Emergency Department Nurses' Experience Relating to Hospital Acquisition: A Phenomenological Study

Bernadette DePrez

Follow this and additional works at: https://knowledge.e.southern.edu/gradnursing

Recommended Citation
https://knowledge.e.southern.edu/gradnursing/39

This Article is brought to you for free and open access by the Nursing at KnowledgeExchange@Southern. It has been accepted for inclusion in Graduate Research Projects by an authorized administrator of KnowledgeExchange@Southern. For more information, please contact jspears@southern.edu.
EMERGENCY DEPARTMENT NURSES' EXPERIENCE RELATING TO HOSPITAL ACQUISITION: A PHENOMENOLOGICAL STUDY

BERNADETTE DEPREZ
EMERGENCY DEPARTMENT NURSES’ EXPERIENCE RELATING TO HOSPITAL ACQUISITION: A-PHENOMENOLOGICAL STUDY

A Paper Presented to Meet Partial Requirements for a MSN Degree
Southern Adventist University
School of Nursing

Bernadette DePrez
December 5, 2008
SOUTHERN ADVENTIST UNIVERSITY  
SCHOOL OF NURSING  

Document Acceptance Form  

NAME OF STUDENT(S): Bernadette DePrez  

NATURE OF DOCUMENT (circle one): Project  Thesis  

TITLE OF DOCUMENT: Emergency Department Nurses' Experience Relating to Hospital Acquisition: A Phenomenological Study  

DATE OF COMPLETION: December 5, 2008  

I attest that I have read this document and find that the document fully meets the standards set for ethics, content, organization, form, and style as set by Southern Adventist University and by the School of Nursing for this type of document.  

Thesis/Project Chairperson____________________________ Date 12/5/08  

Thesis/Project Committee member________________________ Date___________  

Thesis/Project Committee member________________________ Date___________  

Approved by Dean of the School of Nursing:  

____________________________________ Date 12/5/08  

54
CHAPTER ONE
INTRODUCTION

It is estimated that two hundred healthcare facilities in the United States are acquired and incorporated into large multihospital systems (Wilke & Choi, 1988). The reason for this changing healthcare strategy is multivariate. Specifically, in the United States hospital market one reason are changes in reimbursement policy under both public and private third party payer systems. These changes have compelled hospital decision-makers to make cost cutting decisions to compensate for decreased reimbursement (Ferrier and Valdmanis, 2004). In addition, competitive salary structures and the cost of providing cutting edge, high quality care are examples of the variables further contributing to decreased sustainability of healthcare facilities. Local funding for healthcare facilities has to compete with other critical community needs such as education and social services. County owned organizations that depend on local government funding are particularly vulnerable to acquisition.

The impact of an acquisition on the healthcare workers is also multifaceted. Leveck and Jones (1996) found that when healthcare organizations restructure, downsize, or merge, stress levels increase in the practice environment. The lived experiences of nurses impacted by a merger can provide valuable insight and information to develop strategies to minimize the effect of the merger on the care environment.

This study is needed to increase the existing knowledge base related to the experiences of direct care staff when healthcare facilities merge, and to develop strategies to decrease the negative effect of acquisitions for patient care staff. This study will offer
an opportunity for staff who practiced in a merger and acquisition environment to share their experiences and to contribute to this body of knowledge.

Background and Significance

Community Health Systems (CHS) in 2005 was a seventy three hospital corporation averaging three to four new hospital acquisitions each year. The usual model for CHS was sole provider in a small rural community setting. In Bradley County the CHS owned facility was slightly out of the traditional model. The 100 bed CHS facility (Hospital A) was in a two hospital town. Approximately three miles across town was a 251 bed county owned hospital (Hospital B). Over a five year period from 2000 to 2005 the smaller organization gained market share, while the larger facility lost over two percent of the primary market.

According to the data distributed by Health InfoTechnics, LLC, the most significant change in primary market share occurred from 2001 to 2003. Hospital A, the smaller facility captured 17% of the primary market share in 2001, 18.7% in 2002 and increased to 20.7% of the primary market in 2003. Inversely Hospital B lost market share, showing 36.6% capture of the primary market in 2002, 35.3% in 2003 and down to 34% by 2005. This shift in the market, in favor of the smaller facility, was achieved through improved customer satisfaction, capital re-investment and improved quality care. The county owned hospital was struggling with increasing debt, bad press and decreasing customer loyalty.

In the summer of 2005 the county facility was looking for a buyer. It was evident the financial situation was not improving. Changes in healthcare reimbursement, lack of cash flow and low admission rates were negatively impacting sustainability at Hospital B.
CHS was asked to make a bid to purchase Hospital B. The transaction was final in October of 2005; the smaller facility was going to acquire the larger facility. This made perfect sense to all Stakeholders. A commitment to combine resources, decrease duplication of services in the community, and the ability to explore new service lines up to and including an open heart program were anticipated.

The staff at the smaller facility was energized. A fierce competitor for thirty years was going to be acquired, and it was a victory of sorts - a David and Goliath story. The staff at the larger facility was relieved that the facility was going to remain open and have a future but being purchased by a competitor created much anxiety. Prior to the closing date there was much speculation regarding the new owner and management practices. Rumors circulated regarding security of management positions, staffing reductions and cost cutting initiatives.

Initially, the majority of the focus was placed on converting the county facility to CHS standardized programs, information systems and billing platforms. As the intensity to convert processes continued to be the focal point at the acquired hospital, the staff at the acquiring facility began to demonstrate the effects of change. Staff verbalized feeling left out of the decision making process and loss of control. The staff attitude, experiences and reaction to change is the premise for this research study.

Change has a profound effect on all aspects of our work environment. How we adapt to and cope with change is unique to each individual. Change in this case was brought about by an acquisition of a large hospital by a smaller community hospital. The acquired hospital would most likely have the more profound effect of change. However,
the acquiring facility also is dealing with profound change. To study the impact of change this study will focus on an individual unit from each hospital.

