

Chester Business School

**Life Expectancy: Lower for Nursing Homes
or Residents?**

A Management Research Project-Dissertation submitted in partial fulfilment of the
requirements of the University of Chester for the degree of Master of Science in
Management

Brett Fitzsimons

September 2013



Chester Business School

Life Expectancy: Lower for Nursing Homes or Residents?

A Management Research Project-Dissertation submitted in partial fulfilment of the requirements of the University of Chester for the degree of Master of Science in Management

Brett Fitzsimons

September 2013

Acknowledgements

Firstly I would like to thank Fairfield Nursing Home for kindly agreeing to let me carry out this research project and special thanks goes out to everyone who participated in the questionnaires and the interviews. Thank you.

Secondly I would like to thank my dissertation supervisor Mark Crowder for all his helpful comments, fantastic subject knowledge and general support through this whole study. You certainly kept me moving in the right direction even if the queues for coffee were not!

Finally I would like to thank my mother and father for their continued support throughout this study. You kept encouraging me even in times when I was stressed and a little grumpy to say the least. So thank you for putting up with me!

Abstract

This paper assesses the relevance of organisational change theory and management decision making theory in the nursing home industry and whether these changes are forced upon organisations in this sector due to the current financial climate. It specifically looks at a nursing home which is located on the Wirral Peninsula, Merseyside. This particular nursing home was recently taken over by new owners and therefore a new management team was introduced. Finally the paper attempts to determine whether nursing homes can survive in this current period of financial instability and whether the nursing home industry can cope with the decrease in government funding and the increase in the demand for nursing homes.

The findings of this research paper shows communication of change is a big issue in this particular organisation and that this has resulted in changes in morale and stress levels and therefore change has had psychological impacts on the employees. The paper suggests that there is a clear hierarchy when it comes to decision making and that even the manager has limited power when it comes to the final decision and it is the owners that have the final say in the decision making of the organisation. The evidence of this paper suggests that the organisations priority is making the nursing home profitable. The employees, the deputy matron and the manager all were clear in stating this. This therefore suggests that profits come before the interests of the employees and the residents. Evidence however suggests that the owners have little choice but to prioritise profit or face going the same way as many other nursing homes in the local area and closing down.

This paper concludes that the nursing homes long term viability is at risk due to the decrease in government funding and therefore the organisation has less income meaning that cutbacks have to be made which effects the quality of the organisations service and this puts extra pressure on the nursing home, starting with the employees and going right the way through the organisation to the owners to be able to continue to meet the required standards that is expected of them. Eventually there will be a breaking point and the organisation will not be able to be profitable and meet the required standard that the regulations stipulate. The task that faces the nursing home industry becomes even more difficult due to the growth in population and the life expectancy of people increasing. So can nursing homes outlive the residents in the long run?

Declaration

This work is original and has not been submitted previously for any academic purpose.
All secondary sources are acknowledged.

Signed: _____

Date: _____

Table of Contents

| | |
|--|----|
| Contents | 5 |
| List of Tables | 8 |
| List of Figures | 9 |
| 1. Introduction | 10 |
| 1.1: Background to the Research | 10 |
| 1.2: Research Question | 10 |
| 1.3: Justification for Research | 10 |
| 1.4: Outline of Methodology | 11 |
| 1.5: Outline of Paper | 12 |
| 2. Literature Review | 13 |
| 2.1: Organisational Change | 13 |
| 2.2: Management Decision Making | 18 |
| 3. Methodology | 21 |
| 3.1: Introduction | 21 |
| 3.2: Research Paradigm | 21 |
| 3.2.1: Quantitative Research Paradigm | 21 |
| 3.2.2: Qualitative Research Paradigm | 21 |
| 3.2.3: Selecting the Research Paradigm | 21 |
| 3.2.4: Justification for Selected Paradigm | 22 |
| 3.3: Collection and Analysis of Qualitative Data | 22 |
| 3.3.1: Method of Primary Qualitative Data Collection | 22 |
| 3.3.2: Employee Questionnaire | 23 |

| | |
|--|-----------|
| 3.3.3: Conducting the Interview | 23 |
| 3.3.4: Method of Secondary Qualitative Data Collection | 25 |
| 3.3.5: Analysing Qualitative Data | 25 |
| 3.3.6: Justification for Selected Methodology and Methods | 26 |
| 3.3.7: Rejected Methodologies and Methods | 26 |
| 3.4: Ethical Considerations | 26 |
| 3.4.1: Consent | 27 |
| 3.4.2: Confidentiality | 27 |
| 4. Analysis of Findings | 28 |
| 4.1: Introduction | 28 |
| 4.2: Employee Questionnaire Findings | 28 |
| 4.3: Interview with the Manager | 32 |
| 4.4: Interview with the Deputy Matron | 36 |
| 4.5: Interview with the Social Worker | 38 |
| 4.6: Summary of Findings | 39 |
| 5. Conclusion | 41 |
| 5.1: Introduction | 41 |
| 5.2: Critical Evaluation of the Methodology | 41 |
| 5.3: Conclusions about the Research Question | 41 |
| 5.3.1: The Effects of Organisational Change on the Nursing Home | 41 |
| 5.3.2: The Effects of Management Decision Making on the Nursing Home | 44 |
| 5.4: Limitation of the Study | 46 |
| 5.5: Opportunities for Further Research | 46 |
| 5.6: Overall Summary of this Paper | 47 |

| | |
|---|----|
| References | 49 |
| Appendices | 58 |
| Appendix 1: Reflective Review of the Research Process | 59 |
| Appendix 2: Employee Questionnaire | 62 |

List of Tables

| | |
|---|----|
| Table 1: Kotter's eight steps to successful change | 16 |
| Table 2: Kotter's eight errors | 16 |
| Table 3: Top ten barriers to change | 17 |
| Table 4: Obstacles to effective organisational change | 17 |
| Table 5: Summary of questionnaire responses | 31 |

List of Figures

| | |
|--|----|
| Figure 1: What is your job role within the organisation? | 28 |
| Figure 2: How long have you worked for the organisation? | 29 |
| Figure 3: How did you find out about these changes? | 35 |
| Figure 4: How much have these changes affected you? | 36 |
| Figure 5: Lifecycle of a Nursing Home in the Current Financial Climate | 48 |

Introduction

1.1: Background to the Research

The nursing home that the author is basing their study is located on the Wirral Peninsula, Merseyside. The organisation was taken over in May 2011 and due to the change of owners there was also a change in management. The new owners own six nursing homes in total. The effects of organisational change and the management decision making behind the changes is of particular interest to the author and this shall be discussed in this research paper.

1.2: Research Question

Main aim:

- To discover how sustainable nursing homes are in the current financial climate. Are owners forced into organisational changes even if the changes are for the worse?

Research question:

- How has organisational change affected the manager and the employees of a nursing home?

Objectives of the Research:

- To analyse organisational change theory in relation to a nursing home.
- To analyse management decision making theory in relation to a nursing home.

1.3: Justification for the Research

There is considerable research into organisational change and management decision making in general business and management. However there is limited theory when researching these factors in relation to the nursing home industry. This research attempts to find gaps in theory of organisational change and management decision making in nursing homes and therefore this paper uses grounded theory.

1.4: Outline of Methodology

The selected methodology of this research paper was the use of qualitative research. Secondary data was gathered via reliable sources such as books, journals and the company website. The primary qualitative data was gathered in two forms. First of all a questionnaire was sent out to the employees of the nursing home. This questionnaire was designed by the author in advance after careful consideration about how many questions were to be used and what questions would be best in helping the author achieve their aims and objectives during this study. Thirty questionnaires were sent out to the employees and these were then collected after the employees were given two weeks to complete their questionnaires. Once these had been collected the author grouped the data and put key responses into a table and also stated how often these had been mentioned. The selected population of who was invited to participate in the questionnaire was all of the employees at the nursing home as there are only a small number of employees in the organisation and therefore this sample was manageable for the author to be able to analyse the responses. The other primary qualitative data was collected through conducting three interviews. The first interview was a semi-structured interview with the manager of the nursing home. For this interview the author carefully considered what questions would be asked in order to help achieve the aims and objectives of this research study. The second interview was an unstructured interview with the deputy matron (assistant manager) of the organisation. The third interview was an unstructured interview and this was with a social worker who does not work for the organisation but is a regular visitor to the nursing home and others in the local area. The people selected for the interviews were the two members of the management team at the nursing home. The third interview was not originally planned until the opportunity arose during this study to gain an external opinion on the nursing home. These interviews were transcribed by the author and then analysed. The questionnaire data was then put into a database and code words were used to identify common responses amongst the employees and then put into a table. The interview data was transcribed and analysed to find out whether there were any similarities or differences between the responses of the management team and the rest of the staff of the nursing home. The external views of the social worker could also be compared with the internal views of the management team and the employees of the nursing home.

1.5: Outline of Paper

This paper aims to critically discuss organisational change and management decision making theories and frameworks and then link these to the recent takeover of a nursing home. The research paper is structured as follows:

Chapter One: This chapter introduces the reader to this research paper. The research question is stated by the author and the objectives of the research are outlined and also justified. The methodology is briefly outlined in this chapter.

Chapter Two: This chapter reviews relevant literature in the areas of organisational change and management decision making. This literature builds the foundations for this research paper.

Chapter Three: This chapter discusses in detail the intended methodology the author uses during this research paper. This includes justification for the selected methodology, alternatives and the ethical considerations of the research.

Chapter Four: This chapter presents the research findings but does not discuss them or offer any conclusions or recommendations. It does not link the research findings to the literature.

Chapter Five: This chapter discusses the research findings and links in to the literature that has been reviewed. Conclusions are made in this section along with identifying limitations of the research. This section also offers recommendations for how this study could be improved for further research in this area.

Chapter 2: Literature Review

2.1: Introduction

This section of the research paper discusses relevant literature that has previously been discussed by other authors. It explores theories and frameworks that can be linked with this piece of research. Although there is limited research about organisational change and management decision making in nursing homes, this piece of research hopes to build on that and find gaps in this research area.

