THE MANAGEMENT OF MULTIPLE ASPIRATIONS:
A case study of a merger in an Austrian hospital.

Author
Sabrina Hermanseder, BA

Submission

Institute of Human Resource and Change Management

Supervisor
Univ.-Prof. Dr. Wolfgang H. Güttel

Co-Supervisor
Mag.ª Sylvia Schweiger, MSc

November 2016

Master’s Thesis
to confer the academic degree of
Master of Science
in the Master’s Program
Management and Applied Economics
SWORN DECLARATION

I hereby declare under oath that the submitted Master’s Thesis has been written solely by me without any third-party assistance, information other than provided sources or aids have not been used and those used have been fully documented. Sources for literal, paraphrased and cited quotes have been accurately credited.

The submitted document here present is identical to the electronically submitted text document.

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

Sabrina Hermanseder, BA November 2016
Organizational aspirations are a well-known phenomenon in the scientific community. The concept of aspirations or sometimes synonymously labeled reference points or goals refers to desired performance levels in specific organizational outcomes. In practice it is commonly the case that firms have multiple aspirations, with which they have to deal best possibly. There is general agreement about the fact that multiple aspirations may conflict with one another. An increasing number of studies focuses on the question of whether institutions are able to master multiple aspirations and if so, how. A specific feature of this thesis’ empirical study is that it was conducted in a hospital, whereby the target group is graduate nurses.

The main objective of the paper is to extend the understanding in terms of strategies how to manage multiple aspirations. The results indicate that stress and time constraints play a critical role in the management of multiple aspirations. With a high level of stress, individual goals compete for time resources. The case study shows which strategies the nurses apply to pursue multiple aspirations despite an increased stress level. The identified strategies are in more detail the following: nurture a good team cohesion, address matters of concern in team meetings or discussions, benefit from the clear structures and a certain degree of flexibility, setting of priorities, give patients with major diseases more attention and time – give those patients with minor diseases less attention and time and balance between empathy and detachment. These methods either refer to a sequential or a simultaneous goal attention approach. Many scientific researches point to the application of sequential strategies in extraordinarily busy situations, which has been found in this study likewise. However, apart from that, the empirical part of this thesis identifies the use of simultaneous strategies as well. Despite the high level of stress existing on the ward, the nurses have developed methods how to pursue their aspirations simultaneously.

The research includes some practical implications, from which other institutions can benefit in several ways. First, the study provides an insight into possible multiple aspirations and their embeddedness in the organizational context, which may be found in other contexts as well. Second, various strategies how the detected aspirations can be managed are presented. Hence, the thesis expands the knowledge on the subject of successfully fulfilling aspirations. Third, the findings may help firms to scan their own aspirations, create conditions or initiate changes, so that existing aspirations are (more) effectively mastered. In total, the study broadens the overall understanding on managing multiple aspirations.
ACKNOWLEDGMENT

I want to thank my supervisors, Mag.ª Sylvia Schweiger, MSc, and Univ.-Prof. Dr. Wolfgang H. Güttel for the excellent assistance and guidance for my thesis.

In addition, I am very pleased about the generous support of the interviewees: The head of the ward and the graduate nurses of the analyzed case gave me the possibility to realize my desired research and offered me honest insights into their daily work routine. I sincerely want to thank all of the involved individuals of the station.

A special thank deserve my parents, who supported me throughout my studies and thereby gave me the chance to grow both personally as well as mentally.

Finally, I want to thank Daniel, who encourages me whenever he can and always believes in me.
TABLE OF CONTENTS

1 INTRODUCTION .................................................................................................................. 7
  1.1 Problem definition .......................................................................................................... 8
  1.2 Research question and objective ................................................................................... 8
  1.3 Structure ........................................................................................................................ 9

2 THEORETICAL BACKGROUND ...................................................................................... 9
  2.1 Introduction: Merger processes ..................................................................................... 9
  2.2 Context-related merger processes .................................................................................. 11
  2.3 Specifics of the case study’s target group ...................................................................... 13
  2.4 Organizational aspirations ............................................................................................ 14
  2.5 Embeddedness and formation of aspirations: Regime of rules .................................... 16
    2.5.1 Formal rules .............................................................................................................. 17
    2.5.2 Social norms ............................................................................................................ 18
    2.5.3 Social conventions ................................................................................................. 20
  2.6 Multiple Aspirations ...................................................................................................... 21
    2.6.1 Introduction .............................................................................................................. 21
    2.6.2 Strategies to pursue multiple aspirations ................................................................. 22

3 METHODOLOGY ............................................................................................................... 23
  3.1 Research setting ............................................................................................................. 24
    3.1.1 A brief overview of the hospital reform II in Upper Austria .................................. 24
    3.1.2 Main cornerstones of the merger ............................................................................ 25
  3.2 Data collection ................................................................................................................ 27
    3.2.1 Narrative interviews ............................................................................................... 28
    3.2.2 Interview guideline .................................................................................................. 29
  3.3 Data analysis ................................................................................................................... 31

4 RESULTS .............................................................................................................................. 35
  4.1 Timeline .......................................................................................................................... 35
    4.1.1 Routine Phase I ....................................................................................................... 36
    4.1.2 Chaos Phase ............................................................................................................ 38
    4.1.3 Adaptation Phase I ................................................................................................. 42
    4.1.4 Adaptation Phase II ............................................................................................... 43
    4.1.5 Routine Phase II ..................................................................................................... 44
  4.2 Derivation of three aspirations ....................................................................................... 51
    4.2.1 Aspiration 1 (A1): Fulfilling personal needs of the nurses .................................... 51
    4.2.2 Aspiration 2 (A2): Adhering to formal rules of the head of the ward .................... 52
    4.2.3 Aspiration 3 (A3): Fulfilling needs of the patients ................................................ 52
4.3 Stress and time constraints as a consequence of the merger .......... 54
4.4 Identified strategies .......................................................... 58
5 DISCUSSION ............................................................................. 65
  5.1 Limitations ........................................................................... 67
  5.2 Recommendations .............................................................. 67
  5.3 Summary .............................................................................. 68
6 BIBLIOGRAPHY ......................................................................... 70

LIST OF FIGURES

Figure 1: Sample timeline (own source) ........................................ 30
Figure 2: Timeline (own source) .................................................... 36

LIST OF TABLES

Table 1: Regime of rules (Güttel, 2015: 15) ..................................... 17
Table 2: Categories interactive part of the interview guideline (own source) .... 30
Table 3: Categories and sub-categories (own source) ......................... 33
Table 4: Identified strategies (own source) ........................................ 61
Table 5: Types of strategies (own source) ........................................ 62
1 INTRODUCTION

During the last couple of years the financial expenditures in the Upper Austrian healthcare system have risen constantly. In order to maintain the existing high standard of quality, the necessity of several restructuring measures became increasingly legitimate. One option to realize institutional reorganizations pose merging processes. In a merger, two organizations or entities are united into one new unit. It is a possibility for institutions to save costs and (human) resources. Although mergers may look like the perfect solution to solve the problem at first sight, it shall not be underestimated that such processes do not always lead to the desired outcomes and possibly fail. What mergers definitely imply is a change for the affected individuals as used conditions and organizational habits change through a restructuring measure of this kind. In the hospital context one of the affected parties is the nursing staff.

This thesis analyzes a merger in more detail. More precisely, it refers to two previously separated hospital wards that were merged in 2012 in the course of the Hospital reform II in Upper Austria. The chosen target group is graduate nurses – some of them worked already prior to the merger on the station, others not. An important concept of the thesis refers to multiple aspirations. The field of aspiration is broadly-researched and has been expanded over the last decades by significant insights and contributions. Generally speaking, organizational aspirations “are desired performance levels in specific organizational outcomes and have also been called goals and reference points” (Shinkle, 2012: 416). The foundation of aspirations has been laid in the middle of the 20th century. Since then, numerous scholars have dealt with this topic and acknowledged its importance for the understanding of organizational phenomena. This study identifies three main aspirations that nurses are aiming to pursue: The aspiration to fulfill the nurses’ personal needs, the aspiration to adhere to formal rules of the head of the ward and the aspiration to fulfill the needs of the patients.
1.1 Problem definition

The importance of aspirations is generally acknowledged in the scientific literature. There is a great amount of studies dealing with diverse questions concerning organizational aspirations. Things would remain quite simple if firms would only follow one aspiration. However, this is usually not the case – rather, they pursue multiple goals. Literature is already asking itself for a long time how organizations actually deal with multiple aspirations and how successful they are in their trying. One explanation for the still relatively unclear understanding of strategies how to master multiple aspirations is that many studies have been conducted through quantitative research. Thus, individuals’ impressions, opinions and detailed backgrounds to the respective case, which can be gained through conversations, were not collected in a large amount of studies. Although an increasing number of studies put a focus on the topic of successfully handling multiple goals, profound insights are still missing. The main problem is that organizations are often not able to achieve multiple goals. This leads to the implication that there is definitely a potential to analyze the topic in more detail.

1.2 Research question and objective

The research question of my thesis is: How are multiple aspirations managed by nurses who are confronted with increasing levels of stress due to the merger?

The implied objective thereby is to study which strategies nurses apply in order to extend our understanding of managing multiple aspirations. The method how to realize this objective is a case study, as such an approach enables a clear observability how the respective target group manages its aspirations. Besides the theoretical enrichment, a methodological broadening of the aspirations’ field shall be reached by conducting a qualitative case study.
1.3 Structure

In terms of the thesis’ structure it can be said that the introduction is followed by a theoretical background. In this section a literature review will be provided. It starts from an overview of mergers, context specifics and continues with the broad topic of organizational aspirations. Next, it will be narrowed down to the existence of multiple aspirations, until the focus is put on existing approaches how to manage them successfully. Afterwards, the section on methodology describes in more detail the research setting, the data collection and the data analysis. In the following chapter, the empirical analysis is found, where the main findings of the conducted study are presented in a logical and conclusive manner. At the end of the results section, an answer to the set up research question is provided. The subsequent discussion compares the study’s findings with existing scientific literature and includes academic contributions and practical implications drawn from the research. Moreover, limitations of the paper and recommendations for future research are provided. Finally, the main results of this study and the answer to the research question are summarized.

2 THEORETICAL BACKGROUND

2.1 Introduction: Merger processes

First, some theoretical background on merger processes shall be provided. Generally speaking, the research field of mergers is a well-studied one. It needs to be said that they are not to be confused with acquisitions. “In a merger, two companies come together and create a new entity. In an acquisition, one company buys another one and manages it consistent with the acquirer’s needs.” (Schuler & Jackson, 2001: 240). However, many facts applying for mergers count for acquisitions as well. As the empirical part deals with a merger, the impression of merger(s) will be used in the following section, even though some aspects also apply for acquisitions. Mergers are on the one side a cyclical phenomenon, meaning that they depend on the economic situation and crises, and on the other side have the power to create or influence the economic situation and crises themselves (Jansen, 2016). Merging processes are often regarded as
a fast and effective tool to improve or maintain an organization’s market position. There exist numerous reasons for organizations to merge. Such causes include, but are not limited to, market dominance, channel control, cost cutting, growth, survival or flexibility. While these factors may appear very attractive to improve the organizational situation, the success rate of mergers is rather on a low level. Variables influencing such a failure are for instance unrealistic expectations, an insufficient planning or a hastily constructed strategy, a failure of transition management, the underestimation of transition costs or financial drains (Schuler & Jackson, 2001). The typical procedure in a merger process consists of the following phases:

- Pre-merger phase

The strategic analysis and conception phase refers to the time before the actual change is realized and includes a profound preparation. One such element is the corporate analysis (‘self due diligence’), which refers to the analysis of corporate goals and potentials, to the analysis of strategic potentials and gaps as well as a strategic balance. Another important step is the exploration of existing competition and the acquisition environment. This contains an analysis and prognosis of the environment plus an investigation of the acquisition environment (e.g. countries, markets, business segments). Finally, it is for instance crucial to analyze the motives and objectives with the conception of the strategy (Jansen, 2016).

- Merger phase

Within the merger- or transition phase, contacting, negotiation and offering takes place. This phase contains steps such as contact search, inclusion of mergers or screening. Beyond that, the assessment of the organization, the purchase price determination as well as forms of financing are clarified. Among other factors, this refers to financial forecasts, price hedging, guarantees or warrentees. Not to be neglected is the step of due diligence, the competitive audit and contract negotiations. This includes a confidentiality agreement, due diligence forms, the memorandum of understanding, the closing, etc. (Jansen, 2016).

- Post-merger phase

In the post-merger phase it is important to plan the integration process, to conduct an integration potential analysis and to consider necessities in terms of the strategy. Additionally, networking measures on six levels shall be applied,
which are: Organizational networking, strategic networking, administrative networking, operational networking, cultural integration and external networking. A final essential step is the post-merger audit referring for example to the realization of synergies, process controlling, integration costs or the balanced scorecard (Jansen, 2016).

2.2 Context-related merger processes

Due to the fact that the empirical study deals with a merger of two wards in a clinic, some backgrounds on hospital mergers shall be provided. The aim of the chapter is to clarify why mergers in hospitals take place and how they can be managed.

Hilsenbeck et al. (2006) have studied this phenomenon and are of the opinion that several factors are determining why such mergers take place. Apart from specifics or motives of the respective institution, the main causes for them are unchallenged economic reasons. This means in detail that the respective stations are merged because they are often not sufficiently utilized. The combination enables a reduction of beds and subsequently a saving of costs. In addition, by deploying staff at the new station in a more flexible and cost-efficient way, human resources can be saved. Besides that, the experts mention the following decisive factors for mergers in clinics: First, premises become free, which can then be used for other purposes. Second, a bundling of leadership skills can be reached. Third, for processes and structures the chance of simplification, and for interfaces the possibility of reduction, does exist.