The select group that is the focus of this study is the emergency department. Specifically the experience of emergency department nurses during the merger process. Do individual lived experiences of emergency department nurses differ significantly when you are at the acquired or the acquiring organization? Can the study of these lived experiences contribute to the ability to minimize the negative impact of future mergers?

Purpose Statement

The purpose of this qualitative research study is to describe the life experiences of emergency room nurses in three distinct phases leading up to, during, and after a small community hospital acquires its’ larger competitor. Studying these experiences can assist with the formation of proactive interventions that can influence a more positive experience during merger processes. The attitudes and experiences of the emergency department staff nurses may be very different prior to acquisition depending on the facility of origin that staff are primarily associated. Experiences of change are expected to be similar during the transition and after acquisition.

Research Framework

A phenomenological approach to studying the experiences of the study participants provides a means to describe and explore their point of view relating to the merger of two healthcare facilities. This understanding will assist with better planning for acquisitions. Knowledge gained from the identified phenomena of the nurses lived experience can be applied to future acquisitions and provide an opportunity for an enhanced positive environment for care staff. A phenomenological approach will provide
a deeper understanding of what the emergency department staff go through and how their experience impact their actions.

Developed by the German philosopher Edmund Husserl, phenomenology is a rigorous science in which there could be systematic investigation of those things we take for granted in everyday life (Thomas & Pollio, 2002). Existential phenomenology lends the philosophy of existentialism with the methods of phenomenology to produce richly nuanced descriptions of human life (Pollio, Henley & Thompson, 1997). Existential phenomenology is the study of the personal meaning of a phenomenon. This approach is based on the belief that no single reality exists and that individuals have separate and unique realities (Massey, 1991). A phenomenological approach was utilized to explore the real life experiences of nurses in an emergency department setting during an acquisition. This design was selected to enhance the understanding of acquisition through real-life experiences as described by the participants through their reality. The focus of this design is on the subjects’ personal experiences and feelings about the phenomena. The participant steers the course of the interview. In a phenomenological approach the researcher focuses on the actual experience, including which aspects of the experience the subjects perceive to be important and which changes or outcomes result from the experience (Massey, 1991). The phenomena to be explored here will be described from the subjects’ viewpoint regarding their experience.

Limitations

Limited research subjects were available at Hospital A in view of the fact that the majority of services and personnel were relocated to the larger facility emergency room at Hospital B. The emergency department was selected since both facilities have full
service emergency departments. Research subjects were not random but selected based on inclusion criteria with the assistance of the emergency room director. The study was conducted after the completion of the merger; experiences recalled may be different retrospectively, as opposed to asking the questions in real time. Lived experience may be less intense as time elapses. The employees current place in the organization may influence the recollection of the acquisition as positive or negative experience.
A review of literature was conducted to explore the existing knowledge base of recorded lived experiences of nurses during a merger. The results of the literature review are summarized in this chapter and support the need for further research in this area. The purpose of this chapter is to identify the current body of knowledge regarding experiences relating to hospital mergers specifically staff nurse experience in a specific unit of practice.

Review of the Literature

CINAHL and Medline were used to search the literature regarding mergers and acquisitions in healthcare. Specifically, the impact on staff as they experienced the acquisition was researched for current studies that support the focus of this study. The review of literature relative to this topic predominantly focused on the success of the merger itself and the merger process. How the organizations recovered and prospered financially as a result of the acquisition was a main focus in the literature reviewed.

Healthcare mergers are becoming increasingly common in the United States secondary to decreased reimbursement from insurers and rising uninsured population. Health care facilities are incurring large financial burdens for bad debt from self pay and uninsured individuals in need of care that cannot afford to pay. Facilities that have the backing from large organizations have more resources to cope with increasing bad debt burdens.
County owned hospitals and small health care systems have fewer resources to rely upon and may succumb to declining reimbursement and meager collections. As a result many small health care systems and county owned facilities will merge to combat the alternative, closing the facility. The following review of literature provides insight into the current body of knowledge as a result of research conducted to study the acquisition process. The literature review indicates that many researchers focus on the merger process itself as opposed to the individual experience of the participants involved in the process.

The initial study reviewed focused on managing the merger itself, from the first announcement of the intent to merge, up to a few months after the merger. Four strategies for managing the merger were outlined as follows, keeping the staff informed, communicating the bad news, defining the new culture, and focusing on the big picture (Veninga, 1990). Keeping staff informed describes a communication strategy from the time the merger is announced and is important throughout the entire process. Keeping staff informed every step of the way empowers the employees to be a part of the process. Communication and input from employees decreases the stress relating to change. Strategy two, “First the Bad News”, describes getting the bad news out of the way at one time. If layoffs are inevitable, do it and do it quickly so recovery can begin. Individuals will speculate and expect the worst. Being honest about the negative impact will allow staff to deal with and recover early in the process. The third strategy stresses - the importance of establishing the new culture quickly; name branding and organizational mission needs to happen without delay to move towards the formation of the new culture. Strategy number four, “Think Big”, describes how to prioritize what to work on first.
There are many problems after a merger, you have to look at the big picture and deal with the issues that will contribute to the success of the merger. The big wins early in the process will promote positive viewpoints and influence moving the organization forward.

The above research concentrated on the aspects of merger management and two phases of a merger, the time prior to the merge and the months following the acquisition. The focused of the study was on strategies to assist the organization to deal with employee, financial and cultural issues. The effect on individual staff members or how their experiences influence the care they provide was not addressed.

**Merger Effect on Hospital Operations**

This quantitative study employed a multiple time-series design with a non-equivalent random comparison group over an eight year period. The focal point in the study was on the behavior of the merger participants before and after merger, not a comparison of merging and non-merging hospitals (Alexander, Halpern & Lee, 1996). The main premise of the study is that hospitals engage in mergers to gain efficiency, consolidate operations, and to remain viable and competitive in their market. Three variables were measured: scale of operation, operating efficiencies and staffing practices. Comparisons were evaluated using paired and two-sample t-tests.

