OCCUPATIONAL ADAPTATION IN THE WORKPLACE: EXPERIENCES OF PROFESSIONALS ENTERING AND PRACTICING IN A HEALTHCARE FACILITY

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DEDICATION

This program has been possible because of the inspiration and tenacity of Dr. Grace Gilkeson who provided the initial vision for doctoral scholarship in occupational therapy at Texas Woman's University. It has grown because of the wisdom and leadership of Dr. Janette Schkade and Dr. Jean Spencer and the guidance and mentorship of the doctoral faculty – Dr. Gayle Hersch, Dr. Kitty Reed, Dr. Sally Schultz, and Dr. Virginia White.

It is with humility and an overwhelming sense of honor that I dedicate this, the first dissertation produced in the Texas Woman's University Doctoral Program to its founders, teachers, mentors, and students, and to those whose efforts will follow and enrich the scholarship initiated here.

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ABSTRACT

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Occupational adaptation, a model describing the normative person-environment interaction is used to frame a three part qualitative study of individual worker adaptation in the health care setting. Literature from occupational therapy and from organizational psychology is used to provide philosophical underpinnings to this exploration. The first two studies utilize an orientational qualitative approach to examine the person environment-interaction. Study One explores the person component of the model and through guided interview, examines the adaptation repertoire that is possessed by individuals and applied to meet challenges anticipated from the work environment. Study Two explores the phenomenon of the adaptation process as experienced by these same professional healthcare workers during their first three months on their new jobs.

During the interviews, informants describe their interactions with their new occupational environments, and identify the processes employed to refine their responses to the challenges presented in their new jobs. They complete graphic representations of their resources utilized to approach the challenges on their jobs. These graphs either serve

to corroborate or refute their narrative descriptions. Data gleaned from these interviews is coded, compared and classified to reflect emerging themes that describe the phenomenon experienced by each individual participating in the study.

The third study provides perspective about the healthcare system. This rapidly changing and often turbulent occupational environment is examined through the reflections of healthcare professionals in a series of small interdisciplinary focus groups at one facility. Their perspectives on the environment provide the context for the exploration of individual adaptation in the work setting.

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CHAPTER ONE

Adaptation in the Workplace

Introduction

Occupational therapy is a practice discipline. Much of its scholarship has come from practitioners who gleaned knowledge from the basic sciences, clinical observations, and from their own experiences to form practice theories and guidelines. Occupational therapy literature has often addressed practitioners' needs for practical information about methods and techniques of intervention to enhance or encourage human occupation and to facilitate occupational performance and adaptation.

Occupational Adaptation, a frame of reference for practice, is "based on the beliefs that each person is endowed with a desire for mastery, that the occupational environment also has a demand for mastery and that together these internal and external motivational forces provide an interactive press for mastery" (Schultz & Schkade, 1992, p. 919). Research into this interaction and its components, - the person, the process, and the environment - will increase our understanding of adaptation.

Adaptation is considered to be a normative and holistic phenomenon. Therefore, it is posited that this process is the same irrespective of the person, the circumstance, or the context in which it takes place. For the purpose of this exploration, adaptation is viewed

within the context of the healthcare environment. The person experiencing the process of adaptation is the healthcare professional who is entering a new work environment and the process is the adaptation process that occurred during the first three months of the new job.

This exploration is constituted by three qualitative studies. The first study examined the experiences of individuals entering a new work environment. The second study examined the experiences and perceptions of these same individuals as they adjusted to the demands of a new work setting. The third study addressed the occupational environment within that same facility.

The first, a guided interview was utilized to explore the perceptions of individuals experiencing the process of entering new occupational environments. (See Appendix A). The interviews occurred during the initial week of employee orientation and explored the individual's process of appraising the personal resources available as he or she addressed the challenges of a new job. The second interview occurred approximately ninety days later, and provided an opportunity for the individual to review and evaluate the experience of the process of adaptation. (See Appendix B). The information gathered from this second interview formed the basis for the second study, an examination of the interaction between the person and the environment.

Information gathered from these interviews was coded and classified in order to identify patterns and themes. Stories were developed for each informant that described their adaptation experience. Composites of themes were developed which summarized the

experiences described by the informants. Axial coding was used to explain adaptation in terms of the individual, the strategies utilized, and the context of the experiences.

Interdisciplinary focus groups were used in the third study to gain insight into the perceptions of individuals experiencing rapid change within the same healthcare facility. Participants identified and discussed emerging issues impacting healthcare professionals. Their dialogues were analyzed and coarsely sifted to reflect major issues and themes.

Literature from occupational therapy and from organizational psychology provided foundational material for this exploration of adaptation in the workplace. Organizational psychology literature provided perspectives regarding employees working within organizations, and literature in occupational therapy offered insights into the individual engaged in occupation.

These studies were initiated with the hope of increasing our understanding of the nature of the demands imposed on professionals employed in contemporary healthcare environments. Descriptions have added to our knowledge of the nature of the challenges present in the occupational environment. Although this study specifically addressed the process of adaptation as it occurred in the work environment, adaptation is posited to be a holistic and normative process. Adaptation is believed to determine the "satisfactoriness of fit between an individual and his or his/her environment. Successful adaptation equates with quality of life" (Christiansen, 1991, p. 70). It is anticipated that the knowledge gained from this study may increase our understanding of individuals adapting to challenge or change.

Statement of the Problem

Employment in today's workforce requires self-reliant individuals who are able to respond quickly to the demands of their jobs. Self-reliant workers are employees "who are not only dedicated to the idea of continuous learning but also stand ready to re-invent themselves to keep pace with change, who take responsibility for their own career management and last but not least, who are committed to the company's success" (Waterman, Waterman & Collard, 1994, p. 88). Employees are expected to question established ways of performing tasks, communicate openly, and propose and implement new solutions to both old and emerging problems (Jansen & Chandler, 1994; Salyer, 1995). Continued employment requires persons who are able to adapt successfully to this rapidly changing environment.

Much attention has been paid to organizational leadership's response to change and to the strategies that motivate employees to respond effectively. An abundance of literature has been found that addresses survival in a rapidly changing work environment. The popular and corporate presses include many useful offerings such as: Thriving on Chaos (Peters, 1987), Working without a Net (Schechtman, 1994), and Connor's (1993) Managing at the Speed of Change. Authors make suggestions that may directly or indirectly motivate or inspire individuals to become flexible and to respond quickly to change. Suggestions are also proffered for altering the work environment and organizational culture in order to facilitate change. There is, however, a dearth of scholarship addressing (1) the process of adaptation, which occurs within the culture in

order to facilitate change or addressing (2) the process of adaptation, which occurs within the individual worker. Little information has been found that addresses why it is that some workers flourish, some adapt, some maintain homeostasis and some dysadapt in new or changing work environments. Without this insight that may be derived from such scholarship, it is difficult for supervisors to guide workers through periods of transition.

Statement of the Purpose

The aim of these studies was to increase our understanding of how individuals adapt to new and changing work environments. It was expected that information gathered from this effort would (a) reveal how the individual assesses his or her ability to meet the anticipated challenges related to entering a new job, (b) describe employee interpretations of the demands present in a changing work environment, (c) offer insight about the process of adaptation to a new occupational environment, (d) identify areas of change that impact the healthcare professional, and (e) describe the effect of these changes on the individual healthcare professional.

There are many ways to examine the normative process of adaptation. This exploration of adaptation was structured by three qualitative studies each guided by the Occupational Adaptation frame of reference (Schkade & Schultz, 1992; Schultz & Schkade, 1992). This particular frame of reference was selected because: (1) it highlights the components of performance comprising the person's adaptation gestalt, (the adaptive repertoire which allows for the development of responses enabling the person to meet

challenges anticipated in the occupational environment), and (2) it posits that the occupational environment demands a response from the person interacting within it.

The three basic elements of the Occupational Adaptation frame of reference are "the person, the occupational environment and the interaction of the two as they come together in occupation" (Schkade & Schultz, 1992, p. 831). For the purpose of these studies, the healthcare worker and the resources that he or she possessed and accessed represented the person component of this frame of reference. The experiences of healthcare workers undergoing the processes of the adaptation process represented the interaction, the second component of this frame of reference. The third component of this frame of reference was represented by the physical, social, and cultural aspects of the occupational environment as described by individuals practicing in one healthcare facility. Examination of these three components provided the orientational perspective for this phenomenological exploration of adaptation.

CHAPTER TWO

Background and Significance

The aim of these three studies is to increase our understanding of how individuals adapt to changing work environments. Literature from the fields of occupational therapy and organizational psychology were considered to be most germane to this investigation. Occupational therapy provides the philosophical underpinnings for examining the individual's engagement in occupation and seeks to understand how individuals make the necessary adjustments necessary to adapt to the demands of their roles and environments. Knowledge in occupational therapy has traditionally been applied to aiding individuals in mastering the challenges faced in their daily lives because of injury, disease or disability. Organizational psychology which is the basis for the study of management, also seeks to understand human behavior as it occurs in organizational contexts. Organizational psychologists apply knowledge of behavior and develop techniques to improve the functioning of organizations (Ott, 1996).

Occupational Therapy

The philosophy of occupational therapy is based on a core belief that man's engagement in purposeful, meaningful occupation is beneficial. A second core belief of this profession is that individuals and their performances must be viewed with respect to their

own environments, and that any intervention must take into consideration all of the physical, psychological, and social factors existing in those environments (Hopkins, 1978). These beliefs grew from the 19th century philosophy of moral treatment of persons in mental institutions and poor houses. The moral treatment movement began when it was noted that individuals seemed to benefit from developing habits through which they could structure their day, adapt their behavior and perform in an appropriate and less dysfunctional manner (Reed, 1993).

Occupational Therapy Perspective of the Person.

"Human beings are unique in their perspectives and their performance, even as they live in a communal world. They have unique parentage, history, and social positions, all of which influence the roles they play and the capabilities they require in the disposition of those roles" (Breines, 1986, p. 217. Individuals respond to challenges differently based on their perceptions of the challenge and their unique gestalts. Various occupational therapy scholars have put forth differing models that describe the person - environment interactions.

The gestalt, as described in the person component of the Occupational Adaptation Frame of References (Schkade & Schultz, 1992) is believed to be made up of three internal systems: the sensori-motor system, the cognitive system and the psycho-social system. Each person system is unique due to genetic, environmental and experiential phenomenological factors (Holstein, 1993). The person system is continually being reconfigured to respond to environmental challenges. Each configuration becomes gestalt

as each element influences the other components of the system; no single element can be isolated or activated alone. It is assumed that all three systems are present at all times and reconfigure depending on the nature and degree of the occupational challenge. The sensori-motor system includes physiological components such as: strength, coordination, mobility and sensation. The cognitive system is composed of thinking, planning and problem solving functions. The psycho-social system reflects emotions and behaviors. This configuration of the person system believed to produce a behavior or response is the adaptation gestalt (Schkade & Schultz, 1992).

Kielhofner (1992) in his Model of Human Occupation, describes the person as an open system composed of three subsystems: volition, habituation and performance. "Each subsystem has its own structure and function; all three subsystems interact with each other in a hierarchical fashion" (p. 156). Volition, the primary subsystem reflects the individual's personal causation, values, interests or preferences. Habituation, the second subsystem, is posited to trigger and guide performance. The third subsystem, performance, consists of perceptual motor, process, and communication skills.

Another model which employs a hierarchical general systems perspective of the person is the University of Southern California Model of the Human Subsystems that Influence Occupation (Clark, et al., 1990). The physical subsystem in this model includes muscles, synapses and physical mechanics. This subsystem is considered to be subordinate to the other five subsystems. The second subsystem is the biological subsystem that includes the individual's drive for competence and his or her exploratory

The information processing system is the third subsystem and it deals with cognitive functions. The socio-cultural subsystem reflects the individual's "perceptions of social and cultural expectations" (p. 303). The symbolic-evaluative subsystem addresses components such as logic, art and language. The model's highest ranking subsystem is the transcendental subsystem which serves to ascribe meaning to experiences. It is posited that human occupation can not be explained by any one subsystem and that occupation must be studied within the context of the person's history and the person's environment.

Howe and Briggs (1992) present a conceptual model for occupational therapy, the Ecological Systems Model that also describes the person-environment connection. This model views the person from an open systems perspective. The person's physical, intellectual, emotional and social components are comprised of internal operations that are considered to constitute "inner life space" (p. 323).

The Ecology of Human Performance (EHP), an occupational therapy model, also addresses the person-environment interaction. The person component in this framework includes "one's experiences and sensori-motor, cognitive and psycho-social skills and abilities" (Dunn, Brown, & McGuigan, 1994, p. 598). "The primary theoretical postulate fundamental to the EHP framework is that ecology, or the interaction between person and the environment, affects human behavior and performance, and the performance cannot be understood outside of context" (p. 598).

Organizational Psychology Perspective of the Person

Organizational psychology is grounded in behavioral science disciplines and applies the theories and empirical research findings regarding human behavior to the behavior of people in purposeful social organizations (Ott, 1996). Contemporary foundations of this discipline can be traced to 1911 to the Gilbreths' Theory of Scientific Management that used time and motion studies in order to discover the most efficient way to perform a task (Field & House, 1995).

Individuals form the basic building blocks of organizations and the effectiveness of any organization is dependent upon the individuals that comprise that organization (Hellriegel, Slocum & Woodman, 1989). People do not necessarily behave the same way when confronted with an identical situation. These differences in behavior and performance are attributed to personality, ability and motivation (Steers, 1986).

Personality is described as a stable set of characteristics and tendencies of individuals that determines commonalities and differences in behavior. It is believed that personality is formed and influenced by life experiences, heredity, family, group membership and culture (Hellriegel, Slocum & Woodman, 1989). An individual's habitual patterns and qualities of behavior are reflected through his or her personality. Self-confidence, emotional maturity, emotional stability, energy level and stress tolerance are examples of personality (Yukl, 1994). A combination of personality traits is posited to influence a person's health and well-being at work. These traits, commitment, a sense of

being in control and the perception of challenge as an opportunity comprise a construct described as hardiness (Kobassa, 1979).

Personality and emotions impact all aspects of human performance (Blackburn, 1996). Goleman (1995) describes a construct, emotional intelligence, as a "different way of being smart that's distinctive from cognitive intelligence" (Schmotter, 1996, p. 10). Goleman posits that emotional intelligence (EQ) is as important an indicator of success as is intelligence and is a unique and separate entity rather than a component of IQ. Emotional intelligence is thought to be comprised of five dimensions: (1) knowing one's emotions; (2) and controlling those emotions; (3) recognizing emotions in others; (4) controlling those emotions; (5) self-motivation and empathy (Dilenschnieder, 1997; Farnham, 1996).

The second factor attributed to individual differences in behavior is ability. Ability is comprised of three categories of skills" technical skills, interpersonal skills, and conceptual skills. Technical skills include the ability to use the tools and equipment required to complete the requirements of the job. Interpersonal skills include the ability to form cooperative relationships, to communicate effectively with others and the ability to understand the feelings, attitudes and motives of other people. Conceptual skills include logical and analytical thinking, problem solving and appraisal (Yukl, 1994).

"Regardless of how intelligent, skilled, or dexterous a person may be, ability alone is not sufficient to attain a high level of performance. The person must be motivated to achieve that performance level" (Hellriegel, Slocum & Woodman, 1989, p. 143).

Motivation, the third factor influencing individual differences in behavior is described as being a goal directed energetic force that "energizes, directs and sustains human behavior" (Steers, 1986, p. 151). Vroom (1995) posits that motivation explains the choices made by individuals among different voluntary responses and assumes that job behavior is motivated because working is voluntary.

There are many theories about what motivates individuals. For the purpose of these studies, motivation will be reviewed from an organizational behavior perspective, that is, in terms of how motivation relates to work performance. These theories of motivation are categorized by their principal premise: needs, cognition, equity-inequity and goals.

Maslow's Theory of Human Motivation was introduced in 1943 and posits that humans have a five level hierarchy of needs that drives behavior: physiological, safety, affiliation, esteem, and self-actualization. As lower level, physiological needs are satisfied, they cease to be motivators and higher order needs drive behavior (Ott, 1996). The Manifest Needs Theory developed by Murray in 1938 also classifies individuals according to the strengths of various needs. However, Murray believed that at any one time, people possess a variety of needs that are often conflicting. Needs are the central motivating force of individuals and each need is composed of a qualitative, or directional component and a quantitative or energetic component (Steers, 1986).

Aldefer's Existence-Relatedness-Growth (ERG) Theory, introduced in 1972, concurs with the concept of a needs hierarchy but states that there are three levels of

needs: existence, relatedness and growth needs, all of which drive behavior. However, Alderfer suggests that along with the fulfillment-progression process present in the theories of Maslow and Murray, a frustration-regression process also exists which explains why individuals lose motivation if they are continually frustrated at one level and then become motivated by needs in a lower level (Hellriegel, Slocum & Woodman, 1989).

There are divergent cognitive based theories that explain motivation. Dissonance theorists believe that "motivation can be engineered by intentionally creating dissonance and then not allowing the desired states to change" (Ott, 1994, p. 24). Festinger, considered the father of Cognitive Dissonance Theories, posits that cognitive dissonance gives rise to activity designed to reduce or eliminate the dissonance. "...when people find themselves behaving in a manner that is inconsistent with their attitudes, they experience tension and will attempt to reduce the tension" (Steers, 1986,p. 292). Successful reduction of the dissonance is believed to provide reward in the same sense that eating when hungry is rewarding.

Vroom's (1995) Cognitive Model of Motivation introduced the concepts of valence, expectancy and force to quantify the degree of motivation that leads individuals to make choices among alternative courses of action. Valence is based on the premise that individuals have preferences and that the strength of those preferences as it relates to the desire for attainment serves as the motivator. Valence can be either positive (the person prefers attainment) or negative (the person prefers to avoid attainment). Therefore, the degree of motivation can be computed algebraically. For example, an individual may

prefer something but have no desire for attaining it; therefore there is little motivation present.

Vroom asserts that motivation, shaped by the individual's preferences, is also influenced by the degree to which the individual perceives the outcomes will occur. This association between action and predicted outcome is the concept of expectancy. "Whenever an individual chooses between alternatives which involve uncertain outcomes, it seems clear that his behavior is affected not only by his preferences among these outcomes but also by the degree to which he believes these outcomes to be probable" (Ott, 1996, p. 71). Force, the third factor of Vroom's model also affects motivation. Behavior is assumed to be a result of various forces each with its own direction and magnitude and it is assumed that people make choices based on the strongest positive or weakest negative force.

"Equity Theory posits that worker motivation is based on an individual's feelings of how fairly he or she is treated in comparison with others" (Hellriegel, Slocum & Woodman, 1989, P. 163). There are two basic assumptions of equity theorists: (1) individual workers compare their situation by what happens to others with whom they work and (2) individuals determine the degree of satisfaction in terms of fairness or equity (Steers, 1988). Developed in the 1960s by Adams, equity theories have been explained and developed by Mowday using theories of social exchange. Equity theory posits that perceived inequity creates tension in the individual and that amount of tension is proportional to the perception of inequity. The tension resulting from this perception

motivates the individual to reduce the tension; the degree of motivation is based on the perception of the inequity (Ott, 1994).

Goal setting is the precursor to Taylor's Scientific Management Theory and Drucker's explanations of motivation (Locke, 1978). These and other scientific management theories are rooted in time and motion studies initiated during the early twentieth century with efficiency studies and the introduction of the piece rate system. Management sets a goal for workers who are given feedback and subsequently rewarded for their performance. Drucker's Management by Objectives (MBO) also addresses goals. The major difference between scientific management and MBO is that in MBO, worker goals are determined by organizational goals rather than by time study (Ott, 1996). Both of these theories posit that goals are the fundamental reason for work and that feedback indirectly motivates action.

Literature from the disciplines of occupational therapy and organizational psychology reflect perspectives of the person engaged in occupation. Occupational therapists tend to focus on the personal components of the individual while organizational psychology literature seems to address the factors that influence the individual. Although the perspectives within each discipline vary, they complement rather than conflict with the perspectives of the other discipline.

Adaptation

The American Heritage Dictionary (1982) defines adaptation as "a state of being adapted and the act or process of adapting" expanding its definition to include "change in

behavior of an individual or group in adjustment to new or modified cultural surroundings" (p. 78). White (1971) conceptualizes adaptation as a master concept which is superordinate to concepts of coping, defense and mastery, terms which are sometimes used synonymously in the literature.

Occupational Therapy Perspective of Adaptation.

Adaptation is a primary construct in models of practice, frames of reference and emerging theories of occupational therapy. For example, according to a frame of reference posited by King (1978), adaptive response addresses four specific components of the adaptation process: (1) the adapting person is able to successfully adjust himself to changing conditions or environments; (2) adaptation is elicited by a demand or challenge emanating from the environment; (3) adaptation is organized below the conscious level; and (4) adaptation is self-reinforcing.

Ayres' perspective on adaptation has been categorized as bio-developmental (Reed, 1984). She hypothesized that "the ability to make sense of the environment contributes to human beings adaptive powers" and that the acquisition of skills needed to perform in school and on the job are developed over time. According to Ayres, "the development of individual adaptive ability parallels the species' phylogenic development of neural structures which allow for increased capacity for processing sensory information" (Miller & Walker, 1993, p. 115) and were the product of the sensory systems.