2.2: Organisational Change

There has been limited research into the area of organisational change in nursing homes, although there has been extensive research into the area of organisational change in general business and management. There are challenges facing social care in England, like other parts of the UK and internationally, which are characterised by rising demand for services, restricted resources and concerns about the quality of care (Hughes, 2012). According to the Care Quality Commission (2011) there are 13,475 care homes without nursing and 4,608 care homes with nursing. This shows how large the social care sector is without including home care agencies and local authorities with social services responsibilities. Increases in life expectancy, particularly of people with disabilities, and the associated growth in age-related impairments such as dementia, are placing pressures on the social care and health care sectors (Hughes, 2012). This shows the strain on the social care industry is massive. This research however aims to narrow the focus of previous research from social care as a whole to just the pressure on the nursing home industry. Her Majesty's Government (2010) expects that the number of older people and younger adults with potential care needs to rise from the current number which is just under six million to 7.77 million in 2030. Organisational change is a key part of every organisation and is something that affects everyone within that company. Saka (2003) states that change management is vitally important in today's competitive climate. Senior (2002) states that organisational change is extremely important and now it is essential managers have the ability to perform this skill. Moran & Brightman (2001) define change management as the process of continually changing an organisations direction, structure and capabilities in order to serve the needs of internal and external customers which is ever changing. Change is ever-present in all types of

organisation (Diefenbach, 2007) at both strategic and operational levels (Burnes, 2004). Therefore (Burnes, 2004; Rieley & Clarkson, 2001) believe that change cannot be separated from strategy, and strategy cannot be separated from change. Organisations are changing faster and in more fundamental ways than ever before (Carnall, 1999; Cummings & Worley, 2001; Kanter, 1997; Kotter, 1996; Peters, 1997). Burnes (2003) believes organisations may be missing genuine opportunities for organisational and managerial improvement by not linking management development to organisational change (and vice versa). Change can include a change in management, a change in strategy or just a general change in personnel. Leifer (1989) states that change is a natural occurrence within organisations whether it is due to internal factors or external influences. External factors often force change and Grieves (2010) believes that engagement and recognition of the nature of drivers for strategic change is a clear requirement for an effective strategic manager. Pettigrew (1987) believes that the success of change depends more on the quality of the piloting rather than the quality of the design. It is said by Kotter (1996) that leadership and change is one of the biggest challenges organisations face as change is needed in organisations whether it be due to external circumstances such as technology and financial climate, or internal circumstances such as staff retention and training. Graetz (2000) goes as far as suggesting against a backdrop of increasing globalisation, deregulation, the rapid pace of technological innovation, a growing knowledge workforce, and shifting social and demographic trends, few would dispute that the primary task for management today is the leadership of organisational change (Todnem, 2005). For change to be successful an organisation needs a strong leader to lead these changes. (Kanter, 1997; Mullins, 2002; Peters, 1997) believe that managers need to be successful at being able to manage and lead so that organisational change can happen successfully. However Ansoff & DeClerk (1968) believe strategic planning is the key to successful strategic management. Mayo (1933) stated that the main factor behind success of organisational change is based upon what the working conditions are like within the organisation. Communication is a key area for managers when they are managing change, they have to ensure that all their communication channels are addressed and that all of the organisation are aware of any changes being implemented. Pritchard (2010) states that there is a common factor that links all organisations that fail during organisational change, he believes that a lack of consistent understanding and clarity in interpretation of organisational vision, purpose and intent is the reason why company's struggle to successfully carry out change. Raupp & Hoffjann (2012) believe that strategy is now an indispensable aspect of

communication management. Porter (1980; 1985) offers many recommendations as to how strategies should be designed such as Porter's Five Forces Model which prepares organisations for competition they may face in their market. Whether organizational change results in a new venture or a new process improvement approach, employee communications can mean the success or failure of any major change program (Barrett, 2002). Ritter (2003) argues that the only way to ensure that corporate communications develops with corporate strategy is to conduct audits (Butler, 2010). Kitchen et al. (2002) states that organisations realise the importance of good communications but find it difficult to create a link between what gets said and what gets done. Psychologically change can be difficult and this has been stated in the work of Lewin (1947). Bartoli & Hermel (2004) state that the psycho-sociological comprehension of the phenomena related to change takes an essential dimension in the works of Lewin (1947). Therefore change is not just a psychological process but it is also a sociological process. Herzberg (1987) believes that motivating employees can have a significant effect on organisational change, and if the motivation of employees is achieved then the likelihood of successful organisational change improves. Stress is a factor that can be a problem when change is occurring, especially due to the pace of change in the modern day business environment (Hudson, 1999). Stress at work is a well-known factor for low motivation and morale, decrease in performance, high turnover and sick-leave, accidents, low job satisfaction, low quality products and services, poor internal communication and conflicts (Schabracq & Cooper, 2000; Murphy, 1995; McHugh, 1993). Cranwell-Ward (1995) states that there is an increase in the amount of people taking days off due to stress related matters than in the previous decade, and Hudson (1999) believes that this is due to the increased pace of change and due to conflict within the organisation. Bridges (1991) believes that a manager will find it easier to make the change compared to that of guiding their employees through the change. Change is not always successful within an organisation and it can often fail. Many authors have attempted to discover the reasons for success and failure when a company undertakes organisational change. Kotter (1996) developed two tables of eight, one highlighting the reasons why organisations are successful during change (Table 1) and the second emphasising on the reasons why organisations fail during change (Table 2).

Table 1: Kotter's eight steps to successful change

| |
|---|
| Step 1. Establishing a sense of urgency |
| Step 2. Creating a guiding coalition |
| Step 3. Developing a vision and strategy |
| Step 4. Communicating the change vision |
| Step 5. Empowering broad-based action |
| Step 6. Generating short-term wins |
| Step 7. Consolidating gains and producing more change |
| Step 8. Anchoring new approaches in the culture |

Source: Kotter (1996)

Table 2: Kotter's eight errors

| |
|--|
| 1. Allowing too much complacency |
| 2. Failing to create a sufficiently powerful guiding coalition |
| 3. Underestimating the power of vision |
| 4. Under communicating the vision by a factor of 10 (or 100 or even 1,000) |
| 5. Permitting obstacles to block the new vision |
| 6. Failing to create short-term wins |
| 7. Declaring victory too soon |
| 8. Neglecting to anchor change firmly in the corporate culture |

Source: Kotter (1996)

It is important that organisations plan, communicate and have a sense of urgency when performing organisational change. Kotter's eight steps are valuable and informative in identifying the actions necessary to achieve organisational change (Burnes, 2003).

Balogun & Hailey (2004) believe that in most cases organisations will fail when undergoing change. Many researchers have also attempted to discover what the barriers to change are and what the obstacles are to effective change. The tables below (Table 3 and Table 4) outline the reasons why some authors believe organisational change is difficult and why it is not always successful.

Table 3: Top ten barriers to change

| |
|-------------------------------------|
| 1. Competition for resources |
| 2. Functional boundaries |
| 3. Lack of change management skills |
| 4. Middle management |
| 5. Long IT lead times |
| 6. Poor communication |
| 7. Employee opposition |
| 8. HR issues (e.g. training) |
| 9. Initiative fatigue |
| 10. Unrealistic timetables |

Source: Adapted from Huczynski & Buchanan (2001)

Table 4: Obstacles to effective organisational change

| Main Obstacles | Manifested as |
|-----------------|--|
| Poor Leadership | <ul style="list-style-type: none"> • No vision • Failure to gain support for change • Blocking change • Putting off change • Not seeing the need for change |
| Weak Management | <ul style="list-style-type: none"> • Fragmented approach • Management systems which deter innovation • Powerlessness • Preference for the status quo |
| Culture | <ul style="list-style-type: none"> • Change seen as a threat • Turf protection • Lack of self-belief • Political behaviour |

Source: Adapted from Hoag et al. (2002)

Many of the main barriers and obstacles to change involve poor management skills and this means they have been unable to lead a successful change within their organisation. Poor leadership and weak management is highlighted as a key reason as to why organisational change can fail. It is also pointed out that the failure in management may be linked with the manager lacking the skills, competencies and aptitudes necessary for them to lead and manage change successfully. If the manager lacks self-belief then this can spread through to their employees and this can create doubt within the organisation. A lack of faith in the manager can lead to conflict within the company and this can create major problems with change, including resistance to change (Hudson, 1999). Kotter (1996) states in Table 1 that communicating the change vision is important. This can also be seen in Table 3 which shows that Huczynski & Buchanan (2001) also state that poor communication can be a major barrier to organisational change.

2:2: Management Decision Making

There has been limited research into the area of management decision making in nursing homes. There has been research into decision making for nursing and also there has been extensive research into the area of management decision making in general business and management. Grounded theory has been used in nursing but not a lot of research has been linked to just nursing homes. Also research has been done on the social care industry as a whole but limited research has been done on the nursing home industry specifically. According to the National Center for Health Statistics (1996), 20% of all deaths in the mid-1990s occurred in nursing homes and 34% of all elders over the age of 85 died in nursing homes (Riley, Lubitz, Prihoda, & Rabey, 1987). Therefore the kind of decision making that has to be made in a nursing home involves end of life decision making (Forbes, Bern-Klug & Gessert, 2000). Managers have to display leadership skills when making decisions and the key messages for leaders in the social care industry is to firstly, plan for personalised, safe and effective care. Secondly approach workforce planning in an integrated way. Thirdly ensure the right data are collected and is – crucially – analysed and finally involve stakeholders to ensure workforce planning and modelling exercises are owned and – crucially – implemented by all (Hughes, 2012). Decisions have to be made on a day to day basis in every organisation. In fact it is probably more accurate so to say decisions have to be made on an hourly basis. What does vary however is the size of the decision that has to be made, a small decision is often the more frequent kind of decision made within an

organisation. Larger decisions though are often less frequent within a company and these are often far more complex, more time consuming and take a lot more planning. Decisions can vary between being a planned decision or an unplanned decision. Ideally an organisation will choose to plan their decisions and this is known as strategic planning. Formulating strategy involves the application of the political thought of a company (Andrews, 1971). This thought is based upon how they mobilise their core competencies and also how managers scan, interpret and share information from their environment (Weick, 1995). This approach conceived information or scientific knowledge as the basis of the strategy making (Nicolas, 2004). A company's organisational culture can often determine how they come to the decisions they do as they want to promote a certain image to their customers. Amason (1996) argues that top management teams make strategic decisions, and the quality of these decisions affect the performance of the organisation. He also argues that consensus throughout the organisation is key to maintaining a high performance. However (Eisenhardt & Zbaracki, 1992; Schweiger & Sandberg, 1991) argue that complete agreement and acceptance cannot completely coexist, and that both cannot be achieved simultaneously. In a nursing home many ethical decisions have to be made and Holian (2006) believes the most effective way to learn and reinforce ethical decision making may be role models. This can work throughout an organisation starting from the more senior members of staff right the way through. The manager of an organisation is in most cases the biggest role model within that company and it important they set a great example so that it can be transferred throughout the organisation. The success of a decision is often based on whether the decision maker uses the correct model to achieve this (Vroom & Yetton, 1973; Vroom & Jago, 1988; Vroom, 2003). For example Langley et al. (1995) developed an optimising model to help managers make a decision. Snowden & Boone (2007) believe that managers can rely too heavily on past experiences, and that they rely on this when making decisions as they believe that the situation is going to be predictable. This leads on to heuristics and to the ability of a person being able to make the correct and best decisions. Heuristics are experienced based techniques that help to find shortcuts when making decisions and they are often trial and error (Kahneman & Tversky, 1974). Heuristics are a short cut that speeds up decision making but this means that the optimal decision may not be chosen. Decisions are something that is made in everyday life by everybody, and this ability is transferred by managers so that they can make decisions within their organisation. Heuristics are a form of problem solving and learning and this assists managers discover solutions to problems, however the solution

the manager decides to use may not be the optimal solution that has the best outcome for them personally or the organisation as a whole as the decisions can often be based on rule of thumb (Kahneman & Tversky, 1974). Gigerenzer et al. (1999); Gigerenzer (2000; 2002; 2004; 2007) produced many years of work based upon cognitive decision making. Gigerenzer et al. (1999) offers a very optimistic approach to decision making and he believes that intelligent people can make fast and wise decisions, however Kahneman & Tversky (1972; 1974; 1996); Kahneman et al. (1982) have a more pessimistic view on a person's ability to make a decision and they believe that an individual will struggle to have the ability to make informed and rational decisions. Tarter & Hoy (1998); Hoy & Tarter (2010) favour Gigerenzer's approach and prefer the optimistic view on an individual's ability to make rational decisions. They believe that the value of optimism is that it embraces potential with its resilience and success and avoids the weakness and helplessness of pessimism. Bandura (1997; 2006) also believes that optimism and self-efficacy produce high levels of achievement and this opinion is also shared by Usher & Pajares (2008). This optimism means that a person will have resilience and they will persist with the task in hand because they have the belief that they can accomplish the task they have been set. It is argued that the correct and best decision can never be made without all the correct information and all the factors that come with the decision. Mintzberg (1973; 1983; 1993) says that all organisations have to deal with uncertainty, while Thompson (1967) believes there is no accepted measure of dealing with the problem of uncertainty. Uncertainty can stem from several areas including lack of communication and lack of knowledge. Internal communication can be improved by different group's co-ordinating better. If decision making is made by different groups, pertaining to different areas of business, then overall performance of the strategy for the alliance will be changed (Butler, 2010).