Hilsenbeck et al. (2006) held a variety of interviews with responsible persons of ward combinations in hospitals, for instance with care directorates. Empirical data show that certain topics are particularly important from the perspective of the affected ones. This includes essentially the information and announcement of decisions, the arranged transfer of employees, the new head nurse, the change of the team composition, variation of care requirements, large workloads at the beginning, vacation schedules and rosters, as well as involved doctors.
Hilsenbeck et al. (2006) provide proposals, generated through their researches, what needs to be considered during a merger in the hospital context. In other words, they give an idea of what responsible authorities would do differently the next time.

An important element is the conception as well as a comprehensive (time) planning. It should be better recognized what problems the base (e.g. employees, stakeholders) might face. Besides that, the actual merger shall be simulated as realistic as possible, which allows to visualize and to better assess risks. Thought experiments regarding the complete implementation facilitate the handling with the actual merger. Additionally, it appears helpful to develop a written concept and to inform all affected individuals timely. For the relocation enough time needs to be estimated (Hilsenbeck et al., 2006).

Apart from the planning, the involvement of the affected persons plays a key role. In Hilsenbeck et al.’s (2006) research it turned out to be advantageous if the head nurses change the disciplines prior to the merger in order to get an insight into the respective station. Furthermore, it seems important to better inform other authorities of the institution (e.g. gate, laboratory) about responsibilities. Likewise, an essential factor is to align things such as station rooms, cabinets, ward trolley, etc. before the merger takes place. Also decisive in this context is to involve the nursing staff and to ask them for their ideas. Beyond that, medical personnel need to be included in the whole process as well, which is why communication plays a crucial role.

Training is considered as another important factor. In this setting two general approaches are suggested, which can be applied either individually or together: First, rotating personnel changes already prior to the actual merger. Second, training after the merger through approaches such as tandems (= working in a duo), joint trainings, etc. (Hilsenbeck et al., 2006).

As a last key element, the personnel selection as well as the merging of the teams is mentioned. The authors give hints to be considered – for instance that it should be started with two new teams after the merger for the purpose of facilitating the integration. It is further central to encourage a consistent ‘staff mix’ right from the beginning. This refers for example to an equal mixture of full- and part-time workers on the ward or a uniform mix of employees from all specialist fields on the interdisciplinary station (Hilsenbeck et al., 2006).
2.3 Specifics of the case study’s target group

Nurses represent the target group of this empirical case study. It may reasonably be assumed that the work in a hospital is different compared to that in other professions. The emotional bonding is certainly different between nurses who take care of sick people or for instance a waiter who serves his customers beverages. Thus, human relationships are a main characteristic in hospitals or more generally in caring sectors.

The element of empathy for individuals someone takes care of is a phenomenon well-known in the scientific literature, for example studied by Folbre (2001). According to Folbre (2001), women, particularly those in typical female jobs, are still economically disadvantaged compared to men. They are often in a vicious cycle of being successful in their career versus being empathic with the target group of the respective job field. Following Folbre (2001), classical female occupations are teachers, nurses or mothers staying at home with the child(ren) and run the household. Especially the latter profession goes usually unrewarded.

Folbre (2001) further points out to the fact that women often did or still do have no other option than to specialize in caring for others. Care is often associated with females. Put together it can be said that women often take care of children, the sick, and the elderly. Quite commonly, caregivers develop a certain emotional relationship with the individuals they take care of. At this point the concept of the invisible heart appears. The invisible heart refers to “feelings of affection, respect, and care for others that reinforce honesty and trust” (Folbre, 2001: xiv). Moreover, it is about family values of love, obligation, and reciprocity – in sum about caring for others. A frequently happening dilemma can be summarized under the term prisoners of love. “When we spend time with people who need our care, we often become attached to them. An initial decision to care for someone can lead to a cascading level of commitment. It can change our preferences and our priorities.” (Folbre, 2001: 38).

In the discussion, Folbre’s (2001) concept will be compared with this study’s results. More specifically, it will be analyzed if Folbre’s (2001) approach applies to the target group of the studied case – the graduate nurses, all of them female – as well.
2.4 Organizational aspirations

One of the chosen theoretical concepts of the thesis can be summarized under the term of aspirations. Generally speaking aspirations describe „A hope or ambition of achieving something“ (Oxford University Press, 2016). According to Greve (2002: 3) aspiration levels are “cognitive heuristics which turn continuous performance measures into dichotomous measures of success or failure.” Commonly used synonyms for the notion are ambition, effort, interest or emotion (Bibliographisches Institut GmbH, 2016). Shinkle (2012: 416) is also aware of the synonym application and refers to this topic by stating: “Organizational aspirations, frequently referred to as goals, are central to strategic decision making. Setting goals and objectives is a long-standing component of scientific management […] and strategic planning […].” This remark emphasizes the importance of aspirations for the organizational context.

Aspirations deal with the topic of when organizations, groups and individuals are satisfied with their performances and describe what outcomes are intended to be achieved. Decision making is a permanent constant in the organizational context, which cannot be ignored. Due to growing complexity and dynamics of the environment, it becomes increasingly difficult to get an objective picture of the reality. This may lead to the consequence that individuals are highly stressed and feel overstrained. Because of incomplete information as well as limited cognitive abilities, humans are only capable of processing certain factors in a specific situation. Hence, decisions are made under limited rationality. This phenomenon can be subsumed under the concept of ‘bounded rationality’. Thus, aspirations are expectations of individuals or a group and characterize which goals shall be achieved to what extent (Güttel, 2015).

Regarding the historical background, it can be said that the concept of aspirations is rooted in the field of social psychology and started to evolve in the 1930s. Within the post-war period its popularity rose significantly and aspirations became one of the core concepts in many social sciences. It reached a peak in the 1970s in the majority of research fields. An exception thereof is business studies, where the success of aspirations lasted until the 1990s (Knudsen, 2008). Much literature in the economic field follows the underlying assumption that individuals principally act in ways to maximize profits. Besides the goal of maximizing profits, scholars have acknowledged that firms may well pursue
other objectives. Such various goals are for instance the reaching of independence or the development of own ideas (Wiklund & Shepherd, 2003). Further examples of possible aspirations are performance, quality or innovation. These expectations depend on the person itself as well as on the individual’s respective environment. The coincidence of these components results in individual decision heuristics (= rules of thumb), wherein the aspiration level is anchored. The existing aspiration level determines how long and to what extent a company is searching for new solutions and when satisfaction is reached. The perceptions and decisions approved by the organization reflect the prevailing aspiration level (Güttel, 2015).

Humans’ aspirations depend on their individual socialization, which is gained in the first years of life through trainings and other (professional) experiences. Learning takes place by simple rules of thumb, which specify what is suitable to do in a particular situation. The search for appropriate solutions is individually dependent as everyone has varying aspirations, for example in relation to work effort. In this context not the objectively best solution counts, but rather the one, that is satisfying from a subjective perspective. If such a result is achieved, the behavioral decision theory assumes that the search for other alternatives is terminated. This pattern of behavior can be summarized under the principle of satisfaction. Based on experiences made in the past, people make decisions concerning what appears appropriate in a given moment. Since human beings typically do not want to change their aspirations significantly every day, a commitment-consistency-pattern exists. Simple decision heuristics serve as a guideline to deal with prevailing insecurities, as well as with the diversity of environmental influences. Normally, individuals stick to these rules of thumb, either because they feel obliged to do so to themselves or to others. The more successful these patterns have proven to be (e.g. through made experiences), the more stable one is holding on to them (Güttel, 2015).
2.5 Embeddedness and formation of aspirations: Regime of rules

At this point it should be discussed where aspirations are embedded and how they are formed. A concept that unites this claim is the regime of rules. At the group or organization level aspirations are mainly determined by collective expectations in the form of regimes of rules. The model consists of the components

- formal rules
- social norms as well as
- social conventions.

These three categories and the embedded level of aspiration shape decision heuristics of managers and employees. Rules, norms and conventions enable on the one side the transportation of knowledge and on the other side the transportation of collective expectations, which are protected by sanction mechanisms as a limitation of the operational framework (Güttel, 2015).

This concept seems important as the empirical section identifies aspirations of the case study's target group, which are then classified according to the regime of rules. In more detail, it will be analyzed what aspiration belongs to which component of the regime of rules (i.e. formal rules, social norms or social conventions), how they have evolved and what consequences this embeddedness has. Therefore, the introduction of the regime of rules is decisive for the understanding of subsequent chapters in this thesis.
2.5.1 Formal rules

Formal rules are an outflow of conscious decision processes. More precisely, they refer to contracts, target systems, structures or processes, describing the constitution of an organization. Formal rules and hierarchical sanctioning enable top management to create a formal control framework, which determines the decision-making scope of layers below. In addition, formal rules embed general performance expectations as formal aspirations, whereby these expectations are often periodically determined through hierarchically defined target agreement conversations (e.g. work time objectives). By signing the employment contract, employees formally submit to the set of rules. There is hardly any possibility to influence this fixed frame, particularly if situated on a hierarchically lower position. One way to increase the scope of action is climbing up the hierarchy level towards top management. Moreover, conversations with executives might be a possibility to partly influence this framework (Güttel, 2015).
2.5.2 Social norms

Social norms are implicitly created through the group development process. Thus, they are shaped at the group level and show different degrees of liability (Güttel, 2015). At this point it seems useful to take a closer look at this process, which was set up by Tuckman (1965). It consists of the four periods forming, storming, norming and performing (Tuckman, 1965).

The initial stage is forming. Here group members get to know each other and orient themselves. In order to assess the boundaries of interpersonal and task behaviors, testing plays a crucial role. Another important component in this phase is the formation of dependency relationships with other members, leaders as well as pre-existing standards (Tuckman, 1965). For the beginning it is quite common that varying individual aspiration levels and expectations of the team members clash. Due to diverse performance levels among human beings, tensions can and do occur (Güttel, 2015).

Once the forming stage is accomplished, the transition to the storming phase takes place. At a certain point, differences in the group can no longer be ignored and conflicts as well as polarization around interpersonal issues occur (Tuckman, 1965). The group disputes about the ‘right’ level concerning specific topics, and different aspirations among the individuals collide (Güttel, 2015). Such behavior has the function of resistance to group influence and task requirements (Tuckman, 1965).

The third phase is characterized by the development of an ingroup feeling (Tuckman, 1965). This is also called cohesion and strengthens the commitment of the group members towards the group (Güttel, 2015). Resistance is not the dominating factor in the norming stage any more. Rather, team participants are open-minded to evolve new standards and to adopt new roles. Further it is usual that intimate, personal meanings are shared and expressed within the work context (Tuckman, 1965). There arise binding norms, which are increasingly considered as ‘natural’. If these, mostly implicit, expectations are followed, the cohesiveness of the group increases more and more. Usually, the dominant coalition succeeds to prevail in this process and forms the collective expectations to a large degree according to its ideas (Güttel, 2015).
When groups enter the fourth phase, they are in the *performing* stage. The new team has adapted to the situation, overcame potential conflicts and the rules of the game are clarified. Roles become now flexible plus functional, and the tool of task activities is interpersonal structure. Structure serves in this phase as a supportive tool of task performance (Tuckman, 1965). Additionally, evolved aspirations have the function of an unquestioned guide for legitimate action. As a result, other or new group members have to follow the set-up standards (Güttel, 2015).

Thus, in the course of these various phases, a set of collective expectations evolves. Topics such as the role structure (e.g. Who holds the leadership?), the target system or the rules of collaboration are regulated therein. The aspiration level is embedded in the target system and the group’s rules of the game. The target system reflects the collective expectations of the group on the individual member’s behavior. The aspiration level of teams with a strong cohesion often serves as an unquestioned guideline, causing eventually high conformity pressure for those subjects who permanently deviate from collective expectations (Güttel, 2015).

Within the group development process, individual aspirations are normalized. Usually, differences between the group members show up in the transition to the storming phase, whereas they remain unknown in the preceding forming phase. If the level of performing is reached, the group as a whole protects its set up expectations. A violation of social norms leads to negative sanctions by group members (e.g. through negative feedback on behavior). In contrast, individuals who meet the demands of the group, get positive feedback on their behavior (e.g. praise, recognition). Interesting to mention in this context is that not only those group members are sanctioned that deviate from a social norm in a negative way, but also those, who deviate positively. This phenomenon can be summarized under the terminus ‘chord crushing’. Organizations and therein embedded groups – also known as sub-cultures – have differently shaped expectation corridors (= corridor of accepted deviations). The extent of permitted variations regarding the views and the behaviors varies among institutions (Güttel, 2015).
The role of the social status determines to what extent group members can deviate without stronger sanctions from social norms. The higher the social status is, the higher the chance that deviations from collective expectations are accepted. A low social status means the equivalent, namely that deviations are not tolerated that much. However, the expectation corridor has a significant influence on the scope of actions. If managers do not follow the formal rules, it does not seem very binding or trustworthy for other group participants to follow them either. The group development process enables the individual members to actively influence the standardization and setting of aspirations. This becomes more complicated the tighter the group has established itself. Minor changes are more easily realizable, but huge changes only through massive conflicts, which are typical features for the storming phase (Güttel, 2015).

2.5.3 Social conventions

Social conventions are formed in the setting of social development. The aspiration level for instance regarding punctuality on the societal level is different across countries. If there are no other collective expectations for specific situations, humans intuitively use social conventions or learn from observing other people, what behavior appears appropriate. The individual itself hardly has any possibilities to change this matter of fact. One chance to pro-actively influence the circumstance is to form an own societal subculture or communities (Güttel, 2015).
2.6 Multiple Aspirations

2.6.1 Introduction

In this chapter the focus of attention is put on the existence of multiple aspirations. In practice, it is commonly the case that firms do not only pursue one aspiration, but multiple (Shinkle, 2012). For instance, a firm may follow the goal of performance, the goal of growth and the goal of innovation. The fact that institutions try to meet aspiration levels on multiple goal variables is no new topic and has been discussed by many scholars. For example, Chen and Miller (2007) found that companies can attend to more than one goal when determining R&D search intensity. Ansoff (1984) is another researcher identifying multiple aspirations. He found them across a couple of categories, namely society, community, shareholders, lenders, customers, managers and employees.