Gilfoyle, Grady, and Moore also use a developmental perspective to address the construct of adaptation. Their model "stresses the importance of movement and

movement based abilities in the process of adaptation to the environment" (Kielhofner, 1992, p. 203). A basic premise of this developmental model is spatio-temporal adaptation which is the process of adjusting basic posture and movement sequences to the temporal demands of timing movement and the gravitation demands of space (Gilfoyle, Grady & Moore, 1981). The process of spatio-temporal adaptation is illustrated by an ever widening spiral showing a continuum from fetal adaptations to the assimilation of sensory input to the accommodation of motor output to the association of sensory feedback to the differentiation or modification of behavior or response and finally to a state of spatio-temporal adaptation.

Adaptation is believed to be a change in the functional state of the person and is a result of movement toward relative mastery of occupational challenges (Schultz & Schkade, 1993). Occupational adaptation is considered to be both a process and an outcome or state. The state or outcome is the competency or level of performance achieved by the person when the process is mastered. The process is the interaction between the person seeking to master the demands of the environment and the challenges imposed by the occupational environment.

The process begins when the person, confronted with an occupational challenge, appraises the nature of the challenge and its demand and the personal resources he or she possesses. Based on these appraisals, the individual sets role expectations for performance and generates a response. The mode of this response may mirror existing or familiar patterns of behavior that have been successful in previous situations, be

modifications of those patterns, or reflect a new response. These responses can reflect primitive or hyper-stable behaviors, transitional or hyper-mobile behaviors, or be mature and reflect a blend of the two.

After the response is generated, the individual evaluates the effectiveness of the response and makes any necessary modifications. "It is in the evaluation sub-process that the person assesses the experience of relative mastery" (Schkade & Schultz, 1992, p. 835). Eschenfelder (1993) defines relative mastery as "an individual's personal sense of proficiency with responses to occupational challenges, relative to the individual's training, experience or ability" (p. 1). Humans are born with an innate desire for mastery and when confronted with the demands imposed by the environment are pressed toward some relative mastery.

Organizational Psychology Perspective of Adaptation.

Organizational psychologists seek to understand the behavior of the people making up an organization's workforce with the purpose of facilitating optimal performance. The issues often addressed in this body of literature relate to methods of increasing employee loyalty and organizational commitment (Mowday & Steers, 1979; Schectman, 1994), changing attitudes and enhancing performance, (Decker & Borgen, 1993) increasing flexibility in response to change, (Connor, 1994) and reducing stress (Decker & Borgen, 1993; Penley & Gould, 1988; Smith, Hood & Piland, 1994; Wagner & Hollenbeck, 1995).

The goal of employee adaptation is to increase the efficiency and effectiveness during times of change within the organization in order for the organization to adapt

successfully (Kanter, 1983; Yukl, 1994). These efforts address the institution and the workforce, not the individual worker. Employee adaptation is sought through changes in organizational structure and reporting mechanisms, changes in job design, changes in leadership, expanded communication, introduction of incentives and rewards and implementation of training and development. Strategies addressing these issues reflect management's application of organizational psychology theories about worker traits.

Increasing the motivation of employees is addressed through efforts to establish equity or fairness (Bittel & Newstrom, 1990) and to increase the hygiene factors in the work setting. Hygiene factors refer to conditions in the work setting such as salary, supervision, working conditions, interpersonal relationships and policies that are believed to influence employee motivation (Herzberg, 1968). Herzberg asserts that employees are motivated, not by hygiene factors but by growth motivators such as: recognition for achievement, the nature of the work itself, and the opportunity for growth and advancement. Management's goal is to inspire motivators that reflect needs theories and address job security, loyalty, and trust in order to create an environment which fosters the necessary skill acquisition or behaviors sought by the organization.

Denton (1997) proposes that adaptation or change is also facilitated by creating a natural tension between the organization's vision and its resources, and its actual state. This tension, an application of dissonance theories of motivation, can be resolved by either moving reality forward toward the vision or by deflating the vision and moving it closer toward reality. Peters and Austin (1986) refute the view that managers have to learn to

motivate people. They assert that employees bring their own motivation to the job and "…what people need from work is to be liberated, to be involved and to be accountable, and to reach for their potential" (p. 239).

The examples cited reflect some of the efforts designed to assist organizations to lead, supervise or manage individual workers and groups of workers so that the mission and goals of the organization can be achieved. However, information addressing the process of adaptation experienced by the individual worker to stressful situations and changes in the work setting has not been found in this literature.

The literature in both occupational therapy and in organizational psychology address human adaptation. Perspectives between and within these disciplines differ, however, many similarities exist. For the purpose of these studies, which involve adaptation in the work setting, Occupational adaptation was selected to guide the study. This particular model was chosen because it posits that adaptation is both a process and a state or outcome. The model's position that each individual responds to challenge by continually reconfiguring his or her resources into an adaptation gestalt that is fluid, ever changing and evolving, thus allowing for a qualitative examination of the adaptation process. The three components of the person identified in organizational psychology literature, personality, ability and motivation, are also be utilized to guide this study of adaptation because these components frame the performance on individuals in a work setting.

Environment

The environment is believed to consist of all of the elements and situations that influence and surround and organism and affect its development and performance. These elements and situations comprising the environment are often grouped into subsections that reflect the physical or non-human components, social components and cultural components. There are many methods and approaches utilized to examine the environment and its relationship to and effect on the individual.

The environment to be explored in this study is the one which surrounds the healthcare worker. Literature from healthcare administration journals and management tabloids were utilized to describe the occupational environment existing in contemporary healthcare facilities. Literature from occupational therapy and from organizational psychology provided philosophical perspectives about the significance of the environment.

Organizational Psychology Perspective of the Environment

Organizational psychologists have long studied the effects of the work environment and its components on individuals interacting within it. Studies often involved isolating and or manipulating specific environmental components in order to examine the impact on worker production, job satisfaction or motivation. For example, the Hawthorne Experiments begun in 1924 examined the relationship between the quantity of worker production and the physical aspect of the environment by varying the amount of lighting in the work room at one Western Electric factory. Subsequent studies initiated at that facility in 1927 explored whether different kinds of working conditions such as

working hours, had an affect on production. The Hawthorne Experiments also studied the social environment by examining the effect of group norms on employee performance (Ott, 1996). Prior to these experiments, it was thought that there was a simple and direct relationship between changes in the worker's environment and his response. However, these experiments revealed that worker response was based on the meaning that the worker assigned to changes in the environment which could only be understood in terms of the total situation of the individual worker, his meanings and his sentiments (Ott, 1996; Hellriegel, Slocum & Woodman, 1989). "A wealth of documented evidence shows that some physical features of the workplace can stimulate negative emotional reactions in workers" (Wagner & Hollenbeck, 1995, p. 216). Factors such as lighting, temperature and cleanliness have been found to influence the way people perceive their tasks and feel about their work.

Other studies of the effect of work environments examine the relationship between organizational context and organizational behavior. Organizational context may include formal and informal groups that comprise the social component of the environment. Factors such as social density and privacy contribute to the milieu that may determine the amount of freedom and creativity given to the worker. Studies of work group behavior and group dynamics particularly as they relate to motivation and performance are common (Steers, 1986, 1994; Hellriegel, Slocum & Woodman, 1989; Wagner & Hollenbeck, 1995).

Occupational Therapy Perspectives of the Environment

Occupational therapy scholars proffer differing perspectives about the relationship between the individual and the environment. Dunning (1972) describes the environment as a total process of reciprocal feedback. Each component of the environment can be isolated for study, however, none can stand alone. Whatever affects one component also affects the others. Dunning classifies the components of the environment in terms of space, people and tasks. Space includes the physical properties of home and community. People comprise the social role relationships and the patterns of distance the individual places between himself and others. The task component refers to task expectancies emitting from the environment.

The Model of Human Occupation (Kielhofner, 1985) and the Ecological Systems Model for Occupational Therapy (Howe & Briggs, 1982), describe the person as an open system surrounded by ever widening concentric environmental rings which form an environmental hierarchy within which interaction occurs. The layers depicted in the Model of Human Occupation are: objects, tasks, social groups and organization, and culture, each defined by their dimensions. Objects refer to the objects with which one interacts. Social groups represent the natural clusters of persons with whom one interacts. Tasks are described by their complexity, the time required to complete them, the rules guiding performance, and the novelty of the activity. Organization and culture reflect the nature of work and play and the transmission of knowledge and values.

The Ecological Systems Model (Howe and Briggs, 1982) "views the ecosystem as if the individual client were at its center" (p. 323). The individual and the environment are considered to be interconnected. In this model, the environment is posited to begin within the individual's inner life space and widen first to the immediate setting, next to the social networks and institutions, and then out to an ideological layer which consists of values and culture.

The Ecology of Human Performance Model developed by Dunn, Brown and McGuigan (1994) also describes the environment as the context in which human performance occurs. In this model, however, the environment is also seen as one component of the contextual lens through which a person views and evaluates his world. "Persons view different potential tasks through their contextual filter, the accumulation of their experiences and their perceptions about the physical, social, and cultural features of their current performance setting" (Dunn, Brown & McGuigan, 1994, p. 599).

In the Occupational Adaptation Frame of Reference, the occupational environment also consists of several components grouped together into three subsystems reflecting its physical, social and cultural aspects (Spencer, Davidson & White, 1987). Elements of these subsystems form the basis of the challenge or demand imposed on the individual interacting within the occupational environment. The physical or non-human subsystem includes objects, technology, and space; the social subsystem is comprised of the people with whom the individual relates and the cultural subsystem includes the organization, the policies and procedures and the informal networks. This configuration of the environment

is congruent with the environmental configurations developed by organizational psychologists. What differentiates the occupational adaptation view of the environment is that in this particular frame of reference, the "occupational environment" demands an occupational response from the person.

Contemporary Healthcare Environment

Healthcare has been shaped by societal and economic changes. These include an aging population with a decline of extended family support systems, educated consumers demanding increased quality and efficiency, the emergence of costly technology, and a national effort to control burgeoning healthcare costs (Brooten, Hayman & Naylor, 1988; Barber, 1992). Healthcare costs continue to grow at more than twice the rate of inflation despite efforts to control the rising spiral of costs (Johnson & Boss, 1993).

The healthcare industry is rapidly changing. Many changes have been initiated following the movement toward a system of managed care. Payment for healthcare service has evolved from indemnity insurance where providers are paid on a fee for service basis to managed care, a contractual arrangement between the provider of care, the payer and the consumer. Managed care represents shifts in the philosophy and approach to the delivery of care be redefining who is seen, by whom, where they are seen and the intervention to be provided. The scope and appropriateness of care is set prospectively (Brooten, Hayman & Naylor, 1988; Ritch, 1995).

Provider roles have also been redefined; priorities have been modified and reimbursement patterns have been rewritten. These actions have resulted in modifications

to the nature of the occupational environment with a healthcare organization (Friedman, 1993). Operations are being reorganized to increase consumer satisfaction and reduce costs. Reorganization often includes tightening scopes of service, decreasing overhead, modifying processes and redefining service delivery (Hamel & Prahalad, 1994). Re-engineering or reorganization often includes downsizing, often occurring without a redesigning of the work itself so that fewer people work harder (Hammonds, Kelly, Thurston et al., 1994).

These changes, although designed to improve healthcare delivery have resulted in rigorous and stressful environments of continuous disruption which has been described as permanent white water (Triolo, Allgeier & Schwartz, 1995). In the process of implementing change, individual roles within healthcare organizations are changing. "Some individuals will lose power, influence or status, others will need to acquire additional skills, work in different environments, associate with different people, change titles, supervise fewer or more people, make do with fewer resources, or change behaviors" (Johnson & Boss, 1993).

Researcher's Perspective

The rapidly changing healthcare arena has imposed a work environment that is fraught with stress but also laden with opportunity. Individual workers are expected to adapt quickly to major changes in their roles, assignments and often the very nature of their work. As a manager, this researcher has observed that some individuals thrive in this environment while others do not. Management training and continuing education

designed to assist in managing organizational change and transition have not addressed my need to understand how challenge affects individuals.

As an occupational therapist, I believe King's (1978) assertion that the essential purpose of occupational therapy is to stimulate and guide the adaptive process. Just as patients with disabilities are challenged by their environments, healthcare professionals are also faced with the challenge of managing their own occupational environments. It is equally important for the healthcare practitioner to gain an understanding of the changing work setting and to make preparations to meet its demands as it is for the therapist to examine the context of a patient's occupational performance when designing and implementing a clinical intervention. The challenge of managing our occupational environment is to thoroughly understand ourselves and how we engage in the adaptation processes needed to meet its demands.

I believe that the nature and scope of events and the responses to change experienced by individuals participating in this research are similar to those identified in the literature and described by colleagues in other facilities. Although each facility has its own occupational environment, it was anticipated that the issues identified by the informants from one facility would describe the issues existing elsewhere.

Understanding that the goal of qualitative research is to gain insight into phenomena, I approached this exploration with acknowledged biases. I believe that the occupational adaptation frame of reference lends itself to describing the process of a person's adaptation to challenge experienced in the work environment. I believe that

individuals who adapt well to change also demonstrate certain characteristics that may contribute to their success in the work environment. I also believe that knowledge of self is empowering.

CHAPTER THREE

This chapter was submitted for publication to Nursing Management (See Appendix E).

Individual Approaches to Challenge and Change: A Qualitative Examination Of the Appraisal Process of Six Professionals Entering New Employment in a Teaching Hospital

The rapidly changing health care arena has imposed a work environment that is fraught with stress but also laden with opportunity. Workers are expected to adapt quickly to major changes in their roles, assignments and often in the very nature of their work. Some individuals thrive in this environment, while others do not. Management training and continuing education designed to assist in managing organizational change has not adequately addressed this manager's need to understand how individuals respond to challenge and change.

Individuals practicing within the current healthcare industry must be able to respond and make adaptation to the rapidly changing demands present in this often-tumultuous environment. The structure, mission, and culture of facilities and programs in this industry are undergoing massive changes and the individuals practicing within this arena must be able to respond to and make adaptation to the rapidly changing demands present in this often uncertain environment (Salyer, 1995; Triolo, Allgeier, & Schwartz,

1995). Much attention has been directed toward guiding organizational leadership's response to change (Connor, 1992) and to provide strategies designed to motivate employees to increase production and respond more effectively (Farham, 1996; Hamel & Prahalad, 1994; Johnson & Boss, 1993). There are also many contributions in the popular press that address individual survival in a rapidly changing work setting.

It is as important for the healthcare practitioner to gain an understanding of the changing work setting and to make preparations to meet its demands as it is for the clinician to consider the context when designing a clinical intervention with a patient (Brayman, 1996). Healthcare professionals are faced with the challenge of managing their own occupational environments just as patients with disabilities are challenged by their environments. The key to mastering these challenges is to thoroughly understand ourselves and the personal adaptation process needed to master them. (Brooten, Hayman & Naylor, 1988; Denton, 1997; Schneller & Ott, 1995)

Studies have been published in the organizational psychology literature that address methods of increasing worker motivation, expanding production, and altering the work environment and organizational culture in order to increase the performance of workers. Differences in worker performance have been attributed to an amalgam of three components: ability, personality and motivation (Hellreigel, Slocum & Woodman, 1989; Steers, 1986). Yukl (1994) describes the first of these three components, ability, as being comprised of technical skills, interpersonal skills, and conceptual skills. The second component of performance is personality, which Yukl describes as a stable set of

characteristics and tendencies of individuals. An individual's habit pattern and qualities of behavior are reflective of personality. The third factor influencing individual differences is motivation, a goal directed force that "energizes, directs and sustains human behavior" (Steers, 1986). Little has been found in the literature that describes the process of adaptation believed to occur within the individual or explains why some workers flourish, some adapt, some maintain homeostasis, and some dysadapt in new or changing work environments. Without this insight, it is difficult to guide workers through periods of transition.

Each individual worker approaches challenge in his or her own way. "Human beings are unique in their perspectives and their performance, even as they live in a communal world. They have unique parentage, history and social positions, all of which influence the roles they play and the capabilities they require in the disposition of those roles" (Breines, 1986, p. 217). Individuals respond to challenges differently based on who they are, where they come from, their perception of the challenge being faced, and their unique configuration of personal resources. This configuration of resources has been described in an emerging occupational therapy frame of reference as the adaptation gestalt (Schkade & Schultz, 1992).

The adaptation gestalt is believed to be comprised of three systems intrinsic to the individual: the psycho-social system, the cognitive system, and the sensori-motor system. Each person adaptation gestalt is unique due to genetic, environmental, and experiential phenomenological factors (Schultz & Schkade, 1992). The structure of the gestalt is

continually being reconfigured to respond to environmental challenges. Each new configuration becomes gestalt as each element influences the other components of the system; no single element can be isolated or activated alone. It is assumed that all three component systems are present at all times and reconfigure depending on the nature and degree of the occupational challenge (Schultz & Schkade, 1997).

This interaction between the person seeking to master the demands of the environment and the challenges imposed by the occupational environment is the process of occupational adaptation. This process of adaptation is organized below the conscious level and begins when a person, confronted with a challenge, appraises both the nature of the challenge and its demand and the personal resources that he or she possesses. Based on these appraisals, the person sets expectations for performance and then generates a response. The degree of efficiency and effectiveness and the satisfaction resulting from this response is evaluated. If the outcome of this response is unacceptable, the response is altered and re-evaluated. The process continues until the outcome is deemed efficient, effective, and satisfactory.

The aim of this qualitative study was to increase our understanding of how individual healthcare professionals assess the resources they possess as they prepare for the challenges presented in the occupational environment of a new work setting. This study addressed the appraisal process which is posited to initiate the occupational adaptation process (Schkade & Schultz, 1992; Schultz & Schkade, 1997). The repertoire of skills, experiences, and philosophies that newly hired health professionals identify and

anticipate utilizing in order to adapt to and master the demands of their new jobs was described and analyzed. It is hoped that knowledge gleaned from this study will assist managers and educators in their efforts toward guiding employees through the difficult and rapid transitions that occur in the practice setting. The following three questions were addressed in this descriptive study: (a) What resources do individuals draw upon in preparation to meet the challenges of a new job? (b) How do individuals appraise the resources they anticipate utilizing in response to the challenges perceived? (c) How do individuals determine their potential performance?

Methodology

Appointments were made by this researcher with each informant to conduct a sixty minute private interview during which the informant completed a demographic profile and an informed consent document required by the facility's Institutional Review Board. The session was audiotaped and the researcher kept field notes. Through semi-structured interview, individuals were asked to describe his or her last job, to indicate some aspect at which he or she felt particularly competent, and to discuss his or her rationale for that perception. Informants were asked to expand on that discussion by identifying particular strengths as professionals and again were asked to explain their perceptions. They were then asked how they approached and responded to newly identified challenges in their lives and asked to identify the challenges that they anticipated finding in their new positions. Each informant addressed how he or she planned to approach these challenges and what personal resources he or she expected to employ.

The informants completed two pie charts describing their appraisals of their gestalts. The concept of "adaptation gestalt" was explained both in terms of the three components identified in the occupational adaptation frame of reference, and in terms of organizational psychology's three-component perspective of the individual worker. The first of the pie charts reflected, sensori-motor, cognitive, and psycho-social domains that constitute the adaptation gestalt. The second pie chart reflected the individual's "worker profile" comprised of the three components: ability, personality, and motivation. Each pie chart is a circle and the relative value of each component is measured and contained within the 360 degrees of the circle. The components of each chart were measured using a protractor to determine the relative size of each component. The pie charts were selected because they provided a simple graphic representation of a complex concept of identifying the parts in a whole.

Following completion of the interview, a copy of the typed transcript was sent to each informant for review. The informant was instructed to review the transcript and to make any amendments, which might more clearly communicate the response or the intended response to the questions asked. This member check provided a means of triangulating the data by validating each informant's response (Patton, 1990). To date, only one informant has returned a transcription to the researcher and that transcription contained minimal change.

Informants

Participants in the study met the following criteria: possession of a minimum of one year of experience in a profession and entering full time employment at the facility as a clinical nurse or therapist. Individuals participating in this study were professionals entering employment in a large teaching hospital and they comprised a sample of convenience. A pool of potential subjects was identified by a manager from human resources who regularly forwarded a listing of all new employees hired at the university into the job categories specified by the researcher. Many of the persons listed in the potential subject pool were ineligible because they were already employed at the facility but in different job codes or were new graduates. The researcher interviewed each of these informants during the first or second week of their employment. In order to provide the reader with greater sense of each individual, pseudonyms were created for each informant and each participant is described briefly in the text rather than presented in a demographic table. The first three informants all began employment on the same day in the same position. Each had been accepted into a nursing residency program in the emergency/trauma center.

David is a 24 year-old single, male nurse who describes himself as being influenced by his parents' divorce that demanded that he adapt to an unstable family situation. His perceived social or work position prior to this new job was as "the little man" on the staff of a busy emergency room in another facility. He identified the challenge of his new position as that of learning the policies and procedures and where everything was kept. In

order to prepare for the anticipated challenges, he indicated that he typically plans carefully and tries to be well prepared. A self-described "adrenaline seeker," he indicates that he likes the fast pace of work in the emergency room. He describes how he has grown professionally and is no longer that "shy kid that stood in the back of the room."