General effects of merger occurred in areas relating to operating efficiency. Mergers between similar size hospitals displayed a significant change in operating characteristics. The differences were attributed to increased competitive pressures after changes in payment structure and greater opportunities for consolidation and efficiencies with similar sized hospitals. It was determined that changes in operating practices do occur, but are not equally distributed over the three operating areas studied, scale of
operations, staffing practices and operating efficiencies (Alexander, Halpern & Lee, 1996).

This research examined the impact on operations with a staffing practice component but being a quantitative study focused on the ratio of nursing personnel to the average daily census without exploration of perceptions or the lived experience of the staff. Further study is needed to assess experiences of personnel during the merger process to obtain a better understanding of merger and acquisition from the human perspective.

Merger Impact on Productivity

Performance and productivity before and after a merger was the subject of this three-year study. To measure efficiency, data envelopment analysis (DEA), a non-parametric, linear programming method was employed to estimate the best practice frontiers relative to which hospitals' efficiency scores were measured (Ferrier & Valdmanis, 2004). In this study, hospitals that merged were assessed for performance efficiency compared to a matched set of control hospitals. Overall the results revealed that merged hospitals do not do better relative to the control hospitals concerning productivity measures. It was determined that potential gains from a merger may include economies of scale and economies of scope.

Here again the subject matter involves the measurement of elements pre and post merger and focuses primarily on effects of facility operations, specifically productivity. Additional research is needed to expand the body of knowledge for staff perceptions and experiences to enhance the understanding of operational efficiency and overall hospital operations.
Challenges for Nurse Leaders

The challenge that nurse leaders face during a merger was the focus of this study. Managing staff and ensuring consistent quality care during a time of increasing distraction is a challenge for nurse leaders. Hendel (1998) writes about challenges for nursing leadership when dealing with mergers. Hendel points out that it is difficult to promote merger goals while simultaneously minimizing the impact of the merger. The focus here is on the effective management of the merger itself as opposed to the experiences of the nurses during the process. This study identified four cardinal issues related to management of the merger: planning and preparing the process, the management of human resources, the development of organizational culture and issues relating to physical change.

The first issue related to planning and preparing the process leading to the merger. Professional consultants along with the hospitals’ administrative executives developed a strategic vision to merge two acute care hospitals. The targets for this merger were a large teaching hospital with 900 beds and a second community hospital with approximately 400 beds. Mutual trust had to be established within the staff ranks to build the foundation for the merging culture. Decisions in this case were made with the assistance of a steering committee to guide the process and fairly evaluate the leadership positions.

The second issue related to the management of human resources. Two basic rules were followed: achieving the mission of the merger was an interdisciplinary effort and staff will experience less stress if involved in the decision making process. The facilities participating in the primary study experienced a loss of employees at the onset of the merger, however many returned after the initial change was complete.
Next, the study examined the development of the organizational culture. Change was threatening and was resisted by most employees. The emerging culture was intended to reflect the best of both organizations and a new identity. Lastly, the issues relating to physical changes had to be addressed. Changes to the physical plant were planned and executed to accommodate the emerging vision. The sixty year old building on the larger campus was rebuilt to support the new strategic direction.

Hendel (1998) reflected on the obstacles during each identified issues relating to the merger process. The strategic plan was executed before a systematic evaluation of attitudes of the nursing staff was completed therefore the input from staff was not studied or comprehensive. In addition, the medical staff leadership was not sufficient during the process. Employees from each of the two facilities wanted to hang on to their own policies, procedures and protocols to maintain the status quo and resist too much change. This added to the tension between physicians and nurses resulting in a slow integration process.

Politics of Mergers

In a related study, Bruhn (2001) examined the politics of a merger and the reasons mergers are not successful. He points out that it is difficult to enumerate all the factors that contribute to the success or failure of a merger since the process is ongoing until assimilation is complete. Factors for evaluating a successful merger are generally financial, economic or strategic in nature. Despite some commonalities each merger has a unique persona. The leading reason for merger failure in service organizations is a poor cultural fit between the merging entities (Bruhn, 2001). He suggests pre-merger cultural assessments. Politics of the merger are tied to the leadership style and personality of
executives responsible for the merger. There are three focuses of this study that examine
the politics that affect the merger outcome, discuss the impact of imposed mergers on
staff and organizations and to outline lessons learned from managing around the politics
of a merger (Bruhn, 2001).

The most painful aspect of any merger is the culture change. The impact is
exponential depending on the current ties and strength of the existing organizational
culture. Mergers do not generally make all participants happy or engaged in the
successful outcome of the merger. Bruhn points out that the success of any given merger
depends largely on middle managers and their ability to manage crises, and keep
employees productive.

This research identifies three important characteristics in the merger process:
organizational life cycle, organizational health status and organizational history.
It was determined that the timing of the acquisition relative to these three indicators is as
significant as the merger itself. For example, a hospital that is mature like Hospital B,
serving the community for over fifty years will inherently have conflict with Hospital A
that is relatively younger at thirty years old. In addition, the younger organization is the
acquiring entity contributing to further conflict. Mergers and acquisitions bring about
predictable conflicts.

The health status of the facility needs to be considered when examining an impact
of a merger. Bruhn (2001) indicates that it is more likely that an ailing organization will
be a candidate for an acquisition. Healthy organizations are more likely to be productive,
have high morale and possess a work environment of trust and creativity according to
Bruhn.
The history of the organizational regarding adaptation to change and history of dealing with crisis may indicate how the facility response to a merger. Each organization has a unique history so the response of employees to the merger process will be unique. Each individual will experience the merger differently based on the organization of origin prior to the acquisition.

Employee Experience of Mergers

Further review of literature revealed one of the few qualitative studies dealing with employee experiences. The study was titled *Balancing Involvement: Employees' Experiences of Merging Hospitals in Sweden* (Kullen et al, 2002). The author discusses Kotter’s change theory relative to the merger process. The managers should form a team with power to lead the change process forward and to develop and communicate a vision in order to get everyone involved (Kotter 1996). Organizational change to any degree creates a certain level of stress as the work environment becomes unpredictable and uncertain.