Chapter 3: Methodology

3.1: Introduction

This section of the research paper explains the methodology of this research project. It will explain the options the author considered when deciding how to conduct their research and also explain the reasons why the author chose the method of research they did. The exact way in which this research was conducted shall be explained in this section.

3.2: Research Paradigms

There are two main research paradigms in management research. They are the quantitative research paradigm and the qualitative research paradigm. Research paradigms are the research strategies used. Depending on the kind of research that is being undertaken determines which one of these research paradigms is the best way to carry out the research. These two research paradigms need to be considered by the author so that they know what kind of research they want to undertake and how they are going to carry out this research.

3.2.1: Quantitative Research Paradigm

The quantitative research paradigm involves positivist epistemology and objectivist ontology. This research often uses experiments and surveys to gather its data. Numerical data is collected and statistically analysed, this is known as deductive theory testing. Quantitative research uncovers regularities and test theories.

3.2.2: Qualitative Research Paradigm

The qualitative research paradigm is also known as “naturalistic” or “interpretive” research. This type of research often uses interviews and questionnaires to attain its data. Theories emerge from this data and this is known as inductive theory. Qualitative research reveals social processes and discovers the meanings behind them.

3.2.3: Selecting the Research Paradigm

During this research the author decided to use the qualitative research paradigm as they believe that the research is based more upon theory building than theory testing. The

author wished to discover the meaning behind the social processes that occurred in the nursing home and wanted to create new knowledge. The author wants to understand and explain the reasons behind the finding rather than determine the cause of them.

3.2.4: Justification for Selected Paradigm

The author chose to use the qualitative research paradigm as they believed they wanted to build theory in a relatively uncovered subject area. The area of organisational change and management decision making has been well researched in general business and management, however it has not been so well investigated when looking at how they impact upon the nursing home industry. Therefore this research is going to be grounded theory and therefore qualitative research is the ideal paradigm for theory building.

3.3: Collection and Analyses of Qualitative Data

The author's collection of qualitative data was achieved through primary research and secondary research. The methods of primary qualitative data research and secondary qualitative data research are outlined below.

3.3.1: Method of Primary Qualitative Data Collection

The collection of primary qualitative data was required as it was important to get the views of the employees of the nursing home about the change in management and their understanding of the decision making behind the change. It was also important to get the management teams perspective on the change and their decision making process. Also the author had the chance to interview a social worker who was not a member of the nursing home staff but was a regular visitor. This provided the author with an external viewpoint on the nursing home and the organisational change. Once these two forms of data collection had been completed it was possible to compare and contrast the data and begin to analyse the findings. There were two forms of primary data collection that were used to provide the source of the findings of this research and these were:

- A questionnaire
- Semi-structured interview
- Unstructured interviews

3.3.2: Employee Questionnaire

The method of primary data collection to be gathered from the employees was in the form of a questionnaire and this was left in the staff room along with a completion box. This questionnaire was designed by the author in advance after careful consideration about how many questions were to be used and what questions would be best in helping the author achieve their aims and objectives during this study. The employees were given one week to complete the questionnaire. The sample selection was to give all the employees the questionnaire as it is only a relatively small nursing home with a small number of employees. Thirty questionnaires were sent out and left in the staff room along with a completion box. The questionnaire contained six questions, and this small questionnaire was designed to encourage the employees to complete the questionnaire as it was clear it would only take them around five minutes to complete. The problems encountered with this method of data collection was that some employees did not complete their questionnaires and this therefore reduced the amount of data that could be used and also very important and relevant data may have been missed from this research, however a good amount of responses were gathered from all the different sectors of the organisation. The employees were given the option of leaving their contact details for if I needed to speak further with them either regarding their answers and for more information. Many of the employees chose to leave their contact details on the returned questionnaire form. The questionnaire stated that the responses would remain confidential and that they could withdraw their responses from the research at any time.

3.3.3: Conducting the Interview

The second form of primary data was acquired by interviewing the manager of the nursing home. This was in the form of a semi-structured interview, and this allowed there to be some structure to the interview but allowed flexibility which enabled responses to expand and create a greater amount of knowledge than if the interview had been structured and stuck to just the questions alone. Also if the interview had been completely unstructured then the amount of relevant data acquired would most likely have been to a minimum. As the interview was semi structured the author could carefully consider what questions to ask so that the chances of achieving the aims and objectives of this research study improved. The semi-structured interview with the manager lasted between fifteen and thirty minutes in an empty lounge room in the

nursing home. The semi-structured questionnaire contained eight questions which would help create enough data about the specific themes required but it gave the manager flexibility to expand on them themes to give extra relevant and important data. The manager was informed that notes would be taken during the interview and that the author was listening to their responses. The author often asked the manager to clarify their responses so that detailed note taking could be achieved. Before and after the interview the author thanked the manager for their time and their cooperation. Along with this the author told the manager that they could view their notes at any time and that they could make any changes they wanted to, whether it was additions, deletions or a change of wording. The manager was informed that the interview would remain confidential. Originally the semi-structured interview with the manager was the only planned interview. However the opportunity arose for the author to interview the deputy matron (assistant manager) of the nursing home who had been at the organisation for many years and had witnessed the takeover and change close up. They had also briefly held the managerial position at the nursing home. This interview was conducted as an unstructured interview and although a weakness of this type of interview is that the intended points may not be reached due to the lack of structure, it also opened up the possibility of hearing points that may not have been brought up has the interview been structured and therefore gave the possibility of offering a greater insight into the change within the organisation. As with the semi-structured interview with the manager, the deputy matron was informed that all responses would remain anonymous and also that they had the right to withdraw their response or edit them at any time. They were also informed that the author would be taking notes throughout the interview and due to the informal structure of the interview it was easier for the researcher to ask for the respondent to repeat any answers they gave. The author got the chance to carry out an additional informal, unstructured interview and this was with an external worker who regularly visits the nursing home and others in the area. This person was a social worker and they offered an outsiders point of view on the organisation and also a comparative view on the nursing home that is being studied with other nursing homes in the local area. These views could then be compared with the views of the management team and the employees of the organisation. Again the author informed the social worker that their responses would remain anonymous and that they could withdraw or edit their responses at any time.

3.3.4: Method of Secondary Qualitative Data Collection

The collection of secondary qualitative data was required as this gave the research facts and figures about the organisation and the takeover. This data was collected through the company's website mainly, but it was also gathered by access to certain books in the nursing home. The secondary qualitative data provided a base for this research to build upon with the inclusion of the primary data that had been gathered through the questionnaires and interviews. The secondary data provided a vital foundation for this research. Along with data collected about the nursing home, data was collected about theories relating to organisational change and management decision making. These theories and frameworks provided the academic underpinning for this research. Many academics book and journals were read by the author in order to gain knowledge of relevant literature in this particular research study area.

3.3.5: Analysing Qualitative Data

The qualitative data was analysed in several ways by the author. The author gave the employees of the nursing home two weeks to complete their questionnaires that had been left in the staff room along with a box where all completed questionnaires could be left. The questionnaire was designed so that it was just a page long so that it would encourage the employees to partake in the questionnaire. Once these had been collected the author put the data into an excel spreadsheet so that it was all together. Once this had been done the researcher used code words to determine what responses had been common amongst all the employees. Once these had been determined it meant that the author could then analyse these findings to determine why employees had responded in this way. The author then put these into a table that grouped all the common responses and stated how often these were mentioned. Once these responses had been grouped the author could then link this to the literature. The interview responses that had been note taken during the interviews then got transcribed onto the computer so that all responses were together. These responses could then be compared to the responses of the employees to see if they matched or contrasted. Once this was done the author could analyse these findings and link them with the literature. Once the questionnaire and the interviews had been linked to the literature the author could then complete their findings and come to a conclusion about this study.

3.3.6: Justification for Selected Methodology and Methods

The author's justification for selecting this methodology was so that they could gain the opinions of both the management team and the employees within the organisation. The responses of the management team during the interviews and the employees from their questionnaires could then be analysed to see what could be determined from the data. The theory could be built once the results were compared and contrasted. This particular method of data collection was designed by the author to see whether the opinions of the management team, in particular the manager, and employees to see if they were either the same or they differed, and if so how much they varied. The author believed that a questionnaire to the employees and interviews with the senior management staff would give them the data to analyse and successfully achieve the goals of this study. The added interview with an external worker offered an outside in view of the organisation and this could then be compared with the internal opinions of the management team and the employees.

3.3.7: Rejected Methodologies and Methods

The author rejected the chance to use quantitative research as their method to explore this research topic. The author chose to use qualitative research and use primary research techniques such as questionnaires and interviews rather than quantitative research methods such as surveys and experiments. The author chose to theory build rather than theory test.

3.4: Ethical Considerations

During this research the author acknowledged that due to the type of research being undertaken many ethical issues had to be considered before, during and after the research. From choosing the research study, carrying out the research and submitting their findings the author considered all these ethical issues. As this study involves a nursing home, issues such as patient information had to be considered, such as mental and physical health issues, but after consideration the author decided not to involve patients in their research. Therefore the main ethical issues the author considered was consent and confidentiality, and these are discussed below.

3.4.1: Consent

Consent is an extremely important ethical consideration and the author gained consent from the manager of the organisation where the research study was being carried out, therefore meaning the manager was happy for the author to carry out their research.

3.4.2: Confidentiality

Both on the questionnaire and during the interview the author stated that the confidentiality and the anonymity of the participants would be maintained throughout the research process. The questionnaire did not ask for a name, but did give the option for the employee to leave their contact details if the author would like to have a further discussion with the employee. The author reminded the participants before and after their interviews that their responses would remain confidential and that they had the right to change the author's notes at any time or even withdraw their responses.