Multiple aspirations have the potential of both interaction and contradiction. In the scientific community there is consensus about the fact that multiple aspirations may interact. Cyert and March (1963) for instance indicate that organizations consider performance in multiple goal dimensions including production, inventory, sales, market share, and profitability. Ethiraj and Levinthal (2009) address the topic of multiple aspirations as well and found contradictions among aspirations. It can be concluded that there is agreement regarding the circumstance that multiple aspirations may interact or conflict with one another, but a profound research and empirical exploration on this topic has just started recently (Shinkle, 2012; Ethiraj & Levinthal, 2009).

The topic of multiple aspirations is closely tied to the concept of incentives and compensation. In the agency literature, for example, many studies put a focus on developing a more profound understanding of the relationship between performance and incentives. Related to it is the principal-agent framework. Researches on this issue demonstrate that agency problems originate from goal conflicts or the divergence in the interests of a company’s members coupled with uncertainty. Moreover, behavioral theory literature and studies of employee identification with the organization treat the issue of diverse preferences and how
firms may deal with them. Similarly, team theory literature concentrates on it (Ehiraj & Levinthal, 2009).

2.6.2 Strategies to pursue multiple aspirations

In this chapter strategies for coping with multiple performance goals shall be discussed. Within the research field of performance-feedback, an increasing number of studies deal with the issue of whether and how institutions attend to multiple discrepancies. Put together, it can be said that two methods have been crystallized by empirical studies as the main strategies to deal with multiple aspirations: The simultaneous and sequential goal consideration.

In accordance with the simultaneous goal approach organizations “consider multiple goal discrepancies at once when examining the performance–aspiration relationship.” (Labianca et al., 2009: 442). Baum et al. (2005) are one of the researchers who were able to show the application of this method. Their starting point is the assumption that uncertainty and risk are main factors for organizational decision makers to choose their partners. According to this view, those partners are preferred who are within decision makers’ local networks. In the focus of the study is the propensity for nonlocal ties in the investment sector. Baum et al.’ (2005) findings are that organizations, when making decisions, consider information from both historical comparisons and social comparisons simultaneously.

The second perspective, sequential goal consideration, assumes that firms “focus mostly on only one goal at a time as they make comparisons, and then shift their attention from one goal discrepancy to another sequentially” (Labianca et al., 2009: 442). For instance, Ansoff’s (1984) main argument is that prioritization among firms exists and that profit is not always the most important aspiration. Although results of this kind do exist (for instance in the accounting literature), there are only few studies explicitly dealing with the topic. Furthermore, Greve (2008) shows that insurance industry firms under imminent survival threats are mainly focused on performance targets. He extends the field of aspirations with the finding that organizations have a higher tendency for growth in the case they are below the aspiration level for size, and particularly then if performance goals are satisfied. Other goals, such as organizational growth, are attended to only
after the performance goal is satisfied. Greve (2008) concludes that aspiration levels affect organizational change through adjustment of problemistic search and acceptance of risk.

Labianca et al. (2009) describe a combination of both views. They point out to the ability of firms to analyze multiple discrepancies at the same time, for instance competitive and striving discrepancies. Nonetheless, certain discrepancies have a higher priority at specific times or call for more consideration. Goal discrepancies, which threaten the survival of an organization, commend faster attention than other institutional goals. Without prioritization on such an essential goal, the firm’s successful continuation is at stake. In the case that the survival is ensured, organizational members are able to take a broader perspective and follow multiple goals simultaneously.

Thus, besides the attendance of multiple discrepancies simultaneously or sequentially, Labianca et al. (2009) propose another perspective. The basis for it is salience and primacy. In more detail, this approach assumes that certain discrepancies have greater primacy and demand more attention than others in specific situations. In ‘normal’ situations, however, organizations can and do examine multiple discrepancies simultaneously. This view is based on the assumption that firms – which are under threat – focus only on a limited set of competitors and strategic factors. If the survival threat does no longer exist, individuals will be able to take a broader perspective, focus on more goals simultaneously and thereby allow multiple discrepancies to influence their aspiration levels.

3 METHODOLOGY

Despite numerous studies existing on organizational aspirations, there are still some research fields calling for further investigation. Particularly underrepresented in the context of aspirations are qualitative studies. Due to this lack of empirical research as well as the appropriateness of the chosen case study, a qualitative study-approach is applied. This method allows the gathering of in-depth information as well as the focusing on participants’ attitudes and opinions. Shinkle (2012) proposes that one way to better understand the phenomenon of aspirations is to make investments in primary data collection. This includes inter alia methods such as surveys, interviews, and qualitative
approaches in order to shed light on aspiration formation processes and the effect of aspirations on decision making. Ideas of this sort have already been made by different scholars, for example by Labianca et al. (2009: 459) who suggest “a move from purely secondary data sources toward giving voice more directly to top managers through such methods as surveys or interviews.” Methods to follow this claim are for instance field experiments, quasi-experiments, and studies in laboratory settings. Therefore, it is important to move beyond theoretically inferred aspiration levels toward field measurements in organizational settings (Shinkle, 2012). One of the scientists who conducted a research in an organizational context are Mezias et al. (2002), providing evidence of aspiration level adaptation processes.

3.1 Research setting

The case study of the empirical part refers to two previously separated wards in an Austrian hospital. The two stations were merged in the context of the hospital reform II in Upper Austria and are one jointed ward since 2012.

3.1.1 A brief overview of the hospital reform II in Upper Austria

Plenty of documentation by social security institutions clarified that there is a need for action in the Austrian healthcare system. The hospital reform II in Upper Austria affected many hospitals and was considered a necessity due to the following reasons: First, in the near future there will be a significant change in the socio-demographic landscape, namely an increase in older people. Besides, the need results from the increasing number of chronic diseases, which pose a major challenge. Additionally, it can be noted that the focus shall be put on a holistic approach to improve health instead of focusing on a ‘repair medicine’ approach. Finally, the reform appears justifiable due to an existing fragmentation of competence and instruction-based funding as well as a lack of cross-sectoral planning (Landtagsdirektion, 2011).

Through the reform a lot of different goals shall be achieved. This concerns for example the guarantee of the population’s health, which is intended to be realized nationwide, needs-based and adapted to the range of services. Additionally,
the further development and adaptation of the range of services is in the foreground – this needs to be oriented towards the expected demographic development. As a third objective it is pointed out that the affordability of the hospital system shall be ensured in the long run. Moreover, the optimization of the provision of hospital services represents an important topic. This target should be reached by the exploitation of synergies at all levels. The final target is related to benefits of patients: All organizational costs implying no return for the patients are intended to be omitted. However, the purpose of the hospital reform is not to dissolve sites or to terminate employees (Landtagsdirektion, 2011).

These objectives are planned to be achieved with the help of a graduated supply offer, which should be done on the basis of supply orders. Other tools to accomplish the reform’s objectives are forms of organizations across locations with the intention to stimulate the use of synergies. This means in detail that, for instance, site A in the hospital industry is primarily responsible for acute and predictable services, and site B for predictable services and the day and week clinic. Furthermore, parallel structures should be reduced for beds-leading departments. Apart from that, the objectives of the hospital reform shall be realized by reduced forms of organization instead of full departments. This includes, among others, specialty fields or day-care hospitals. In order to guarantee a high quality, medical training and -rotations are proposed. Other crucial measures include the involvement of quality criteria. Finally, pilot projects shall be initiated and a site guarantee without terminations is pursued (Landtagsdirektion, 2011).

To ensure the implementation of the measures, an evaluation applied in the fields of medicine, civic participation as well as economics is applied. In doing so, a focus is placed on the quality of the structure, the process and the results. Hence, the evaluation is oriented towards economic as well as medical standards (Landtagsdirektion, 2011).

3.1.2 Main cornerstones of the merger

This section describes the main cornerstones of the respective case study. The focus of the empirical study refers to a hospital in Upper Austria that was affected by the hospital reform II. One of the changes in this context was that two
previously separated stations were merged together into one. Due to anonymity reasons, the two respective wards will be called ward A and ward B.

Some more information on the relevant case, which I gathered through a phone conversation with a hospital-internal instance, is provided in this section. To start with, it can be said that the actual combination of the two wards took place in April 2012 (Memo). However, the two respective ambulances are still physically separated from each other in the building of the hospital. The merged stations are now found at the ward, where previously only A-patients were treated (the ‘old’ A station). The ambulance of the A department is right around the corner of the A-B-station.

One main change implied by the merger was a reduction of beds. In more detail it came to a decline of 12 A-beds and 8 B-beds. The current head nurse started working on the ward in 2014, whereas the previous head nurse operated between 2011 and 2014. Prior to the exact merger, numerous processes took place, which required a high degree of planning and coordination. Documents concerning this process are protocols, data overviews and further documents (Memo).

In addition, also interpersonal topics played a role as not all employees wanted or could not be included in the new team. Regarding the nurses who were already a member of the team (either from A or B) before the merger took place and are still a member of the group (on the A-B-ward) nowadays, it can be noted that this applies for around ten graduate nurses (not full-time equivalents; some of them work full-time, others part-time), four nursing assistances and one emergency and delivery service. In order to prepare the affected nursing staff to the combination of the wards, there were a couple of situation-dependent conversations. Moreover, a questionnaire with questions such as “Which fields and location are you interested in?” or “How many hours do you want to work?” was distributed. Once all filled-out questionnaires were received, discussions with the affected employees were held. Nothing is known about severe conflicts between those nurses, who could not be a part of the new team. It is further worth to notice that all nurses, who were affected by this merger, got an employment in the hospital. For the remaining employees, who were picked up into the new group, it was a big change as well, since they suddenly worked in a new team with partly other colleagues. Due to this clash of two different teams, also the used work-
ing methods changed a bit. The adaptation phase to these reformed circumstances took some time and a couple of things had to be re-learned. In order to make this time easier for the nursing staff, measures such as trainings, team development seminars, group meetings or setting of standards took place. Additionally, the staffs have been increased by approximately 2.5 posts (Memo).

3.2 Data collection

The chosen methodology how to analyze the data material belongs to the field of qualitative research. A few months before I have conducted the interviews, a test-phase took place. The latter one had the purpose of gaining more information on the merger and to test the suitability of this case for a broad empirical study. In the context of the pre-phase I held one personal interview (lasting around an hour) and distributed four questionnaires to be filled out by the nurses. After an analysis of the received material, it got clear that there is potential for a more detailed study and therefore the preparations for the main interviews started. In total, I have interviewed ten individuals – nine graduate nurses (all of them females) and the head of the station face to face in German language. All conversations were recorded and afterwards transcribed by myself. The shortest interview took around 26 minutes, while the longest took almost 56 minutes.

After the transcription, all interviews have been read. In order to facilitate the structuring, the program MaxQDA has been used. This software enables a determination of codes for as many text passages and interviews as wanted, which simplifies the subsequent analysis of the gathered data.

A qualitative study approach is suitable for the present work due to the following reasons: Qualitative investigations are not concerned about means of quantification, but rather about individuals’ feelings, experiences, emotions, specific phenomena as well as social movements or organizational functioning (Strauss & Corbin, 1998). The main matter in the context of qualitative interviews is what respondents consider as relevant, how they observe their surrounding and what characterizes their living environment (Froschauer & Lueger, 2003). Qualitative research focuses on the meaningful structure of expressions of social processes. Thus, it is about understanding the reasons why people act in a certain way,
which dynamic this acting triggers in the social environment and how individuals retroact on the ways of acting (Froschauer & Lueger, 2003).

The main differences between qualitative and quantitative research are that quantitative studies on the one side focus more on expressions collected by a variety of surveys. These results are then summarized and interpreted in form of diagrams and statistics. Qualitative studies on the other side are not so much concerned about mass or quantity, but rather about shared words and emotions of the interviewees (Saunders et al., 2009). Put differently, contrary to quantitative research, the intention of qualitative investigations is not to test preconceived assumptions, but rather to build up a (usually case-oriented) theoretical understanding of a studied area, such as that of social systems (Froschauer & Lueger, 2003).

3.2.1 Narrative interviews

Narrative interviews seem to be a suitable method for this study as they allow gathering a lot of information within only a short amount of time. Respondents are encouraged to tell everything they know without many interruptions from the side of the interviewer (Lamnek, 2005). Thereby, as many details as possible, from different viewpoints, on the whole process shall be gained. The typical procedure is as follows:

Characteristic for a narrative interview is that it starts with an explanation phase, where the respondent is informed about the upcoming conversation, its specification and intention. In order to create an open-minded atmosphere, general and technical modalities such as anonymity, recording of the talk, transcription, etc. shall be clarified (Lamnek, 2005). Next, a narrative request follows, corresponding to the subject of the investigation for the purpose of stimulating the main narrative of the interviewee. In order to enable a story telling relevant to the question, it is important to formulate the initial question in both a broad and specific way. Therefore, it always shall be checked whether the used initial question fulfills the specification of a narrative request (Flick, 2011). The main part of the narrative interview is the narration phase, where the respondent is supposed to tell everything she/he knows about the respective topic. It is not uncommon that there are certain pauses or phases of silence. The role of the interviewer is to
listen actively and support the talk with verbal expressions (‘hm, hm’) or non-verbal gestures (nods). By doing so, the interviewer’s attention shall be shown (Lamnek, 2005). The subsequent element of this method is the narrative questioning part, whereby the interviewer is allowed to pick up previously unexplained or unclear topics for the intention of completing it in a following story by the interviewee (Flick, 2011). Finally, there is a balancing phase, where the interviewer asks the respondent questions to capture the meaningfulness of the narration. This includes increasingly more abstract questions as well as description and argumentation questions (Flick, 2011).