Darlene, also a nurse, is a 38 year-old single mother who had completed two years of basic undergraduate education several years prior to entering nursing school. She indicated that she identified with the indigent, having "been down and out and had a difficult struggle pulling herself up." She has completed two years of clinical practice in a very small community hospital working as one of the two RNs in all areas of the facility, including the ER. She describes herself as being well liked by the people with whom she worked. Darlene perceives her biggest challenge in the new job to be the variations in pace of work. A self-described "adrenaline junkie," she likes a fast-paced 'crisis' environment.

Judith is a 31 year-old woman with 4 years experience as a medical-surgical nurse on a geriatric unit. She indicates that she likes working with that patient population and that while in her previous position had been made a supervisor. Judith says that she enjoyed the administrative aspects of her job and took pleasure from being the person in charge. This individual indicates that she felt well prepared to meet the challenges of this new job and was looking forward to increasing her knowledge about working with trauma patients. She expressed a strong desire for the professional position and prestige to be

gained by being recognized as an accomplished emergency room nurse. Judith stated that with this accomplishment, she would "know everything there was to know about nursing."

Margaret is a 24 year-old physical therapist who recently relocated to this country from Great Britain. Married, with no children, she had just entered a position on a busy acute care inpatient service. This therapist describes herself as being comfortable working with all ages and her narrative reveals her sensitivity to individuals who "pulled back" and might be lost in the crowd. Margaret indicated that she felt clinically prepared for the challenges of her new position and anticipates that the biggest challenge would be learning the culture of the facility and in understanding the differences in the cultures of the patients she would serve.

Stacie is a 24 year-old married speech and language pathologist who was entering her second week of employment in an outpatient pediatric program: Her previous experience had been in a nursing home where she reports that she was effective and appreciated by patients and their families. She describes herself as being excited about her new job and well prepared to meet its challenges. Stacie anticipates that the greatest challenge would be the management of unstructured time in this itinerant position.

Elise is a 28 year-old single occupational therapist entering employment in an acute inpatient clinic that expresses the greatest interest in the bio-mechanical approach to patient care, citing accomplishment in applying a new treatment technique. She described herself as self-reliant, having worked without benefit of clinical supervision in her previous

role. She was seeking mentorship and the opportunity to increase her clinical reasoning skills.

Data Analysis

Each interview was transcribed and each line of the text sequentially numbered to provide for easy retrieval of data. The informants' responses to each of the interview questions were summarized utilizing either phrases or terms present in the response. These summary statements were combined with the demographic profile to describe the informant. Each response was examined and phrases, statements, and concepts were extracted and placed on index cards coded with the informant's identification number and the line number indicating its location in the transcript. Localizing was done to see if each response when reviewed could be examined in relationship to its context. A response matrix was created using all of the index cards. Cards containing the interview questions were used to form the horizontal axis, and responses from each informant were placed in columns below each question.

Each response card on the matrix was examined several times. Five themes emerged from the initial coarse sift (1) the desire and appreciation for knowledge and skills, (2) motivation and ambition, (3) sensitivity to the needs of others, (4) the pace of work, and (5) confidence in self. Subsequent sifts revealed additional themes of control, flexibility, and approach to work. Of particular interest was control that emerged in regard to an approach to "getting control of one's life" to "supervising and managing people and tasks." Flexibility was expressed in terms of dealing with persons of varying

age and needs, moving from one job task to another, and being prepared for whatever assignment was given. Approach to work appeared in responses to questions regarding planning and preparation to meet challenges.

In a series of subsequent reviews of the data gathered from all of the informants, fourteen themes emerged. They were (a) interpersonal relationships, (b) knowledge and skills, (c) ambition and hopes, (d) sense of control, (e) pace of work, (f) image of self, (g) the environment, (h) self-confidence, (i) concern for others, (j) planning and preparation, (k) enjoyment and excitement, (l) the act of appraisal, (m) individual style, and (n) the approach to challenge. These themes were compared with each individual's transcript and worksheets outlining these themes were developed by summarizing each informant's interview.

Findings

The transcripts from these interviews and the worksheets were shared with peer reviewers experienced in qualitative research. Following the completion of finer and finer grained sifts, data were again reconfigured and recoded, to reflect new patterns and themes that emerged. Graduated data sifts were continued until sifts became redundant. The themes eventually clustered into three major areas (a) self esteem which emerged in a continuum reflecting self-doubt and criticism to pride, ambition, and the sense of competence; (b) the second major theme emerging from these data sifts reflected the situation of entering a new job. Components of this theme reflected the rhythm of work, the affective response to work including the joy, fun, and excitement experienced in the work setting as well as

the boredom, tedium and drudgery, and the interpersonal connections in the workplace which included concern for others and the relationships present on the job; (c) The third theme reflected the interface between the individual and the work environment. This theme included the individual's usual style of work and the approach taken when faced with change or challenge.

The first theme, self esteem, provided insight into how these six professional workers appraised their resources and their needs during this transition to new employment. These new employees spoke of hopes and ambitions which included: the desire for self discovery, the anticipation of an achieved comfort level in the new job, and the prestige that comes with "knowing all there is to know." Self-doubt was expressed in the concern regarding inadequate or insufficient knowledge and experience and in the discomfort with the level of skills possessed. A sense of apprehension emerged about the ability to learn the paper work and the culture of the new work setting. Margaret's description reflects her awareness.

> If I went to a different area, even though I'd been working for100 years, I would be a baby and not know how to do things. I am hard on myself because I think I am afraid of failure.

Pride and confidence were evident as individuals described themselves as "bright", "artistic," "intelligent," "calm in a crisis," "confident," "qualified," and "self-reliant." Stacie proudly related, "I was able to find a problem and fix the problem; I was very proficient." Judith expressed comfort in her skills, "A lot of stuff we are doing now I

already know how to do." Darlene also expressed confidence in her ability to do the work. "I'm pretty good at math calculations for drug dosages and all and I don't lose my head in crisis situations."

The second cluster of themes emerging from the interviews with these new employees reflects the work "situation". The rhythm of work was addressed by most informants with apprehension expressed about the pace of work and the ability to prioritize effectively to get everything done. Three of the individuals noted that this new environment required more rapid response than in previous settings. Elise spoke of her appraisal, "It will be more difficult than what I've had before because I am very used to seeing my patients for two or three months" The affective response to work is also reflected within this cluster. This response is presented as a continuum from the joy, fun, and excitement experienced in work to the boredom, tedium, and drudgery of the job. David expressed his energy and approach to work.

> I like to go, go, go, go. That's me. I'm like full of adrenaline. I like the action. So when it gets slow, I get bored. When you don't have much to do, you get lazy, your brain gets lazy.

Elise's apprehension is apparent in her comments about the work. "I'm getting a lot more concerned about the speed of my work and my paperwork. I've become much more of a clock-watcher than I used to be."

Work situations such as the successful application of a new technique to reduce pain were identified as producing joy in one individual. Excitement regarding the anticipation of

learning opportunities and the challenge of treating new and difficult cases was expressed by another.

This situation cluster also included the working relationships and the individual concern for others addressed by the informants. Individuals said that they hoped to work with positive minded people, and wanted to look forward to coming to work each day. The relationships described by these newly hired professionals identified the importance of interpersonal relationships in the workplace. One informant described a desire to get feedback from other staff so she knows how she is doing while another feared that because she is quiet, that she will be thought aloof or ill-prepared. Another indicated that at previous worksites, she worked with long established friends and knew no one at this new setting.

The third major cluster was the interface between these individuals and their new work situations. Themes emerging in this cluster reflected the usual and routine work style utilized by the individual and the style used when approaching a challenge or change. These new employees demonstrated significant differences in style, and approaches. One generally seeks help and council from others, "asks a million questions each day," and is a self-described "sponge for knowledge." Another is a self-described hard worker who functions one day at a time and tries to do the best possible job. One individual tries not to take criticism personally. One individual looks ahead and sets goals, but will make adjustments in those goals while another person's style is to sit back until a comfort level sets in. Five of these individuals approached challenges and change with planning and

attempted preparation. Approaches ranged from trial and error to preparatory reading and studying. The sixth individual did not plan until all aspects of the situation were known and "a clear vision of the demands was evident."

The data shared about the perceptions of each of the respondents confirmed the belief that each individual looks at challenge through unique eyes and brings his or her own perspectives to that challenge. This unique approach is not dependent on educational level, training, or professional discipline. Each of the individuals interviewed in this portion of the study was excited about being hired at this facility. Their reasons for application varied from the opportunity to build skills, to a stepping stone for future employment, and to the acquisition of prestige and power.

The analysis of the respondents' pie charts revealed that informants' perceptions of their adaptation gestalts and their worker profiles also differed. The use of the pie charts provided the opportunity to compare self-perceptions with the narrative of experiences and reflections. During the completion of the pie charts, most of the informants were observed attempting to represent the three components of the adaptation gestalt and the worker profiles equally. When they were reminded that there were no "correct answers," that each person's pie charts were unique, and that there were no pre-conceptions about appropriate responses, the graphs were completed. Most of the informants made frequent changes and erasures in their pie charts before giving them to the researcher. Each informant completed pie charts. Only those cited in the text are included.

The differences noted between the graphic representations and the narratives may also indicate that self-perceptions of learning styles, strengths, and weaknesses may not be true representations of the individual's actual learning style, approach to work, or ambition as reflected in their interviews. For example, Judith designated 170 degrees to the psycho-social component of the adaptation gestalt, an indication which was not supportive of her narrative in which numerous references were made to self confidence in medical surgical nursing knowledge and skills but not to interpersonal relationships (See Figure III.1). In her first pie chart, Stacie designated 135degrees as the sensori-motor component, 85 degrees as the cognitive component, and 140 degrees as the psycho-social component (See Figure III.2). This plotting was congruent with her concern for patients revealed in her narrative.

Stacie's pie chart reflecting her worker profile indicated 132 degrees for ability, 128 degrees for personality and 100 degrees for motivation (See Figure III.3). This apportionment was also reflected in her narrative where she addressed her concern about skill level. Margaret's narrative addressed relationships with patients and their families. The importance of this component is represented on the pie chart with 138 degrees designated as the interpersonal component. Margaret assigned the smallest portion of her pie chart to the sensori-motor component. This also reflected her acknowledged lack of technical skill (See Figure III.4). The greatest proportion of Margaret's worker profile (135degrees) was apportioned to ability, with 105 degrees designated for personality and 120 degrees for motivation (See Figure III.5).

Elise's pie chart had less than 25 degrees allocated to the sensori-motor component. This apportionment did not mirror her narrative in which she described joy when working out a technical challenge and implementing a new treatment technique (See Figure III.6).

In contrast, some congruence did occur between the pie charts and the narratives of three of the informants. Darlene and Judith each indicated high degrees of motivation within their worker profiles (See Figure III. 7 and Figure III.8). This indication supported their descriptions of their approaches to work and desires for increased skill.

This study focused on the descriptions of individuals' perceptions regarding the challenges faced in a new work setting and on how individual healthcare professionals assessed their abilities to meet those challenges. Even in the first coarse sifting of the data, it was determined that each individual approached the new job differently. Each had different expectations for their own performances and a unique assessment of the challenges presented. This uniqueness was particularly evident with the three nurses in the study; all of who were entering the same clinic, had the same job description, and had been assigned the same tasks and responsibilities in the emergency room. Differing expectations were apparent even though each person had been oriented in the same manner, had had the same level of educational preparation, and reported to the same supervisor.

This small qualitative study of individuals entering new positions in a busy healthcare facility may offer some insight to managers struggling to guide staff through

periods of transition. Although results of qualitative studies are not generalizable, the reflections of these individual healthcare professionals may enhance our understanding of the complexity of the process of adaptation in the work environment. An increased recognition of the unique perspectives of each individual may broaden and enrich our ability to guide professional employees as they manage their own rapidly changing occupational environments.

Figure III.1 Judith OA Gestalt Configuration

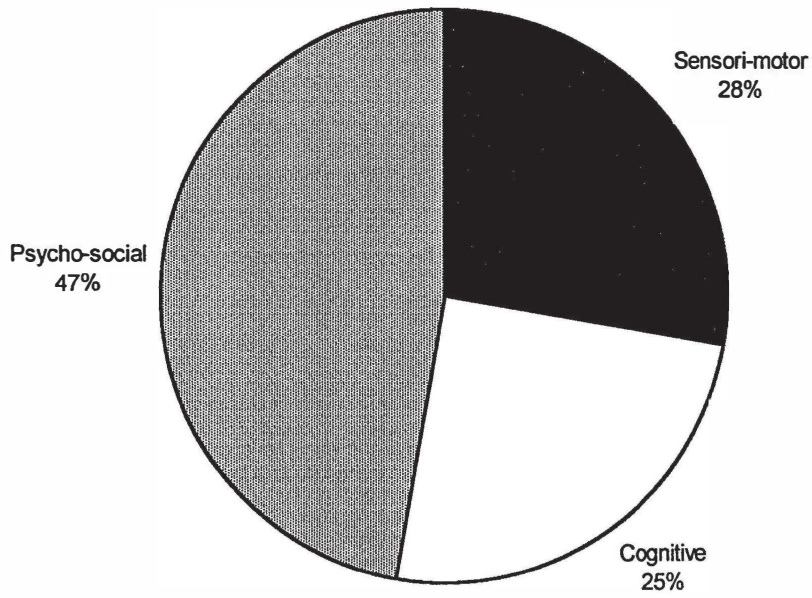


Figure III.2 Stacie OA Gestalt Configuration

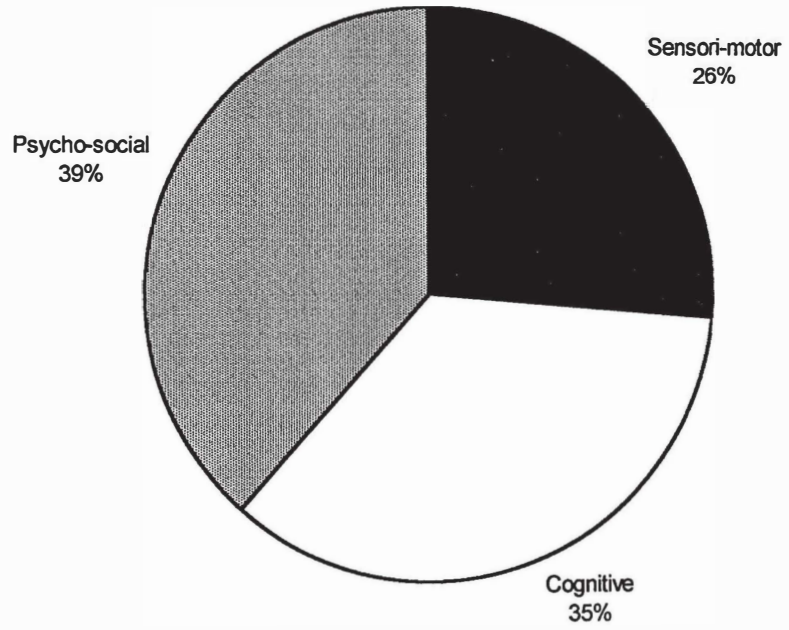


Figure III.3 Stacie Worker Profile

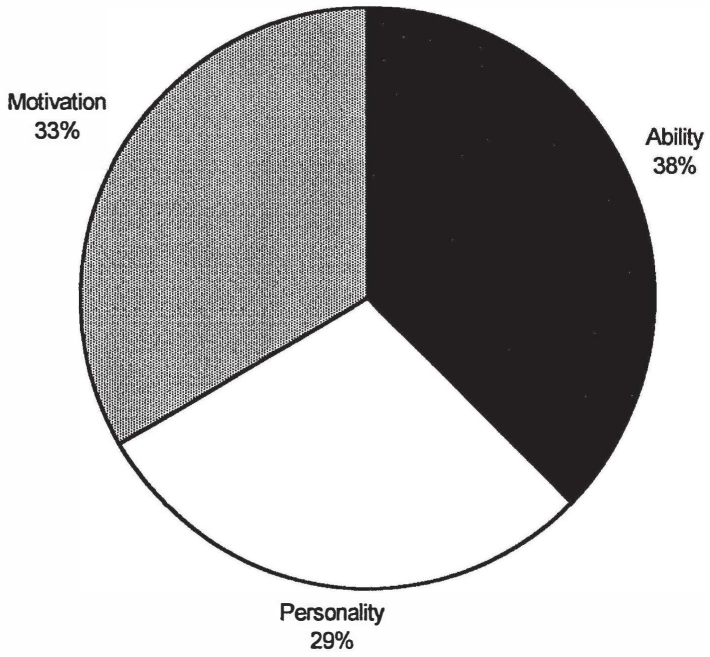
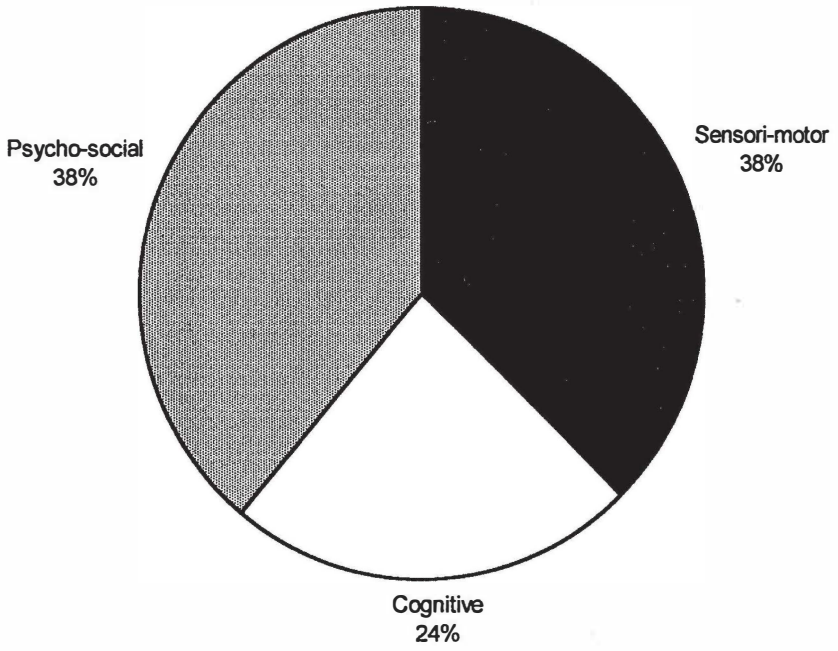