Chapter 4: Analysis of Findings

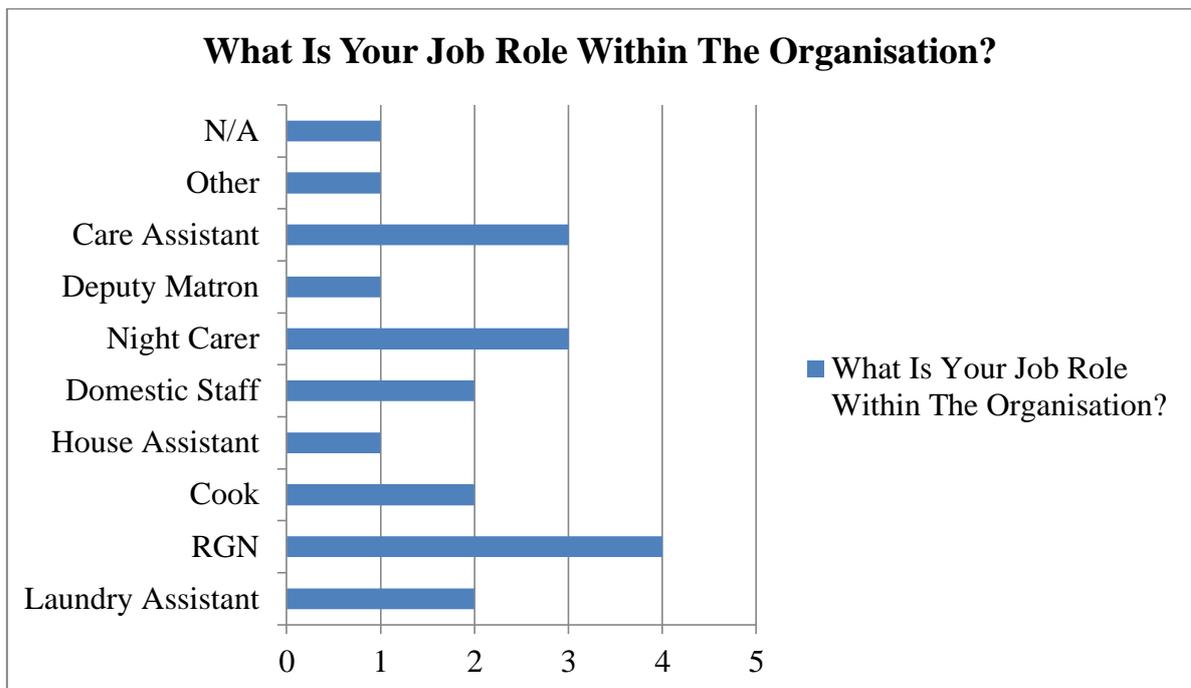
4.1: Introduction

This section of the research paper shall concentrate on the findings of the author’s research. The primary qualitative data that was gathered through questionnaires and interviews shall be examined along with the secondary qualitative research. As mentioned earlier in this paper the author aims to understand what effects organisational change and management decision making and are these affected by the type of management style that is implemented by the manager of the company.

4.2: Employee Questionnaire Findings

The questionnaire that was distributed to the employees of the nursing home can be seen in Appendix 2. The questionnaire contained six questions, and thirty questionnaires were given out. The author received twenty completed responses from the employees. Figure 1 below shows how the responses were split between different job roles within the organisation and this was found out as a result of question one.

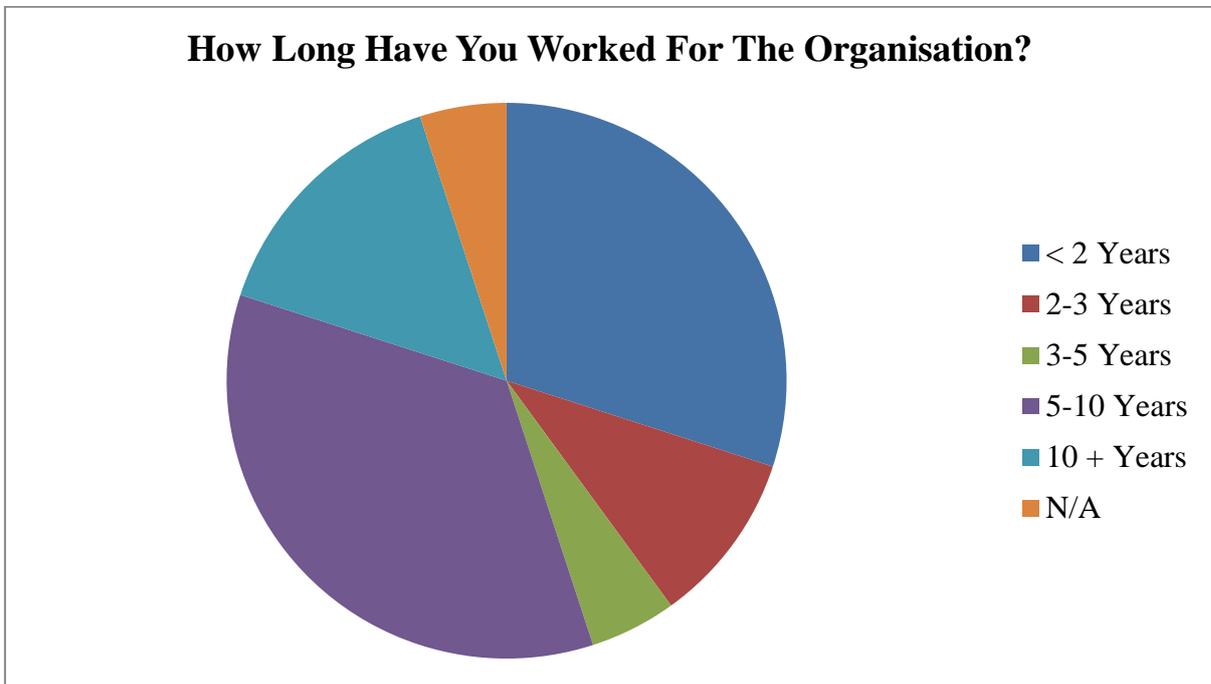
Figure 1: What is your job role within the organisation?



Source: Appendix 2, Question 1

This shows that out of the twenty respondents the greatest number of replies came from the RGN staff with a total of four. Question two asked the respondent to state how long they had worked for the organisation and the results can be seen in figure 2 below.

Figure 2: How long have you worked for the organisation?



Source: Appendix 2, Question 2

Figure 2 shows that 5-10 years of service for the nursing home was the category with the greatest number of the respondents with a percentage of 35%, and this was followed by 30% of the respondents having worked for the organisation for less than two years. 15% of the respondents had worked for the organisation for over ten years. Respondent 18 did not answer question two. Respondents 1, 5, 6 and 12, who had all stated they had worked for the organisation for less than two years, stated that they had noticed a change in management amongst other changes. Interestingly respondent 1 and respondent 12 stated that they had noticed a change in morale, with respondent 1 claiming that this was not for the better. However respondent 6 claimed that they enjoy working at the nursing home. Respondent 1 claimed that the products being used had changed and that they were not as effective. Respondent 5 stated that there was a lot more documentation to do and they believe they spend more time doing paper work than spending time with the residents of the nursing home. The author then decided to compare these responses with the employees who had been at the nursing home the longest. The three employees who had worked at the organisation for over ten years, respondents 2, 3 and 19 all gave very similar responses. They claimed that they had all

noticed a change in management and a change in ownership. Also they all mentioned that the staffing levels of the nursing home had been reduced and that working hours had changed. Respondents 2 and 19 mentioned the introduction of rapid access beds and referred to how this has resulted in the nursing home having more high dependency residents and this has meant that there has been a higher workload in less hours of work and therefore it has meant work has become very stressful. As with some of the respondents who had worked at the organisation for less than two years, respondents 2 and 19 responded by mentioning that cheaper products are now being used due to financial cut backs. As for the employees who are in between the longest serving employees and the more recent additions to the staff, there are also common beliefs amongst them. The RGN's stated that there had been an increase in documentation and paperwork and that they now had more in depth care plans, and this could be due to the staffing cut backs which meant the nursing home no longer has an administrator and also tighter regulations are now being enforced. Respondent 10 also stated that there has been an increase in paper work. Respondent 6 stated that they enjoy working at the nursing home and that the organisation is much more organised since the change of owners and change in management. However respondents 14 and 18 stated that there is less organisation. Respondents 11 and 18 claimed that there is a lack of communication in the nursing home. Below Table 5 summarises all the responses that were given by the employees of the nursing home who answered the questionnaire and the frequency that they were mentioned.

Table 5: Summary of questionnaire responses

| Change Noticed | Number of Times Mentioned | % |
|---|----------------------------------|----------|
| Change found out through management | 5 | 25% |
| Change found out through staff meetings/letter/notice board | 5 | 25% |
| Change found out through word of mouth | 5 | 25% |
| Change found out as it happened | 4 | 20% |
| Lower morale | 7 | 35% |
| Change of staff/high turnover | 1 | 5% |
| Change of products/worse | 4 | 20% |
| Change of equipment/worse | 2 | 10% |
| Lack of communication | 2 | 10% |
| Higher workload | 7 | 35% |
| Change for profit | 12 | 60% |
| Change for residents/improved standards | 2 | 10% |
| Beneficial new equipment | 1 | 5% |
| Higher documentation/more paperwork | 3 | 15% |
| Higher dependency residents | 10 | 50% |
| Financial cutbacks | 4 | 20% |
| Staffing levels/reduced staff | 9 | 45% |
| Less organisation | 2 | 10% |
| Noticed change in management | 4 | 20% |
| Noticed change in owner | 4 | 20% |
| Change in government funding | 2 | 10% |
| Update home/decorating/refurbishing | 4 | 20% |
| Standard of care lower | 2 | 10% |
| Stress increased | 3 | 15% |
| Working hours | 3 | 15% |
| Care plans | 2 | 10% |
| Enjoyment | 1 | 5% |

Source: Appendix 2

It is clear to see that there are many mixed responses amongst the employees, but it is also evident that a lot of the employees share the same views. One view that sticks out in particular is that 60% of the employees who responded claimed that the reasons for the changes that had occurred were for profit for the owners and when this is compared with only 10% of the respondents believing that the change was for the good of the residents. This could be considered to be even more intriguing as 50% of the respondents mentioned that the nursing home now has a lot more high dependency residents which means that care is harder, and the work load for the employees had increased, in fact 35% claimed that work load had increased. Even though the nursing home now accepts more high dependency residents, 20% of the respondents claimed that the products being used were of a lower quality and 10% claimed that the equipment was to a lower standard. However only 10% realised that there has been a change in government funding and therefore the nursing home has less money coming in to fund the organisation. This calls in to question how much do the employees realise about the financial situation of the nursing home industry. The most mentioned changes that the employees claim to have noticed or opinions that they have are that 60% of the employees believe that the changes have been made for profit. 50% said that there are now a greater number of higher dependency residents under the new ownership and 35% have claimed that there is now a higher workload now than previously and 45% stated that they have noticed a decrease in staffing levels.