The study was conducted over a four week period at the beginning of the change process five months after the decision to merge was announced. Fifteen employees from Ystad hospital and sixteen from Simrishamn hospital participated in the interviews, participation was voluntary using open ended questions. Grounded theory was utilized to generate a grouping of codes into four descriptive categories: trust, respect, commitment, and challenge. All respondents emphasized how important it is for employees to be involved in the merger. Lack of trust and respect led to a low degree of involvement. Employees wanted to maintain some control and a greater understanding of the change.
Some respondents indicated that the challenges were positive and recognized the commitment to quality care for patients.

According to Kullen (2002), this study shows how employees’ experience of trust, respect, challenge and commitment can balance their involvement in the merger and the change process itself. The weight of the four sub-categories, trust, respect, commitment, and challenges, is different for each participant. It was also noted that the importance of each sub-category may change during the merger as it progresses. The findings of this study indicate the need to engage and communicate with employees during the change process. The experiences of the employees were influenced by the hospital of origin and the past life experiences of each individual. It is important to recognize the unique experience from the perspective of the participant and learn how to create an environment to support the employees during a time of drastic change such as during an acquisition.

Influence of a Merger on Nurses

Most studies are centered on the business aspects of merging healthcare facilities. The following studies explore the impact on staff relating to their emotional well-being and psychological effects specific to nurses experiencing a merger. Menucha et al, (2003) studied two time periods, when the merger was first announced and six months after the merger. The focus was on the nurses’ emotional well-being: the importance of self-efficacy and emotional reactivity. The aim of this study was to investigate the impact on the emotional well-being when two Israeli medical centers merged. Specifically the focus was on women’s services departments, a smaller facility being merged into a larger facility.
In the survey of literature the content of this study was similar to the focus of the study proposed here for emergency department nurses. However, the methodology used was quantitative using survey tools pre and post merger comparing a control group of nurses not involved in the merger to a group of nurses that were involved in the merger. The focal point was to measure the correlation between emotional well-being, self-efficacy and emotional reactivity. According to this study, most research does not examine the psychological implications of a hospital merger on nurses from the individual’s point of view. Most of the studies on mergers deal with the organizational aspects (Appenzeller, 1993), and far fewer with the impact of the merger on employees or the effect of employee response on the success of the merger (Ashford, 1998).

There are two main contributions of this study. The first pertains to coping under stress and threatening conditions during a merger in relation to emotional responses and perceived capabilities. This relationship has not been studied thereby adding to the body of knowledge for this subject. The second contribution indicates that this is the first study of its kind in Israel regarding the effect of processes of merging on nurses involved in the process (Menucha et al, 2003). The outcome of this study indicated the need to maintain human resources as a main concern. That priority during a merger should focus on job satisfaction and job security to retain intellectual capital. Further study is needed to explore the lived experiences of nurses going through a merger process. This supports the need for the study conducted here with emergency nurses and how they experience a merger at specific time intervals during the process.
Psychological Effects of Restructuring

The final study in the literature review addresses the psychological effects of organizational restructuring on nurses by Brown, Zijlstra & Lyons (2006). This study focuses on a healthcare organization in the United Kingdom using nurses at facilities where mergers were planned. The sample included 351 nurses from various healthcare facilities that were within six months of a merger or nurses that were not affected by mergers. A quasi-experimental design was utilized in order to test for differences between groups. The findings indicate that up to twelve months post merger the nurses reported higher job insecurity, stress, and lower job satisfaction than nurses who have not experienced a recent merger. Considerable evidence of the relationship between organizational change and job satisfaction existed.

Nursing Theory

How an individual experiences life is impacted by their past experiences. Nola J. Pender’s (1996), Health Promotion Model (HPM) applied, in a broader sense, to staff nurses during a merger helps us to understand the perspective of participants in this study. Understanding this theory allows application to the lived experiences of emergency room nurses during the acquisition process.

The nursing profession has evolved over the last few decades to include evidenced based knowledge in the practice of nursing. As the profession has progressed the application of theory to practice has created a paradigm shift enhancing the development of nursing as a distinct science. “Application of nursing theory in practice depends on nurses having knowledge of the theoretical works as well as an understanding
of how philosophies, models, and theories can relate to each other” (Tomey & Alligood, 2002).

To study the life experiences of emergency room nurses during an acquisition it is first necessary to understand how experiences can impact behavior. The nursing theory applicable to this lived experience is Nola J. Pender’s, Health Promotion Model. The HPM recognizes that individual characteristics and personal experiences influence individual actions (Pender, Murdaugh & Parsons, 1996). Prior behavior will affect future behavior and personal factors predict behavior and reaction to intervention. This intent of this model addresses health promotion and behavior outcomes relative to nursing interventions. In this study we examine the lived experience of the nurse and how each individual experiences the impact of a merger based on their individual characteristics. Elements of the HPM can be applied to the lived experiences of the emergency room staff.

This theory can be applied to behavior resulting from interaction with the environment and the lived experiences of an individual when the environment is changing. In this case the nurse’s lived experience during a merger in an environment that is created and influenced by the change.

Pender’s model recognizes that individual characteristics and personal experiences influence a person’s actions. Prior behavior will affect future behaviors, as prior experiences will affect future experiences. This theory can be applied to the lived experiences of nurses during an acquisition and assist with the understanding of how to provide support for staff throughout the merger process. Understanding these experiences
and how they influence behavior can provide an opportunity to intervene proactively to improve the environment and experiences of staff.