Figure III.4 Margaret OA Gestalt Configuration



III.5 Margaret Worker Profile

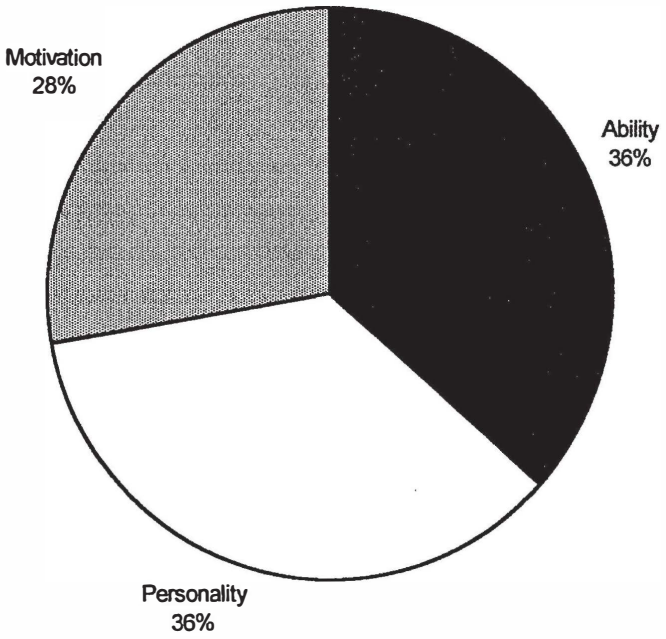


Figure III.6 Elise OA Gestalt Configuration

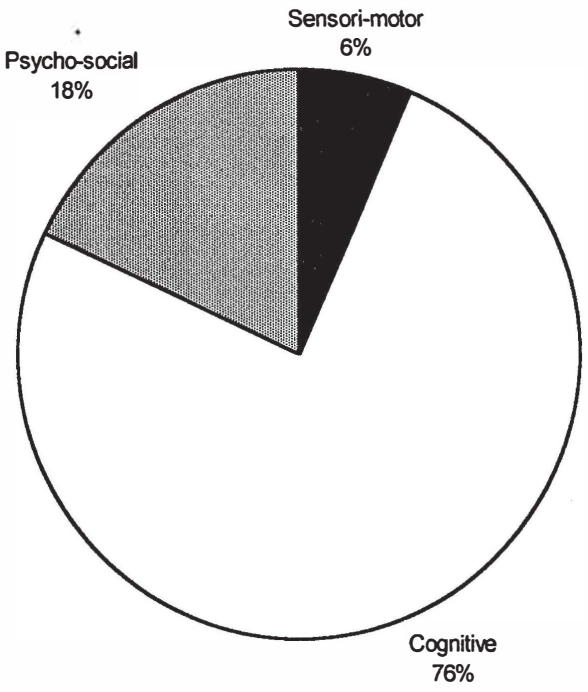


Figure III.7 Darlene Worker Profile

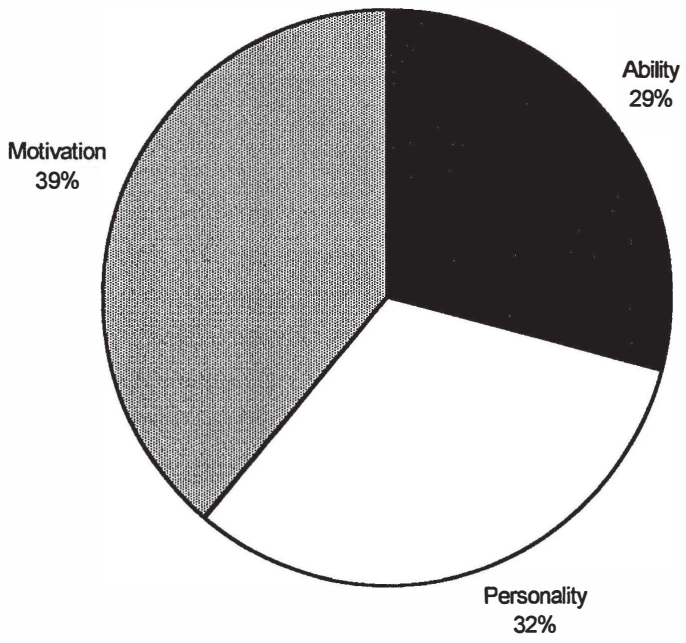
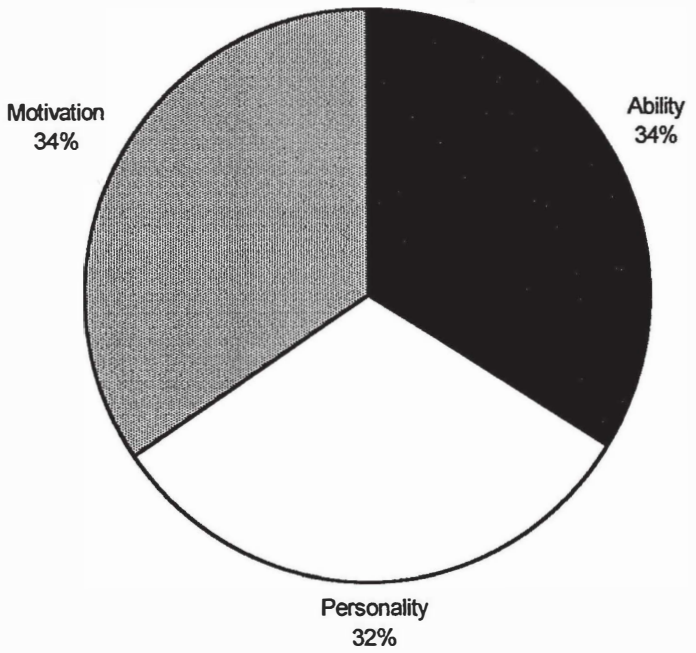


Figure III.8 Judith Worker Profile



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CHAPTER FOUR

This chapter was submitted for publication to the

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Employee Response and Adaptation

To Change in the Work Setting

Practice in today's healthcare environment requires workers who can be flexible, make adjustments, and adapt to the sweeping changes occurring in this industry. Some workers seem to flourish, some struggle, some dysadapt and some do not survive in work environments buffeted by rapid and sweeping change. Although organizational response to changes in the healthcare environment have been addressed in both the popular and the professional management literature from the fields of organizational psychology, business, and healthcare administration, no offerings have been found that address how individuals perceive and respond to these changes and engage in the process of adaptation in their work settings.

An orientational qualitative inquiry was initiated to explore the phenomenon of the adaptation process believed to occur within individuals in response to challenges emerging from the context of their new jobs. "Orientational qualitative inquiry begins with an explicit theoretical or ideological perspective that determines what variables and

concepts are most important and how the findings will be interpreted (Patton, 1990, p. 86). Perspectives of this frame of reference (Schkade & Schultz, 1992; Schultz & Schkade, 1998) and from organizational psychology's perspective of worker performance.

Occupational adaptation was chosen to frame this study because it (a) describes the occupational environment and its impact on the individual interacting within it and; (b) because it highlights the process of appraisal, response, and evaluation that is posited to occur within an individual as he or she experiences adaptation. Literature from organizational psychology was also used to provide a foundational perspective for this study. Organizational psychology is grounded in behavioral science disciplines, and organizational psychologists apply theories and empirical findings regarding human behavior of people in work situations (Ott, 1996).

People do not necessarily behave in the same way when confronted with identical situations in a work setting. Organizational psychologists attribute these differences in behavior and performance to three different dimensions: ability, personality, and motivation: "Employee abilities are generally defined as those physical and intellectual characteristics of individuals that are relatively stable over time" (Steers, 1986, p. 122). An individual's habitual patterns and qualities of behavior are reflected in an individual's personality (Yukl, 1994). Aldag and Sterns (1987) describe motivation as the attempt to satisfy needs" (p. 93). Occupational therapists, applying the occupational adaptation frame of reference, attribute these differences to the individual's perception of the challenge and to his or her unique adaptation gestalt.

The adaptation gestalt or person system is believed to be made up of three internal systems: the psycho-social system, comprised of interpersonal skills and experiences, the cognitive or intellectual system which formulates thoughts and ideas, and the sensori-motor system that involves physical and neurological performance (Schultz & Schkade, 1992). Each person system is unique due to genetic, environmental, and experiential phenomenological factors (Holstein, 1993). The person system is continually being reconfigured to respond to environmental challenges. Each new configuration becomes gestalt as each element influences the other components of the system. No single element of the gestalt can be isolated or be activated alone.

For the purpose of this study of worker adaptation, the demands posed by the new work environment and the responses of the healthcare professional to those demands were examined. This phenomenon of adapting to a new job is described using constructs present in the occupational adaptation frame of reference and factors described by organizational psychologists that influence the performance of individuals in work settings. These constructs and factors form the orientational perspective for this phenomenological exploration that attempts to capture the essence of the experiences of individual professional healthcare workers who have recently entered new jobs in one facility.

Methodology

Guided interviews were utilized to explore the perceptions that newly hired healthcare professionals hold regarding the nature of the changes encountered in their new jobs and their responses to the occupational challenges presented. "The outline serves as a

checklist during the interview to make sure that all relevant topics are covered" (Patton, 1990, p. 281). The nature of the responses reported by these workers and the criteria which each used to evaluate the effectiveness of those responses was examined. The guided interview allowed the researcher to ask specific questions to frame the outline of topics to be explored. The interview also afforded the opportunity for the researcher to address items revealed by the informant that were germane. The research questions explored through the guided interview were (a) How do individuals perceive the effects of changes in their occupational environment? (b) How do individuals select the responses they generate to challenges imposed by the new job? (c) How do individuals evaluate the effectiveness of those responses?

Informants

Potential informants were identified through a listing of newly hired individuals at a university hospital. The list, provided by a human resources manager, included names of individuals who met the study criteria. Inclusion criteria were at least one year of professional experience, employment at the professional level, and employment in clinical positions in nursing or therapy. In order to be eligible for this study, the newly hired individual must not have practiced in a similar position in that facility and be assigned to a minimum of 30 hours per week. Gender, race, marital status, age, and ethnicity were not considered to be eligibility factors.

Six individuals were selected for this study: two registered nurses, two occupational therapists, one speech pathologist, and one physical therapist. They

comprised a sample of convenience. The age of the informants ranged from 24 to 45 years and the number of years of professional work experience ranged from 1 to 18. Each of the informants had participated in a preliminary interview with this researcher during the first week of their employment. A brief introduction to each informant follows:

David is a 24 year-old single nurse who entered an advanced training fellowship in the emergency department/trauma center. Prior to entering this new job, he worked in the emergency room of a smaller hospital. In the initial interview, he described himself as an adrenaline seeker who liked a fast pace. He also indicated that he enjoyed people and felt that a personal strength was his ability to relate well to others.

Darlene is a 38 year-old single mother who was participating in the same fellowship as David. She commutes daily from a small town over 60 miles from this facility. She worked previously in a very small hospital where she was one of two registered nurses on duty on her shift. A highlight of her previous job was the warm, working relationships she maintained with the other staff in that hospital. She has a goal of being a cruise ship nurse and sees this position as preparatory to gaining competence in a wide variety of nursing skills.

Stacie is a 24 year old, married speech/language pathologist with one year of experience in a nursing home. She expresses confidence in her skills and feels that her academic, internship and previous work experience have prepared her well to meet the challenges of her new job. Stacie identifies her ability to communicate effectively with others as an important skill in her new position.

Margaret is also 24 years old and married. She recently moved to the United States after receiving her physical therapy education in Great Britain. She has confidence in her skills as a therapist. She indicates that she is somewhat apprehensive about the great cultural diversity present in her new job, but indicates that she is eager to learn.

Elise is a 28-year old occupational therapist. Prior to entering her new position, she worked in a nursing home. She says that the pace of work and worries about not doing everything correctly challenges her. Although Elise has elected an assignment of a clinical service reputed to demand assertive and confident team members; she describes herself as being unassertive and uncomfortable expressing herself in public.

Cindy is married, has children, and is 45 years old. She has 17 years of experience and advanced certification as an occupational therapist. Entering this position after being away from practice for several years, she states that both she and her family adjusted easily to her return to work and that she enjoys coming to work each day.

Procedure

Prior to beginning the guided interview, each individual completed a consent form and a brief demographic questionnaire which provided information on age, gender, marital status, professional discipline, years of work experience, and title of the new job.

A guided interview was conducted with each informant approximately three months following the employee's initial orientation. Each interview lasted about 60 minutes and took place in private settings away from the informant's immediate work

station. This was done to reduce the potential of interruption and to assure confidentiality. Each interview was audio-taped and transcribed.

Results

Informants were asked to reflect about their performance in their new jobs and to identify and describe the situations in which they felt most competent and those that presented the greatest challenge to their performance and level of comfort. The individuals discussed the rationale for their responses and described the criteria that they applied to create a sense of competence or challenge. Informants described any attempts that they made to alter their usual approaches to their perceived job challenges and if they did make changes, discussed the rationale for initiating them. During the interview, informant responses from the initial interviews three months earlier were reviewed in order to determine whether or not the challenges anticipated were realized and whether or not the resources previously identified in their gestalts as potential strengths were utilized.

At the conclusion of the interview, informants completed two pie charts. The first, representing the adaptation gestalt configuration, illustrated the relative role of the sensori-motor, psycho-social, or cognitive resources comprising the person system. The second pie chart depicted the three components of the worker profile: ability, personality, and motivation, as described in the organizational psychology literature. Although each informant had completed similar pie charts in an earlier interview, the concepts of adaptation gestalt and the worker profile were reviewed again with the informant prior to the completion of each chart. This review was done to assure that each informant had

identical instruction prior to completing the charts. The pie chart was selected to represent the gestalt configuration because it provided a straightforward way to graphically describe the relative value of the parts of a whole.

The occupational environment of each informant was explored to provide a framework for examining his or her responses within the context of the work setting. All of these individuals practice in environments that require them to work both independently and as part of a team. These informants, all employed by the same university hospital, are subject to the same institutional policies and procedures. In addition to these overarching guidelines, each department or service is governed by area specific policies and procedures and has its own unique culture.

The researcher visited the work areas of 5 of the 6 informants. Researcher inquiries concerning the physical, cultural, and social aspects of each person's work environment were also used to gain a greater understanding about the nature of the environmental demands and challenges faced by the informant. The informants were also asked to describe their work environment. These descriptions and the researcher's participant observations framed the context of the informants' experiences. The sixth informant works as an itinerant therapist and travels between clients and various area store-front clinics. Access to this informant's work site was not available and she was interviewed in her home.

Initially, using the transcripts, each informant's response to each question on the guided interview was summarized. This was done to gain a personal sense of each

participant. Ideas, usually in the form of single words and phrases gleaned from the transcripts, were placed on index cards that were coarsely sifted to identify broad areas of similarity. The cards were reviewed repeatedly in order to identify any thematic constructs. The interview transcripts were also reviewed many times to retain the sense of context. This review process continued until redundancy was achieved and the results corroborated by peer review.

The occupational environment

The job responsibilities and work settings of two individuals were similar. David and Darlene work in the emergency room/trauma center. Although they report to the same nurse manager, they are assigned to different and rotating 12-hour shifts that are on a revolving staffing matrix. Each works with a different configuration of people every day or night, depending on the particular rotation. Approximately 120 people staff the area on each shift.

The emergency room/ trauma center consists of several state-of-the-art examination and holding areas, a large waiting room filled with people, a fast-track area for minor emergencies, a level-1 trauma center, a triage area, and a security station. Each of these areas is designed and equipped for particular and specialized functions and procedures, making it difficult for staff to rotate from one area to another. The emergency room occupies two stories and has a self-contained laboratory, radiology, and other diagnostic and support services. There are social worker and billing offices and admitting areas. Although the waiting room is large and decorated in a soothing decor, the lighting

is harsh. The area is often overflowing with individuals in various states of distress, either waiting to be seen or anticipating news about someone in an examination or treatment area.

There is a high level of noise throughout the area, created by rushing staff, crying babies, talking people, paging on the intercom, and ignored wall mounted television sets in throughout the waiting room. At first the noise level is unsettling but after a while it becomes less intrusive and seems to fade into the background. Staff can be seen rushing from room to room, and there is an overall feeling of tension throughout the area.

Margaret, Elise, and Cindy work in the department of rehabilitation services and are subject to the policies and procedures guiding that department's operations. Margaret and Elise report to the inpatient coordinator and Cindy reports to the coordinator of outpatients.

Elise and Margaret work on an acute occupational and physical therapy in-patient service. The primary area, called the clinic by the occupational therapist and the gym by the physical therapist, consists of two large and bright, general treatment areas, one containing mats, exercise equipment and tables and the other consisting of household appliances and daily living equipment. A large drymark board containing the daily therapist and patient schedules occupies one wall. This board contains messages and announcements which are updated often during the day.

The area is often crowded with patients and therapists and the aides who assist them. There are 16 therapists and additional support personnel working in this area. Each

therapist is assigned a primary role on a specific service or unit where he or she participates in rounds, conferences, and team meetings. Each of these services reflects the caseload seen and the personalities of the nursing staff and physicians who are based on that particular nursing unit. All of the therapists, however, must be competent to provide back-up and weekend coverage on all of the adult units in the acute care hospital.

Much of the patient care is done at bedside in the 12-story bed tower located in the adjacent building. Referrals to OT and PT are received by telephone, fax, or by written consult. Referrals are logged in order to track response time. There are also patients who are seen for several days for continuing treatment. Everyday there are more new consults than can be accommodated in that day.

Each therapist has an independent case load, although therapists do work together and treat cooperatively. They also provide assistance and support to each other if needed. The people working in this area work tend to enjoy each other's company and regularly participate together in sporting and social activities away from the hospital.

Cindy works across the hall in the outpatient occupational therapy area. This clinical area is immediately adjacent to a large physical therapy gym containing treatment plinths, mats, and exercise equipment. The OT area consists of two rooms furnished with three small tables and assorted chairs, file cabinets, and a small splinting area. These rooms are well-equipped for the provision of hand therapy, which is the predominant service provided in this area. When additional space and equipment are needed, the therapists utilize the adjacent physical therapy outpatient gym. Several colorful framed

posters adorn the walls and brighten the area. These rooms have several large windows with large sills that are cluttered with equipment used for patient treatment.

The outpatient clinical areas are always crowded. There are often three therapists working, each with one or two patients being seen concurrently for therapy. Many of the patients seen in this clinic are unscheduled and come to this facility from great distances. These patients are referred by a clinic physician for same-day therapy. In addition to the approximately 300 new patients who are seen each month in this area, each therapist carries a caseload of recurring or scheduled outpatients.

Therapists working in the outpatient area must be alert to diverse imposed guidelines and limitations regarding treatment, documentation, and patient eligibility. Therapists advocate for and defend the treatment regime requested by the physician and often must await approval signatures before treatment can be initiated. This delay creates an uncomfortable relationship between the patient and the therapist.

Stacie practices in the facility's early intervention program and is subject to that program's policies and procedures and to the federal and state guidelines regulating early intervention programs. She is based in an office in an off-campus facility located about twenty miles from her home. This storefront facility contains space for the evaluation and treatment of children aged 0-3 years who have disabilities. During a normal day she sees 5 to 6 children. Guidelines for her program require that children be seen in their "naturally occurring environments." Although a child's naturally occurring environment tends to be

the home, it may also be a day care center, a mother's day out program or a park or recreational center. She sees children in all of these environments.

The program in which Stacie works strongly encourages a trans-disciplinary approach to intervention that requires that Stacie work in concert with therapists and early intervention specialists. A subtle pressure of the job is the regulation that mandates that each therapist closely communicates with the persons from other disciplines who also treat the children served (State of Texas Early Intervention Board, 1997). In addition, Stacie consults with early intervention specialists in order to provide direction for the children in their classes who have not been referred to speech therapy. This requirement creates difficulty for her, as she must travel great distances to provide consultation services. So although she shares an office with another professional, she has little opportunity for discourse because each person spends most of the day "on the road:"

Emerging Themes

Initially, 4 major themes were identified from the informants' narratives: time management, paper work, personal growth and care for others. All of them were present in each informant's responses to the interview questions. During subsequent reviews and as informant responses were sifted again and again, eight recurring themes emerged from their stories: (a) intrinsic evaluation of performance, (b) extrinsic evaluation of performance, (c) impact of change, (d) approach to work and challenge, (e) time and time management, (f) relationships with others, (g) individual hopes, preferences and dreams, and (h) procedures and paperwork. They were subsequently organized into three

thematic constructs: (a) themes emanating from the person and his or her perception of the impact of change and the challenges present in the new job, (b) themes reflecting the role of the environment in the individual's adaptation process, and (c) themes addressing the approach used by the individual to meet evolving demands in the new work setting. Themes reflected the individual and his or her perceptions and themes that describe how the person views changes that have occurred and evaluates his or her progress and performance in the new work setting. For most informants, the new jobs have resulted in a sense of loss combined with a sense of stimulation and excitement.

Elise said of her loss, "I used to, before, be able to see them [patients] for months. And now, I'm lucky if I see them maybe for a week." Darlene said, "I don't have time for those [relationships] here. That's one thing that's really different. Everything is so rushed. You really don't have time to make that connection." David spoke in glowing terms about his experience. "It's [the new job] going good [sic]. It's a nicer place to work. It's a big change from where I came from. I never worked in such a big ER. I think I fit in pretty good [sic]; I adjusted well." Cindy shared her enthusiasm,

> I'm loving it. I really am enjoying it here. I'm enjoying the hospital setting and I'm enjoying all the people. I look forward to coming to work. I do. On the days that I'm not here, I look forward to the next day that I come in.

In evaluating their performance in their new positions, informants gathered information about their sense of self and from external sources. Elise felt positive about her progress.

> I feel OK because I feel that when I first started, I was a weight on the team because I was always asking questions. I feel like I started picking up stuff to try to carry my weight and I feel like I am doing OK so far.

Darlene expressed some frustration about the inconsistency of her experience. "Some days it doesn't seem like I'm getting anything accomplished. Those are the not so good days. And some days, things move along pretty smoothly and I feel almost competent."

Informants also spoke of perceptions that were generated externally, emanating from their surroundings, from the people with whom they worked, or from the process or results of their work. Margaret described how her experience supervising her first field work student had provided her with the opportunity to see her own progress. "When I had a student I could see where she was. Before, I couldn't tell where I was because I had nothing to compare against except myself." Cindy received some cues from her patients. "Patients smile when they see me!" Darlene's comment reflected the intensity of her work. "Sometimes if the patient is still alive I know I have done a good job."

The recognition of the importance of cues, either generated from within the person or from the environment provided valued information that contributed to the individual's assessment of his or her performance. Stacie spoke of a co-worker that had complimented her about being really good with patients. Elise described the indirect feedback about the results of her efforts. "Things are getting done; there are no consults in the box and no one is yelling at me!" Feedback provided to David was more direct. "Everyone tells me I'm doing a good job. No one ever really complains."

The second cluster of themes emerging from the stories of the informants described some of the demands posed by their occupational environments. Each of these people felt the impact of the rapid work pace required in their job. Most of the tangible challenges identified revolved around the speed of work and the amount of paperwork required in the job. David spoke of the pace in the emergency room.

> The west side gets frustrating because most of the rooms you have to take care of are really fast paced. You are constantly on the go. That gets frustrating because you have so much to do and you are the only one who can do it. You just gotta [sic] take it in stride.

Darlene revealed a consequence of the extremely fast pace required in her work. "Everything is so rushed. You really don't have time to make a connection with your co-workers here; I'm working with somebody different almost every night." Cindy also felt the pressure of the paperwork. "The most challenging thing is trying to keep up with the paperwork so that [I] don't get snowed under and feel like I can't come up for air." Margaret referred to the impact of brief lengths of stay. "Time management issues are a difficulty, especially since the patients are in and out so quickly."