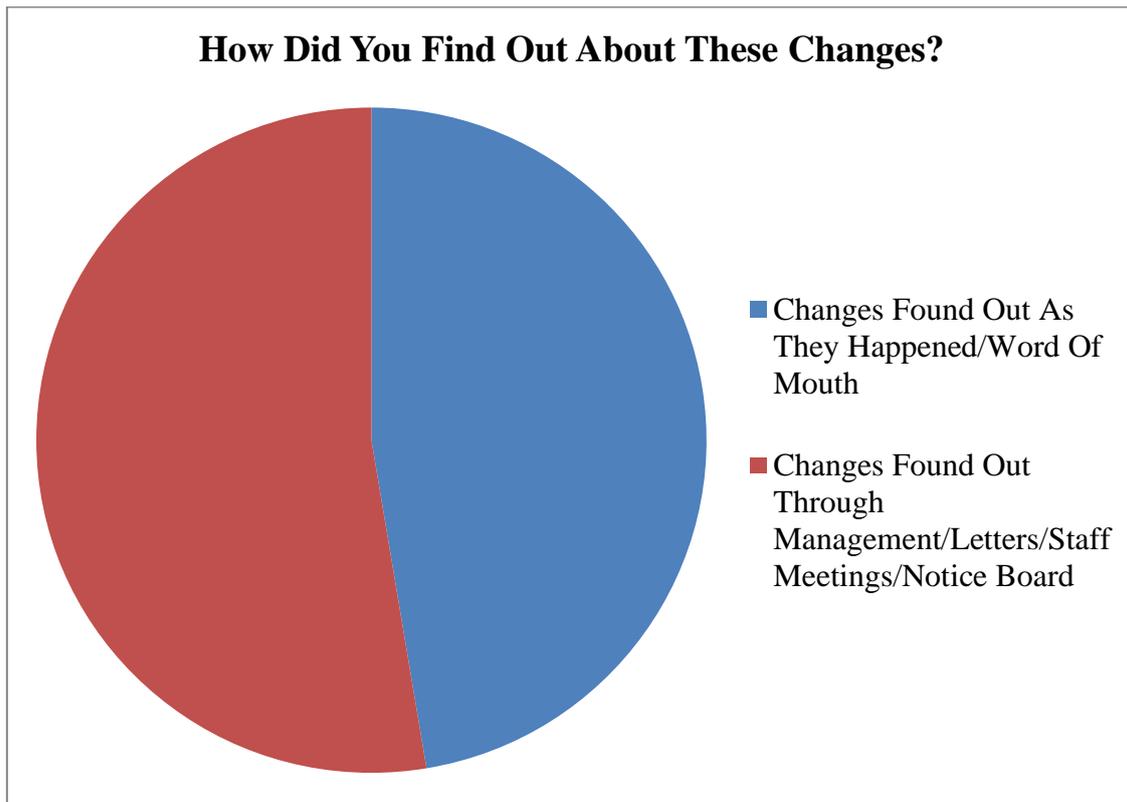
4.3: Interview with the Manager

The interview with the manager was in the form of a semi structured interview. This interview took place in the lounge of the nursing home. The interview discovered that the manager was not actually an employee of the nursing home at the time of the takeover by the new owners. In fact the manager had been at the nursing since late 2012. However the manager stated that since they took over the home had been significantly updated and redecorated as it used to be very old fashioned. The manager also stated that there was a staffing restructure within the organisation and this meant that some staff moved on as they refused to adapt to the changes as they were set in their ways and did not see the reason why they should change when they have done the same thing for many years. They were also used to the same management team that had been in charge for a long time. This shows that there was a clear resistance to change amongst some of the employees. However the manager claimed that the parting of

company was on friendly terms. Due to this the manager ensured that they tried to make the changes gradual and sensitive. The manager stated in the interview that there was originally a lot more agency staff and that now there are more people employed within the organisation and the manager believes this has improved continuity. This however goes against what 45% of the employees claimed, as they believe that staffing levels have been reduced. One reason for this may be due to the fact that the manager said that they now use bank staff and these are staff that are on a zero hour contract and they are only used when needed and when they are available, and therefore suiting both parties according to the manager of the nursing home. This may be a reason as to why the employees believe there are less staff employed due to the staff that are being hired are on a zero hour contract and are not permanently on the staff roster. The manager also stated that the nursing home is improving as a lot of their practices were out dated and it is important to update them as the home is regulated by the Care Quality Commission (CQC). The manager also said that the government had reduced its funding towards the nursing home and this has meant the nursing home has had to adapt to the lower income. This has been done through several ways including raising the price for private residents and financial cut backs in all areas. The manager says they have to use price matching. This is interesting as 20% of the employees stated that they had realised there had been financial cut backs, but only 10% had responded by saying that they had noticed that the government had reduced their funding towards the nursing home. This may suggest that there is some communication problems through the organisation as not all the employees realise the financial constraints that the organisation are under. The manager explains during the interview that a few years ago the nursing home industry was quite a good industry to be a part of, but now due to the cut backs it has now become very difficult, and this has been shown as a lot of the nursing homes in the near area have closed due to this. The manager states that they have to be careful with what they order in and they have to justify this to the owners, and this includes equipment (especially expensive equipment) and extra staff. This has resulted in the manager covering RGN shifts to ensure that they keep to the budget they are given by the owners. When 20% of the employees stated that they had noticed that the change in products were of worse quality and 10% of the employees realised that the change of equipment was to a lower standard this mirrors what the manager is saying about having to stick to a set budget that is given to them by the owners. The manager claims that the residents come first but only 10% of the employees said that the standard of care has improved for the residents and 60% of the employees believed that the changes that

have been made have been solely to make a profit for the owners. However the manager states that all families are shown all the facilities that are on offer to residents even if some residents may be too poorly to make use of some of the facilities. The manager repeatedly stated that decisions have to be run past owners, and that on the whole, although it takes time, the owners are usually good at accepting decisions as long as there is a strong enough reason, especially due to the financial restraints. Due to the fact that the nursing home is heavily regulated by the CQC and the local authorities the manager states that this can be used as a bargaining tool towards the owners. The CQC and the local authorities have a lot of power and they perform regular inspections and write reports. The CQC and the local authorities can both close the nursing home and put an embargo on them until the problems have been rectified. These reports can be published and this can influence potential clients for the nursing home, and due to this the manager believes this is a bargaining tool so that the manager can attempt to get new equipment or extra staff so that the nursing home can abide by the twenty-eight regulations that are set by the CQC. When the inspectors do come into the nursing home they come in unannounced and they pick five random regulations to test the nursing home on and the manager says this can be stressful as they have to ensure all twenty-eight regulations are constantly up to standard. When the author was asked about how they inform the employees of change the manager said that there are regular staff meetings and that these are to keep the staff aware. During these staff meetings the manager asks for the staffs input and suggestions before suggesting what they would like to change. After the manager has given their opinion they ask for the opinions of the employees about the proposal. The manager claims that this ensures that the employees do not feel shocked by the change and that they feel involved with decision making. 50% of the employees agreed with this and said that they found out about changes through the management, through the staff meetings, letters or on the staff notice board. 45% however stated that they either found out about the changes as they happened or through word of mouth. Unfortunately respondent 7 failed to specify how they found out about these change, but the responses that were given can be seen below in figure 3.

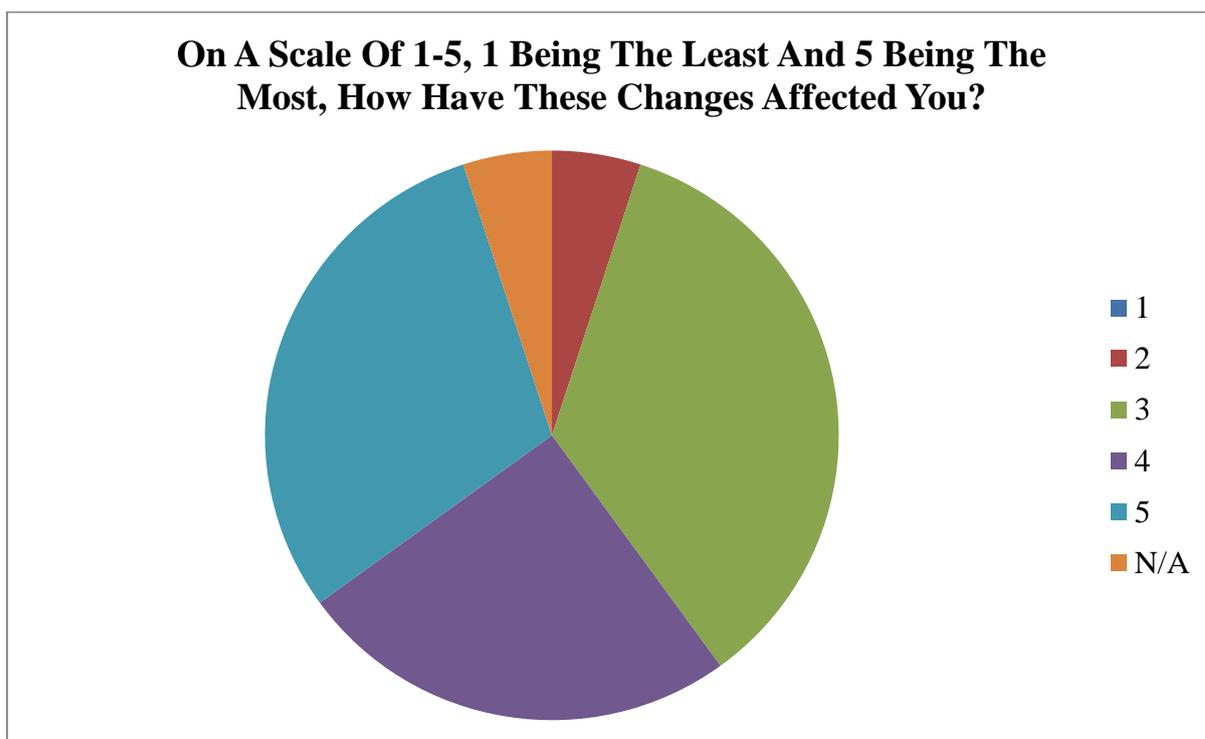
Figure 3: How did you find out about these changes?



Source: Appendix 2, Question 3

When the author asked the manager whether they believed the changes had been affective the manager responded by saying yes. The manager goes on to explain their reasons for believing this. Firstly it was due to the nursing homes recent CQC report. Instead of examining five of the regulations like usual the CQC tested the nursing home on six of the regulations, and they were happy with all six. Secondly the local authorities were also happy with the changes that have been made by the nursing home. They also said that they have noticed a greater morale amongst the staff and a better atmosphere within the nursing home. Contrary to the comments of the manager and the local authorities 35% of the employees stated that they have noticed lower morale within the nursing home. Also 15% claimed that stress levels had increased in the organisation. The manager believes the change has been successful and accepted by the employees and that the changes have gone smoothly, however the last question of the questionnaire asked the employees on a scale of 1-5, five being the more, how the employees feel they have been affected by the changes. Figure 4 below shows how the employees responded to this question.

Figure 4: How much have these changes affected you?



Source: Appendix 2, Question 6

30% of the employees responded by answering five, meaning they feel they had been very affected by the changes, and 25% responded with four. This means that 55% of the employees chose the highest two responses meaning over half feel they had been greatly affected by the changes. This therefore would contradict what the manager believed and that the changes had not been as smooth for the employees as they believe, and again this suggests that there are communication problems within the organisation. 35% chose the three, the middle value, but this still suggests they feel like they have been affected. Only one employee responded with two, and none answered with one. This suggests that the changes have been very noticeable and that they have had a significant impact on the employees.