3.2.2 Interview guideline

The interview guideline was set up on the basis of the test phase results. To put it differently, the results of the test phase were taken into account. Regarding the structure of the guideline, it can be said that it consists of five questions totally, whereat the first one is the main question, the second one is an interactive part, and the three remaining ones can be considered as additional questions. At this point, the respective questions and their particular purpose shall be briefly presented.

- May I ask you to generally describe the merger between the wards A and B?

By this key question at the beginning of the interviews, the respondents were invited to tell everything they know about the event. They had the chance to tell ‘their story’ on the whole process and narrow down their personally major events in a very fluent speaking style. At the end of their speech, I have asked questions such as: How was it before? How was the time in the new team? What do you know about this event?, etc.

- May I next ask you to draw in the development regarding different topics on the ward in the following graphics?

This interactive part aimed to find out more about different impressions with regard to certain topics. The eight set up categories were: Perceived...
Table 2: Categories interactive part of the interview guideline (own source)

<table>
<thead>
<tr>
<th>Feeling of togetherness</th>
<th>Motivation in the team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence towards colleagues</td>
<td>(Internal and external) Support</td>
</tr>
<tr>
<td>Level of conflict</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Relationship with patients</td>
<td>Quality of treatment</td>
</tr>
</tbody>
</table>

The timeline starts some time before the merger took place and continues until now. The level of the respective category ranges from 0 to 100 %, whereby 100 % is the highest. After the interviewees have drawn in their subjectively perceived development tendency, they were asked to further explain it. In this context questions such as the following were posed: Why is it high/low/constant? What were the main challenges? Why is there a change at this certain point? What exactly has changed? How did the situation improve? How did you react to this change? The following graph is a sample of the used timelines.

**Figure 1: Sample timeline (own source)**

- *May I next ask you to describe the differences in terms of varying documentation, way of working, routines and habits from your point of view?*

In the test phase I found out that differences in this field posed a challenge for many affected nurses. Therefore, the interviews’ goals were to lighten this topic and evaluate the largest differences. After the interviewee has said everything, I have asked questions such as: Where were the main differences between the two
groups? How does it look now? Did you find a compromise or how did you solve the problematic?

• *May I next ask you to describe how the working level has changed during the last years, if there has been a change from your point of view?*

Since this topic was frequently mentioned in the pre-phase and thereby associated with the reform, I wanted to find out more about it. The question addresses the subject of an increasing/decreasing/steadily working level, and further a potential change in the distribution of work.

• *May I finally ask you to describe your current impression, if you consider the team as one team best possibly holding together, or is there a need for improvement?*

The last question’s intention was to clarify what is considered as good and bad in the team; to find out what shall be kept or changed in the future and what topics are still open. It fulfills the role of a current state analysis and a look in the future.

### 3.3 Data analysis

For the interpretation of the empirical data, the topic analysis by Froschauer and Lueger (2003) is applied. This procedure is particularly suitable for the study of the background of a social system, for the analysis of a topic presentation’s specifics and for the relationship of different themes. Additionally, it may serve as a preliminary selection both for a fine-structure analysis and a system analysis. This mode of conversation evaluation provides an overview of topics, to summarize them in their key messages and to explore the context of occurrence.

A clear advantage of the topic analysis is that it offers the possibility to edit large amounts of text. It can be regarded as negative that it neither enables an analysis of the text’s formation background nor that it provides any information about how the knowledge has evolved and what impact the conversation context had (Froschauer & Lueger, 2003).
Within the topic analysis there are two alternatives: The text reduction method as well as the coding method. The former one deals with the summary of central issues or the argumentation structure contained in the text. As the latter enables a deeper intrusion in the specifics of reasoning, this alternative is applied. The starting point of the coding method is the conversation’s text, from which central categories, relevant for the analysis, are derived. By doing so, the text is not merely compressed, but also analytically extended. In the course of this procedure, term hierarchies are created, which can be theoretically compacted (Froschauer & Lueger, 2003).

Next, the steps of such an analysis suggested by Froschauer and Lueger (2003) and the realization to that in the thesis are presented.

- Coding of topics: Coding of text passages with respect to the containing, central messages (*topic categories*).

After attentively reading the transcripts of the interviews several times, I have divided the texts’ passages in topics to which the segmented phrases refer. As a result of this division, 13 topic categories were set up in total.

- Analysis of the topic categories concerning *sub-categories*, which in turn can be divided into further categories (this formation of hierarchical networks can also contain latent meaning structures).

This step has been implemented in the following way: The respective text passages of the topic categories were analyzed with regard to possible sub-categories, i.e. to what issues do the topic categories refer in more detail? The table below illustrates the identified categories and their belonging sub-categories.
<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance B</td>
<td>Operation only during the day</td>
</tr>
<tr>
<td></td>
<td>Spatial distance</td>
</tr>
<tr>
<td>Attitude towards work</td>
<td>Conscientiousness and diligence</td>
</tr>
<tr>
<td></td>
<td>Sense of responsibility</td>
</tr>
<tr>
<td>Capacity</td>
<td>Lack of space and beds</td>
</tr>
<tr>
<td>Challenges in the merging phase</td>
<td>Announcement</td>
</tr>
<tr>
<td></td>
<td>Chaos</td>
</tr>
<tr>
<td></td>
<td>Shock</td>
</tr>
<tr>
<td></td>
<td>Further challenges</td>
</tr>
<tr>
<td>Contact with the doctors</td>
<td>Conflicts within the doctors team</td>
</tr>
<tr>
<td></td>
<td>Cooperation with the doctors team</td>
</tr>
<tr>
<td>Group culture</td>
<td>Conflicts</td>
</tr>
<tr>
<td></td>
<td>Trust towards colleagues</td>
</tr>
<tr>
<td></td>
<td>Cooperation</td>
</tr>
<tr>
<td></td>
<td>Feeling of togetherness</td>
</tr>
<tr>
<td>Merging of various processes</td>
<td>Working processes</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td>Standards of discharges</td>
</tr>
<tr>
<td>Motivation and performance expectations</td>
<td>High performance expectations</td>
</tr>
<tr>
<td></td>
<td>Different motivation</td>
</tr>
<tr>
<td>Orientation towards advancement</td>
<td>Openness for new</td>
</tr>
<tr>
<td></td>
<td>Willingness to improve</td>
</tr>
<tr>
<td>Relationship with the patients</td>
<td>Compassion for the patients</td>
</tr>
<tr>
<td></td>
<td>Patients as (additional) burden</td>
</tr>
<tr>
<td>Separation of the disciplines</td>
<td>Impressions of the interviewees</td>
</tr>
<tr>
<td>Support</td>
<td>Hospital external support</td>
</tr>
<tr>
<td></td>
<td>Hospital internal support</td>
</tr>
<tr>
<td>Time- and stress management</td>
<td>Working level</td>
</tr>
<tr>
<td></td>
<td>Quality of treatment</td>
</tr>
<tr>
<td></td>
<td>Stress level</td>
</tr>
</tbody>
</table>

Table 3: Categories and sub-categories (own source)

- **Structuring** of the topic categories, by connecting them to their relative importance in the text respectively for the research question.

While doing this step, it was already kept in mind that the whole merger process shall be analyzed step by step, i.e. When did what event happen?, which finds its
realization in chapter ‘4.1 Timeline’. Therefore, I asked myself in this phase what events were particularly decisive and contribute to the answer of the research question, and which ones are interesting, but do not contribute to answer the research question.

- Linking of the topic categories with sub-categories (terms, features, etc. of topics).

Next, the set-up categories were classified in the established phases of the timeline, whereby the latter one consists of the following five phases: Routine Phase I, Chaos Phase, Adaptation Phase I, Adaptation Phase II and Routine Phase II. Sometimes, one category is found in multiple phases and in certain cases, a new category was set up. Here is an example to this realization: Routine Phase I contains the following topics: Difficulties, announcement, internal and external support, team constellation and review of this merger phase. Hence, some of these topics are part of the identified (sub-)categories, but others have turned out to be decisive later on and have therefore been set up at this point.

- Interpretation of the hierarchical category system, while deriving theses for the research question out of it. In addition, the respective text passages may be interpreted in a detailed way.

At this point, the set-up hierarchical category system and their containing contents were prepared in a logical manner and additionally interpretations from these contents were drawn. The results thereof are united in the contents of chapter ‘4.1 Timeline’.

- Comparative analysis of various texts with the aim of theory building. Options for analyses are among others a comparison of the diverse texts in terms of similarities and differences of their topics and structures or a development of a text-crossing categorization.

Based on this foundation, the existing aspirations of the nurses and the stress-increasing factors were derived, which can further be considered as the basis for the identification of applied strategies and subsequently to answering the research question.
4 RESULTS

In this chapter, the central findings of the empirical case analysis, which are relevant to answer the proposed research question, will be presented in a conclusive manner.

4.1 Timeline

As already discussed in the theoretical part, mergers consist of three main phases: The pre-merger phase, the merger phase and the post-merger phase. In the course of the interviews it became clear that there were further events with a significant impact on the ward’s development. Due to this reason, I have divided the process in multiple sub-categories. The first one is the Routine Phase I, which relates to the time prior to the merger. The second time interval is labeled Chaos Phase and ranges from the time shortly before the merger until approximately autumn 2013. After this shock phase, the nurses arranged themselves gradually with the new circumstances, although a lot was still not optimal. The Adaptation Phase I is the third sub-phase and lasted from autumn 2013 to autumn 2014. In autumn 2014, another important event took place – there was a transition of the head nurse. This meant that the caregivers had to re-arrange themselves again. Therefore, the fourth phase is called Adaptation Phase II. Within the scope of the interviews, the impression occurred that this adaptation has been completed around autumn 2015, and gradually a certain routine evolves. Thus, one year after the change of the head nurse the fifth period, the Routine Phase II, started. The labeling should by no means signal that now all problems are solved or everything is perfect. Rather, a certain daily routine has emerged. The figure below graphically illustrates this timeline. The predominating events and impressions of the respective sub-phases mentioned by the interviewees will now be explained in more detail. The timeline has been constructed in line with Tuckman’s (1965) theory of the team development process as well as with Hilsenbeck et al.’s (2006) theory of hospital mergers, i.e. these theories were helpful tools in analyzing the data material. As Hilsenbeck et al. (2006) give only suggestions on what shall be considered in the pre- and merger phase, and not in the post-merger-phase, the analyzed case is only reviewed in the respective phases, i.e.
according to the set-up timeline, this refers to Routine Phase I and the Chaos Phase.

**Figure 2: Timeline (own source)**

### 4.1.1 Routine Phase I

- **Difficulties**

Prior to the merger, most processes on the wards were routinized and well-established. According to opinions of the graduate nurses, conflicts were basically nonexistent and conditions optimal. However, it may be that this time is perceived somewhat better now in retrospect than it actually was. Information of some interviewees makes clear that there were also certain difficulties. An example for this is that ward A just finished its relocation from another place within the hospital, which was not totally completed at that time respectively just finished. Furthermore, there were already rumors or talks to the reform, which had an impact on the perceived motivation. This trend is confirmed by the statement of one respondent that the motivation started to decrease already in summer 2011, when she heard about the merger. Generally, it got clear during that time that there will be a merger.
• Announcement

Regarding the topic of the merger’s announcement, the following impressions could be gathered: The interviewees stressed the fact that they got informed about the merger relatively late. There is consensus that at the beginning only little acceptance existed towards the change. In general, however, different perceptions on this issue exist. A striking observation during the conversations was that the merger’s announcement was generally worse judged by A-nurses than by B-nurses. On ward A it was sometimes even the case that the graduate nurses were informed through the media as one interviewee clarifies: “Especially eye-catching for me was, that you have read it in the newspaper before someone has even told us that it will come.” (B2). However, the information that the merger will take place did exist: “I think we have known it already two or three months before – no, we have known it before that the station will be closed or just moved – merged with A.” (B6).

• Internal and external support

The conducted interviews also covered the perceived internal and external support during and after the merger. A general perception among the respondents is not observable, even though there is consensus that there was no support from outside the hospital. “Well, from extern I do not have any memories that someone... Mhm. I have to think, but externally; there is no one who has ever asked how we are doing. That is not how I have memorized it.” (B4). Internally, there is a rather nuanced image: Definitely existent was a certain preparation for the merger – examples to that are lectures or training sessions performed by doctors.

• Team constellation

The feeling of togetherness was perceived as very high, as one nurse clarifies: “Well, ’11 was, for me A was 100 percent. Well, I was pleased.” (B10). Likewise, the mood in the team was considered as absolutely perfect: “Yes, we were a team. We really were a sworn team.” (B3). In relation to the team development process, the group was at that time in the last phase, the performing stage, in which ambiguities are to a great extent clarified and the focus can be put on the work itself.
Review of this merger phase

One important topic in the setting of hospital mergers is the conception as well as the (time) planning. The actual merger of the investigated case came relatively suddenly for the nurses and was perceived by many participants as unexpectedly. Without any doubt, there was a variety of planning, considerations, analysis, etc., which was confirmed in the conversation with the hospital internal entity, who has an insight into those preparatory measures (memo). What took place are individual and group discussions, for instance to find out if the caregivers want to join the new ward or not. Seminars, trainings or similar actions were definitely present before the merger took place respectively during the first time on the merged ward. Many respondents have rated that as too low and the perceived hospital internal support declined after the first time in the new team. Apart from the planning, the involving of the affected persons is decisive. The interviewees mentioned several times that they were basically just informed about the merger – a matter of fact to which they could adjust or change to another area. The caregivers did not see further options as existent. Hence, regarding the involvement it can be connoted that it has not been sufficiently considered in the investigated merger.