Other challenges posed by the job and the work environment were revealed in the informants' narratives about their new jobs. Even though all of the informants had had at least one year of experience in their professions, each of these individuals identified the need to learn new or re-learn forgotten skills needed in their jobs.. Margaret discovered many unfamiliar things. "There are still some things I look at and then go ' Ooh, What's

that shorthand for?' and I wonder why they are doing that procedure." David indicated that he was still learning his way around. "I'm still not familiar where everything is. This place is so big and each area is so different!" Cindy said, "I know its back there [forgotten treatment techniques]; its coming. Unfortunately it doesn't happen overnight or over a week or in a month." Stacie spoke of her efforts to increase her knowledge and skills. "I can get comfortable working with a certain population and then I encounter a new one and I'm having to research and look up and find out about this disease or disorder or whatever." While Elise practiced treatment techniques. "I need to get better at splinting so I try to make as many as I can."

The third cluster of themes revealed the methods and approaches that these individuals generated in response to the challenges present in their new jobs. Elise relies on feedback from others. "I kind of bounce ideas off people and see what they think." Stacie noted, "I just read. I went through some of my notes and went through the handouts for parents and memorized those." David seizes the opportunity to learn new skills. "When I hear something that is being done that I have never done before I always say. 'Hey, I haven't done that. Can I watch?' I have to be hands on." Darlene said,

> I try to find out all I can about what I am asked to do. I make sure we have all the equipment and materials and then I find that person to make sure they have gone over what I have and make sure that everything is all right. I have them show me or at least talk me through step by step.

And, finally from Cindy:

I do try to conscientiously make an effort to think even like when the patient is not there. OK, this is what I am going to do with him. What can we do now? What is the next step? What are some of tricks that we used to try to get this particular motion?

Charted Perceptions

The pie charts completed by each of the informants regarding their perceptions of their adaptation gestalts and their worker profiles provide an additional perspective about these individuals. Some of the charts reflect congruence with the narrative and others do not. Stacie's chart mirrors her narrative in which she described the importance of her relationships with her team members and with the clients and families she serves because it places the most emphasis on the psycho-social and cognitive components of the gestalt. See Figure IV.1. Darlene and Cindy's depiction's of their gestalts also reflects their narratives in which Darlene's sense of the loss of the interpersonal relationships present in her previous work setting and her current staffing assignment that places her with different people every day are mirrored in the relatively small portion of her gestalt assigned to the psycho-social component. In contrast, Cindy's chart designates the importance she placed on psycho-social factors. In her narrative she discussed the importance of her relationships with her patients and the enjoyment she felt about working with the members of her team, and the interactions and rapport she had with her patients. See Figure IV.2.

Elise's pie chart representation of her gestalt reflects her narrative in which she addresses her lack of confidence and her perception regarding the magnitude of the

challenge present in her job. See Figure IV.3. David and Margaret each represented their gestalts as a balance of sensori-motor, cognitive, and psycho-social elements that were representative of references made in their narratives to elements from each of the gestalt components. See Figures IV.4 and IV.5.

The worker profiles completed by each participant also varied. See Figure IV.6a-f). Five individuals designated the largest segments of their profiles to motivation. This reflects the high degree of challenge expressed in their narratives. Only David (see figure IV.6a) assigned more emphasis on personality which was reflective of his narrative and his gestalt configuration. David, Margaret, and Cindy, (see figures IV.6a, IV.6c, IV.6f) each attributed the smallest portions of their worker profiles to ability. Darlene, Elise, and Stacie (see figures IV.6b, IV.6c, IV.6e) each placed the least emphasis on personality in their worker profiles. This was congruent for Darlene and Elise whose narratives revealed uncertainty but not for Stacie who referred repeatedly to her self-confidence and her approach to work.

Findings

Each of these individuals had entered challenging positions that required them to alter their roles, the tasks that they performed, the pace at which they worked, their work environments, and the people with whom they worked. Each perceived the challenges of their new positions differently, and each elected and generated responses based on their perceptions. The narratives of two individuals reflected their perceived sense of loss, particularly for the lost opportunity to develop and maintain relationships, both with their

patients and with co-workers. The other individuals appeared to perceive the change and inherent challenges as opportunities for growth and achievement.

Each of these six individuals responded differently to the challenges present in their new jobs. David sought out new tasks and approached each one eagerly and enthusiastically. Cindy, confident in her skills, albeit acknowledging that some needed to be refreshed, brought texts, and references to her work station. Elise, fearing that she was not doing everything correctly, sought feedback from others and chose a particularly difficult assignment as a "do or die" attempt to "prove herself". Darlene, although confident in her nursing skills, seemed to tire of the never-ending onslaught of unanswered procedural questions and referred problems to her head nurse. Margaret approached the challenges as opportunities for learning and growth as a therapist and expressed pride in her increased skills. Stacie reported that she set boundaries for her involvement so that she could control the impact of the challenges imposed by her job.

The informants generally expressed satisfaction with their job performance. Responses ranged from "I'm really enjoying it" to "I think I am doing all right", to "This is kinda [sic] sad that I have to think about it."

This brief look at the phenomenon experienced by six people engaged in the process of adapting to new jobs affirms both the occupational adaptation perspective and the organizational psychology perspective that framed this study. Each of these individuals did indeed approach their new jobs with varying perceptions about their levels

of ability, and the significance of their personality and motivation to their success in their jobs.

The occupational environments present for each of these individuals imposed significant demands in all aspects of those environments. Social relationships changed daily for the nurses in the emergency room and the opportunity for developing and sustaining relationships, so valued by therapists was greatly limited because of the decreased length of stay. The physical or social environment changed daily. The inpatient occupational and physical therapists work required them to see patients in their rooms, and in the gym and in the various clinical areas. The rotation grid in the emergency room placed staff in different roles and physical environments each day. Stacie travels from client's homes to day care centers to remote clinics daily. Each of these new or changing occupational environments impose different expectations on the person's interacting within it. In a sense, the performance of these individuals is evaluated by the environment. "There are no consults in the box" tells the therapist that they are keeping up with the pace demanded in the job. A patient smile elicited by seeing his therapist, indicates that the therapist is doing a good job is also an example of the environment's evaluation of the person's performance.

This qualitative study poses more questions than answers. However, it does serve to describe the experiences of six individuals who have entered new jobs in the healthcare industry. Their perceptions of and responses to the demands posed by their occupational environments provide insight to the adaptation process experienced by individuals in new

and demanding environments. The study supports the following premises: (a) individuals perceive and respond to challenge differently. (b) individuals perceive both intrinsic and extrinsic feedback regarding their performance. (c) self appraisals as evidenced by the pie charts do not necessarily reflect their individual narratives (d) individuals approach a challenge with different degrees of motivation and (e) the environment evaluates the performance of the person interacting within it..

Further study of the phenomenon of worker adaptation is needed. As the healthcare industry continues to restructure and healthcare organizations continue to redefine themselves, individuals are practicing in work environments fraught with rapid and significant changes. Change imposes challenge! A greater understanding of the process by which individuals assess and respond to challenge is needed if we are to facilitate successful adaptation and performance.

Figure IV.1 Stacie OA Gestalt Configuration

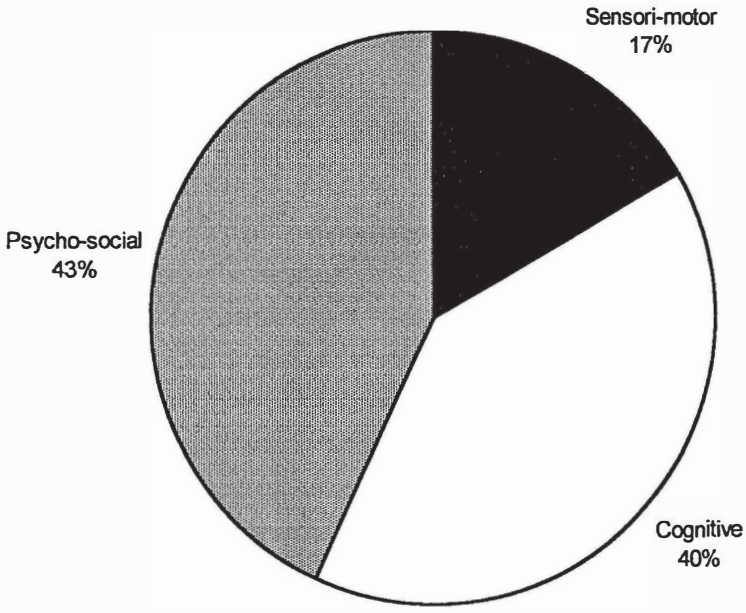


Figure IV.2 Cindy OA Gestalt Configuration

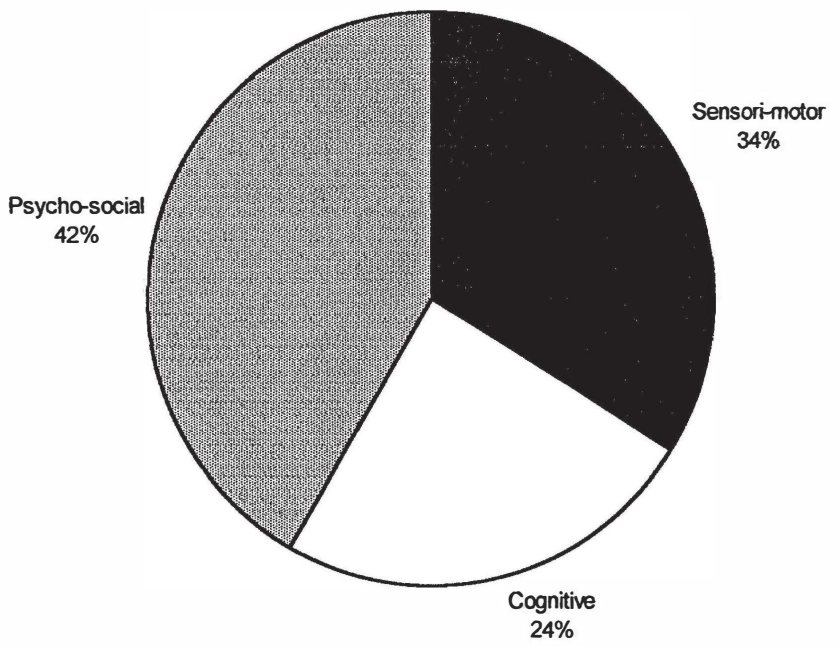


Figure IV.3 Elise OA Gestalt Configuration

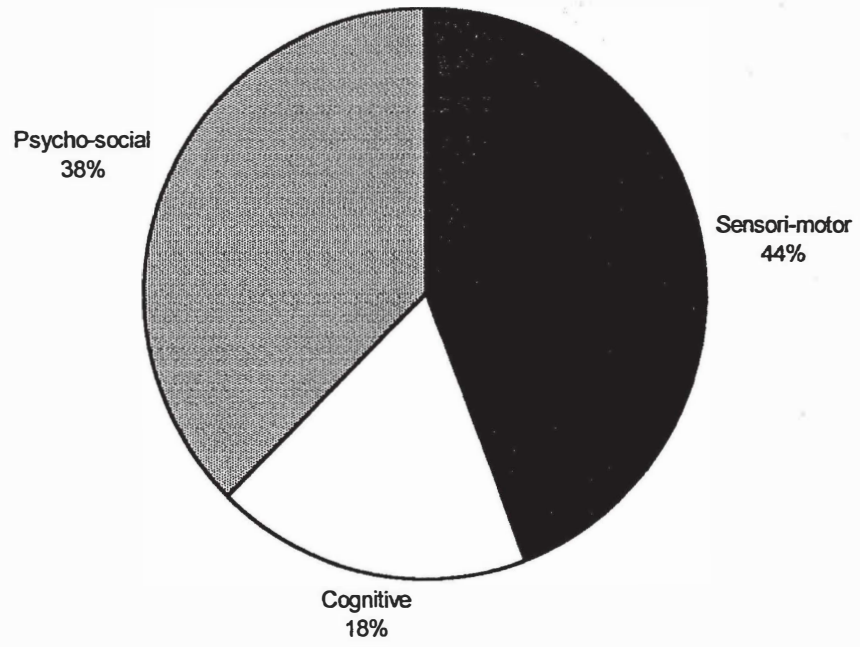


Figure IV.4 David OA Gestalt Configuration

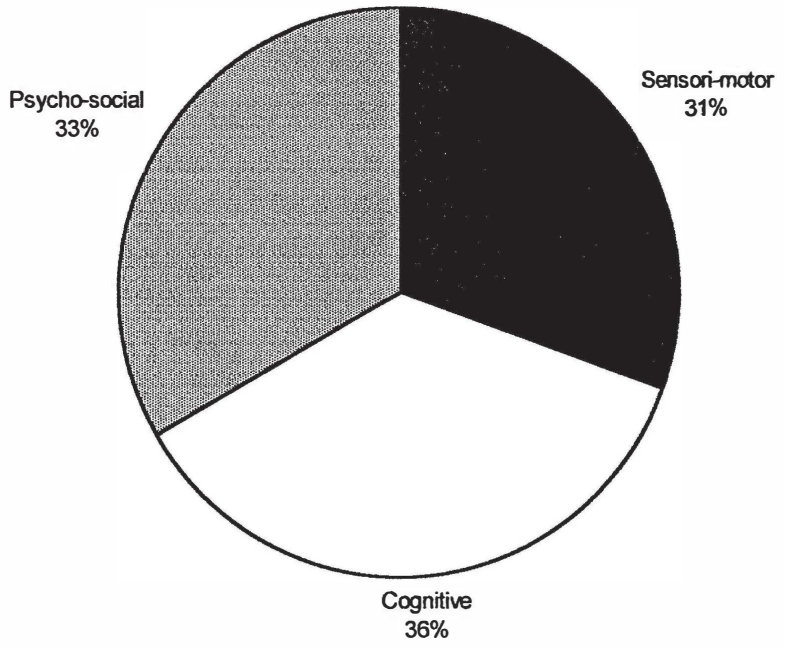


Figure IV.5 Margaret OA Gestalt Configuration

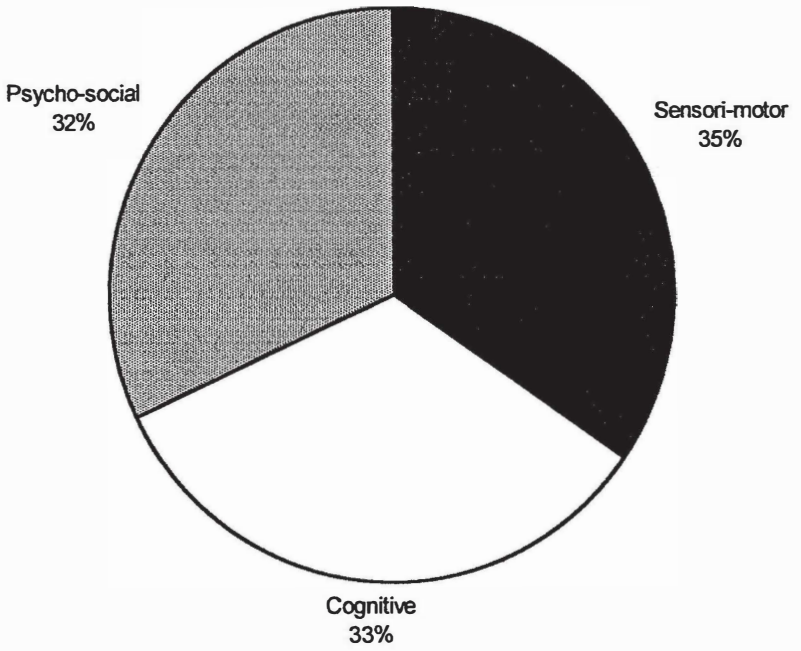


Figure IV.6a David Worker Profile

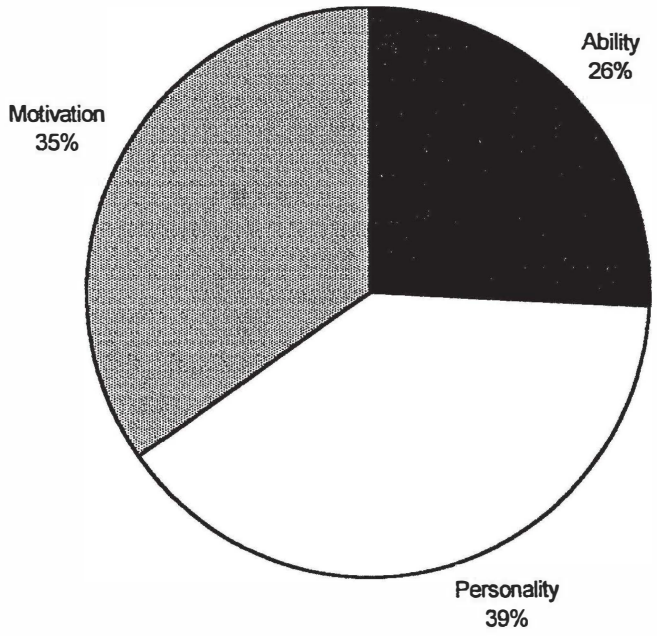


Figure IV.6b Darlene Worker Profile

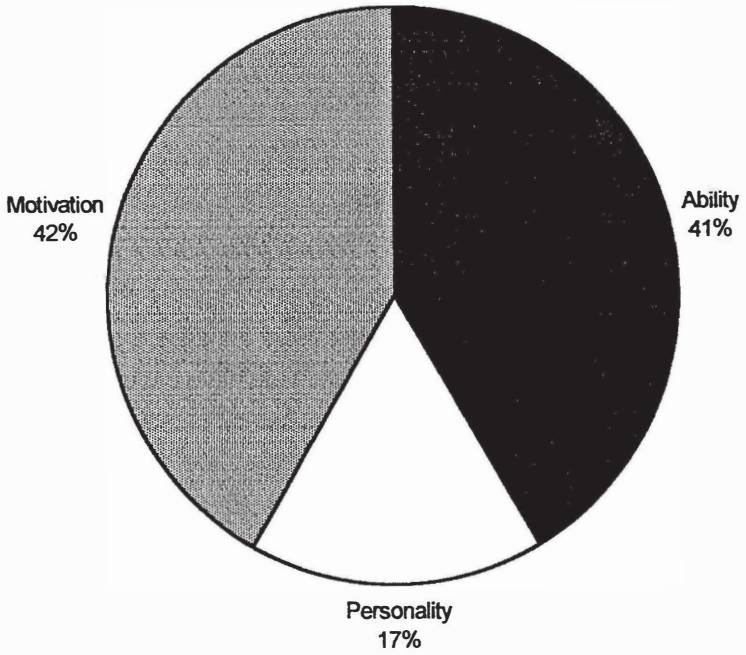


Figure IV.6c Margaret Worker Profile

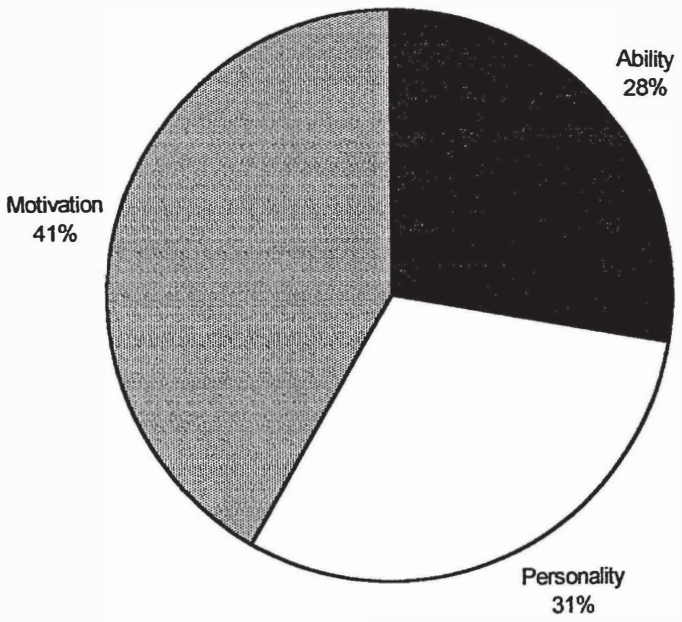


Figure IV.6d Elise Worker Profile

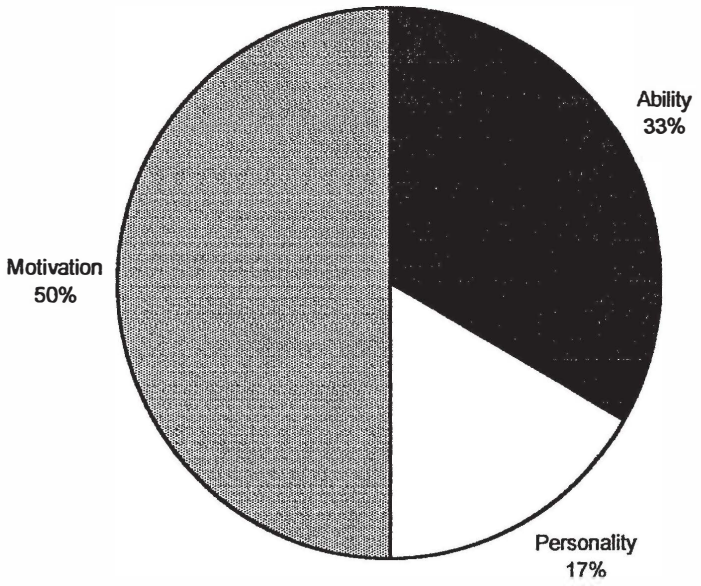


Figure IV.6e Stacie Worker Profile

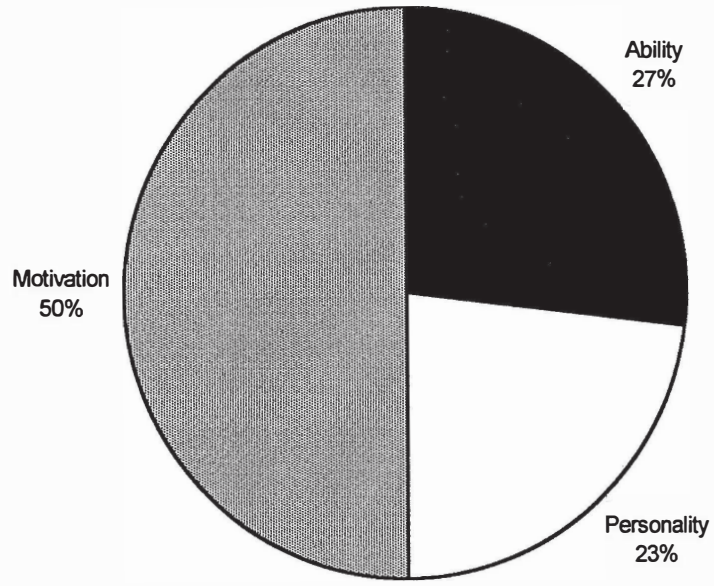
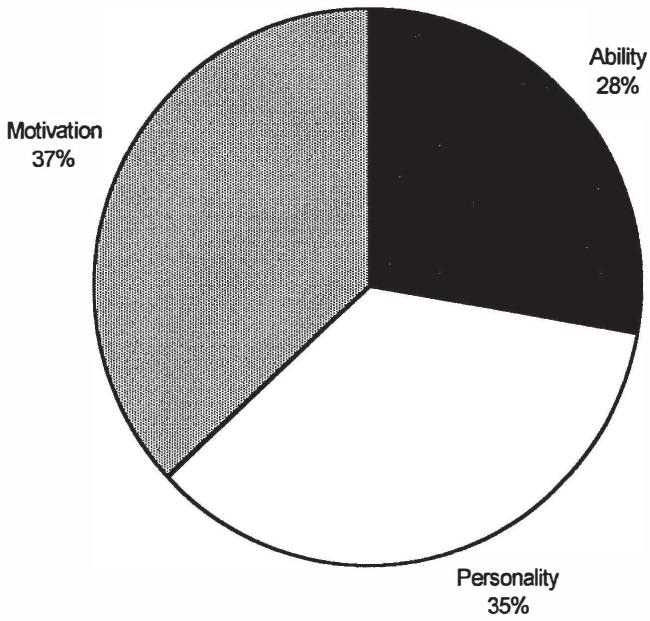