4.4: Interview with the Deputy Matron

The author conducted an interview with the deputy matron (assistant manager) of the nursing home. This interview was in an unstructured format and took place in the staff room in the nursing home. This unstructured format meant that the deputy matron directed the conversation and this led to some valid points being made that may not have been said if the interview had been structured. Firstly the deputy matron stated that they were there at the time of the takeover and therefore noticed a change in ownership

of the organisation. They then continued to say that they stripped the costs of the nursing home by cost cutting as they wanted the nursing home to be profitable and that the owners stated that the nursing home was bleeding money when they took over. This statement agrees with the manager and 60% of the employees who believed that the changes were made for profit reasons. The deputy matron then went on to say that the care given to residents had not changed much and that they still offered really good food. 10% of the employees agreed that the standard of care had improved, but 10% believed that the standard of care given to the residents was now lower after the changes. Respondent 1, a cook, disagreed with the deputy matron and believed that the changes in food products meant that they could not produce food to the standard that they would like. This, as above suggests communication problems within the organisation. The cook who prepares the food believes that the quality is lower than they would like, but the management team believe that the standard of food is high. The deputy matron then continued to say that the staffing levels of the nursing home were reduced were possible to reflect occupancy, which was in contrast to the old management team who kept the same level of staff whatever the occupancy levels. If the nursing home has five unoccupied beds they cut back on one of the care staff. Again this agreed with what the manager said and with 45% of the employees who stated they had noticed a change in the staffing levels. The general consensus is that the new owners want the nursing home to be more efficient and to make profits were they can, especially due to cut backs such as less government funding. This was again stated by the deputy matron when they said that overheads have been reduced to increase profitability. The deputy matron then mentioned that the nursing home had undergone redecorating and refurbishing which the manager also stated, as did 20% of the employees. The deputy matron then specified that there had been an increase in the amount of rapid access beds and this has increased their work load tremendously, which 50% of the employees responded by saying that they have more higher dependency residents and 35% claimed that they had a higher workload. The deputy matron claims that this greater workload with higher dependency residents has increased stress levels enormously, something that 15% of the employees also stated. It is clear to see that the workload has increased due to the increase in the number of rapid access beds. This change suggests that the owners constantly want full occupancy in their nursing home, and this ensures that there is a constant income for the nursing home and that a profit is made for the organisation and the deputy matron stated in the interview that the owners are only interested in full occupancy. They also said that the owners never come near

the nursing home and that they only ring up and along with this the deputy matron believes the owners should appreciate their staff more as they are very good and that they want what is best for the residents. The deputy matron believes the care is excellent and that they have all stuck together and worked as a team in order to cope with the higher workload and change in working hours. 15% of the employees also stated that they had less working hours to complete a higher workload, with higher dependency residents, and this would explain why stress levels have increased and morale has decreased. The deputy matron believes that more appreciation should be shown to the employees and that they show their appreciation towards them on a regular basis and they believe that positive reinforcement and leading by example works best. The deputy matron went on to explain how they had not received a pay rise in five years (2 ½ years since the new owners took over) and they are leaving their job for a new job next week for better pay conditions. They also explain that briefly they held the position of manager and that during this time they had little support from the nurses who were there at the time, mainly because one of them wanted the manager's job and this meant that they become obstructive. The deputy matron also believed their time as manager took them away from the residents and that involved a lot of computer work and that they had not received the training necessary to be confident using computers. This suggests that the owners are not willing to spend money on costs such as training and that the cost cutting spreads to more than just staffing levels and the use of cheaper products.

4.5: Interview with the Social Worker

The opportunity arose for the author to interview an external social worker who regularly visits the nursing home, along with others in the area. When the author was dropping off the questionnaires for the employees the social worker agreed to answer a few brief questions. The social worker claimed that the standard of care in the nursing home is one of the best in the area and that since the new owners have taken over there have been improvements, noticeably the decorating and refurbishing. The social worker went on to explain how many nursing homes are, either closing in the area or becoming over crowded. The social worker stated that this particular nursing home has a small number of residents and this means that employees can get to know the residents on a personal basis, whereas other nursing homes in the area are overcrowded and employees were unable to give the residents a more personal stay in the nursing home and are unable to get to know their residents.

4.6: Summary of Findings

The findings of this research suggest that in some places there are common beliefs throughout the organisation from the manager right the way through the payroll. However there is also evidence to suggest that there is disagreement within the organisation about certain aspects of change and that communication may be one of the key problems for the difference of opinion about the changes. 10% of the employees stated that they believe that there is a lack of communication within the nursing home, and 45% of the employees claimed that they found out about changes through word of mouth or as they happened. Respondent 18 went as far as to say that it is an organisation of chaos. It is clear that the owners prioritise full occupancy and this has meant the introduction of rapid access beds and this has increased the workload for the employees and this has been made even more difficult due to the nature of the residents being admitted into the nursing home. The residents are higher dependency and the employees working hours have been reduced, so therefore they have more work to complete, and more difficult work to do in reduced working hours. This would explain the higher stress levels and the lower morale of the employees. Some of the employees also stated that the standard of care had decreased, the quality of the products used are now worse and the quality of the equipment is of a poorer standard. This suggests that the employees believe more money should be spent on providing the employees with better products and equipment so that they can improve the standard of care for the residents, and this is something that the deputy matron stated as they believe that all the employees want what is best for the residents. This may be one of the reasons that happiness within the organisation has decreased, also respondent 3 stated in their questionnaire response that they had been threatened with redundancy if they failed to accept the change in their working hours. This type of behaviour by the management team and the owners is not going to ensure that the work force remains happy and that morale is high within the organisation. When looking at the changes through a management decision making perspective it is evident that the owner's decisions are based upon what is best for the organisation financially and not necessarily what is best for the employees and the residents of the nursing home. Decisions that are made for the benefit of the residents, such as new equipment and redecorating seem to be made due to the regulations that are put in place by the CQC and not out of choice, and therefore made to ensure full occupancy is achieved, and therefore maximum profit is made. The manager makes decisions but has to run these past the owners and give their reasons as

to why these decisions should be made, meaning that the final decision is made by the owners of the nursing home. The manager believes that they give the chance for the employees to be involved in the decision making process and that the employees can make suggestions, but some employees believe that this is not the case, and not only that, the manager does not have the final say on decisions either. The deputy matron stated that the owners rarely come near the nursing home, so the final decisions are being made from an external perspective rather than internal sources. With the decrease in the amount of government funding the organisation is struggling in their search for profit with this lower income. It is fundamental the organisational is profitable and therefore financial cutbacks and staffing cutbacks could be seen as inevitable and essential. Due to this, it is understandable that the standard of products and equipment is lower as they are cheaper, and therefore how long can the organisation keep the standard high enough to meet the standards that the CQC set with their regulations in the long term.

Chapter 5: Conclusion

5.1: Introduction

This section of the research paper aims to critically evaluate the data that is presented in Chapter Four and link it with the literature that was examined in Chapter Two. The intended outcome of this is to answer the research question.

5.2: Critical Evaluation of the Methodology

The author believes that the chosen methodology was appropriate for this research study. It enabled the author to gather the views of the employees through a simple questionnaire and compare this with the views of the management team, which were found out through interviews. Overall this approach allowed the author to come to conclusions about the research and offer recommendations for further research.

5.3: Conclusions about the Research Question

The author shall now offer conclusions about the results that have been gathered during this research.

5.3.1: The Effects of Organisational Change on the Nursing Home

The findings of this research that are stated in Chapter Four suggest that the change of ownership and the change of management have affected certain employees in the nursing home. The affects vary from personal feelings to individual opinions. Some of these opinions go as far as to believe that there has been a negative effect of the residents of the nursing home, however some do believe there has been a positive effect. Employees have noticed many changes varying from change in products, equipment, working hours, stress levels and more. Moran & Brightman (2001) define change management as the process of continually changing an organisations direction, structure and capabilities in order to serve the needs of internal and external customers which is ever changing. This can be seen as since the takeover there has been the introduction of rapid access beds and this has meant that there are a greater number of residents in and out of the nursing home and this has also increased the workload for the employees due to the nature of the residents being admitted into the nursing home as they are higher dependency. This greater workload due to higher dependency residents in less working

hours has increased the stress levels in the organisation and Mayo (1933) stated that the main factor behind success of organisational change is based upon what the working conditions are like within the organisation. Figure 2 suggests that there is a relatively high turnover as 30% of the responses have worked at the nursing home for less than two years. Therefore they have started their employment with the nursing home since the new owner took over the organisation. This also calls into question the validity of six of the employees who completed the questionnaire as they were not working for the organisation under the previous owners and the old management team. Also respondent 18 did not answer question two so the author was unable to determine how long they had been working at the organisation. The responses from respondent 7 were ruled out by the author as they were answered by referring to their time at a previous job and therefore deemed irrelevant by the author to the situation being studied. Also this employee had been working at the nursing home for less than two years. Therefore it could be said that as many as seven responses could be considered as not being eligible for the study. But this relatively high turnover suggests that employees have been struggling to adapt to the changes that have been made since the takeover. The employees state that the working condition within the organisation are now more difficult due to the changes that have been made and this had led to socio-psychological factors becoming present. Lewin (1947) states that psychologically change can be difficult. Bartoli & Hermel (2004) relate to Lewin (1947) and state that change is not just a psychological process it is also a sociological process, and this can be seen from the finding of this research. The increased levels of stress in the organisation can have an effect on employee happiness and motivation. Hudson (1999) says that stress is a factor that can be a problem when change is occurring, especially due to the pace of change in the modern day business environment. Herzberg (1987) believes that motivating employees is a significant factor that improves the likelihood of achieving successful change. (Schabracq & Cooper, 2000; Murphy, 1995; McHugh, 1993) say that stress at work is a well-known factor for low motivation and morale, decrease in performance, high turnover and sick-leave, accidents, low job satisfaction, low quality products and services, poor internal communication and conflicts. This can be seen as employee happiness is believed to be lower based on the finding, as are motivation levels, and this is likely due to increased stress levels. The amount of employees who have worked for the organisation for less than two years also suggests that there is a high turnover of employees in the nursing home. This was backed up by the management team when the deputy matron, who is leaving the organisation, said that if

five beds are unoccupied in the nursing home, they have to reduce the amount of staff they have employed by one. This fear of losing their job may add to the stress levels and therefore stress has to be seen as a major factor in this organisation due to the changes. This has meant that the morale amongst the staff is lower and again this is most likely due to higher workload to do in fewer working hours for higher dependency residents. Another factor that seems to have had a negative effect on the organisation is communication. It was stated several times that communication from the management team to the employees was poor. The changes that have been made have not been communicated clearly to some of the employees and Kotter (1996) states in Table 1 and Table 2 that communication is one of the key areas that can cause success or failure during organisational change. If there is a lack of communication then this can shock the employees and also make them feel undermined and not involved in the changes. Huczynski & Buchanan (2001) also state in Table 3 that communication can be a barrier to organisational change. Communication is clearly a factor that has affected the organisation during these changes. The manager believes that the staff are well informed of changes and in fact asked to offer their input on what they think about the changes and even suggest some changes. However many of the employees who responded to the questionnaires believe that they found out about change as it happened or through word of mouth, and this shows clearly that some members of the organisation do not feel as involved or as informed as the manager believes. Pettigrew (1987) says that successful change is due to the piloting rather than the design. Financially the nursing home has made improvements through the reduction of staffing levels and the use of cheaper products and equipment but these changes have damaged another aspect of the organisation as the morale of the employees is low. So this calls into question, did the owner think about the employees when they made the changes or were they just concerned about profit. The design for the changes may have been perfectly good, and that has been proven as costs have been reduced, but could the owner have piloted these changes better by ensuring all the employees were well informed. Pritchard (2010) states that there is a common factor that links all organisations that fail during organisational change, he believes that a lack of consistent understanding and clarity in interpretation of organisational vision, purpose and intent is the reason why company's struggle to successfully carry out change. Maybe if the owner had communicated the changes better and helped the employee understand the reasons behind the changes then the employees may have been more accepting of the changes due to their increased understanding. Accepting these changes may have been

easier had they been well informed. Good communication from the owners and the management team could have altered many of the perspectives that are currently held by the employees. The RGN's stated that there had been an increase in documentation and paperwork and that they now had more in depth care plans, and this could be due to the staffing cut backs which meant the nursing home no longer has an administrator and also tighter regulations are now being enforced. Respondent 10 also stated that there has been an increase in paper work. Respondent 6 stated that they enjoy working at the nursing home and that the organisation is much more organised since the change of owners and change in management. Although this suggests that the nursing home has become more organised, respondents 14 and 18 stated that there is less organisation. Respondents 11 and 18 claimed that there is a lack of communication in the nursing home. This suggests that there are not consistent organisation levels throughout the nursing home and that there are concerns over the standard of communication being delivered from the management team. Hoeg et al. (2002) states in Table 4 that failure to gain support can lead to unsuccessful change and this can be a result of poor leadership. Had the management team communicated the changes and the problems better they may have gained greater support from their employees. Overall the author believes that better communication from the owners and the management team to the employees could have made organisational change much easier for the nursing home and much more successful. The lack of communication has caused conflict, stress, a lack of understanding, resentment and lower morale. Communication could have made the employees understand the reasons for the changes and potentially inspired the employees to work even harder as a team to deal with the current difficult financial constraints the nursing home is currently under. Amason (1996) claims that consensus throughout the organisation is key to maintaining a high performance. However (Eisenhardt & Zbaracki, 1992; Schweiger & Sandberg, 1991) believe that complete consensus throughout the organisation cannot completely exist. Also the author believes that maybe some changes are not beneficial to the employees and to the residents but they are forced changes due to the financial climate.