The application of Pender's theory to this study reminds us that each individual is unique with very different life experiences. These experiences are interpreted in various ways based on past experiences and the current environment. The frame of reference for exploring lived experiences of emergency department nurses is as distinct as the individual themselves. A merger is an ongoing process that may take years to achieve the desired results. Healthcare facilities have individual identities and unique cultures. The more diverse the organizations are from one another the more difficult it will be to merge the culture. The greater the cultural differences between merging organizations, the more likely leaders are to be inpatient with the process and, feel the pressure of time to complete the merger (McManus & Hegert, 1988).
Summary

The review of literature clearly indicates the need for more research to learn from the lived experiences of staff that are affected by a merger or acquisition. The studies reviewed here focus primarily on the success or financial implications of merging organization. More information is needed regarding the experience that staff lives through and express to help achieve a better understanding of how to be successful and retain valued employees. Some of the studies reviewed indicate that intellectual capital and staff longevity is not valued when merging facilities and many individuals leave or seek early retirement rather than deal with the change an acquisition brings.

To accomplish an acquisition many facets have to align before declaring the merger a success. During a merger these factors include profitability, culture change, and staff retention without compromising regulatory compliance or quality care. Many times the focus is on the merger itself or financial success, causing patient care and staff morale to suffer. This is compounded by the fact that often two organizations are involved and the same phenomena are occurring to varying degrees at both facilities. The end result is that no one is satisfied.

Therefore the information presented in this study focuses on the individual lived experiences of emergency department staff during the merger of two full service acute care hospitals in 2005. Studying these experiences can offer insight to learn what approach administrators can take to help provide a positive, supportive environment during the merger process, a time of tremendous change and uncertainty.

Benefits of studying the lived experience of staff will offer a better understanding of emergency department nurses experiences during an acquisition. This understanding
may benefit direct patient care staff by lessening the negative impact of acquisitions in the future. Also, understanding these life experiences will assist hospital administrators to better support and plan acquisition activities. Better support and planning will create a positive environment and therefore a more positive experience for nurses during the entire acquisition process.
CHAPTER THREE

This chapter will define the methodology employed to conduct this research study. The role of the researcher will be also be defined and the participant selection will be introduced. Each participant brings a unique perspective regarding their experience during the merger process. Open ended questions will be used to elicit responses without allowing researcher bias to guide the respondent.

METHODOLOGY

The experiences of the emergency department nurses through the acquisition process may influence their interactions with patients and staff. According to Burns and Grove (2005), a qualitative method is based on a worldwide view with a holistic approach. This approach believes there is not a single reality, reality is based on perceptions and is different for each person that changes over time. Additionally what we know has meaning only within a given situation or context (Burns & Grove 2005).

This qualitative study utilizes a phenomenological research approach. Phenomenology is both a philosophy and a research method. The purpose of phenomenological research is to describe experiences or phenomena as they are lived, in phenomenological terms, to capture the “lived experience” of the study participants (Burns & Gove, 2005). The participant as an individual is an integral part of their environment. The experiences as they are lived through their individual perspective provide important insight and information. This knowledge can assist with staff intervention during an acquisition to better support and understand what the staff is coping with as everything in their work environment is in a state of flux.
Qualitative research is a reasoning process that gathers information from the lived experiences of the participants and derives new meaning based on the content of the described experiences (Munhall, 2001). This process gives us insight to better understand how staff experiences the change during a merger from their perspective. Analyzing this information from multiple individuals will allow the identification of themes and commonalities that will enhance the existing knowledge base for lived experiences during an acquisition. The reasoning process used in qualitative research involves perpetually putting pieces together to make wholes. From this process, meaning is produced. Because perception varies with the individual, many different meaning are possible (Munhall, 2001).

Disruption of relationships with coworkers and the potential loss of the existing culture may lead to distrust during the acquisition process. The disruption of trust and loss of secure relationships experienced during a merger are deeply rooted in the personality of the organization (Gilkey, 1991). To better understand the organizational personality, it is necessary to understand the individuals that comprise the organization and their lived experiences. What impacts experiences must also be considered. Studying individual experiences and developing themes to better understand the perception of the staff can be impacted by various factors. The setting the nurse works in and the hospital of origin is considered. For example, the nurse at Hospital A the successful acquiring hospital may have a different perspective from the nurse at Hospital B the financially struggling hospital being acquired. Also, at different time intervals such as six months before acquisition, during the acquisition and twelve months after the acquisition,
perspectives are likely to change. Finally the individual may have interactions in their personal environment that may impact the lived experience being studied.

The experiences of emergency department nurses through the acquisition process may influence their interaction with patients and staff. Also, individual experiences impact the adaptation to a changed environment. A qualitative approach will identify common themes relative to how emergency department nurses experienced the change around them as the definition of their health care facility evolved. Each facility had defined missions, visions and values that described and defined the direction of each respective organization. Each individual will have a unique experience and a unique contribution depending on their perspective and their point of reference.

Sample

A phenomenological approach will explore the individual experiences beginning with five nurses that primarily practiced at Hospital A prior to, during and after the acquisition. In addition, the experience of five Hospital B emergency department nurses will be considered during the acquisition process. The process period includes six months prior to acquisition, during and up to a year after the acquisition closing date.

The Role of the Researcher

In any qualitative research design, the role of the researcher is to elicit the experience of the subject from their point of view. The lived experience obtained through the use of open ended questions will enable the participant to respond more fully than the use of structured specific questions. Identifying the examiner’s own
bias is essential to elicit responses not influenced by the researcher’s own background and experience. Initially the researcher will be interviewed and asked the same interview questions to ascertain how the investigator may feel and be sensitive to the importance of not influencing the subjects’ answers by these biases. Noting the main subject of the participant’s response can queue the researcher to query themes to encourage the subject to expand on their experience. Soliciting narratives of experiences depends on developing interview questions that turn the informants to the experience and ask them to talk about it. Initial answers are then probed until the experiences are fully described (Ray, 1994). The following questions were developed to explore the experiences of emergency department nurses at three distinct periods of time relative to an acquisition process.