Figure IV.6f Cindy Worker Profile



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CHAPTER FIVE

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Managing the Occupational Environment of Managed Care

Persons who work in today's healthcare industry must interact within an occupational environment that is rapidly changing. Many of these changes have been initiated following the movement toward a system of managed care. Provider roles have been redefined, priorities have been modified, and reimbursement patterns have been rewritten; all of these actions have resulted in modifications to the nature of practice and to the context in which we work.

In order for healthcare professionals to successfully respond and adapt to changes occurring in their occupational environments, it is helpful to understand these changes and to be familiar with the forces that shape them. This paper will provide a general introduction to the concept of managed care and to the factors that have led to its introduction into the healthcare system. Perceptions of healthcare supervisors who practice within one rapidly changing university health care facility will be shared to provide insight into the changing demand present in this emerging occupational environment.

The Changing Occupational Environment

The healthcare revolution in the United States (US) has been shaped by societal and

economic changes. Among them are an aging population and a decline of extended-family support systems which have contributed to an increased utilization of health services. Consumers who are more educated and assertive have increased the demand for quality and efficiency in healthcare delivery. The exciting opportunity for positive outcomes resulting from new, costly, and once thought to be impossible technology has further expanded the cost of diagnosis and treatment. Perhaps the most influential force in this revolution, however, has been the national effort to control burgeoning health care costs (Brooten, Hayman, & Naylor, 1988; Barber, 1992). In response to the demand for cost control, a shift from indemnity insurance to a contractual relationship among the provider of care, payer, and consumer has occurred-managed care-and its emergence was inevitable.

The introduction of this systematic approach to managing the scope and the cost of healthcare has created turmoil in the healthcare environment. Managed care payer systems are setting the trend for insurers by seeking the lowest cost service providers and channeling plan members to them. These arrangements represent important shifts in both the philosophy and approach to traditional healthcare delivery and has changed who is seen and by whom, where one is seen, what intervention is provided, and when it is provided. Shifts are also evident in how the value of the service is defined and how the quality of that service is evaluated. The scope and appropriateness of care allowed and the payment for that care are set prospectively. Plan members are confronted with many financial incentives to use only those providers and services outlined in their plan (Ritch,

1995). Services may be managed by preferred providers, health maintenance organizations, or other managed indemnity programs.

The Impact of a Changing Occupational Environment

Regardless of the model, the emergence of managed care has had a major impact on the care provider's practice environment. Hospitals and other healthcare organizations have responded by reorganizing their operations. Reengineering is often initiated to streamline services, increase consumer satisfaction, and reduce costs. Reengineering typically means reducing the workforce, tightening the scope of service, shrinking overhead, modifying processes, and redefining service delivery. Any of these changes can be stressful to workers, concomitantly resulting in painful upheavals in the work setting (Hamel & Prahalad, 1994). These changes, although designed to improve healthcare delivery, have resulted in rigorous and stressful environments of continuous disruption, which has been described as permanent white water (Triolo, Allgeier, & Schwartz, 1995).

With reengineering, programs and products are reviewed in terms of the bottom line. Reductions within hospitals, for example, are achieved by drastically reducing cash reserves to meet operating obligations, laying off employees, delaying equipment purchase and maintenance, and tightening their market or even limiting or abandoning financially troubled but clinically needed services. Making do with less seems to be a common theme in environments focused on the bottom line. Reengineering seems to translate primarily into downsizing and unfortunately has not changed the way employees work or what is expected of them. The great risk of just downsizing and restructuring is

that nothing is done to change the work itself. Instead, the work is done by fewer people who simply have to work harder. One executive told Business Week that he finds it difficult to go to work each day "because I'm going to have to push people to do more, and I look at their eyes and they're sinking into the back of their heads...but they are not complaining, because they don't want to be a part of the next reduction in force" (Hammonds, Kelly, & Thurston, 1994, p. 84).

In addition to reducing staff and redesigning programs, healthcare organizations are banding together into multihospital systems that offer broad arrays of integrated health and social services. These new organizations require the employee to make still more adjustments in his or her work setting, such as moving into a different work setting, working with a different population, acquiring new skills, adapting to new technology, or working a different shift. The change may also include redefinition of the organization's mission, policies and procedures, human resources guidelines, schedules, and type of work to be accomplished. The real issue is whether change will happen with planned foresight or within a crisis atmosphere and whether it will be continuous and peaceful or spasmodic and brutal (Hamel & Prahalad, 1994).

During these adjustment periods, employees and supervisors will have to examine their traditional roles and relationships. As organizational structures flatten, clinical administrators and supervisors return to patient care. In the process of implementing change, some individuals or groups will be affected more than others. "Some will lose power, influence or status, others will have to acquire additional skills, work in different

environments, associated with different people, change titles, supervise fewer people, make do with fewer resources or change behaviors" (Johnson & Boss, 1993, p. 8).

Change is difficult for everyone. When an organization is experiencing major change, signs of personal distress become evident. Physical and psychological distress affect workers' performance and result in decreased energy for work. Staff may become immobile and disoriented or may withdraw and be unable to attend well to their environment (Scott & Jaffe, 1991). In a study of factors affecting nurses' adjustment to change, Stolte (1994) reported that conflict among nurses and between other healthcare professionals hindered all changes except those involving technology. McKibbin (1995), writing about upheavals in the healthcare industry, described the paradox present in the change process: "Too much change too soon, ungrounded with no direction, leads to chaos and its backlash-resistance-which threatens survival. On the other hand, too little change too late leads to stagnation, which also threatens survival" (p.40). When major change occurs, the climate in the work setting is open to conflict, confusion, frustration and chaos.

Personal Perspectives

A series of small focus groups at one university teaching hospital was facilitated to understand the demands that the occupational environment places on persons during a period of rapid change. Participants were occupational therapists, physical therapists, social workers, nurses and counselors, all of whom were middle level managers. Each focus group lasted 1 hour. After the topic was introduced, the groups were asked to

discuss the kinds of broad changes (not particularly related to the microculture of that hospital) that they had observed and believed had affected their practice. The discussions were lively, and participants required no prodding or further direction from the facilitator. The focus group discussions were recorded and the tapes transcribed. A coarse sift of the discussion follows.

The *business* of healthcare was seen as a major theme in the discussions as noted by the following comments:

- "There is a business reason to care how customers are. We used to worry about that from a human level."
- "As long as healthcare is dependent on third-party payers, there isn't enough money."
- "There is a lot more emphasis on management than there is on care."
- "The patient is not the focus of the value when you have a value system that is geared to the bottom line."
- "Because everyone has downsized, the resources once available to the patients no longer exist."
- "More work is needed for each patient, and it needs to be accomplished in less time by fewer workers."

Considerable discussion also centered around human resources, employer and employee loyalty, and the relationship between the organization and its employees. Some of the participant concerns are summarized as follows:

- Human resources have become the most expendable of all of the things within the organization.
- If this worker will not do it, we will get ourselves a worker who will.
- As livlihoods become more tenuous, employees will put up with more.
- Because of all of the layoffs, a lot of people are quite happy to have a job.
- There is no sense of real commitment from either the organization or from the employee.
- Employees must be able to accept responsibility for themselves.
- Loyalty has switched from paternalism of the old system to partnership in the new.

Another area of concern was the changing nature of the work itself and its effect on practice.

- The acuity of patients has changed; the patients have tremendous medical problems.
- More patients are seen but with fewer supporting resources.
- The emphasis is now on day programs
- Hospitals are becoming the smallest component of the healthcare industy.
- We used to focus on the individual patient; now we focus on group treatment.

Concern was expressed that professional educational programs did not address the nature of day to day practice resulting in a general frustration with entering

practitioners who are ill-prepared for the changing nature of the work. This was evident from all disciplines participating in the groups.

- Supervisors expressed a sense of betrayal that education does not suit the needs of the clinical setting.
- Students are introduced to every theory, yet they do not know any well enough to apply in a clinical setting.
- New graduates have been educated to practice in an environment that no longer exists, so the workforce is ill-prepared in terms of skills, adaptability, or emotions to do the job that is currently needed.

Conflict between individual and organizational value systems was also expressed by each discipline present. This conflict was reflected in terms of professional issues, including cross training, deprofessionalization, and changing professional values:

- "We base our purpose and identigy on conditions that are no longer present in the workforce; now we are asked to change our basic identity as a specific professional to that of a general healthcare worker."
- "We entered the profession for altruistic reasons and find that we have to give up those values of serving others fairly rapidly to remain employed."
- "We sonder what values the healthcare system is going to have and if those values are going to be in synchrony or in constant conflict with those that were current when we were trained in a particular role at a particular time."

- "Other people are going after pieces of different jobs."
- "Who can provide this service cheaper?"
- "As a profession we are going to have to prove efficacy or that our services are effective."
- "Boards of nursing are being attacked in many states to change regulations that regulate practice so that nurses without licenses can do the same job as nurses with licenses."

Emerging technology was discussed briefly. It was interesting to note that the groups did not mention advances in clinical technology. But they did mention the increase in information and financial management technology. More information on demographics, resource utilization, and outcome measurements is stressed. Frustration with the pace of change and response of all levels of staff to those changes in the work environment were described.

- "Things are moving so quickly that we are afraid we are going to miss something; often we don't know where or in which direction we are swinging."
- Duties change from day to day."
- "The piece that is difficult to figure out is how to work with a workforce so that they can deal effectively with the changes."

The Importance of the Occupational Environment in Adaptation

An appreciation of the relationship between a changing occupational environment and work performance is helpful in facilitating adaptation. Rogers (1983) described the

relationship as reciprocal- the environment enables human performance, and occupational performance is always influenced by the characteristics of the environment in which it occurs. This relationship is central to many of the theories, models, and frames of reference used in the profession (Kielhofner, 1992; Mosey, 1981; Reed, 1984; Schkade & Schultz, 1992).

One practice model that explains the interaction between the person and the environment is occupational adaptation (Schkade & Schultz, 1992), the model directing education and research at Texas Woman's University. The desired outcome from this interaction is an effective, efficient, and satisfying response to the challenges posed by the environment (Garret & Schkade, 1995). Occupational adaptation is considered to be both the normative process of a person mastering a challenge imposed by his or her occupational environment and the outcome resulting from that process. The occupational environment is the context in which occupational performance occurs and is distinguished from other contexts because of its demand that the person generate an occupational response (Schkade & Schultz, 1992). The demands posed by an occupational environment consist of physical, social and cultural subsystems and a multitude of factors or components that shape each subsystem.

This model illustrates the effects of the physical, social, and cultural components of the occupational environment on the practitioner who is attempting to adjust to a changing healthcare system. For example, because of a declining number of admissions and shorter lengths of stay on a psychiatric unit, a therapist with many years of practice

experience in that setting may be reassigned to a physical medicine and rehabilitation center. Even though this therapist remains employed in the same facility, he or she will be confronted with a combination of new or different demands and expectations imposed by the physical or non-human factors of the new occupational environment. The goals of therapeutic intervention may remain the same, and the tasks of practice may change. For example, the therapist's skill in facilitating a client's return to functional living, which may include long-forgotten or new activities such as manipulating splinting material and prescribing adaptive equipment, are challenged. The physical demands of the job itself also change. Perhaps longer periods of standing, lifting, and bending are now necessary. This therapist's changing occupational environment may also include the challenge of adjusting to a large multidisciplinary workroom after many years in a small quiet office that provided uninterrupted opportunity for documentation and reflection.

The social subsystem of the new occupational environment also imposes new demands on this practitioner. The therapist must enter into new workgroups where he or she must establish new relationships with different colleagues, which can be a source of increased discomfort, further exacerbating the challenges imposed by the new physical environment. Supervisory relationships may change, and familiar social patterns and rituals may be lost. Formal and informal relationships must be defined and tested and new social networks developed, which may create more discomfort than the more tangible challenge of relearning specific practice skills or adjusting to a new office.

The cultural subsystem in the occupational environment under managed cc are may present the most difficult challenges to the practitioner. In some ways, the changes are similar to those experienced when one changes employers or rotates to a new team. The difference lies in the rate of the imposed changes and the overall turbulence within the organization where every department and function are also changing. Hospital units are closing or being redefined, and staff members are reassigned. Standard operating procedures are replaced by new policies and procedures that are unfamiliar and may be uncomfortable to implement. Demands for increased productivity emerge, and time-keeping procedures change. Nothing seems the same. Perhaps the most difficult challenge posed by managed care is reflected by the movement of healthcare away from its focus on altruism to one that seems to provoke conflict between the organization's values and the practitioner's personal and professional values. These changes are often reflected in referral patterns and critical pathways that challenge familiar and accepted standards of intervention, revised performance expectations, and the demand for increased productivity, which may limit the therapist's opportunity to perform adequate evaluations, family teaching, or individual treatment. Collectively, these changes can be said to create an uneasy culture.

When rapid major changes occur that result in uncertainty, little opportunity exists to maintain equilibrium. Survival in this white-water environment will depend on anticipating the changes and mastering them. Understanding the demands of the occupational environment may hasten mastery and improve the outcome for the patient

and the practitioner alike. Other skills needed to hasten mastery include not only accomplishing the specific tasks of the job, but also adapting efficiently and effectively to the changes in the work settings.

Summary

This article explored the impact of managed care on the occupational environment to which practitioners must respond with some degree of mastery. King (1978) posited that the essential purpose of occupational therapy was to stimulate and guide the adaptive processes, which she described as a person's active response evoked by specific demands from the environment. Just as patients with disabilities are challenged by their environment, we clinicians face the challenge of managing our occupational environment. It is just as important for the practitioner to gain an understanding of the changing environment of the work setting and to make preparations to meet its demands as it is for that same therapist to examine the context of a patient's occupational performance when designing and implementing a clinical intervention. The challenge of managing our occupational environment is to understand the environment and prepare for change.

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CHAPTER SIX

Conclusion

Three related studies were initiated to explore the phenomenon of the process of adaptation as experienced by professionals entering new jobs in one facility. Adaptation has been defined as "a change the person makes in his or her response approach when that person encounters an occupational challenge..."(Schultz & Schkade, 1997, p. 474). Literature from the disciplines of occupational therapy and organizational psychology was used to provide a theoretical foundation to this exploration. Offerings from both disciplines described the significance of the relationship of the environment to performance.

The occupational therapy literature proffered various theories and frames of reference that addressed the person and his or her engagement in occupation, and the role of the environment in human performance (Clark, et al, 1991; Dunn, Brown & McGuigan, 1994; Howe & Briggs, 1982; King, 1978; Kielhofner, 1985; Schkade & Schultz, 1992; Spencer, Davidson & White, 1997). Of these, occupational adaptation was selected to frame these studies.

Performance in the work setting is addressed in the organizational psychology literature. Differences in worker performance are attributed to influences from the environment and to characteristics of the individual worker. Steer's (1986) application of

a profile, comprised of three factors describes the individual differences in workers as a mixture of ability, personality, and motivation that are posited to define the individual's approach to work and work performance. The construct of the worker profile also frames this exploration of adaptation.

The first two studies in this three-part exploration addressed individuals who were entering new jobs. In the first, informants identified the resources that they possessed and might draw from in anticipation of and preparation for the challenges of their new jobs. The second study explored how these same individuals selected and evaluated their responses to the challenges being faced in their work (See Table 1).

Table 1. Informants for Study One and Study Two.

Table 1	David	Darlene	Judith	Stacie	Margaret	Elise	Cindy
Discipline	Nursing	Nursing	Nursing	SLP	PT	OT	OT
Age	24	38	41	24	24	28	45
Status	Single	Single	Single	Married	Married	Single	Married
Children	No	Yes	No	No	No	No	Yes
Experience	1 Yr.	1 Yr.	4 Yrs.	1 Yr.	1Yr.	1 Yr.	18 Yrs.

In the third study, senior members of a facility's middle-level clinical management team participated in small multidisciplinary focus groups in which several issues were identified and described that impacted health care professionals.

Summary

Application of the occupational adaptation frame of reference and the organizational psychology perspective of individual differences in workers have provided a

unique opportunity to examine the process of adaptation to a new work situation. Occupational adaptation proposes that as the person, with an innate desire for mastery, engages in the process of adaptation, he or she responds to an occupational challenge by assessing the challenge and establishing expectations for his or her role performance. The person then generates an adaptive response based on his or her adaptation gestalt. The gestalt is composed of the person's sensori-motor, cognitive, and psycho-social systems. The effectiveness of the response is evaluated by the person and by the environment. The response is refined until relative mastery is achieved and the response is integrated into the person's adaptation repertoire and is incorporated into the environment.

Individual Responses

Each person in this exploration of adaptation participated in guided interviews during the first week of employment and again at the end of their probationary period. Responses emerging from the first interview clustered into three major areas: (a) the self, with themes ranging from pride and self confidence to apprehension and self doubt; (b) the work situation, including the rhythm of work, the demands of the job, and culture of the work setting; and (c) the response, comprising the style and approach used by the individual when approaching challenge or change.

The informants spoke easily about themselves and the challenges that they anticipated in their new jobs. They were less effective articulating the resources and approaches they anticipated applying to meet those challenges. They did not identify particular steps or sequences of the process nor could they recall their responses to similar

situations with clarity. This supports the concept that adaptation is organized below the conscious level (King, 1978).

The schematics or pie charts completed at the conclusion of each interview represented the informants' perceived adaptation gestalts and worker profiles. These charts provided valuable insight to the individual's perceived approach to the challenges faced in their new jobs. They also afforded the opportunity to see similarities and differences among individuals' self-perceptions and their narratives describing their experiences. The lack of congruence between the narratives and the self-assessments graphed on the pie charts may also be an indicator of the informant's lack of awareness of the internal processes involved in his or her adaptation experience.

Adaptation Gestalt

In the first interview, the 360-degree circle representing the adaptation gestalt reflected the individual's holistic plan for addressing the challenges anticipated in the job. Allocations made to the sensori-motor, cognitive, and psycho-social systems represented the informant's prediction of how he or she would respond to those challenges. The pie charts clearly demonstrate the individuality of the informants. During the initial interview that explored the appraisal process, allocations of the sensori-motor component of the gestalt ranged from 6% to 38%. Designations to the cognitive component reflected the greatest difference, ranging from 24% to 76%. The smallest variation occurred in the psycho-social component where designations ranged from 18% to 42% of the gestalt configuration. (See Table 2).