5.3.2: The Effects of Management Decision Making on the Nursing Home

The findings of this research that are stated in Chapter Four suggest that the owners of the organisation have the final say on what decisions are made. The manager informs the owners of what they believe the nursing home needs, whether it is the need for more employees or new equipment, but the bottom line is that the final decision is made by

the owners. The manager has to justify why they need more employees or new equipment and they have to form a strong argument to make the owners agree to these decisions. The manager stated that they can use the twenty-eight regulations set by the CQC and the reports made by the local authorities as a bargaining tool when requesting extra staff or for new equipment. Therefore this is the manager using their own strategy to gain what they need for the organisation. Formulating strategy involves the application of the political thought of a company (Andrews, 1971). This thought is based upon how they mobilise their core competencies and also how managers scan, interpret and share information from their environment (Weick, 1995). The manager has used their core competencies to pass on information to the owners in their own way so that they can build strong arguments to gain what they believe the organisation needs. When it comes to ethical decision making the deputy matron stated in their interview that they believe that that positive reinforcement and leading by example is the key to keeping the employees motivated and morale high. The deputy matron always aims to make the correct decisions that are for the good of the residents and Holien (1996) states that role models are the most effective way of ensuring ethical decision making is learnt and reinforced. The manager has to show strong leadership skills when making decisions especially as the decisions have to ensure that the nursing home maintains the quality that is expected of them even though they have less money to use to achieve this. Although the manager has to cut back due to having less money, these decisions have to ensure that residents have safe and effective care (Hughes, 2012). The decisions that are made by the owners could be linked to heuristics. The owners have made quick rule of thumb decisions based on financial circumstances, but have they made the best decision and did the decision suit the manager, the employees and the residents of the organisation. Kahneman & Tversky (1973; 1974; 1996) believe that it is unlikely that the owners would come to the most rational and optimal decision whereas Gigerenzer (2000; 2002; 2004; 2007) believes that the owners have the potential to come to the most logical decision. The decisions that have been made from the owners look to mostly be solely at the aim of increasing the profitability of the nursing home and less so to do with the happiness of the employees and the needs of the residents. The manager and the deputy matron both stated that the residents come first but the research shows that even if the owners wanted that to be the case it may not be possible to actually be achieved without the organisation making losses, and this again calls into question ethical decision making. However it is believed that currently the standard of care is high and is still meeting the required standard, the challenge is for the nursing

home to maintain this due to the financial constraints that the organisation are under. There has been a change in government funding and this has affected the organisation as they have a lower income and this has had an impact on how the owners and the manager makes decisions for the nursing home, however only 10% of the respondents claimed that they realised that there has been a change in government funding and therefore the nursing home has less money coming in to fund the organisation. This calls in to question how much do the employees realise about the financial situation of the nursing home industry. This could be due to a number of reasons but this could be addressed by informing all of the employees of the situation, including government funding, financial restraints, stricter regulations and profit margins. They could inform the employees of this in staff meetings or staff letters. This would therefore increase employee awareness and make the employees feel involved with the organisation and their decisions, and if not involved, they will feel well informed of the reasons why these decisions are being made.

5.4: Limitations of the Study

The limitations of this study are as follows. Firstly only twenty of the thirty questionnaires were completed by the employees of the nursing home. This meant that an overall perspective of the thoughts of the employees could not be determined. Secondly the wording of the questionnaire could have been improved, especially the second question. The employees were given several options that potentially they could have fallen into two categories. So if the author was to undertake the study again, they would give the employees more time to complete the questionnaires and they would reword some of the questions, in particular question two. Also some of the respondents either failed to answer some of the questions or responded with irrelevant answers. This therefore hindered the study slightly and again suggests that the wording of the questionnaire needs improving.

5.5: Opportunities for Further Research

There are plenty of opportunities for further research, not just in this particular case, but also in the whole area of organisational change in nursing homes. Due to the financial climate there have been a lot of changes in the government funding of nursing homes and some nursing homes have been affected more greatly than others, and in some cases this has resulted in the closure of nursing homes. Therefore there is a chance to explore

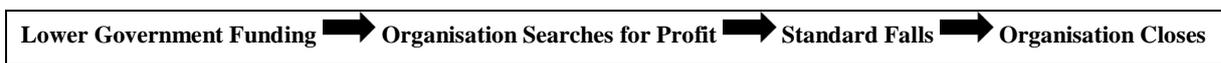
the reasons behind this. Research into nursing homes could also be linked with the National Health Care (NHS), another industry that is struggling financially due to lack of funds and high demand. Also the nursing home business is an industry that is always going to be needed, perhaps even more so with each passing year as the number of the elder generation increases due to increased population and longer life expectancy. Therefore nursing homes are essential and important decisions will continue to have to be made. Further study could explore what the future holds for the nursing home industry due to the financial constraints and the growing demand for care.

5.6: Overall Summary of this Paper

The author believes that a lack of communication from the owners and the managers to the employees of the organisation is causing problems such as lower morale and increased stress levels. A simple change in how communication is carried out could change many of the perspectives of the employees and the responses to the questionnaires may have been different in many ways. The owners could possibly get more involved to change opinions of them as many employees seem to believe that they are solely after profit. The manager could inform the employees in staff meeting or with staff letters about the situations that the organisation is in and the condition of the nursing home industry currently. This would inform the employees of the reasons why changes have had to be made, such as a change in government funding and the current economic climate. Both the change in government funding and the current economic climate have resulted in many closures of nursing homes in the local area and across the country and therefore if this is explained the manager could then go on to justify the decisions that have been chosen such as cheaper products and staff cut backs. This could then potentially increase awareness and increase staff harmony as the employees will feel involved and hopefully understand the reasons why cut backs have had to be made and why it is essential that the organisation remain profitable. Upon completing this research the author believes that figure 5 below shows how the decrease in government funding and the need for the organisation to be profitable has the potential to cause the nursing home to close. With the decrease in government funding meaning that the nursing home receives a lower income, the ability for the organisation to be profitable has become more difficult. Therefore the owner of the organisation has had to make cutbacks including reducing staffing levels and using cheaper products. This therefore means that the standard of care in the nursing home decreases and puts the

organisation in danger of not being able to meet the required standard of the twenty-eight regulations the CQC set. If the nursing home gets to the point where they can no longer viably reach the required standards set by the CQC they will eventually have to close, something that has happened to a number of nursing homes in the local area that the studied nursing home operates in. The pressure to reach this required standard will also have a detrimental effect on the employees of the nursing home as not only are there fewer employees due to reductions in staffing levels they are having to produce greater quality with inferior products and equipment. Eventually if not already this will have psychological impacts and create conflict, a poor atmosphere in the workplace, decreased motivation, lower morale and higher stress levels. The author has designed a model to show the lifecycle of a nursing home in the current climate. It builds on what Hughes (2012) says about life expectancy increasing and therefore demand for care rising.

Figure 5: Lifecycle of a Nursing Home in the Current Financial Climate



This can be viewed as greater concern for the future to the country as a whole as the population is increasing and the life expectancy of people is growing and therefore this means that the demand for nursing homes is becoming greater year by year. At the current rate of demand how sustainable is the nursing home? The current financial climate has meant that the government has reduced their funding towards nursing homes and this has meant that many nursing homes have closed. They have a lower income, they need to be profitable and they need to reach high standards. This is becoming increasingly more difficult for nursing homes to achieve. Can the nursing home industry recover from this when the economy finally recovers? Or is it too late?

References

Amason. A. C. (1996). Distinguishing the Effects of Functional and Dysfunctional Conflict on Strategic Decision Making: Resolving a Paradox for Top Management Teams. *The Academy of Management Journal*, 39(1), 123-148.

Andrews, K. R. (1971). *The Concept of Corporate Strategy*. Homewood, IL: Dow Jones-Irwin.

Ansoff, I. & DeClerk, R. P. (1968). *From Strategic Planning to Strategic Management (1st edn)*. New York, NY: John Wiley & Sons.

Bandura, A. (1997). *Self-Efficacy: The Exercise of Control*. New York, NY: Freeman.

Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1(2), 164-80.

Balogun, J. & Hailey, H.V. (2004). *Exploring Strategic Change (2nd edn)*. Gosport: Pearson.

Barrett, D. (2002). Communication: using strategic employee communication to facilitate major change. *Corporate Communications An International Journal*, 7(4), 219-31.

Bartoli, A. & Hermel, P. (2004). Managing change and innovation in IT implementation process. *Journal of Manufacturing Technology Management*, 15(5), 416-425.

Bridges, W. (1991). *Managing Transitions: Making the Most of Change*. Reading, MA: Addison-Wesley Publishing Company.

Burnes, B. (2003). Managing change and changing managers from ABC to XYZ. *Journal of Management Development*, 22(7), 627-642.

Burnes, B. (2004). *Managing Change: A Strategic Approach to Organisational Dynamics (4th edn)*. Harlow: Prentice Hall.

Butler, C. J. (2010). Internal and lateral communication in strategic alliance decision making. *Management Decision*, 48(5), 698-712.

Care Quality Commission. (2011). *The State of Health Care and Adult Social Care in England: An Overview of Key Themes in Care in 2010/11*. London: The Stationery Office.

Carnall, C. A. (1999). *Managing Change in Organizations (3rd edn)*. Harlow: Financial Times/Prentice-Hall.

Cranwell-Ward, J. (1995). When the going gets tough. *People Management*, 1(13), 5-22.

Cummings, T. G. & Worley, C. G. (2001). *Organization Development and Change (7th edn)*. Cincinnati, OH: South-Western College Publishing.

Diefenbach, T. (2007). The managerialistic ideology of organisational change management. *Journal of Organizational Change Management*, 20(1), 126-144.

- Eisenhardt, K. M. & Zbaracki, M. J. (1992). Strategic decision making. *Strategic Management Journal*, 13(1), 17-37.
- Forbes, S., Bern-Klug, M., & Gessert, C. (2000). End-of-Life Decision Making for Nursing Home Residents with Dementia. *Journal of Nursing Scholarship*, 32(3), 251-258.
- Gigerenzer, G., Todd, P. M. & ABC Research Group (1999). *Simple Heuristics that Make Us Smart*. New York, NY: Oxford University Press.
- Gigerenzer, G. (2000). *Adaptive Thinking: Rationality in the Real World*. New York, NY: Oxford University Press.
- Gigerenzer, G. (2002). *Calculated risks: How to Know When Numbers Deceive You*. New York, NY: Simon & Schuster.
- Gigerenzer, G. (2004). Fast and frugal heuristics: the tools of bounded rationality. In D. Koehler & N. Harvey (Eds), *Blackwell Handbook of Judgment and Decision Making*. Oxford: Blackwell. 62-88.
- Gigerenzer, G. (2007). *Gut Feelings: The Intelligence of the Unconscious*. New York, NY: Viking.
- Graetz, F. (2000). Strategic change leadership. *Management Decision*, 38(8), 550–562.