Survey Questions

The survey will elicit information by posing three open-ended questions to the participants. The first will ask the individual to describe their personal experience during the time period six months leading up to the acquisition on October 1, 2005. Next the nurse will be asked to describe their personal experience during the time period after the acquisition on October 1, 2005 through December 31, 2005. This is considered during the merger process. The third and final question will ask the individual to describe their personal experience the year after the acquisition from January 2006 through December 2006.
Protection of Human Subjects

Prior to initiation of data collection, approval for the study was obtained from the Institutional Review Board (IRB) at Southern Adventist University with the advisement of Dr. Batson (Attachment A). Written permission was received from the medical center Chief Executive Officer (Attachment B) to conduct the interviews and incorporate results into this thesis. Written informed consent was obtained from the staff participating in the interviews and permission to audio record and utilizes information recorded through the interview process (Attachment C). The Interviews were transcribed verbatim by a transcriptionist under a written confidentiality agreement (Attachment D). All participants were voluntary and had the option to withdraw from the study at any time during the process.

Access to Participants

Participants are all current employees at SkyRidge Medical Center and accessible for interview and participation. Some accommodation was made by the researcher to access staff working the night shift.

Data Collection and Recording

Study Participants

Participants in the study were a purposive sample selected by using inclusion criteria, staff had to be continuously employed from April 1, 2005 (six month prior to acquisition) through December 31, 2006. They worked primarily at the campus of origin prior to, during and after the acquisition. Also, staff had to be currently licensed and
working as Registered Nurses or Licensed Practical Nurses during all three phases of study. Three phases were defined as, prior to acquisition, phase one – Six months prior to October 1, 2005; during acquisition, phase two – October 1, 2005 to December 31, 2005; and post acquisition, phase three – January 1, 2006 to January 31, 2006. Informants were excluded based on defined criteria.

Exclusion criteria included being transferred from Westside campus (Hospital A) to Main (Hospital B) during the defined period (April 2005 through December 2006). Also, staff employed in April 2005 that left the facility and returned on or before December 31, 2006 and finally, staff hired during any of the three phases were excluded from the study.

**Definitions**

**Prior to acquisition, phase one** – Six months prior to October 1, 2005.

**During acquisition, phase two** – October 1, 2005 to December 31, 2005

**Post acquisition, phase three** – January 1, 2006 to January 31, 2006

**Merger:** To purge or engulf in something; to cause to combine, unite, or coalesce; to blend gradually by stages that blur distinctions (as cultures emerge and traditions are lost); to become combined into one; to blend or come together without abrupt change.

Webster’s Ninth Edition

**Culture:** The total way of life of an organization, including its beliefs, traditions, social structure, symbols and spirit.
Data Collection

In-depth, unstructured, one-on-one interviews were undertaken and conducted face-to-face at SkyRidge Medical Center. Each interview was audio recorded and transcribed. Three open-ended questions were asked of each participant. Themes were identified and selected for further probing during the course of the interviews. A table for each of the three questions was constructed to record themes from each interview one through ten. Theme identification were identified and reviewed under the advisement of Dr. Batson. Common themes were recognized to assist with drawing conclusions.

Data Analysis and Interpretation

Existential phenomenology was used to explore the lived experience of the respondents. This method was employed to process the described experiences within context to arrive at a meaningful interpretation of the experience. Munhall (2001) stresses the importance that meaning cannot be found in an acontextual place or in an ahistorical time. It is critical to understand the meaning of being human within context as we experience our world (Munhall, 2001). Each participant brings a unique understanding of their environment within a unique context of personal meaning. Interpretation of these experiences must consider the context and perspective of the individual to carefully arrive at meaningful conclusions.

Validation/Accuracy of Findings

In phenomenology “validity means whether one has investigated what one wished to investigate” (Thomas & Pollio, 2002). Findings are based on conclusions drawn from
participant interviews. The determination of common themes is the foundation for convincing evidence to support the researcher’s conclusions. In contrast, experimental research uses findings and statistical values compared to external controls to draw conclusions. Rather than asking about the relationship of finding to some external predicted or theoretical understanding, validity resides in the researcher’s confidence in the meanings proposed (Thomas & Pollio, 2002).

**Summary**

Ten interviews were conducted to investigate the lived experiences of emergency department nurses during the acquisition process. Five nurses were employed continuously at Hospital A and five were continuously employed at Hospital B for the duration of this study. Hospital A was the acquiring facility and also the smaller of the two hospitals. A purposeful sample was selected based on inclusion criteria in order to represent each facility uniformly. Each participant was asked three open ended questions regarding their experiences. Each question addressed a defined time period, prior to, during and post merger. Interviews were conducted face-to-face, audio recorded and transcribed verbatim. Common themes were identified for each interview with consideration of the context in which they were expressed. Chapter four will introduce each respondent and detail the identified themes.
CHAPTER FOUR

In this chapter the participants are introduced with a brief vignette and a description of the interview setting. The themes identified from each interview question as identified were inserted into the attached table (Attachment E). These themes were recorded and organized by the time period represented by each question to find common themes.

A bracketing interview was conducted by Dr. Batson prior to participant interviewing to identify and put aside researcher bias. Bracketing as we use the term today in phenomenological research, is an intellectual activity in which one tries to put aside theories, knowledge, and assumptions about a phenomenon (Thomas & Pollio, 2002).

RESULTS

This study used phenomenological methodology to investigate the lived experiences of emergency room nurses prior to, during, and after an acquisition. Study participants were a purposeful sample from each of the hospitals involved in the merger. The results of the interviews were organized by time period to identify emerging themes and ascertain common thematic structures.

Demographic Characteristics

The ten participants in this study were chosen to participate based on their hospital of origin, tenure at each facility, and continuous employment at each respective hospital during the study time frame.
Setting

Hospital A, a small community, for profit institution, had a horizontal structure and a culture that promoted autonomy in exceeding customer’s expectations. The shared values of quality care, teamwork, and community relations were communicated as expected standards. Key management staff supported activities based on sound rationale and measurable success. Patient care staff and unit managers had the opportunity to participate in decision making and provide input to administrative decisions. This interaction with administration helped foster a trusting relationship.