4.1.2 Chaos Phase

Within the interviews it got clear that the merger implied many changes for the graduate nurses. In order to create an understanding for the reader and to justify the labeling ‘Chaos Phase’, the central impressions and challenges during the first time in the new team mentioned by the interviewees shall be presented in this section.

Preparation and support

Despite the received information of the merger, one of the respondents highlights that in the end practice deviates significantly from theory. A sufficient preparation to the new situation was not sensed by many. In terms of support, it can be noted that the majority of the participants assessed the predominant hospital-internal support as too low. The merging phase implied a lot to organize and independent learning, as one graduate nurse summarizes this process: “[...] from my point of view that it was a little bit too less or that we were basically left
alone and had to rule it by ourselves.” (B6). More support was definitely requested – such things, however, ended in talk in many cases. “Yes, that we would have needed more support [...]. Once we had a conversation in the round, indeed. But this has stopped before it really started.” (B6). Asking by hospital-internal instances how the nurses were dealing with the new situation was acknowledged by an interviewee as hypocritical behavior. It seems as if they did not really expect serious support from other instances, if they would have requested it: “[...] I was wondering, ‘What are you going to do now, if I say 'No’?’.” (B2). Ultimately, the graduate nurses had to rule a lot by themselves and needed to support each other, for example by asking an experienced colleague of the other discipline. A part of the respondents evaluated the support as sufficient as for instance a folder exists on the station, where different topics can be looked up if necessary. Totally, it seemed to be a very exhausting time for the nurses, where they sometimes lacked a bit of support. This fact is illustrated by the repeated mention that the situation was a fight for them.

- Shock

Another frequently named keyword in this context is shock. The merger constituted a personal disaster and a big change for many graduate nurses, which shall be highlighted by the following remark: “Thus, hard as bone! After a week I was thinking to myself, I think, after a long time, X years, I have really cried [...].” (B3). Feelings such as powerlessness and disbelief arose since it was not possible to directly influence the decision of the merger and the nursing staff was basically presented with a fait accompli. If the nurses wanted to stay on the ward, they had no other choice than to deal with the new truth. “Ah, when they joined the station – I mean, we had to, because we did not have a choice, right. But, it was no fun at all.” (B4). For station B this incision meant the loss as an own ward.

- Chaos

One major issue typical for this phase can be summarized under the term chaos. The affected carers’ impressions were not that the whole process was well prepared and organized, but rather fairly messy and chaotic. Everything needed to get done very quickly in order not to interrupt the common daily process for too long and to get back to business. Another determinant complicating this phase was that the former head of the station was currently on training at that time, which is the reason why a representative had to step in. One of the nurses sum-
marizes the first time by the following comment: “It was a big mess. [...] Because you simply did not know at that time, where it is going to be and how much staff is going at what place, and many of the doctors just left then.” (B9). Besides the abandonment of a couple of doctors, also certain nurses took this opportunity for a voluntary change or some got pregnant during that time.

- Different processes

Generally speaking, this theme relates to the finding of a common denominator to diverse processes between ward A and ward B. A challenge for the nurses was that different processes suddenly clashed. This includes for instance various ward processes or ways of working. The graduate nurses further frequently named the additional discipline as well as patients with more diverse illnesses implied by the merger as a challenge. Likewise not to be underestimated are various premises and customary processes of the station. However, the caregivers needed to adapt to this new situation fairly quickly. Uniformly, they describe that at the first time the working style on ward B was more independently compared to ward A: “Well, the schedule itself was already quite similar, but they have, ah, as I said, they were allowed to work more autonomous. [...] At the other department they were just used to it. And that was difficult for us, since the doctors took this for granted then.” (B4). In this setting one of the respondents declares her impression that there were significant differences between the two divisions in terms of documenting. In her view, ward B documented less.

- Time- and stress management

Not particularly surprising is the tendency towards an increase in the working- and stress level. This appears to be caused by the reduction of beds, the treatment of two disciplines and more diverse tasks. Apart from that, the interviewees trace the growing working level back to acquisitions of work, which were previously solely done by medical professions. One respondent refers to this problem with the following comment: “Just due to the fact that the areas of responsibilities are getting interlocked. What is turnusdoctor’s task, what is doctor’s task, what is nurse’s task? Especially in terms of documenting and assigning.” (B7).
• Motivation

As already briefly mentioned in the previous section, the rumors of the merger had a significant impact on the perceived motivation. In 2012, when the merger was carried out, the level dropped to an absolute low point. However, the conversations brought other impressions to the surface as well; the individual views thereto diverge. Some do not see any influence by external circumstances on the motivation, while others emphasize that the motivation is of course from time to time negatively affected thereof. A comparison of the following quotes shall clarify this. One respondent does not see any change in the level of motivation: “I would not have noticed that the motivation itself has changed.” (B1). However, another affected nurse sees a clear influence on the motivation: “Just because of the pressure, that is getting more and more. The occupation of the beds increases steadily and this is often just a constant stress. This is simply not bearable. And as a result, the motivation is just falling.” (B5).

• Conflicts

At this stage, there would definitely have been enough occasions for conflicts. However, many respondents rather talked about discussions, or conflicts not openly carried out. One interviewee explains this behavior, mainly by nurses from division B, as follows: “[...] among the nurses you can – if you are only two or three... if you are three, and the team consists of thirty people, you do not get involved in a conflict with only three, because you know you are going to lose.” (B2).

• Team constellation

With respect to the team development process, it can be stated that the carers were clearly in the forming phase at this point. The two different groups came together relatively suddenly, there was only little acceptance to this new situation and it was basically unclear what the future will bring. With respect to the perceived feeling of togetherness, it can be connoted that it drastically dropped in this period. The caregivers do not superficially bring it in connection to their colleagues, but rather to the difficulty of the situation itself. The nurses of the two departments needed some time for adjustment. One of the respondents expresses this challenge in the following way: “I think it was also difficult because so many new employees came together, who were unfamiliar with each other.
Because, if normally one person starts working, or two new ones at the same time, those are easily included in the work environment. But if you have to put together two complete teams, it is definitely not easy. There are also certainly things such as team hierarchies, ruling who says a bit more or has less to say. And including this into one is not so easy.” (B1).

- Review of this merger phase

Training is considered as important factor in a successful merging process. Favorable of the working practices in the analyzed case is certainly that the work is carried out by two rotating teams. Thus, every nurse works frequently with both groups of patients (A and B). This was definitely helpful during the training period, as it supported the acquisition of knowledge of the respective department and promoted the cooperation among the colleagues. Additionally, the personnel selection and merging of the teams are important topics. It can be stated that one completely new team has been established in the analyzed case. An advantage is certainly that a consistent 'staff mix' prevails on the station; depending on the working schedule, both full- as well as part-time employees work with each other.

4.1.3 Adaptation Phase I

- Merging of various processes

At the previous stage, different ways of working, types of documentation, etc. clashed – in this phase, they gradually adjusted to each other. There is majoritarian consensus that ward B had to adapt more to ward A. The smaller group needed to adjust to the larger as two nurses clarify: “They just have... B had to unlearn its habits and accept ours.” (B2). “They were the greater power – power in quotation marks.” (B6). Apart from the size of the group, this tendency was associated with the circumstance that ward B was merged in the premises of ward A. According to the estimates of some respondents, there was no such thing as compromises, as the following quote illustrates: “No, it has not, there was no compromise or no agreeing, but rather it had to be accepted and that is it.” (B3). With the gathered information through the interviews, it can be summarized that ward B had to subordinate more than vice versa. However, a couple of nurses made clear that the processes are far not as uniform as they previously
were on the individual wards. In terms of documentation types, it can be stated that these have gradually adjusted to each other. A uniform documentation was further supported by increasing standardization processes over the last years. A difficulty with the diversity of various processes was additionally that the medical staff of the respective discipline has different standards, which were presupposed to be applied by the carers. An example for this refers to bandages. On discipline A doctors still change the bandages, whereat on discipline B usually nurses change them. In this case no compromise was found, but simply existing, different, ways of working are continued. Support in this coming together was – according to the opinions of the nurses – provided by the former head of the ward, who tried to find a thread in terms of working.

- Support

At the beginning of the merger, many nurses sensed a certain level of support, even though with varying degrees. In this phase, however, already a significant decrease in the perceived support is noticeable. A couple of carers clearly noted that the level of support was insufficient and by all means more assistance would have been necessary.

- Team constellation

In regards to the team development process, the group is situated at this point in the storming phase. Everyone tries to defend its interests and to prevail, power relations come clearly to the foreground and an increased level of conflicts – even though not always carried out openly – dominates.

4.1.4 Adaptation Phase II

- Impressions of the head of the station

In autumn 2014, it came to a change of the head nurses – since then the current leader is operating on the ward. The first impression of the head of the ward was that the team was already in 2014 to a large extent stable and open-minded to new ideas. Overall, the impression of a harmonious team, supporting each other, existed. From the point of view of the team leader, the first year brought some
challenges. For example, there were several long-term sick leaves, which subsequently had an influence on the constellation of the group.

- Conflicts

That it came to a general improvement in this phase is shown by the graphics and was also mentioned in the interviews. One of the respondents brings the declining level of conflicts in direct connection to the change of the station manager. For her personally, the current head nurse carries the tasks better out than the former one.

- Team constellation

Following the course of the team development process, the norming phase would now be expectable. At this stage, roles are so far distributed, there is clarity with respect to various topics and the basis for a smooth cooperation is laid. To a certain extent this could be reached on the ward. However, the change of the station manager caused some uncertainties, which is the reason why the nurses had to deal with problems that are typical for the preceding phase. Thus, the group experienced a second, weaker form of the storming phase. Therefore, this fourth period, the Adaptation Phase II, contains both norming- and storming elements.

4.1.5 Routine Phase II

In this section, an overview of the current ward situation shall be provided.

- After-effects of the merger

Even though many processes are completed and routine prevails, there are some issues left open and certain direct consequences of the merger are still noticeable. The joining of the wards was a tough time for the graduate nurses, which has left scars. This can be illustrated by the following statement: “But you know, you shall not look back, and you just do it automatically.” (B3). The current head of the station is also of the opinion that there are still some after-effects of the merger recognizable, and thinks that two issues are decisive that the merger was such a radical event for the nurses: “I think two components play a role in this context. That still a new team has arisen because some others have come here; and other clinical pictures – I think these are the two biggest conditions.” (B8).
• Capacity

One of the reform's implications was a reduction of beds. Such a decline certainly affects other wards in different hospitals as well. However, due to the treatment of two different disciplines, ward A-B struggles with this issue in particular. As a consequence of the capacity bottleneck, a complete overcrowding of the contingency is repeated. There are simply not enough beds for the number of admissions. The nurses associate this trend with the hospital reform several times. Relations of this kind shall be highlighted by a statement of one interviewee: “Regarding the situation of the beds I am noticing, I do have the feeling that the beds are too little since we are together. I mean we have had the problem of a bed shortage before [...] and if you have shift, it is an additional challenge to juggle the two disciplines. First, because of the beds, because of course every division needs its beds. And those are not always immediately available [...]. Thus, this was previously of course a bit easier, because at that time you had one discipline and everyone knew how you can juggle your people. And now we are already partially juggling in the house since the beds are a bit scarce.” (B4).

This juggling of beds requires on the one hand a high degree of coordination skills, and creates on the other hand an enormous pressure. In many moments, however, only one way seems to defuse the dilemma: Corridor beds. “It is completely crowded. We also have corridor beds frequently. Last week at this time for example we had four because no room was left in the whole house.” (B2).

Even though corridor beds are not the perfect solution and are rather unwillingly in use, they pose at least a short term option to solve the capacity problem. Though – as one interviewed individual describes: “According to the hospital reform, it is not the case in Upper Austria that there are corridor beds.” (B1).

• Time- and stress management

An increase in the scope of action seems to be partly responsible for the rise in the perceived level of stress among the nurses. Due to the fact that medical staff is not that often present on the ward any more, the carers have to assume many tasks and decide in which moment a doctor is needed to help. Another influencing factor is the already mentioned problem of the beds shortage. An analysis of the data made clear that the existing stress level is in many cases no longer perceived as positive and motivating, but rather the contrary: A pressure from all sides, resulting in certain situations in overstraining. A couple of respondents
state that the existing stress is also perceived and partly addressed by patients. This is for instance expressed in the way that patients ask why the nurses do not have time for them or agree that it is exceptionally stressful again. The work is complicated by the matter of fact that both ward rounds are almost parallel. If one patient needs more intensive care, the nurses are lagging behind and cannot supply the next patient in time. The scarce time resource was noticeable during the interviews as well. Some participants tried to answer the posed questions as quickly as possible and gave partially only brief answers, requiring a persistent demanding from my side. Additionally, a few caregivers checked the time repeatedly during the conversations and mentioned – more to themselves – that they have to hurry up.