Table 2. Adaptation Gestalt Configurations During Week 1 of Employment

Table 2	David	Darlene	Judith	Stacie	Margaret	Elise	Cindy
Sensori-motor	123°	105°	100°	95°	135°	23°	115°
Cognitive	117°	145°	90°	127°	85°	272°	95°
Psycho-social	120°	110°	170°	138°	140°	65°	150°

Individual differences in perceived adaptation gestalt were again evident in the charts completed three months later. Judith resigned from the facility for personal reasons and did not complete the second portion of the study. At the second interview, the circle represented the adaptation response repertoire that informants were utilizing to address the challenges of the new job. This time, the greatest average variance appeared in the sensori-motor component where allocations ranged from 60 degrees to 165 degrees and the smallest variance, 80 degrees, with a range of 65-145 degrees occurred in the cognitive component. The psycho-social component received an average assignment of 95 degrees with designations ranging from 55 to 150 degrees. (See Table 3).

Table 3. Adaptation Gestalt Configurations during Week 12 of Employment

Table 3	David	Darlene	Stacie	Margaret	Elise	Cindy
Sensori-motor	110°	165°	60°	125°	160°	122°
Cognitive	130°	140°	145°	120°	65°	88°
Psycho-social	120°	55°	155°	115°	135°	150°

The responses gleaned from the informants' narratives were also varied and, through the use of axial coding, were clustered into three primary themes. The first theme reflected the perceived changes of excitement and opportunity as well a sense of loss.

The second theme referred to the role of the environment in the adaptation process. All of the informants evaluated their performance and progress using feedback from the environment. The methods used to meet the changing demands of their work comprised the third theme. All of the informants evaluated their performance and progress using feedback from the environment. Responses generated to address challenges included planning, meeting challenges head on, and seeking direction and support from others. These themes are representative of the participants' adaptation experiences.

Comparisons among the individual's initial and secondary graphic representations of the adaptation gestalts demonstrated adjustments in the informants' self perceptions. (See Table 4). At the twelfth week, David and Cindy graphed OA gestalt configurations that were relatively unchanged from the configurations drafted during the first week of employment. Margaret and Stacie showed only moderate changes on their graphs. However, the graphs completed by Elise and Darlene showed larger differences. For example, when Darlene entered employment, she designated the greatest portion of her gestalt to the cognitive component and the smallest portion to the sensori-motor component. Three months later, her graph showed 60 more degrees allocated to the sensori-motor component and 55 fewer degrees to the psycho-social component. This might be suggestive of her perceived loss of work relationships resulting from the revolving staff assignments. The changes in Elise's graphs are dramatic. Initially, she allocated 75 % of her adaptation gestalt to the cognitive component; three months later, allocated only 18% to this component.

Table 4. Changes in Adaptation Gestalt Configurations between Week 1 and Week 12.

Table 4	David	Darlene	Stacie	Margaret	Elise	Cindy
Change- Sensori-motor	-15°	+60°	-35°	-10°	+137°	+07°
Change in Cognitive	+15°	-05°	+18°	+35°	+207°	-07°
Change in Psycho-social	0°	-55°	-07°	+35°	+65°	0°

There is inadequate information to draw specific conclusions from these differing representations of the adaptation gestalt. However, these differences in gestalt configurations demonstrate the fluidity of the gestalt and may provide some evidence about how events or changes influence an individual's perception and utilization of his or her resources. Information gathered from the six informants participating in the guided interviews during the first week of their employment and again ninety days later supports the concept that each person is an individual with his or her own perspective and style and level of performance.

Worker Profile

Graphs of the worker profiles also varied. The first component of the worker profile, ability, includes intellectual, physical, technical, and social skills. In the initial graph, the mean designation for ability was 122 degrees with allocations ranging from 105-135 degrees. Ability was designated as the most important component by three of the informants on their first graphs of their worker profiles. On their second graphs, ability was ranked as least important by three of the informants, two of whom had ranked it highest only 3 months before. (See Table 5). This reduced emphasis on ability may be an indicator of the individual's increased awareness of the impact of environmental factors on

work that demand psycho-social and cognitive responses in addition to the ability to perform the job.

Table 5. Worker Profile Configuration-

Table 5	David	Darlene	Judith	Stacie	Margaret	Elise	Cindy
Ability-1	130°	105°	137°	135°	132°	120°	105°
Ability-2	93°	150°		97°	100°	120°	100°
Personality-1	130°	115°	128°	105°	128°	60°	127°
Personality-2	142°	60°		83°	110°	60°	127°
Motivation-1	100°	140°	140°	120°	100°	180°	128°
Motivation-2	125°	150°		180°	150°	180°	133°

The number of degrees allocated to personality ranged from 60 to 130 with an average designation of 97 degrees. David placed the most significance on personality, allocating nearly 40% to this component of the worker profile. This was congruent with his narrative in which he described how his experiences and approach to life had prepared him for being a nurse. Personality, the second component in the worker profile, reflects the individual's culture, family, and life experiences and is reflected in habit patterns, and general approach to living. It occupied the smallest portion of three of the informant's worker profile. (See Table 5).

The third component of the worker profile, motivation, displayed the most variation, with allocations ranging from 100 degrees to 180 degrees, and averaging 128 degrees. Three of the informants initially assigned the greatest portion of their worker profile to motivation, but three months later, all of the informants except David allocated the greatest portion of their worker profiles to motivation. (See Table 5).

Elise attributed the greatest allocation of her worker profile to motivation. Her allocation remained unchanged between the graph drawn at week one and the graph drawn after three months of employment. In both of Elise's narratives, she revealed a lack of confidence in her ability to communicate assertively, yet she chose a team assignment where assertive communication was demanded. This resolve is demonstrated in her graphs by the emphasis she placed on motivation.

Five of the informants placed more emphasis on motivation at three months than when entering employment. The increase in their allocations may indicate an increased awareness and appreciation of the complexities and demands of their jobs. For example, Stacie's realization of the demands of her itinerant role and the need for continuous acquisition of new knowledge and skills may explain the increase she placed on motivation in her second profile.

There are many theories regarding motivation. They include theories based on need, equity, dissonance, goals, growth, and opportunity. Theories only suggest what motivates people, and serve to describe what does and what does not cause people to engage and succeed in a work setting. One truth that has been established is that individuals are complicated and ever changing beings (Ott, 1996).

Occupational Environment

The occupational environment was described by senior, middle-level health care professionals in a series of small focus groups. Issues of particular concern were the increased pace of work, the changing relationship between the organization and the

employee, the acuity of patients served, a loss of professional identity and autonomy, and the business of health care. Their perspectives mirrored the issues presented in the literature that described the turbulence in the contemporary health care environment (Brooten, Hayman & Naylor, 1988; Connor, 1993; Hamel & Prahalad, 1994; Jansen & Chandler, 1994; Ritch, 1995; Salyer, 1995).

Nine people participated in the focus groups. Two remain in their same positions at that facility. All of the individuals invited to participate in the multi-disciplinary focus groups were middle-level professionals who were respected as clinical leaders at that facility. In less than two years of completing the focus groups, three of those individuals resigned: one returned to school to pursue an advanced degree, one chose early retirement, and the third accepted a leadership position at another facility. Of the four other participants remaining at the facility, one was promoted, one transferred to a faculty position, and two were assigned different roles in the facility after their positions were re-engineered.

Several of the issues raised in the focus groups also emerged in the informant narratives and were observed by the researcher two years after the focus groups were completed. The pace of work, addressed by all of the participants, was a significant issue cited as the greatest job challenge by several informants. Four of the informants addressed the great differences noted between their previous job roles and their new roles. Two of the informants spoke of their educational preparation relative to the demands of this new job. The business of health care was evident in the descriptions of the

overwhelming paperwork and the productivity demands described in the narratives. Continued presence of these issues serves to validate the perspectives of the focus group participants and support the information published in the healthcare management literature.

The significance of the role of the environment to the individual's adaptation process is evident in the narratives of each of the informants. The occupational environment, with its imposition of challenge, requires a response from the individual. In this case, the occupational environment was the new work setting. The demands described by the informants and observed by the researcher represented the physical, the social, and the cultural subsystems of the occupational environment.

The challenges imposed by the physical subsystem included the high degrees of noise, the crowded or expansive and unfamiliar workspace, and the number and complexity of the procedures and technology to be learned. Examples of the challenges from the social environment included the changing peer network in the emergency room, the lack of opportunity to develop relationships with patients due to their short length of stay, and the diplomacy needed to provide effective consultation services. The acuity of patients seen, the levels of tension present in the work site, and the rhythm, pace, and the changing nature of the work itself shaped the culture of each of each informant's work environment. Informants voiced apprehension about the pace of work and questioned their ability to respond efficiently and effectively. This issue emerged in the narratives in descriptions of the never ending stream of consults and the numbers of different patients

seen each day. The rapidly changing nature of the work was evident in the demands for increased worker flexibility and additional or changing responsibilities imposed on each person.

The uncertain occupational environments existing in the healthcare industry impacted this exploration. A hiring freeze was imposed at the facility during the entire period that informants were being recruited. Requests for new or replacement personnel were denied except in cases where positions had been formally offered prior to the freeze. There were only 12 individuals hired at the facility during this period that were eligible to participate in this study. Participant observation within the facility also confirmed descriptions in the literature and issues raised by the focus groups. High levels of tension, rapid work pace, and indications of constant change were evident in the work sites observed.

Considerations and Challenges

Adaptation is a holistic phenomenon. This dissertation explored the process of adaptation only as it occurred in the work sites in one facility. The information gathered in the first two studies addressed the experiences of six individuals at two points of their job entry experience at one facility. This exploration would be strengthened if the studies were expanded and these same informants were interviewed after six months and again following a year of employment. This would provide the opportunity to learn more about the evolution of their perceptions and responses and about the changes occurring in their occupational environments. Expansion of the study could increase our understanding

about how aspects of each of the three subsystems existing in the occupational environment evaluate the person's adaptation and performance. This might be accomplished through gathering information from co-workers, supervisors, and from the persons served.

Findings resulting from qualitative research are not generalizable. This qualitative exploration used an emic approach (Patton, 1990) and provided insight about the essence of the experience from the persons involved. However, studies similar to these could be replicated with individuals in different job categories and from different environments that would further add to our knowledge of the phenomenon of adaptation to a new job.

Application of the worker profile increased this researcher's understanding of the person element in the occupational adaptation frame of reference. It may be appropriate to consider adding dimensions from the worker profile to the person construct of the occupational adaptation frame of reference as this addition may clarify our understanding of the person element of this model. Individual differences in worker performance are attributed to ability, personality, and motivation of the worker. Ability comprised less than a third of each informant's worker profile, the remainder attributed to motivation and to personality.

Ability is comprised of three categories of skills. The first category includes physical and technical ability and the ability to use tools. The use of tools and equipment require integration of sensory input and motor output. This suggests that these aspects of ability may be related to the sensori-motor skills described in the adaptation gestalt.

Interpersonal skills, the second component of ability would seem to influence the psycho-social component of the adaptation gestalt and the conceptual abilities of logical and analytical thinking, and problem solving would be reflected by the cognitive component of the adaptation gestalt. Ability, as described in the worker profile, may influence the person's adaptation gestalt configuration as he or she generates a response to challenge.

The role of the three components in the adaptation gestalt in the person's generation of occupational responses is understood. However, it is less clear how those factors contribute to the person's expectation of his or her role performance. The addition of personality to the person component would reflect the individual differences in the person's approach to engagement in life and occupation, while motivation would reflect the factors that guide the degree of effort to be expended. It has been shown that these elements, like those comprising the adaptation gestalt are individual and may also be fluid and reconfigure based on the nature of the perception of the challenge.

Further study is also needed to increase our understanding of how these factors of personality and motivation might relate to job performance, satisfaction, burn out, health, turnover, and adaptation. Kobassa (1979, 1982, 1985) hypothesized that a positive relationship exists among an amalgam of personality factors and successful performance. These factors are control, commitment, and the perception of challenge. Her first hypothesis is that persons who have a greater sense of control over what happens in their lives will remain healthier than those who feel powerless to influence what happens to them. Her second hypothesis proposed that persons who feel a commitment to themselves

and to their endeavors remain healthier than persons who do not feel a sense of commitment. Kobassa also hypothesized that people who feel positive about change because they value a life filled with rich experience and perceive challenge and change as an opportunity rather than as a threat. This combination of control, commitment and view of challenge is described as hardiness.

Yerxa (1998) citing Kobassa (1982), suggests that these personality factors may be indicators of how individuals approach the stressors or challenges in their lives. Examination of the relationship of these personality factors to the individual's approach to living and adaptation are indicated. This would increase our understanding of the appraisal process that individuals use to establish role expectations in the work setting.

Further exploration of these personality factors, control, commitment, and perception of challenge is significant because of their relationships to occupational therapy's philosophy and core beliefs. Identification and definition of the factors comprising control may serve to validate the significance of agency and independence. Analysis of commitment may increase understanding about how individuals assign meaning and purpose to objects, tasks, habits and people. Further examination of how individuals develop their perceptions and responses to challenge may contribute to our understanding of adaptation gestalt and how occupational role expectations are formulated, responses generated, and performance evaluated.

The individuals participating in this study exhibited some or all of the traits Kobassa included in her description of hardiness (1979). For example, David's perception

of challenge as an opportunity as well as his approach to life and Cindy's enthusiasm regarding her return to work reflect hardiness factors. In contrast, Darlene's perception of loss and her sense of fatigue do not.

The occupational environment represents the source of the challenge that initiates the adaptation process. The environment also provides the person interacting within it, with information and feedback that contributes to the evaluation of adaptation. The environment not only frames the adaptation process, it is one of the two essential elements in this process. The process of adaptation is the interaction between the person and the occupational environment. The informants who responded to the challenges of their new work settings demonstrated this interaction. These individuals purposefully sought feedback about their performance from others at their work site and utilized cues emerging from their work environments to gauge the effectiveness or efficiency of their adaptation responses.

More investigation is needed to examine how the environment influences the adaptation process. Greater definition of each of the environmental subsystems, physical, social, and cultural, is needed. There are many questions to be answered. Is there a hierarchy of environmental subsystems? Does the environment generate its own adaptation process? How does the environment assess adaptation? How is adaptation incorporated into the environment?

There is little understanding of how the environment evaluates the effectiveness of the person's adaptation response or how the environment incorporates an adaptation

response. In the occupational adaptation frame of reference, the role of the occupational environment is only to impose a challenge and then to assess the outcome and incorporate the results. Research is needed regarding how challenge is defined and communicated to the person initiating the adaptation process.

These studies were initiated with the desire of increasing our understanding of the person practicing in a turbulent work setting. It is clear that the work environment has a powerful impact on the individuals practicing within the health care system. It is hoped that the information resulting from these interviews and focus groups has increased our understanding of the powerful impact that today's work environment has on individuals practicing within the health care system. Perhaps this endeavor has provided some insight about how individuals workers respond to the challenges present in their jobs.

Work settings vary in their demands and work performance is influenced by those demands. The facility providing the work setting for this exploration is a large university hospital with a fast paced and demanding environment. The cultural, social, and physical demands existing in different settings present the worker with differing demands. For example, individuals entering a practice environment in a community mental health center may perceive the greatest challenges coming from the social subsystem of the occupational environment. Work performance is also by what the individual brings to the work setting. The experiences of these individuals clearly demonstrate the differences in what these individuals bring to the work setting.

Managerial sensitivity to differences in ability, personality, and motivation may facilitate more efficient and effective employee adaptation. Knowledge about the fluidity of the adaptation gestalt and the worker profile may provide the manager with the opportunity to build on an individual's experiences to more effectively guide the development of employees and lead them through transition. Awareness that individuals' self-perceptions and their actions and performance are not always congruent might be of assistance to individuals charged with designing orientation materials and programs. Human resources professionals may benefit from the knowledge that each person perceives and approaches challenge differently and will respond to those challenges based on their perceptions and on the configuration of resources they bring to the job. This would provide valued insight when facilitating team building.

Information gained from this study may also serve to guide facility leaders charged with the responsibility of facilitating change and guiding individuals through periods of transition. The information available to them does not address the needs of individuals. It is hoped that this effort will serve to personalize the employee and highlight the differences that exist between persons with similar credentials and similar jobs.

It is also thought that knowledge gained in this study will be helpful to persons who are entering and practicing in turbulent environments. Increased awareness of the interaction between the occupational environment and the individual during times of change or challenge may lead to more thoughtful introspection, preparation and planning, perception and performance. Confirmation of the concept that each person is an

individual who approaches challenge and change based on his or her own resources may empower an employee to assert his or her individuality and draw from his or her unique set of resources. This may create in a greater sense of control and commitment in the employee and result in more effective and efficient job performance. It is also hoped that this study will lead to other efforts that further explore this phenomenon of adaptation.

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APPENDICES

APPENDIX A

Interview Guide-Study One

1. Can you tell me about as aspect of your last job that you felt that you performed particularly well?
2. What makes you think so?
3. What are your particular strengths as a _____?
4. What about these characteristics makes you perceive them as strengths?
5. When you first identify a challenge, such as:_____, tell me how you would usually respond to this challenge.
6. Tell me about what kinds of things you anticipate doing in this new job?
7. Which aspects of this new job do you think will challenge you the most?
8. How do you plan to approach these challenges?
9. What personal resources do you anticipate drawing upon in order to meet the challenges you anticipate?
10. What are your expectations for your performance?
11. How did you arrive at these expectations?

APPENDIX B

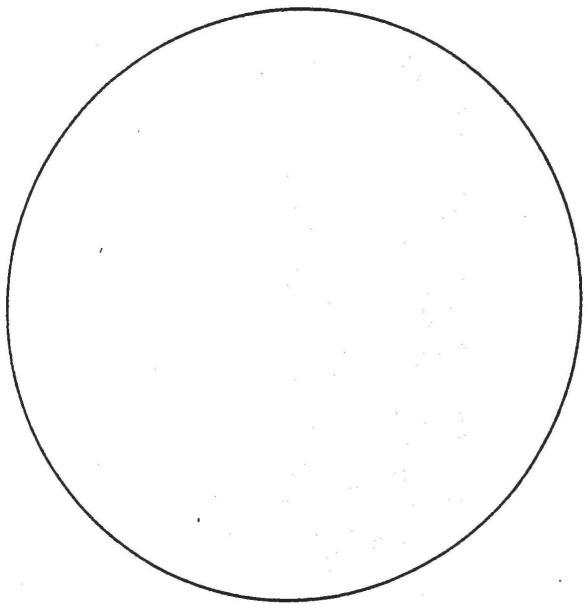
Interview Guide- Study 2

1. Can you tell me about an aspect of your new job that you feel you are performing particularly well?
2. What makes you think so?
3. Tell me about the facets of your new job that you find to be the most challenging?
4. How did you initially approach that challenge?
5. How did you select the resources to draw upon to meet that challenge?
6. Walk me through how you are now responding.
7. Tell me how it is working.
8. When we last spoke, you predicted that you would draw from _____ to meet the challenge of _____. Please describe how you addressed that challenge.
9. What was your initial approach?
10. What made you select that approach?
11. Tell me how it worked and what happened next.
12. How did you assess your performance?
13. What evidence did you use?
14. How are you doing in your new job?
15. What brings you that assessment?

APPENDIX C

Schematic of Adaptation Gestalt Configuration

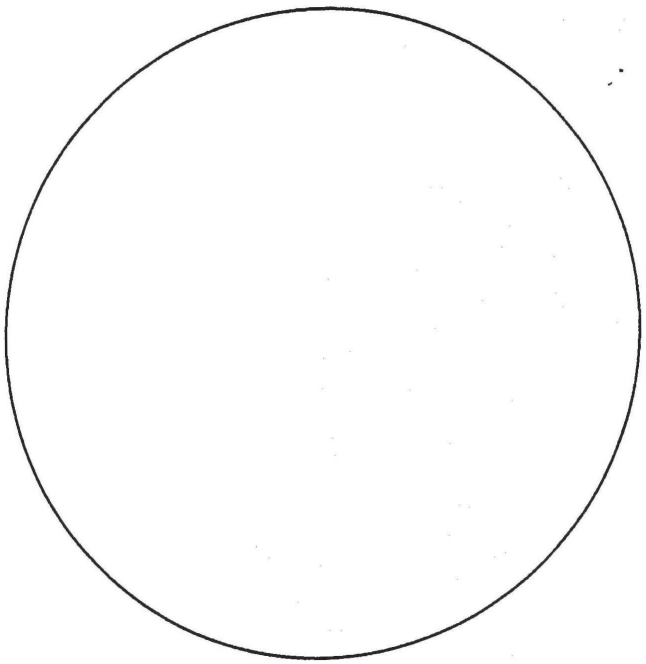
The literature tells us that individuals have an "adaptation gestalt". This gestalt is made up of sensori-motor skills, cognitive skills and psycho-social skills. Sensori-motor skills include such things as: dexterity, coordination, strength, balance and endurance. Cognitive skills include the ability to reason and problem solve. Psycho-social skills include the ability to relate to and interact with others. This gestalt is fluid and continually re-configures itself based on the person's appraisal of a new challenge. Please let this circle represent your adaptation gestalt and mark the circle to represent the balance of sensori-motor, cognitive, and psycho-social components that you perceive best represents your adaptation gestalt at this point in your new job.