Hospital B, a large, not for profit organization was county owned with a vertical structure that had many layers in the decision making process. The board and county commission executives were increasing pressure on Hospital B to watch the bottom line. Decisions were made at the executive level without input from middle managers or patient care staff.

Participant Vignettes

Lisa

Lisa is a 43 year old LPN that has worked in the emergency department at hospital A for over twelve years. She is a dependable employee with a positive attitude. She is described by her peers as a strong clinician and a team player.

Lisa B.

Lisa B. is 46 years old registered nurse with past experience in critical care. She has worked in the emergency department at hospital A for approximately nine years. She is described as extremely loyal employee and a strong clinician.
Billy

Billy is a male registered nurse in his thirties working in the emergency department for over eight years. He began his nursing career at Hospital A, and has been continuously employed at this hospital since graduating from nursing school. He worked initially on the medical/surgical unit then transferred to the emergency department approximately four years before the merger.

Nancy

Nancy has worked in the emergency department for fifteen years. She is 62 years old and has been with Hospital A for over twenty years. Nancy is very goal oriented with tremendous attention to detail. She is a loyal employee with a very positive attitude.

Keith

Keith is in his late forties and joined the emergency department a few years before the merger. He is a registered nurse with twenty three years of experience and has been continuously employed at Hospital A throughout the acquisition process. Keith worked night shift often as the charge nurse on duty.

Rex

Rex is in his forties, he functions as the team leader on day shift at Hospital B. He functions well in stressful situations and is able to multitask and direct patient care staff with a calm demeanor. He is a strong clinical leader and a good resource for the care staff.
Janet

Janet is an experienced RN that is often utilized as a resource by her peers. She is organized and adapts well in stressful clinical situations. She often is the triage nurse because of her strong clinical skills. Janet has worked at Hospital B for over ten years.

Robin

Robin has worked at Hospital B for over sixteen years. She is in her late thirties and has functioned as the interim manager on two separate occasions. She is a strong leader on day shift and is very organized. She describes herself as someone who is not fearful of change and a loyal employee.

Glenda

Glenda has been a registered nurse for over twenty years. She is clinically strong and organized. She is a long term employee at Hospital B with the majority of her experience in emergency room nursing.

Shirlene

Shirlene is in her mid forties; she is a registered nurse and works primarily day shift. She is employed at Hospital B in the emergency department for the past six years. Shirlene has been a nurse for over seventeen years.

Prior to the acquisition, Hospital A nurses focused on Job Security/Insecurity, and Fear of the Unknown. The staff at Hospital A felt they had worked hard to build the facility reputation in the community and gain market share away from Hospital B. Senior executives from the parent company stated that the acquisition would not have been possible without the hard work and dedication of the staff from Hospital A. However, once the acquisition was announced the experience of the emergency department staff
was one of insecurity and fear. The interviews with staff recalling their lived experience prior to merger were consistent regarding fear of losing their job and fear of the unknown at Hospital A. The small community hospital nurses feared losing the family atmosphere that they valued in the small community hospital setting. In contrast, staff at Hospital B identified the Fear of Change in Routine and apprehension regarding Seniority and Benefits as major concerns prior to the merger. The staff was anticipating a new corporate owner and multiple process changes. Being county owned before the merger, the facility was in need of capital funding and staff was acutely aware of the need for new ownership to infuse capital funds. Anxiety regarding changes in their daily routine and how the new owners would view seniority was very distressing. Both organizations expressed fear but the fear and trepidation was based on different points of view specific to the hospital of origin.

During the merger process, defined as the time period beginning with the closing date and the three months after closing, staff at Hospital A expressed a Sense of Loss and feeling like their family working environment was taken from them. They saw the focus shift to the conversion of processes consistent with corporate ownership at the larger facility. They expressed a sense of loss of the competitive environment in the community and the loss of consistency in their work routine. Management staff shifted their focus away from Hospital A to Hospital B in order to convert operating systems. During this same period Hospital B nurses experienced a more positive work environment that was expressed as a time of Learning/Settling in to a Routine. Since the day-to-day activities were materially the same the emergency staff did not sense a dramatic change in their daily activities. Delivering care to patients was essentially the same. The learning
process was centered on new systems, specifically a new computerized documentation program and policy changes. Here again the experiences at each facility was very different depending on the source hospital.

The post merger experiences by Hospital A nurses identified Sorrow/Anger regarding the profound change in their work environment. They described a feeling of mourning the loss of their work environment and working through a grieving process including sorrow and anger. However, the thematic structure was similar for both facilities regarding Hope for the Future. Once the change was substantially over staff from both facilities verbalized a desire to look towards a hopeful future. During this time period plans for building a new emergency department were revealed. Staff from both facilities expressed the feeling of hope and bringing both emergency departments together and defining a new cohesive identity.

Themes in Period One Hospital A

Six Month Prior to Acquisition:

Job Security/Insecurity

All five study participants from hospital A indicated the concern regarding job security once the acquisition was announced, six months prior to the actual merger date. Lisa B. best illustrates this experience during the six month period prior to the acquisition date.

“Probably (nervous about) what would happen to my job and my position, or, you know, if I would still have my position, would I be in a different department? I was very nervous about it. Job security is (a) very big thing.”

Lisa S. also expressed a similar experience during this time period as evidenced by the following excerpt.
"Not sure what was going to happen to us or, you know, as an ER or our jobs would be the same, you know, job security, that type of thing. I guess I sort of felt job insecurity."

Another reoccurring concern for Hospital A participants centered on a sense of loss and the fear of the unknown. The nurses expressed feeling sad regarding the loss of their "little ER" and the family environment. Hospital A emergency department was the gold standard for Community Health Systems, the corporate owner. This ER staff was asked to visit other emergency departments in the company to assist with operational issues. The nurses voiced a concern that merging with Hospital B would have a negative impact on this reputation. In addition they feared the possibility of losing the cohesiveness with their coworkers.