- Quality of treatment

Partly caused by the intensification of the work- and time resources, many respondents assess the quality of treatment as decreasing. Not all interviewees share this opinion – some regard the quality as unchanging high. Relating to the lack of time, however, a clear downward trend is connoted. One example for this statement is the following: “[…] mhm, not directly the quality, but simply in terms of time. Because the beds were reduced and you rather have to see ‘getting the people out again’ since already so many new ones are waiting, whom you also have to accommodate somehow. And then, I do not believe that the quality has decreased, but it could surely be better; in terms of taking time and doing other things or taking care of patients’ concerns. But this is often not possible then.” (B1). At this point a compassion for the patients is identifiable. Another variable, having an influence according to one respondent, is those of doctors. In one respondent’s view the quality depends on doctors’ engagement: “I would say it depends on the respective character of the individual. So, some show more effort. For example, a senior physician – if he operates people on Monday and he does not have shift, he comes in in the evening and asks them [the patients] to come. The question is if this is really necessary, but he is just doing it. And I think that this of course increases the quality of treatment.” (B9).
Contact with doctors

In many cases the collaboration with the doctors does not work very well. In this setting, the missing willingness of some doctors to cooperate is highlighted. “No, I do not think it is among colleagues. This is more in terms of doctors’ staff. Doctors and colleagues, doctors-nurses-team, the cooperation between doctors and the nursing-team.” (B7). One nurse emphasizes that this does not apply to the whole medical profession: “[…] the communication is lacking between doctors and nursing staff. There are great doctors; I do not want to say personally that all of them are equal. There are a few doctors who care for the patients; if they have shift, they come, they call, they look if something is going on.” (B10). More than once explicitly called during the interviews was the difficult cooperation with doctors from department B. “Yes, the cooperation with B-doctors is for example not as good as it is with A-doctors. This does not work that smoothly.” (B5). According to many nurses’ assessments they are rarer at the station and not as reliable. This requires subsequently that the graduate nurses must often call or ask in order to obtain the wanted information. Indeed, this is tedious, but usually leads to success, as one of the respondents illustrates: “Either we arrange it by ourselves, what the other colleague’s opinion is, or else we ask everything we need to know in the ward round. Or we call them. We have made the decision that we do not care about it, even though we are calling them ten times. If they are not going to tell us, then… I mean, then of course they are willing to help us, but from their side it is often a bit tough.” (B4). For a couple of nurses it seems as if some of the doctors are not that committed or motivated any more. One indication confirming this observation is a regular personnel change among the doctors. One of the interviewees mentioned that she is exceedingly annoyed if made proposals will not be accepted or not be taken seriously. “This is just annoying then, if well-reflected proposals cannot be accepted… That perhaps this would be better for this or that patient, and this is partout not possible then.” (B5). What causes further displeasure is the circumstance that promises are made to the patients, which are, however, often not kept. “[…] it is also quite common that the patients are promised that they will be able to talk with the deputy. Or they will be able to talk with the deputy, who operated them, because there are some questions left or because they just want to know what is going on. And the patients are promised that he will for sure come in the evening, and this is not the case then. And this is always a bad situation for a nurse when we have to say ‘He is actually no longer in the house’.” (B7). This statement clarifies
that besides anger also a sense of compassion for the patients exists. The nurses need to provide the patients a justification why the respective doctor did not show up for a conversation. The question of whether this difficulty was already addressed was confirmed by a nurse; however, with the trailer that it led only to improvements in the short-term. Even if not directly addressed, but perceived for many caregivers is the presumption that there are also tensions among doctors. There is a clear rivalry between them; both between discipline A and B as well as in the respective specialized team. One example for this impression is that the two departments do not show a lot of consideration for the other when occupying the beds.

- Motivation

The motivation seems to be negatively affected when it is particularly stressful as one interviewee illustrates: "And I think, that it, if it is that busy, and we do have a lot of stress often. If you have eleven surgeries per day, then of course this is also a matter of coordination. [...] And this is the reason why I would say that the motivation is also often a bit reduced." (B9). The level of motivation seems additionally be pressed by personnel changes. If weeks or months-skilled personnel decide to leave the ward, it creates a sense of frustration. Likewise, the often insufficient cooperation (meant in terms of the doctors) affects the mood in the group as such issues cost the nurses extra energy. Nevertheless, not only negative sensations should be discussed in this context. During the interviews, many positive attitudes were called as well. This includes for example the high working motivation. If problems arise, the graduate nurses pursue the goal of resolving the problematic in a focused manner and ask for instance another colleague for advice. One of the respondents expresses that she regards a high performance level as an internal attitude.

- Merging of various processes

The merging of different processes seems to be only partially completed. Such a topic is for instance standards of discharges. In the interviews it has been mentioned that the standards of discharges still differ between A and B. One respondent calls the method of B as more complicated, whereat at A the problem exists that discharges take more time and are often not ready in time. Due to the existing separation of the ambulances and the separated doctors’ teams, a complete uniform discharge method of both disciplines appears to be not easy to im-
implement. Purely in terms of work it means an additional stress- and effort factor for the ward nurses. Work processes in general are meanwhile quite consistent. Regarding the way of documenting, some respondents are of the opinion that it is relative uniform. There are standards how to carry it out properly in the hospital, anyway.

- Separation of the disciplines

An actual separation of the stations after the merger does of course no longer exist. However, during the interviews the impression emerged that there is still an unconscious existence of two wards. An example for this feeling is that those nurses, who are already in the team since the merger took place, still show a preference towards their original discipline. Problematic is the circumstance that – as already discussed – certain processes, for example in terms of working style (e.g. bandages), still work differently. Totally, this hinders the daily work processes. Some respondents refer in this setting to the fact that also new colleagues notice relatively quickly who comes originally from which department. “To put it this way – B-nurses, A-nurses – if you would not know, who is originally from which discipline, I think you would figure it out.” (B7). Others, however, do not see a difference between original A- and B-nurses anymore. “Well, one does not notice right from the beginning ‘Oh that was originally a B’ or ‘Oh that was originally an A’ or something like that. This definitely not any more. I think over time it has gotten better.” (B1). Explicitly addressed by the interviewees was the effort to become a team and the feeling of shame for not having reached it entirely yet. Also the head of the ward is of the opinion that there are still differences, that there are still two directions: “What I have noticed in the function of a leader is that still two teams do exist partially, even though everyone says they are no longer existent. Nevertheless, you can feel it in the background.” (B8). One of the respondents describes herself definitely as a nurse of the A-B ward, but has the impression that the entire process completion is hindered by some issues: “We are now a station and that is how it is. I am no A-nurse and I am no B-nurse – I am both [...] But for me it is both – and this is absolutely not the case with doctors. [...] But there is still a very clear separation between the disciplines.” (B2). Thus, she associates the problem of the unconscious separation with the doctors.
Group constellation

In the meantime, the adaptation phase is completed – though, none of the interviewees talks about a sworn team. The overall level of the feeling of togetherness is assessed on a high level, although conflicts, such as with the medical profession, affect the feeling of togetherness. The nurses evaluate the working together as smooth; there is acceptance and cooperative behavior in the team. New colleagues are trained to the best of the carers’ knowledge and included in the team. If any questions or ambiguities arise, they support each other. The head of the ward confirms this positive mood and appreciation among the nurses as well. With respect to the group development model, it can be connoted that the nursing staff is meanwhile in the performing stage, even though there are a couple of issues which cause anger and clearly complicate the work on the ward.

Nurses’ suggestions for improvement

A few respondents provided inputs for enhancements. There is general agreement on the topic that a better communication between nurses and doctors is required. It was called several times that both the communication between the doctors’ teams (A and B) as well as the dialogue between medical staff and caregivers is insufficient. In addition, one of the interviewees consciously labeled a couple of ideas how to improve the situation. According to her, there exists one decisive problem for which she offers a solution approach: "I think the willingness is not here and it would be necessary to change it from the ground up or to set up such fixed guidelines." (B7). Thus, certain guidelines may pose an option to enhance the situation. Further mentioned in the interviews was that a brainstorming-session between nurses and doctors appears useful to discuss problems and work on appropriate ways of solutions. Another critical point – already treated before – is that doctors sometimes make promises to the patients, which they do not keep then. One graduate nurse offers a proposal how to solve this dilemma: "But there should be – it would be necessary to follow it more strictly. If something is promised to the patients, then it should be really followed. Or simply no empty promises are made [...]." (B7).
4.2 Derivation of three aspirations

After this process analysis of major events over the last years on the studied ward, the predominating aspirations of the case are identified. Worth to notice is that the aspirations are from the graduate nurses’ point of view. After conducting a detailed analysis of the data material, the following main aspirations have been detected: The aspiration to fulfill the nurses’ personal needs, the aspiration to adhere to formal rules of the head of the ward and the aspiration to fulfill the patients’ needs. In order to get a better understanding, the identified aspirations and their embeddedness in the regime of rules are defined in the upcoming section.

4.2.1 Aspiration 1 (A1): Fulfilling personal needs of the nurses

A first goal tracked by the caregivers refers to fulfilling their personal needs such as eating, drinking, having time to recover, receiving recognition, keeping their personal well-being and staying motivated at work. Concerning the embeddedness of this aspiration, it can be connoted that it has been formed through the group development process and belongs to the field of social norms. Ignoring basic human needs such as eating and drinking, but also needs such as time to recover or recognition, may lead in the long term to dissatisfaction, suffering or diseases. Additionally, the personal well-being of the nurses plays a decisive role in exercising their profession as well as in the patients’ optimal care. An overtired and stressed caregiver will have difficulties to do a good job and possibly threaten patients. In stressful times, if for instance a lot of patients are on the ward and an acute bed shortage dominates, fulfilling the personal needs of the nurses is difficult to realize. The impression arises that the caregivers are often under great pressure and as a consequence possibly neglect their own needs from time to time. Due to a shortage of staff, some interviewees mentioned that they think twice about going on a sick leave or show up at work instead, even though they do not feel well, because otherwise someone else has to step in. Besides that, it was expressed in the conversations that many nurses have a couple of overtimes – due to the bottleneck of staff, they often simply have no possibility to consume them. Thus, a high stress level prevails quite frequently on the ward, which poses a challenge to fulfill this aspiration.
4.2.2 Aspiration 2 (A2): Adhering to formal rules of the head of the ward

A second aspiration pursued by the interviewed nurses is adhering to the formal rules set by the head of the station. Decisions made by the direct supervisor of the nurses must more or less be accepted. The implied instructions thereof need to be executed by the caregivers in order to satisfy their boss and fulfill their contract. Expectations by executives are definitely a part of the organization’s set of rules and therefore belong to the formal rules. A compliance of the contract is important as a deviation thereof would risk negative sanctions or would even imply a loss of the job. The head nurse is for instance responsible for the arrangement and partly in charge of the search for sufficient beds. The graduate nurses need to arrange themselves with the determined classification of beds and try to manage it. Overall, the impression exists that the carers try their best in most cases, giving 100 percent in order to accomplish the workload. They strive to master the situation and do not want to disappoint the head of the ward. However, in stressful situations the range of tasks is often extremely extensive and almost impossible to realize. It is the limited number of beds and the frequently high number of patients who are waiting for admission, which pose a particular challenge.

4.2.3 Aspiration 3 (A3): Fulfilling needs of the patients

The third aspiration refers to the fulfillment of the patients’ needs. The treatment of patients and subsequently the well-being of them are decisive for the caregivers’ work. Sick people should be helped – this is the essential reason why the ward or the hospital even exits. Regarding the embeddedness of this aspiration, it can be hold that it belongs to the formal rules. By having signed the employment contract, the nurses formally submitted to the set of rules. One of a core principle in the hospital context is to take care of patients and fulfill their needs best possibly. Therefore, pursuing this aspiration is very important for the nurses. The interviewees feel emotionally partly connected with the patients, why for instance a strike for better conditions seems unrealistic. “You cannot somehow... And if you stop... I mean, then the whole stands still. And this is, I guess, not compatible with the attitude of the most. That you say you just leave them or something like that.” (B1). With regard to the attitude towards A and B patients, it can be said that the caregivers see no difference in dealing with patients from
the different disciplines. One interviewee emphasizes this as follows: “I do like all of them. They are nice patients […] There is no difference; cannot be. We treat all of them equally and I do like all of them.” (B10). Compassion for the patients is shown by the fact that the nurses often feel guilty due to the increased stress level as well as the reduced time. They simply do not have the time they often want in order to focus on the individual needs of every patient. In this context some carers further mentioned that a more intensive responding to patients’ needs could possibly facilitate a faster recovery process. If there are patients with larger interventions, the caregivers try hard to take the necessary time. Due to the high working level as well as a lack of beds, the graduate nurses are under great pressure. Every day new patients are waiting for a bed; every day patients need to be discharged to have new, free beds available. This ‘fast-fast-mentality’ or ‘guiding through’ of human beings is often very difficult for the caregivers as they try to respond to patients’ needs and do not want to support a too early release of patients just for the reason of providing more beds. Rather, they still want to offer a professional care. However, they feel the pressure from all sides to provide free beds. In this context, one nurse calls that in the end the patients are the victims of the situation. “This was certainly different previously. There is, so in the end the patient is the poor one. Because (s)he is totally – you cannot say being neglected – but, yes…” (B2). The unanimous assessment among the graduate nurses is that mainly B patients are affected thereof as medical staff from this department is rarer present on the ward compared to A. This leads potentially to an extension of waiting times, as one nurse clarifies: “Yes, and sometimes even a bit longer. A couple of days.” (B2). The respondent continues by mentioning the issue that patients are frequently made empty promises by the doctors. Such acting causes anger among many carers. It should further not be underestimated that it may as a consequence reinforce the compassion for the patients. How strong the influence of the emotional bonding with the patients really is, shall be highlighted by the following case, as one interviewee describes an experience with a patient to be the vital moment why she has stayed on the combined ward: “And then, I think it was after three months or so, that one of the A-patients […] has written me: ‘I hope I will see you again tomorrow. Please come – do you have shift?’ And then I thought to myself: ‘Hey X, I am staying here.’ […] That was decisive for me that I have even remained on this ward.” (B3).
The previous analysis had the purpose to clarify that the graduated nurses are confronted with several aspirations, which they have to master every day. One difficulty for the caregivers is certainly the frequently dominating stress level, which is the reason why the three aspirations often compete for time resources. If the nurses for example spend a lot of time with the patients in form of care or intensive talks, it has a positive effect on the patients’ well-being. However, the workflow slows down by such behavior. It could be the case that the head of the station has already allocated further tasks waiting for completion. Additionally, the carers may not have time to satisfy their own needs.

4.3 Stress and time constraints as a consequence of the merger

An analysis of the data clarifies that the merger implied many negative consequences for the caregivers. The interview material shows that it repeatedly comes to certain ‘exceptional circumstances’ or particularly busy moments on the station. These topics have in common that they are perceived as stress factors by the graduate nurses. Totally, six main stress factors could be identified. What this means in more detail shall be clarified at this point.