APPENDIX D

Schematic of Worker Profile Configuration

The literature also tells us that individuals at work reflect three personal dimensions: ability, personality, and motivation. Ability is defined as mental and physical skill. Personality reflects a person's traits and general approach to living. Motivation is defined as the commitment and energy directed to meeting a goal. This profile might also be fluid and change to reflect the nature of the job. Please let this circle represent y ou and mark it to reflect the relative contributions of your ability, personality, and motivation to your performance in your new job.



APPENDIX E

Correspondence Concerning Chapter 3

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Leah Curtin, DSC, RN, FAAN
Editor-in-Chief
Nursing Management
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Dear Dr. Curtin:

This article, individual approaches to challenge and change: A qualitative examination of the appraisal process of six professionals entering new employment in a teaching hospital, is being submitted for review and hopefully publication in Nursing Management.

After reviewing several issues of this journal, I feel that information may be of interest to your readers as they work with employees during these difficult transitional times.

This work has not been submitted to any other journal nor does it reflect work published elsewhere. It does reflect original work completed by this author. I would appreciate your response and written acknowledgment of your receipt of this manuscript. Thank you very much for your consideration.

Sincerely,

Sara J. Brayman, MS, OTR

(daytime phone: (409) 772-1977)

Individual approaches to challenge and change: A Qualitative examination of the appraisal process of six professionals entering new employment in a teaching hospital

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April, 1998

Abstract

Each individual is unique in his or her approach and adaptation to challenge and change in the work setting. Self-appraisal is an initial step in the adaptation process. This qualitative study explores the self appraisals of six experienced health care professionals as they begin new jobs in a medical center.

NursingManagement

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April 21, 1998

Sara J. Brayman
6617 Golfcrest Drive
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Dear Ms. Brayman:

We have received your manuscript, "Individual Approaches to Challenge and Change: A Qualitative Examination of the Appraisal Process of Six Professionals Entering New Employment in a Teaching Hospital." You will be contacted when it has been reviewed.

Sincerely,

Mary Sinnard

Mary Sinnard
Editorial Office

APPENDIX F

Correspondence Concerning Chapter 4

June 27, 1998

Sara Brayman
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Elaine Viseltear, Editor
American Journal of Occupational Therapy
616 Tanner Marsh Road
Guilford, CT 06437

Dear Elaine,

I am submitting this manuscript to you knowing that this is about the time that you will be soon retiring from your position as AJOT editor. My very best to you. Will you be staying in Guilford? (I can't imagine a lovelier place). We are also in the process of change. I am leaving the University of Texas and moving to Georgia where I join Barbara Schell's faculty at Brenau University. I am very excited about this opportunity.

This is a small study which is a component of my doctoral work addressing adaptation to change in the work setting. I know that it is lengthy. I have included all of the figures, each on a separate page. I would appreciate your review and comments about this work and your consideration for inclusion in AJOT.

I realize that the review process is lengthy. I would appreciate itif you would send a note to me acknowledging receipt of the manuscript. I will be at this address only until the end of July. We are nomads and have not yet located a house in Georia. I will send my new address to you as soon as I have it.

Sincerely,

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Key Words:
Changing health care environment
Occupational Adaptation
Adjustment to a new job
Qualitative research

Abstract:

Employee adaptation to rapid and significant changes in the work environment is explored through a qualitative study of experienced health care professionals entering a new positions in one facility. Two nurse clinicians, two occupational therapists, one physical therapist and one speech pathologist participated in this study. Their perceptions of change reflect both the sense of loss and of opportunity. Their adaptive responses vary based on their perceptions of the their gestalts and of the challenges encountered. The study is framed by the occupational adaptation perspective of the gestalt present in the individual engaged in adaptation and by the worker profile reflecting the Organizational Psychology view of individual differences in workers. Summaries of the stories of these six individuals are presented and compared to their graphic representations of their approaches to the challenges present in their new jobs.

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☑ Your manuscript has been received. Correspondence will follow after review (a maximum of 3 months)..

☐ Your revised manuscript has been received. Correspondence will follow.

☐ Your copyright release form(s) has/have been received and indicates acceptance for publication. The paper will be scheduled for publication based on the acceptance date. The next communication will be from our production staff.

☐ Your letter to the editor has been received. Letters are published as space permits and may be edited or condensed.

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APPENDIX G

Correspondence Concerning Chapter 5

The emergence of managed care has resulted in a practice environment buffeted by rapid and sweeping changes. Shifts in philosophy and approach to payment for health care affect the nature of the service and the method of its delivery. The occupational adaptation frame of reference is used to illustrate the challenges imposed by the physical, social, and cultural components of the changing occupational environment. Perceptions, observations, and concerns of middle level occupational therapy, physical therapy, social work, and nursing managers illustrate the impact of this new environment. Therapists are challenged to understand their own changing work setting and to apply the same effort to mastering its challenges as they would to examining the context of their patient's occupational performance and to designing and implementing an appropriate clinical intervention.

Persons who work in today's health care industry must interact within an occupational environment that is rapidly changing. Many of these changes have been initiated since the movement toward a system of managed care. Provider roles have been redefined, priorities modified, and reimbursement patterns rewritten; all these actions have resulted in modifications to the nature of practice and the context in which we work. This article describes the perceptions of health care supervisors who practice within one rapidly changing university health care facility to provide insight into the changing demand present in this emerging occupational environment.

The Changing Occupational Environment

The health care revolution in the United States has been shaped by societal and economic changes. Among them are an aging population and a decline of family support systems, which have contributed to an increased use of health care services. Consumers are now more educated and assertive and demand quality and efficiency in health care delivery. The exciting opportunity for positive outcomes through new, costly, and once thought to be impossible technology has further increased the cost of diagnosis and treatment. Perhaps the most influential force in this revolution, however, has been the national effort to control burgeoning health care costs (Barber, 1992; Brooten, Hayman, & Naylor, 1988). In response to the demand for cost control, a shift from indemnity insurance to a contractual relationship among the provider of care, payer, and consumer has occurred—managed care—and its emergence was inevitable.

The introduction of this systematic approach to managing the scope and the cost of health care has created turmoil in the health care environment. Managed care payer systems are setting the trend for insurers by seeking the lowest cost service providers and channeling plan members to them. These arrangements represent important shifts in both the philosophy and approach to traditional health care delivery and has changed who is seen and by whom, where one is seen, what intervention is provided, and when it is provided. Shifts are also evident in

how the value of the service is defined and how the quality of that service is evaluated. The scope and appropriateness of care allowed and the payment for that care are set prospectively. Plan members are confronted with many financial incentives to use only those providers and services outlined in their plan (Ritch, 1995). Services may be managed by preferred providers, health maintenance organizations, or other managed indemnity programs.

The Impact of a Changing Occupational Environment

Regardless of the model, the emergence of managed care has had a major impact on the care provider's practice environment. Hospitals and other health care organizations have responded by reorganizing their operations. Reengineering is often initiated to streamline services, increase consumer satisfaction, and reduce costs. Reengineering typically means reducing the workforce, tightening the scope of service, shrinking overhead, modifying processes, and redefining service delivery. Any of these changes can be stressful to workers, concomitantly resulting in painful upheavals in the work setting\AQ: OK AS EDITED?\ (Hamel & Prahalad,\AQ: PLEASE VERIFY SPELLING. REF SAYS PRAHALAD.\ 1994). These changes, although designed to improve health care delivery, have resulted in rigorous and stressful environments of continuous disruption, which has been described as permanent white water (Triolo, Allgeier, & Schwartz, 1995).

With reengineering, programs and products are reviewed in terms of the bottom line. Reductions within hospitals, for example, are achieved by drastically reducing cash reserves to meet operating obligations, laying off employees, delaying equipment purchase and maintenance, and tightening their market\AQ: SUCH AS? (PER ELAINE)\ or even limiting or abandoning financially troubled but clinically needed services.\AQ: SUCH AS? (PER ELAINE)\ Making do with less seems to be a common theme in environments focused on the bottom line. Reengineering seems to translate primarily into downsizing and unfortunately has not changed the way employees work or what is expected of them. The great risk of just downsizing and

restructuring is that nothing is done to change the work itself. Instead, the work is done by fewer people who simply have to work harder. One executive told *Business Week* that he finds it difficult to go to work each day "because I'm going to have to push people to do more, and I look at their eyes and they're sinking into the back of their heads...but they are not complaining, because they don't want to be a part of the next reduction in force" (Hammonds, Kelly, & Thurston, 1994, p. 84).

In addition to reducing staff and redesigning programs, health care organizations are banding together into multihospital systems that offer broad arrays of integrated health and social services. These new organizations require the employee to make still more adjustments in his or her work setting, such as moving into a different work setting, working with a different population, acquiring new skills, adapting to new technology, or working a different shift. The change may also include redefinition of the organization's mission, policies and procedures, human resource guidelines, schedules, and type of work to be accomplished. The real issue is whether change will happen with planned foresight or within a crisis atmosphere and whether it will be continuous and peaceful or spasmodic and brutal (Hamel & Prahalad, 1994).

During these adjustment periods, employees and supervisors will have to examine their traditional roles and relationships. As organizational structures flatten, clinical administrators and supervisors return to patient care. In the process of implementing change, some individuals or groups will be affected more than others. "Some will lose power, influence or status, others will have to acquire additional skills, work in different environments, associate with different people, change titles, supervise fewer people, make do with fewer resources or change behaviors" (Johnson & Boss, 1993).\AQ: PLEASE PROVIDE PAGE NUMBER FOR QUOTE. PLEASE LIST IN REFERENCES.\ page 8.

Change is difficult for everyone. When an organization is experiencing major change, signs of personal distress become evident. Physical and psychological distress affect workers'

performance and result in decreased energy for work. Staff may become immobile and disoriented or may withdraw and be unable to attend well to their environment (Scott & Jaffe, 1991). In a study of factors affecting nurses' adjustment to change, Stolte (1994)\AQ: PLEASE LIST IN REFERENCES.\ reported that conflict among nurses and between other health care professionals hindered all changes except those involving technology. McKibbin (1995) described the paradox present in the change process: "Too much change too soon, ungrounded and with no direction, leads to chaos and its backlash—resistance—which threatens survival. On the other hand, too little change too late leads to stagnation, which also threatens survival" (p. 40).\AQ: WAS THIS QUOTED MATERIAL PERTAINING TO MANAGED CARE? (PER ELAINE)\ When major change occurs, the climate in the work setting is open to conflict, confusion, frustration, and chaos.

Personal Perspectives

A series of small focus groups at one university teaching hospital was facilitated to understand the demands that the occupational environment places on persons during a period of rapid change. Participants were occupational therapists, physical therapists, social workers, nurses, and counselors, all of whom were middle level managers. Each focus group lasted 1 hour. After the topic was introduced, the groups were asked to discuss the kinds of broad changes (not particularly related to the microculture of that hospital) that they had observed and believed had affected their practice. The discussion was lively, and participants required no prodding or further direction from the facilitator. The focus group discussions were recorded and the tapes transcribed. A coarse sift of the discussion follows.

\AQ: PLEASE NOTE THAT ELAINE EDITED MANY OF THE COMMENTS FOR CLARITY. PLEASE CONSIDER SUMMARIZING THE COMMENTS IN A DISCUSSION (PARAGRAPH) FORMAT. PERSONAL COMMUNICATION REFERENCES ARE NOT NECESSARY BECAUSE THE COMMENTS ARE THE RESULTS OF YOUR STUDY.\

The *business* of health care was seen as a major theme in the discussions, as noted by the following comments:

- "There is a business reason to care how customers are. We used to worry about that from a human level."
- "As long as health care is dependent on third-party payers, there isn't enough money."
- "There is a lot more emphasis on management than there is on care."
- "The patient is not the focus of the value when you have a value system that is geared to the bottom line."
- "Because everyone has downsized, the resources once available to the patients no longer exist."
- "More work is needed for each patient, and it needs to be accomplished in less time by fewer workers."

Considerable discussion also centered around human resources, employer and employee loyalty, and the relationship between the organization and its employees. Some of the participant concerns are summarized as follows:

- Human resources have become the most expendable of all of the things within the organization.
- If this worker will not do it, we will get ourselves a new worker who will.
- As livelihoods become more tenuous, employees will put up with more.
- Because of all of the layoffs, a lot of people are quite happy to have a job.
- There is no sense of real commitment from\AQ: [TO EACH OTHER]? (EITHER)? (PER ELAINE)\ the organization or from the employee.
- Employees must be able to accept responsibility for themselves.
- Loyalty has switched from paternalism of the old system to partnership in the

new.\AQ: IS THIS TRUE. IS THIS A CONCERN? (PER ELAINE). ADDITIONS ARE ELAINE'S.\

Another area of concern was the changing nature of the work itself and its affect on practice:

- The acuity of patients has changed; the patients have tremendous medical problems.
- More patients are seen but with fewer resources.\AQ: BY FEWER STAFF MEMBERS? (PER ELAINE)\
- The emphasis is now on day programs.
- Hospitals are becoming the smallest component of the health care industry.
- We used to focus on the individual patient; now we focus on group treatment.

Resulting in a general dissatisfaction with entering practitioners who are ill-prepared for the changing nature of the work. This was evident from all disciplines represented in the groups:

- There is a sense of betrayal\AQ: PLEASE CLARIFY WHO IS FEELING BETRAYED. THE EMPLOYEES? THE NEW GRADUATES? (PER ELAINE)\ that education does not suit your needs.
- Students are introduced to every theory, yet they do not know any well enough to apply it in the clinical setting.
- Students are not prepared for the real world.
- Staff\AQ: NEW GRADS? EVERYONE? (PER ELAINE)\ are educated to practice in an environment that no longer exists, so the workforce is ill-prepared in terms of skills, adaptability, or emotions to do the job that is currently needed.

Conflict between individual and organizational value systems also was expressed by each discipline present. This conflict was reflected in terms of professional issues, including cross training, deprofessionalization, and changing professional values:

- We base our purpose and identity on conditions that are no longer present in the

workforce; now we are asked\AQ: BY WHOM? (PER ELAINE)\ to change our basic identity as a specific professional to that of a general health care worker.

• We entered the profession for altruistic reasons and find that we have to give up those values of serving others fairly rapidly to remain employed.

• We wonder what values the [healthcare] system\AQ: WHICH SYSTEM? (PER ELAINE)\ is going to have and if those values are going to be in synchrony or in constant conflict with those that were current when we were trained in a particular mode at a particular time.

• Other people\AQ: PLEASE PROVIDE AN EXAMPLE. (PER ELAINE)\ are going after pieces of different jobs\AQ: PLEASE PROVIDE AN EXAMPLE. (PER ELAINE)\.

• Who can provide this service\AQ: SOCIAL WORK? OT? PLEASE CLARIFY. (PER ELAINE)\ cheaper?

• As a profession, we are going to have to prove efficacy or that we are effective.\AQ: OUR SERVICES ARE EFFECTIVE? (PER ELAINE)\

• Boards of nursing\AQ: *BOARDS OF NURSING* THE CORRECT TERM? ALSO, ADD "ARE BEING ATTACKED? PRESSURED?" (PER ELAINE)\ in many states change regulations\AQ: [THAT REGULATE PRACTICE?] so that nurses without licenses can do the same job as nurses with licenses.

Emerging technology was discussed briefly. It was interesting to note that the groups did not mention advances in clinical technology. But they did mentioned the increase in information and financial management technology. More information on demographics, resource utilization, and outcome measurements is available\AQ: IS STRESSED? (PER ELAINE)\.

Frustration with the pace of change and the response of ~~seven~~ [all levels] staff members\AQ: WHAT STAFF MEMBERS? PLEASE CLARIFY.\ to those changes in the work environment were described:

- "Things are moving so quickly that we are afraid we are going to miss something; often we don't know where or in which direction we are swinging."
- "Duties change from day to day."
- "The piece that is difficult to figure out is how to work with a workforce so that they can deal effectively with the changes."

The Importance of the Occupational Environment in Adaptation

An appreciation of the relationship between a changing occupational environment and work performance is helpful in facilitating adaptation. Rogers (1983) described the relationship as reciprocal—the environment enables human performance, and occupational performance is always influenced by the characteristics of the environment in which it occurs. This relationship is central to many of the theories, models, and frames of reference used in the profession (Kielhofner, ~~1985~~ 1992;\AQ: PLEASE LIST IN REFERENCES.\ Mosey, 1981; Reed, 1984; Schkade & Schultz, 1992).

One practice model that explains the interaction between the person and the environment is occupational adaptation (Schkade & Schultz, 1992), the model directing education and research at ~~TWU.~~\AQ: ELAINE'S ADDITION. PLEASE SPELL OUT TWU. THE TEACHING HOSPITAL DISCUSSED PREVIOUSLY?\ The desired outcome from this interaction is an effective, efficient, and satisfying response to the challenges posed by the environment (Garrett & Schkade, 1995). Occupational adaptation is considered to be both the normative process of a person mastering a challenge imposed by his or her occupational environment and the outcome resulting from that process. The occupational environment is the context in which occupational performance occurs and is distinguished from other contexts because of its demand that the person generate an occupational response (Schkade & Schultz, 1992). The demands posed by an occupational environment consist of physical, social, and cultural subsystems\AQ: ~~COMPONENTS?~~\ and a multitude of factors that shape each subsystem.\AQ: ~~COMPONENT?~~\

This model illustrates the effects of the physical, social, and cultural components of the occupational environment on the practitioner who is attempting to adjust to a changing health care system. For example, because of a declining number of admissions and shorter lengths of stay on a psychiatric unit, a therapist with many years of practice experience in that setting may be reassigned to a physical medicine and rehabilitation center. Even though this therapist remains employed in the same facility, he or she will be confronted with a combination of new or different demands and expectations imposed by the physical or nonhuman factors of the new occupational environment. The goals of therapeutic intervention may remain the same, and the tasks of practice may change. For example, the therapist's skills in facilitating a client's return to functional living, which may include long-forgotten or new activities such as manipulating splinting material and prescribing adaptive equipment, are challenged. The physical demands of the job itself also change. Perhaps longer periods of standing, lifting, and bending are now necessary. This therapist's changing occupational environment may also include the challenge of adjusting to a large multidisciplinary workroom after many years in a small quiet office that provided uninterrupted opportunity for documentation and reflection.

The social components of the new occupational environment also impose new demands on this practitioner. The therapist must enter into new workgroups where he or she must establish new relationships with different colleagues, which can be a source of increased discomfort, further exacerbating the challenges imposed by the new physical environment. Supervisory relationships may change, and familiar social patterns and rituals may be lost. Formal and informal relationships must be defined and tested and new social networks developed, which may create more discomfort than the more tangible challenge of relearning specific practice skills or adjusting to a new office.

The cultural components in the occupational environment under managed care may present the most difficult challenges to the practitioner.\AQ: ADDITION PER ELAINE.\ In

some ways, the changes are similar to those experienced when one changes employers or rotates to a new team. The difference lies in the rate of the imposed changes and the overall turbulence within the organization where every department and function are also changing. Hospital units are closing or being redefined, and staff members are reassigned. Standard operating procedures are replaced by new policies and procedures that are unfamiliar and may be uncomfortable.\AQ: ADD "TO IMPLEMENT"? (PER ELAINE)\ Demands for increased productivity emerge, and time-keeping procedures change. Nothing seems to be the same. Perhaps the most difficult challenge imposed by managed care is reflected by the movement of health care away from its focus on altruism to one that seems to provoke conflict between the organization's values and the practitioner's personal and professional values. These changes often are reflected in referral patterns and critical pathways that challenge familiar and accepted standards of intervention, revised performance expectations, and the demand for increased productivity, which may limit the therapist's opportunity to perform adequate evaluations, family teaching, or individual treatment. Collectively, these changes can be said to create an uneasy culture.

When rapid major changes occur that result in uncertainty, little opportunity exists to maintain equilibrium. Survival in this white-water environment will depend on anticipating the changes and mastering them. Understanding the demands of the occupational environment may hasten mastery and improve the outcome for the patient and practitioner alike. Other skills needed to hasten mastery include not only accomplishing the specific tasks of the job, but also adapting efficiently and effectively to the changes in the work settings.

Summary

This article explored the impact of managed care on the occupational environment to which practitioners must respond with some degree of mastery. King (1978) posited that the essential purpose of occupational therapy was to stimulate and guide the adaptive processes, which she described as a person's active response evoked by specific demands from the environment. Just

as patients with disabilities are challenged by their environment, we clinicians face the challenge of managing our occupational environment. It is just as important for the practitioner to gain an understanding of the changing environment of the work setting and to make preparations to meet its demands as it is for that same therapist to examine the context of a patient's occupational performance when designing and implementing a clinical intervention.

~~This~~ ~~LAG: PLEASE CLARIFY *THIS*.~~ ~~is the challenge of managing our occupational environment.~~

the challenge of managing our occupational environment is to understand the environment and prepare for change

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