn't know how it was going to affect my team. Obviously I knew I had to reapply for my job... They're my blokes...you can't just leave everyone in the lurch. It's bad enough I got left in the lurch but I'm not going to do the same for them...I would work maybe a little bit longer hours, I would do a bit of research, I would actually ask more questions, I would get information.	Personal: self-worth, self-authenticity Social: supervisor, colleagues Organizational: employee	Dealing with the stress of their own possible redundancy and feeling responsible for the wellbeing of a team may lead managers to focus on supporting subordinates and looking after themselves. The first is a manifestation of self-authenticity and enhances collegial and subordinate relationships, the second aims to stabilize self-worth.

Figure 1: Model of identity, organizational change, stress and coping

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┌─────────────────────┐    ┌─────────────────────┐    ┌─────────────────────┐    ┌─────────────────────┐    ┌─────────────────────┐
│ Identity before     │    │ Change stressors    │    │ Identity during     │    │ Coping focus        │    │ Identity after      │
│ change              │    │ • Workload and      │    │ change              │    │ • Work tasks        │    │ change              │
│ • Personal          │───▶│   job complexity    │───▶│ • Personal          │───▶│ • Relationships     │───▶│ • Personal          │
│ • Role              │    │ • Changed roles     │    │ • Role              │    │ • Self-esteem       │    │ • Role              │
│ • Social            │    │ • Changed groups    │    │ • Social            │    │                     │    │ • Social            │
│ • Organizational    │    │ • Threat of         │    │ • Organizational    │    │                     │    │ • Organizational    │
│                     │    │   redundancy, etc.  │    │                     │    │                     │    │                     │
└─────────────────────┘    └─────────────────────┘    └─────────────────────┘    └─────────────────────┘    └─────────────────────┘
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          └──────────────────────────────────────────────────────────────────────────────────────────────────────────┘
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