Stress factor no. 1: More and diverse tasks

A significant increase in the level of stress because of the merger cannot be neglected. This may be explained by the fact that there is a more diverse task area due to the second discipline. Patients with different illnesses are treated on the ward, which requires a comprehensive knowledge to numerous clinical pictures. The challenge of juggling with the numerous obligations and aspirations intensifies steadily. Another example of such a tension field is that the nurses have to maintain, beyond the ward, the A-ambulance temporarily. This creates anger among a couple of nurses; they do not see these tasks included in their remit, since they have enough work solely on the ward.

Stress factor no. 2: Reduction of beds

Beyond that, the reduction of beds poses a huge challenge for the nursing staff. This results frequently in a feeling of overstraining as there are often too many patients for the available amount of beds. There is often a high number of un-
planned patients’ admissions, which have to be accommodated somehow on the ward or in the hospital. In such a situation, a fast provision of space has top priority, because otherwise the entire ward processes are interrupted. Therefore, the carers are often under great pressure to make room for the waiting patients. Although this does not represent an acute survival threat of the station, it can clearly be considered as a threat to a smooth procedure. In such a moment, the nurses shall and want to help the patients as soon as possible, which can be achieved in the first step with the provision of space. An emergency option in such situations represents the already mentioned corridor beds. Those patients, who have been hosted, must be accommodated somewhere; therefore a temporary bed in the corridor represents partially the only possibility. In conjunction with the reduced number of beds is certainly the decreased time of patients’ stays at the hospital. Compared to former times, many patients’ stays at the hospital are nowadays shorter. The existing bottleneck of beds and the fast ‘guiding through’ of patients is definitely a stress factor for the nurses. The working carousel keeps on going faster and faster.

**Stress factor no. 3: Missing support**

Missing support can be considered as another stress factor for the graduate nurses. The insufficient hospital internal support applies mainly to the period before the merger, the merging phase itself as well as the first time in the new team. However, more support would further be helpful in many situations nowadays. The missing backing makes it difficult for the caregivers to manage the tasks they have to deal with in their working context. In order to talk about focal points or to discuss possible solutions, more support would in some situations be necessary. One of the interviewees calls that nurses’ reactions are usually followed by an effect, but the persistent follow-up of such topics is very exhausting. Many caregivers have the feeling that they are basically left alone if problems arise. The regulation of existing issues is solely nurses’ task, which creates stress among them as it is not always easy to solve existing disputes.

**Stress factor no. 4: Conflicts with doctors**

As it has already been pointed out, the graduate nurses see a high potential for conflicts with respect to doctors. Caused by the difficult cooperation at times, certain inconsistencies occur. It poses a challenge for the carers that the doctors (especially from department B) are hardly present on the ward and that the
communication is quite exhausting. Additionally, some nurses sense a rivalry among the doctors’ teams A and B, which is for instance seen in the non-observance of the other discipline when occupying the beds. These issues – conflicts among doctors’ teams and lack of cooperation with the doctors – are an additional challenge for the caregivers, require extra time if they for example have to call the desired medical specialist and create stress if the doctors are not available or do not answer.

**Stress factor no. 5: Unconscious existence of two wards**

Insufficient appears the alignment of the two wards or the bringing together of different processes. As already pointed out, there is still the impression that two wards exist in parallel. Problematic seems to be the circumstance that the typical working method of discipline A still deviates from B. Nurses, who take care of B-patients, work generally more independent compared to A. At subject A, doctors often assume tasks, whereat such activities are nurses’ tasks according to B-doctors. Differences in the way of working, but also in terms of discharges are evaluated by many as irritating as it is basically one united ward. The graduate nurses sense an indirect mediation of the disciplines, making it difficult for them to identify and perfectly adapt to the merged ward. This separation of the disciplines often means stress for the carers as they have to switch between different working styles. It seems contradictory for the graduate nurses if they have to feel like one united ward and communicate this authentically, if it is not credibly conveyed by other instances. “And it still goes ‘The B, the B, the B’. This is... by this single example you see, you know it by the slang that it is not yet a team in the head. And in the head it is still not a station.” (B2).

**Stress factor no. 6: Increasing aspirations**

There seems to be a rise in aspirations, which increases the nurses’ stress level significantly. Rising aspirations refer to multiple instances. Clearly emerged in the setting of the conversations are those of patients and doctors. Regarding patients, it can be said that dissatisfaction with certain conditions, premises or operations influence the relationship negatively. During the interviews, some nurses called a deterioration of the relationship with the patients during the last few years. If it is caused by the merger, cannot be totally determined. However, this tendency was definitely brought in connection to the increasing stress level as well as the reduction of beds. In such moments, the carers cannot completely hide their anger as one of them declares: “Well sure. Because then you are not
in such a good mood either. Maybe you are a bit irritated and the patients are also getting partially – how can I say – more difficult and they demand much more. And therefore it is quite likely that the relationship is sometimes simply not that good.” (B5). Some nurses explicitly mention that a lot of patients are getting more and more demanding and are only seldom pleased. A few recognize an increase in patients’ aspirations – as if they were in a hotel as an interviewee titles it: “I think that people are getting increasingly demanding when they come to the hospital; that it is a hotel or something like that.” (B7). This growing dissatisfaction with relatively small problems further generates anger among the carers, because there is for example a seriously ill patient in the next room who is fighting for his/her life. Another focal point called by the respondents concerns the visiting hours, which are less and less respected by the patients’ visitors. “What I am thinking right now of a relationship with the patient is – what bothers me more and more – that no visiting hours are respected.” (B9). The nurse who stated that brought this development in connection to the removal of previously laid out information sheets. Doctors’ aspirations are explained in the way that many tasks, in former times carried out by medical personnel, are nowadays often done by nurses. Particularly in stressful situations, this development seems to have a rather negative influence on the work itself. The nurses tend to partially postpone or neglect their own needs in such moments. In sum, a clear increase of pressure from all sides for the caregivers is identifiable.

Thus, the identified stress factors negatively affect all three aspirations. First, it impedes the attention paying of the graduate nurses’ own needs. Second, nurses are not able to adhere to the formal rules of the head of the ward sufficiently. And third, it influences the relationship with the patients in a negative way as it complicates the fulfillment of patients’ needs. A certain degree of stress might be motivating and stimulating, but in this case it often seems that it rather leads to excessive demands and irritability. This dilemma is inter alia emphasized by respondent number 10: “Riot. A real riot. Then we must check everything again, and every doctor calls, asking ‘Is this made, is that made, have you organized this and that?’ or I need to call myself, ‘Shall I do this, shall I do that?’.” (B10).

The section clarifies that the caregivers are often confronted with many stress factors and time constraints; therefore their overall stress is on a very high level. As there are many existing stress factors in the analyzed case, it may reasonably be expected that the carers have difficulties in satisfying all their aspirations.
However, an important finding is that fulfilling one aspiration does not automatically hinder fulfilling another aspiration. This is for example underpinned by the fact that the satisfaction of A1, so if the nurses eat, drink, reflect, are motivated, etc., does not automatically contradict fulfilling A2 and A3. How the ward nurses manage the three aspirations – either sequentially or simultaneously – despite a very high level of stress, will be treated in the following chapter.

4.4 Identified strategies

In this section, more light shall be shed on the issue of how the graduate nurses are able to manage the three identified aspirations – satisfying the nurses’ personal needs, adhering to formal rules of the head of the ward and fulfilling the needs of the patients. Therefore, the chapter’s aim is to provide empirical indicators showing strategies how the caregivers handle their aspirations.

- Strategies to manage A1

The first aspiration is the fulfillment of the nurses’ personal needs. An indication that many stakeholders did not feel comfortable during the first time in the new team is the relative high number of sick leaves. Also the head of the ward clearly noticed the aftereffects thereof when joining the station in 2014: “Then of course the compulsory first year has come, what I as a leading person have... we had many long-term sick leaves. There you have felt that it affects the constellation of the team. Simply, because many often have to step in and have to do that again.” (B8). However, the situation seems to have improved a bit recently, which can for instance be seen at the declining number of sick leaves and on the positive mood within the team. This is on the one side the impression of the head nurse: “[…] almost all are healthy and it is working out very well, and everyone knows that it really is a lot of work; and also together, this one helps here a bit and you feel it this year again – I hope it continues like that.” (B8). On the other side the caregivers share this opinion as well: “No, that is fine. We stick together and I do not think that we exclude someone somewhere.” (B6). The graduate nurses seem to respect each other and deal well with one another. Additionally, they meet each other outside the working context as well, for instance at specific celebrations or if they go out together to eat something. The impression occurs that the team has – despite the external adversities – so far established, what is obviously expressed by the station manager: “I think the team is so far estab-
lished [...] that you know, ‘I am on this ward, there are two disciplines and then...’. Those who are already longer a part of it, they have well arranged with it, I think. And those who did not arrange with it have probably already left this station anyway.” (B8). A further indication that the nurses are satisfied is that many of them are long-term employees and worked already prior to the merger either on ward A or B. If they would not be able to satisfy their own needs at all, this picture would perhaps look somewhat different.

Apart from that, there are regular conversations or team meetings between nurses and the head of the ward, where important topics can be discussed. In this setting, the carers’ concerns are taken seriously and appropriate solutions for existing problems are tried to be found. Consequently, the more sincere responding to the nurses’ needs takes place, the better fulfilled is this aspiration.

- Strategies to manage A2

Another aspiration calling for attention is adhering to formal rules of the head of the ward. An advantage appears to be the clear structures of the ward, meant in terms of distribution of roles. The care team consists of the head of the ward, the graduate nurses and the nursing assistances; every group has its specific working areas. Beyond this clarity, there is also transparency regarding work- and holiday processes (e.g. Who works when on which weekend?). Hence, the following statement can be derived: Clarity in terms of structures helps the nurses to manage their three aspirations. Although clear structures exist on the ward, there is still a level of flexibility. In terms of working, the head of the ward considers it as important that the final product is optimal – the individual division of work is kept relatively flexible. Hence, it seems as if this combination of clear structures and the flexibility has a positive influence on the management of the three aspirations.

The interview data make clear that the nurses sometimes schedule their outstanding tasks quite autonomously. They assess the urgency of the waiting tasks on the basis of their personal estimation and carry out one task after the other. Hence, the caregivers prioritize on what to focus first and then deal with other concerns.
• Strategies to manage A3

A difficult topic for the nurses is the scheduling of time for the patients. In many cases, patients with severe illnesses, who need intensive care and attention, are treated on the ward. Due to the increasing time pressure, the graduate nurses get into a dilemma frequently. Within the conversations, the carers call that they try to spend the individually necessary time with the patients. This is often difficult to realize, especially with patients, who have a rather minor illness. Hence, the nurses may not treat all patients equally in order to manage all three aspirations.

The impression occurs that the graduate nurses partially dissociate from the medical history of the patient, from the patient as a person simply due to the fact that the tight schedule of the nursing staff leaves no room for it. The correct dosage of compassion and objectivity appears to facilitate the handling with patients a lot, but also facilitates the work on the ward in general. A too high degree of empathy with the patients would probably limit the carers emotionally and timely in their work. Some respondents highlight that they are trying to keep the stress away from the patients – to not let them feel it too much and act as normally as possible. Due to the time pressure, hours-long discussions are simply not possible and would further perhaps result in a too strong compassion for the patients. Some interviewees confess that they feel guilty because of this shortage. At the end of the day, however, they feel like having no other choice in order to maintain the workflow. The suspicion exists that this balance between empathy and detachment is not always possible, but in many situations the caregivers master it quite successfully.
The following table summarizes the identified strategies and gives examples of the respective strategy.

<table>
<thead>
<tr>
<th>Strategies applied</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspiration 1: Fulfilling nurses’ personal needs</strong></td>
<td>“But summa summarum I can say that I am satisfied. Well, I think we are on a high level in the house. Still. In terms of the nursing side and simply regarding the team,... We go for example often out to eat something or if somewhere is a celebration. We meet each other at the Christmas celebration or something like that. It is still a group, more or less, it is not that... And the new leader is also here for about two years, and yes, is also nice. And we get along with each other and yes, it is fine.” (B10)</td>
</tr>
<tr>
<td>Nurture a good team cohesion</td>
<td>“If we have our discussion, we have our team leader and we just say that we have to talk, or we say in a team meeting that we have a matter of concern, and this will be regulated then.” (B10)</td>
</tr>
<tr>
<td>Address matters of concern in team meetings or discussions</td>
<td>“Maybe also that the teams are relatively clearly structured with their weekends. That two teams, and who come – it always comes in the vacation time and there is no thing such as... all 14 work together.” (B8)</td>
</tr>
<tr>
<td>Benefit from the clear structures and a certain degree of flexibility</td>
<td>“Ah, there everyone can, is allowed to organize it by herself – I think this is also in every employee’s [interest]... For her it must match, and the final product must match. That everything is made.” (B8)</td>
</tr>
<tr>
<td>Setting of priorities</td>
<td>“Well, I set priorities what is more important for me, and what I think needs a faster completion; this I carry out faster. Then, I do not care about what others say.” (B2)</td>
</tr>
<tr>
<td><strong>Aspiration 2: Adhering to formal rules set by the head of the station</strong></td>
<td>“[...] I mean you are trying to give those people the time, where you already feel it... But for those people, who have rather something smaller. Those stay of course a bit behind.” (B4)</td>
</tr>
<tr>
<td><strong>Aspiration 3: Fulfilling the patients’ needs</strong></td>
<td>“You still try to – well, I for example... I still try to be totally normal – well, as usually – with the patient. Of course this is then often a bit – things such as conversations are just shortened a bit.” (B1)</td>
</tr>
<tr>
<td>Give patients with major diseases more attention and time; give those patients with minor diseases less attention and time</td>
<td>“...”</td>
</tr>
<tr>
<td>Balance between empathy and detachment</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Identified strategies (own source)
The previous analysis of the data material shows that the graduate nurses want to meet all three aspirations and try to juggle them. An interpretation of the studied case made clear that the caregivers have developed smart strategies how to deal with the limited time resources and the increasing stress level. These methods refer either to a sequential approach, which means that one aspiration after the other is pursued, or to a simultaneous goal approach, whereby one action implies the fulfillment of multiple aspirations. In table 5, the applied strategies, how the respective strategies lead to the pursuit of A1, A2 and/or A3 (i.e. How applying strategy X leads to managing A1, A2 and/or A3) as well as the type of strategy are summarized and explained.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>Type of strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1: Nurture a good team cohesion</td>
<td>x</td>
<td></td>
<td></td>
<td>Sequential</td>
</tr>
<tr>
<td>S2: Address matters of concern in team meetings or discussions</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Simultaneous</td>
</tr>
<tr>
<td>S3: Benefit from the clear structures and a certain degree of flexibility</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>Simultaneous</td>
</tr>
<tr>
<td>S4: Setting of priorities</td>
<td>x</td>
<td></td>
<td></td>
<td>Sequential</td>
</tr>
<tr>
<td>S5: Give patients with major diseases more attention and time; give those patients with minor diseases less attention and time</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Simultaneous</td>
</tr>
<tr>
<td>S6: Balance between empathy and detachment</td>
<td>x</td>
<td>x</td>
<td></td>
<td>Simultaneous</td>
</tr>
</tbody>
</table>

Table 5: Types of strategies (own source)

- **S1: Nurture a good team cohesion**

  A1: By applying this strategy, the nurses promote a good team spirit, which has a positive impact on their own well-being. Actions as for example going out together for dinner may strengthen the team cohesion and affect the mood in the group. Thus, part of their own needs is fulfilled by such activities.