Grieves, J. (2010). *Organizational Change: Themes & Issues*. New York: Oxford University Press. 1-410.

Her Majesty's Government. (2010). *Building the National Care Service*. London: The Stationery Office.

Herzberg, F. (1987). One more time: how do you motivate employees? *Harvard Business Review*, 65(5), 109-200.

Hoag, B. G., Ritschard, H. V. & Cooper, C. L. (2002). Obstacles to effective organization change: the underlying reasons. *Leadership & Organisation Development Journal*, 23(1), 6-15.

Holian, R. (2006). Management decision making, ethical issues and emotional intelligence. *Management Decision*, 44(8), 1122-1138.

Hoy, W. K. & Tarter, C. J. (2010). Swift and smart decision making. *International Journal of Educational*, 24(4), 351-358.

Huczynski, A. & Buchanan, D. (2001). *Organizational Behaviour (4th edn)*. Harlow: Financial Times/Prentice-Hall.

Hudson, M. P. (1999). Conflict and stress in times of change. *Library Management*, 20(1), 35-38.

Hughes, R. (2012). The future (of the future) adult social care workforce – key issues for leaders. *The International Journal of Leadership in Public Services*, 8(2), 90-98.

Kahneman, D. & Tversky, A. (1972). Subjective probability: a judgment of representativeness. *Cognitive Psychology*, 3(1), 430-54.

Kahneman, D. & Tversky, A. (1974). Judgment under uncertainty: heuristics and biases. *Science*, 185(1), 1124-31.

Kahneman, D. K. & Tversky, A. (1979). Prospect Theory: An Analysis of Decision Under Risk. *Econometrica*, 47(2), 263-292.

Kahneman, D. K., Solvic, P. and Tversky, A. (1982), *Judgment under Uncertainty, Heuristics and Biases*, Cambridge: Cambridge University Press.

Kahneman, D. K. and Tversky, A. (1996). On the reality of cognitive illusions. *Psychological Review*, 103(3), 582-91.

Kanter, R. M. (1997). *World Class: Thriving Locally in the Global Economy*. New York, NY: Simon & Schuster.

Kitchen, P., Teague, P. and Daly, F. (2002). Internal communication during change Management. *Corporate Communications*, 7(1), 46-55.

Kotter, J. P. (1996), *Leading Change*, Boston, MA: Harvard Business School Press.

Langley, A., Mintzberg, H., Pitcher, P., Posadaq, E. & Saint-Macary, J. (1995), Opening up decision making: the view from the black stool, *Organization Science*, 6(3), 260-79.

Leifer, R. (1989). Understanding organizational transformation using a dissipative structural model. *Human Relations*, 42(10), 899–916.

Lewin, K. (1947). Group decisions and social exchange, in Mac-Coby, J.E., Newcom, T.W. and Harley, E. (Eds), *Readings in Social Psychology*, New York, NY: Holt, Rinehart and Winston.

Mayo, E. (1933). *The Human Problem of Year Industrial Civilization*, New York, NY: Macmillan.

McHugh, M. (1993). Stress at work: do managers really count the costs? *Employee Relations*, 15(1), 18-32.

Mintzberg, H. (1973). *The Nature of Managerial Work*. New York, NY: Harper & Row.

Mintzberg, H. (1983). *Power in and Around Organizations*. Englewood Cliffs, NJ: Prentice-Hall.

Mintzberg, H. (1993). *The Rise and Fall of Strategic Planning*, Englewood Cliffs, NJ: Prentice Hall.

Moran, J. W. & Brightman, B. K. (2001). Leading organizational change. *Career Development International*, 6(2), 111–118.

Mullins, L. J. (2002), *Management and Organisational Behaviour* (6th edn). Harlow: Financial Times/Prentice-Hall.

Murphy, L. R. (1995). Managing job stress: an employee assistance/human resource management partnership. *Personnel Review*, 24(1), 41-50.

Nicolas, R. (2004). Knowledge management impacts on decision making process. *Journal of Knowledge Management*, 8(1), 20-31.

Peters, T. (1997), *The Circle of Innovation: You Can't Shrink Your Way to Greatness*, New York, NY: Alfred A. Knopf.

Pettigrew, A. (1987). *The Management of Strategic Change*, Oxford: Basil Blackwell.

Porter, M. E. (1980). *Competitive Strategy*, New York, NY: The Free Press.

Porter, M. E. (1985). *Competitive Advantage: Creating and Sustaining Superior Performance*, New York, NY: The Free Press.

Pritchard, N. (2010). Commitment to purpose – the catalyst for organisation change and performance. *Industrial and Commercial Training*, 42(7), 360-365.

Raupp, J. & Hoffjann, O. (2012). Understanding strategy in communication management. *Journal of Communication Management*, 16(2), 146-161.

Rieley, J. B. & Clarkson, I. (2001). The impact of change on performance. *Journal of Change Management*, 2(2), 160–172.

Riley, G., Lubitz, J., Prihoda, R., & Rabey, E. (1987). The use and costs of medicare services by cause of death. *Inquiry*, 24(1), 233-244.

Ritter, M. (2003). The use of balanced scorecards in the strategic management of corporate Communication. *Corporate Communications*, 8(1), 44-59.

Saka, A. (2003). Internal change agents' view of the management of change problem. *Journal of Organizational Change Management*, 16(5), 480-496.

Schabracq, M. J. and Cooper, C. L. (2000). The changing nature of work and stress. *Journal of Managerial Psychology*, 15(3), 227-42.

Schweiger, D. M., & Sandberg, W. R. (1991). A team approach to top management's strategic decisions. In H. E. Glass (Eds.), *Handbook of business strategy*: New York, NY: Warren, Gorham & Lamont.

Senior, B. (2002). *Organisational Change (2nd edn)*. London: Prentice Hall.

Snowden, D. J. & Boone, M. E. (2007). A Leader's Framework for Decision Making. *Harvard Business Review*, 1(1), 1.

Tarter, C. J. & Hoy, W. K. (1998). Toward a contingency theory of decision making, *Journal of Educational Administration*, 36(3), 212-28.

Thompson, J. D. (1967). *Organizations in Action*, New York, NY: McGraw-Hill.

Todnem, R. (2005). Organisational Change Management: A Critical Review. *Journal of Change Management*, 5(4), 369-380.

Usher, E. L. & Pajares, F. (2008). Sources of self-efficacy in school: critical review of the literature and future directions. *Review of Educational Research*, 78(4), 751-96.

Vroom, V. H. and Yetton, P. W. (1973), *Leadership and Decision Making*, Pittsburgh, PA: University of Pittsburgh Press.

Vroom, V. H. & Jago, A. G. (1988). *The New Leadership: Managing Participation in Organizations*, Englewood Cliffs, NJ: Prentice-Hall

Vroom, V. H. (2003). Educating managers for decision making and leadership. *Management Decision*, 41(10), 968 - 978.

Weick, K. (1995). *Der Prozess des Organisierens*. Frankfurt: Suhrkamp.

Appendices

List of Appendices

Appendix 1: Reflective Review of the Research Process

Appendix 2: Employee Questionnaire

Appendix 1: Reflective Review of the Research Process

1. Upon receiving my feedback from my literature review it was clear that I had underprepared and it was imperative that I revamped my literature review and looked at the literature from a different angle. The feedback from Mark Crowder was excellent and he showed in depth knowledge of the subject area and pointed me in the right direction when it was clear I was heading in the wrong direction. After receiving my grade for my literature review it was a reality check as I had severely underperformed and I found my work ethic from that day forward improved greatly and I researched in depth about my subject area and developed a much improved literature review.
2. Overall I believe I managed the project well. After the first disappointment of underperforming in the literature review examination I began to work harder, do more reading and formed a timetable to ensure that I remained on track to complete the research in time for the deadline. I was extremely lucky that a great number of the questionnaires I sent out were completed and that the manager and the deputy matron both were very helpful in arranging a date and time for the interviews. I was also lucky enough to get the insight of an external worker. The social worker was in the nursing home on one of the days I was in, and they offered to offer me an external point of view on the nursing home and the takeover. This gave me a new angle and direction for my research. Overall I encountered little problems and things went well. The main problem I encountered was the literature review examination as I was underprepared and lacked the knowledge I do now on my chosen research subject area. I have no doubts that if I took the exam now I would improve my grade significantly.
3. I have learnt that the management research process is very difficult but at the same time very interesting and I feel I have learnt a lot in the last few months. I find it amazing how once you get stuck into the research things begin to stick and you remember authors and dates. This is my second research dissertation and the major difference this time around is that I was extremely interested in my topic area unlike last time around. This meant that structuring and designing the research was easier, as was reviewing the literature. Implementing my selected methods was also easier as it was a joy to interview and speak to the employees of the nursing home and it was actually a lot of fun, which is

certainly not what you expect when you begin your dissertation. The task of a dissertation is originally extremely daunting, but in the end it was a pleasure to be part of on a personal note and this made things a lot more manageable. The ethical issues were dealt with and I spoke to the organisation in advance and once I had permission constantly reminded them that they reserve the right to withdraw any information or the whole research project. As mentioned earlier I found the whole process fun so this meant that analysing the data and coming to conclusion was a lot more interesting and therefore easier to do.

4. I still have not completely decided what specialism of management I want to go into. I am currently in between finance, for example banking or hotel/resort management. I have a job that starts in November where I will be working in a resort in Italy. I may pursue the latter for a few years due to this and gain managerial experience and travel the world while I do this and then eventually revert to the finance sector which is probably my more desired route. I also have in mind maybe one day doing a PhD and becoming a lecturer. Managers need to have many qualities and it is a bit of a balancing act, they have to ensure tasks are completed and that goals are reached, while also keeping employees happy. They need to be able to keep to deadlines and be able to outline their proposals clearly via presentations. It is important they communicate clearly with their employees. They have to ensure that finances are up to date and that their organisation is making a profit. This means trying to increase revenue and by reducing costs. They have to ensure they keep their employees happy, motivated and stress free and this will most likely improve productivity levels of the workforce
5. Undertaking the Management Research Project-Dissertation has certainly prepared me better for a career in management. I have learnt how to keep to a schedule and to complete several tasks at once. Along with the general MSc Management course which provided me with a greater knowledge of the business and management area and it built on the knowledge I had gained during my BA (Hons) degree. The course also gave me more confidence after doing several presentations. I took this confidence with me when interviewing people for my dissertation, something I probably would have been too shy to do a year ago. I noticed the improvement in my confidence first in an interview, which I subsequently got offered the job. The research element has certainly prepared

me for a career as a manager as I learnt how to deal with multiple situations and how to analyse vast amounts of data at once and it also improved the speed of my note taking. I am now extremely excited at the prospect of starting my management career after a thoroughly enjoyable year on the MSc Management course at the University of Chester.

Appendix 2: Employee Questionnaire

1. What is your job role within the organisation? Please tick the job role which applies to you.

Manager Deputy Matron RGN Care Assistant Domestic Staff

Kitchen Assistant Cook Handy Man Activities Coordinator

Laundry Assistant Kitchen Assistant House Assistant Night RGN

Night Carer Other

2. How long have you worked for the organisation? Please tick which applies to you.

<2 years 2-3 years 3-5 years 5-10 years 10+ years

3. What changes have you noticed?

.....
.....
.....

4. How did you find out about these changes?

.....
.....
.....

5. Why do you think these changes were made?

.....
.....
.....

6. On a scale of 1 – 5, one being the least and five being the most, how have these changes affected you? And why?

1 2 3 4 5