- **S2: Address matters of concern in team meetings or discussions**

  A1: If problems or grievances exist, team meetings or discussions represent a platform to debate about that with colleagues and the head of the ward. This supports the feeling that personal concerns are taken seriously, might convey an
honest responding to the nurses’ needs and addresses their needs for receiving recognition.

A2: Beyond that, both the head of the ward as well as the caregivers have the possibility to bring up topics that should be changed, kept or no longer continued. Through this mutual feedback, the head of the station can reflect upon made actions, but also the nurses are able to better respond to the needs of the team leader and subsequently better comply with the ward’s formal rules. In total, it fosters a better responding to the needs among the two instances, which has a positive impact on a smooth station process.

- S3: Benefit from the clear structures and a certain degree of flexibility

A1: The combination of clear structures and flexibility reinforces optimal conditions for the graduate nurses to fulfill their own needs. The existing structures enable for instance clarity in terms of the whole station routine or the division of labor (e.g. Who works on which days in which week?). A certain degree of flexibility facilitates for example the breaks layout and ensures the responding to unpredictable events in a flexible way. Too rigid structures would probably hinder such acting. The predominating flexibility makes it easier for the caregivers to fulfill their personal needs more targeted and situation-dependent.

A2: The existing combination of both clear structures as well as a certain degree of flexibility further facilitates the fulfillment of the head of the ward’s needs. For the team leader it is important that the processes on the station work as smooth as possible and that open orders will be completed. The clear and transparent structures make it easier for the nurses to satisfactorily meet the expectations of the station manager. However, the latter one grants the nursing staff a certain room for manoeuvre, whereby they can organize their tasks flexible and still satisfy their boss. In the case of rigid structures this would be more difficult.

A3: Moreover, clear structures allow a regular contact with all patients, for instance in the morning round where all patients are examined. This recurring routine supports a balanced supply of all patients. However, the existing flexibility enables a certain room for deviations. An example for this is the autonomous task division or the occurrence of an unforeseen event. Through the predominating flexibility, the reaction to such events can happen in a fast way, whereby the nurses are able to better respond to patients’ needs.
• S4: Setting of priorities

A2: This strategy fosters an optimal adhering to the formal rules of the head of the ward. Some unscheduled events or a variety of tasks at the same time make it almost impossible to deal with everything around the same time. Rather, priorities on what to focus first are set. Based on their personal assessment, the nurses decide on what task to focus first, i.e. what has priority for them, and thereby keep the ward processes going.

• S5: Give patients with major diseases more attention and time; give those patients with minor diseases less attention and time

A2: Due to the high stress level and the lack of time, the nurses are often not able to respond to the individual needs of every patient in equal parts. By reducing the time and attention spent with patients who have rather minor diseases, the carers save time and generate resources to focus on additional tasks. The conscious and intensive care of those patients who demand it (usually those with larger interventions), potentially supports a faster recovery, which in turn positively affects a smoother process of the station. Thus, by applying this strategy, the nurses promote a faster ward procedure.

A3: Patients, who need a high degree of care and attention (often those with large interventions), are given more time; patients, who need less time and attention (for instance those with smaller interventions) are given less time. Hence, the nurses aim to satisfy the ill ones according to their personal claims and thereby want to fulfill their needs adequately.

• S6: Balance between empathy and detachment

A2: The switching between emotionality and detachment enables an individual responding to every case specifically, but nevertheless ensures a certain degree of speed to accomplish the waiting tasks. Hence, it supports the meeting of the formal rules set by the head of the ward.

A3: Through this method, the graduate nurses are able to individually react to every patient when they realize that more attention is required. By responding for instance to the needs of a patient in the setting of a conversation, part of his/her needs is fulfilled. In order to prevent a too emotional bonding with the patients, a certain degree of distance is necessary. Totally, this balance between
empathy and detachment helps the nurses to satisfactorily meet the demands of the patients.

As it has been shown in chapter 4.3, the merger led to an increase of stress for the nurses. However, the data material shows that the caregivers apply (consciously or unconsciously) smart strategies how to pursue their aspirations. Existing literature assumes that rather sequential methods are applied in extraordinary situations. Likewise, this counts for the studied case as the graduate nurses will not start having lunch break if for instance a patient has an emergency. An additional finding to this behavioral pattern is that the carers of the studied case apply strategies which allow a simultaneous approach. The simultaneous pursuit of multiple aspirations is particularly helpful in the nurses’ situation of having a lot of stress since the merger and it facilitates their work on the ward.

5 DISCUSSION

As it has already been pointed out in previous chapters, aspirations are an important concept for the understanding of several organizational phenomena. Most commonly, institutions do not only pursue one aspiration, but many. Such multiple aspirations potentially contradict with one another. The scientific community has generally acknowledged the possibility of contradictions among aspirations, e.g. studied by Ethiraj & Levinthal (2009). This thesis shows that the nurses are confronted with a lot of stress; that is a fact they cannot change. The study further identifies contradictions among the aspirations of the carers. The conflict in this case is that due to the increased stress level since the merger, the three aspirations are competing for time resources. Thus, main determinants for a conflict in this context are stress and time constraints. Put together, it can be stated that this research confirms the possibility of contradictions between multiple aspirations.

Apart from that, the thesis provides insights into the functionality of the manageability of multiple aspirations. Most scientific literature assumes that firms pursue their aspirations in stressful situations sequentially. The sequential goal attention approach refers to the pursuit of one goal after the other. According to Labianca et al. (2009), for example, there are certain situations that request more attention than others. In very busy moments or extraordinary situations,
firms focus only on the case of the emergency, i.e. pursue their aspirations sequentially, and temporarily neglect everything else. This behavior has been found in the analyzed case as well and is shown by the application of the detected sequential strategies, i.e. nurturing a good team cohesion and setting of priorities. Hence, the application of sequential strategies in very busy moments can be confirmed by this research.

Additionally, this case study identifies the use of simultaneous strategies despite the high level of stress. The simultaneous goal approach states that individuals take a broader perspective and focus on multiple goals at the same time, i.e. with one action multiple aspirations are fulfilled. An example for the application of this method is the strategy of balance between empathy and detachment. Hence, despite the very high level of stress on the ward, the graduate nurses are able to pursue their aspirations by applying several simultaneous methods. This finding is quite surprising and extends the theoretical understanding on the functionality of managing multiple aspirations.

Regarding the specific of the case study’s target group, the following observations could be made: The concept of prisoners of love (Folbre, 2001) implies that A3, fulfilling the needs of the patients, has top priority for the nurses. However, this thesis shows that the situation is more complex than suggested by Folbre (2001). The findings demonstrate that the caregivers are not just prisoners of love. The nurses are affected by the patients, try to understand their feelings and want to meet their needs as best as possible. However, the graduate nurses feel increasingly stressed by the patients, by their demands and consider them in some situations as (additional) burden. The nurses still want to take care of the patients, but sometimes feel partly overstrained by the needs of the ill ones. Hence, the emotion of empathy is complemented by detachment. This study shows that it is important for the carers to dissociate themselves from the patients in some moments. Moreover, not only the needs of the ill ones are tried to be fulfilled. Rather, the caregivers pursue the fulfillment of their own needs and the interests of the head of the ward as well. Thus, the study shows a more complex relationship between nurses and individuals in need of care than proposed by Folbre (2001) and subsequently, this research does not entirely support her point of view.
5.1 Limitations

One limitation of the study is the number of interviewed individuals. A higher number of conducted interviews may have led to even more detailed information and would have increased the representativeness of the results. Due to resource limitations, this could not be realized.

The conversations lasted between 26 and 56 minutes. Thus, the average duration of an interview is approximately 37 minutes. A longer time frame may have increased the richness of the gathered data. Because of time reasons, this was not possible and can therefore be considered as a certain limitation.

Another limitation refers to the identified stress factors and strategies how to deal with the existing aspirations. It may well be that additional stress-increasing determinants and strategies are influencing, which could not be identified with the existing data material.

The research field of the empirical study is an institution in the medical sector. In this setting, definitely varied specifics are important as compared to other branches, e.g. in a company in the economic industry. Consequently, some findings may be too context-specific and therefore not count for other areas. However, this can only be regarded as a minor limitation, because for example the findings of a study in the economic business are potentially not automatically generalizable either.

5.2 Recommendations

There is definitely a potential for future research. First, it would be interesting to further explore effective strategies to manage multiple aspirations in additional research settings. This may either (partially) support the findings of this study or lead to totally opposing results.

A broader investigation in terms of successful strategies how to deal with multiple aspirations is another gap for future studies, particularly regarding influencing factors. In this thesis the main determinants are stress and time constraints, where six stress-increasing variables could be identified. Additional results may
shed light on the strength of these factors or possibly determine other influences as well.

More research is advisable on the development of competition for (time) resources among aspirations. In this study the three aspirations compete for time resources. More clarity in terms of mechanisms of the occurrence of competition for resources among aspirations is another field that deserves future investigation.

Besides, the empirical analysis shows that the nurses are not just prisoners of love (Folbre, 2001), but are increasingly irritated by the patients and consider them as (additional) burden. It would be interesting to analyze this tendency in further industries. Is this development recognizable in other caring sectors as well, for example among teachers or parents? Especially in the latter case, the caring persons (the parents) benefit more directly from the care of the people in need (the children). Kids do not remain small and usually not in need of care forever, but rather become independent and possibly take care of the caring (the parents) one day. Taking this closeness between parents and children into account, it would be interesting to study the phenomenon of prisoners of love in more detail. Hence, without any doubt, there is a high potential for broader studies in other research settings.

5.3 Summary

The starting point for the thesis was the fact that there is a large amount of research on multiple aspirations, but still little is known about the question of how institutions actually deal with multiple aspirations. Therefore, a case study, where such multiple aspirations were found, was analyzed in the empirical section. Due to a previous merger on the studied ward, many conditions have intensified for the target group, the graduate nurses.

The conducted interviews clarify that the stress level on the ward has risen due to the merger and indicates that there are several stress-increasing factors. In more detail, these determinants are more and diverse tasks, a reduction of beds, the missing support, conflicts with doctors, the unconscious existence of two wards and increasing aspirations. Influenced by the risen stress level, the nurses
have to schedule their scarce time resources deliberately, and subsequently the three aspirations are competing for time resources. Therefore, the thesis focuses on the issue of how the caregivers manage despite the predominating stress and the limited time resources their aspirations.

Derived from this observation, the following research question has been set up: How are multiple aspirations managed by nurses who are confronted with increasing levels of stress due to the merger?

The answer to it will now be summarized. As it has been discussed in the results chapter, many indices point out to the manageability of the nurses’ three aspirations and ways how they are able to do so were shown. In total, the thesis’ findings do not only support one of the suggested goal attention methods, but shows elements of both, i.e. the caregivers use simultaneous as well as sequential strategies. On the one hand side, the graduate nurses apply strategies to satisfy one aspiration after the other. For instance, they prioritize dependent on their personal assessment on what aspiration to focus first. This finding is in line with many scientific researches. In very stressful situations, individuals tend to apply sequential strategies in order to pursue multiple aspirations. On the other hand side, the study shows that the nurses apply simultaneous strategies as well. This means that they focus on more than one goal at the same time and thereby fulfill multiple aspirations simultaneously. Although there is a lot of stress on the ward, the carers have developed strategies how to simultaneously pursue their aspirations. This result is quite surprising as theory rather expects the application of sequential strategies in extraordinarily busy moments. Hence, this research’s findings broaden the understanding of the pursuit of multiple aspirations and thereby extend the scientific literature.

With regard to the specific of the case study’s target group, it can be summarized that the situation on the ward is not as simple as suggested by Folbre (2001). The caregivers are not just prisoners of love. Accompanied by the nurses’ feeling of compassion for the patients is that they feel increasingly stressed by the demands of the ill ones. It seems crucial for them to dissociate from the patients occasionally. Moreover, the research shows that besides the fulfillment of the patients’ needs, the graduate nurses aim to pursue their own needs and the interests of the head of the ward as well.