Fear of the Known/Unknown

Fear of the unknown was expressed by most of the interviewees. Lack of specific information contributed to fears regarding the immediate future and the impact on the employee. Lisa B. was able to verbalize how she felt about this apprehension. The following quote illustrates her personal experience.

"We didn't know all at one time what was going on, you know, we got information as they could give it to us, so we were kind of on limbo for a while I think that would be the best way to describe it. Not sure of what was going to happen......"

"Ok, just like I said, the unknown and then we would have these meetings and I would, I wanted to be told exactly what was going to happen, and nobody could tell me exactly what was going to happen........."
Themes in Period One Hospital B

Conversely, study participants from Hospital B did not express feelings of job insecurity or fear of the unknown. They were concerned with more concrete matters like seniority and benefits. They were facing a new owner and upheaval related to changes in healthcare insurance and accrual of vacation days. They were nervous that experience would not be considered for long time employees and staff from Hospital A would be allowed to replace them based on seniority.

Seniority and Benefits

Facing a new corporate owner staff at Hospital B expressed concerns about seniority and benefits. The hospital was county owned and the perspective buyer was a for profit corporation. Since ownership was changing they expressed fears regarding loss of seniority and change in benefit structure. Rex centered on this issue and verbalized the following.

“My biggest concern was benefits, of course insurance-related, seniority, How it would affect me that way, what would be carried on, what would be grandfathered in, as we have been here however long we were, or would we be considered new employees in the acquisition.”

Janet shared Rex’s concerns and was anxious about the impact new owners would have on the benefit structure.

“I think the biggest personal concern was what does that mean as far as benefits, because you knew what you had and you didn’t know quite sure what you would be getting. I think that was a concern.”
A second theme was identified during this time for the nurses from Hospital B, fear of change in routine. Whereas Hospital A employees were fearful of losing their cohesive family environment, Hospital B staff were troubled by a change in their routine. Hospital A individuals were more emotional and personally tied to their cohesive work relationships. The staff at Hospital B worried about physical changes and differences in their daily routine.

Fear of Change in Routine

All five participants expressed a fear of change in their routine for multivariate reasons and how the change would impact them individually. Janet summarized her concern with routine changes best with the following comments.

“I guess still a little bit (fearful) in the beginning, the unsureness of how the equipment will be, how the supplies will be different, always thinking of that. I think that was the biggest change.”

“Very stressful, because you didn’t know what the changes were gonna be and how it was actually personally gonna affect you, your position........”

Fear centered on the impact on the day-to-day work flow, supervisory personnel and staff moving between hospitals. Rex was able to state these fears very clearly:

“Was everything going to change, you know, from my position as team leader or who was going to be the director of the ER, or who was going to be incorporated to the hospital........”
Theme in Period Two Hospital A

*During the Acquisition*

The fear of the unknown continued to be an enduring theme at Hospital A and persisted into the next time period of study, during the merger phase. In addition, to the fear of the unknown the emergency department nurses’ experienced a sense of loss centered primarily on the relationships with their co-workers. Unlike Hospital B this facility experienced more dramatic change. The focus was now on converting processes and systems at the newly acquired Hospital B. Staff at Hospital A verbalized feelings of being left behind. The family feel of their work environment was being mourned. They expressed experiences of loss of ownership and an end of an era for their beloved department.

*Sense of Loss*

A common theme expressed during this period was a sense of loss. The nurses interviewed from Hospital A expressed the fear of losing their current family like atmosphere. Lisa summarized this emotion best with the following comments.

"I was kinda heart broken, you know. I think after you work for a certain, in a certain facility for a certain company for any length of time, you start to sort of feel, start to feel ownership in that and I feel like , for myself, I felt like some of that was taken away from me."

"Like I said, it was a family atmosphere.......Not the same facility anyway. Um, didn’t see each other or each other’s families as much as we had.........Um, just felt like an era had come to an end for us."
Theme in Period Two Hospital B

In contrast across town at Hospital B the experience of the emergency department nurses were very different. Once their initial fears were addressed regarding benefits and seniority they settled into new routines. This was a time for learning new systems, new routines and leadership expectations.

Learning/Settling into a Routine

Nurses at Hospital B expressed feelings of settling into a day-to-day routine that was not too much different than before the merger. They expressed a feeling of calmness after their initial fears were addressed. Glenda was able to verbalize this during her interview.

“Personally, I think it actually started calming down as far as the fear of the unknown.”

“It was good and it was a learning phase between myself and other staff and we had all new managers came over...... everybody had different roles. We were new to this, we were new to you, and it was just a learning process.”

“Um, I think in working on a day-to-day working environment, I mean everybody was a little nervous, but I didn’t really notice any change in the working environment.”

Theme in Period Three Hospital A

After the Acquisition

Sorrow and Anger

The emergency department staff at Hospital A experienced an intense sense of sadness after the acquisition. Change was more profound for them since the focus on
process change was predominantly at Hospital B. Staff at Hospital A felt left behind and abandoned after working so hard to be in a position to acquire Hospital B. Lisa B and Lisa expressed this clearly in the following statements.

“I’m angry that our little wonderful hospital and my little wonderful job was taken from me.........Or, not really taken from me, but it is no more.........”

“Still pretty much unsure of what all was gonna happen...............sad that the time I had worked for CHS, you know, was coming to an end and really just not knowing what to expect from merging.............”

Hope

There was a pervasive sadness at what they perceived to have lost however, Hospital A staff were optimistic for the future. Participants expressed hope for the future and looking forward to building and opening a new emergency department. There was evidence of acquiescence that the change was gradually being accepted and staff was working to plan for the future. Lisa B summarized this nicely in the following quote.

“I’m hopeful; I’m hoping that it does get better. I’m hoping that my work will be easier........I was sad for a while and then you get to a point where, you know, it’s just not gonna be like it was. It’s gonna be better and who knows it could be kind of like it was before and you know, now, I’m kind of excited about the new ER. That will be nice when that opens.”

Theme in Period Three Hospital B

Hope for the Future

Similar to the nursing staff at Hospital A, the nursing staff at Hospital B expressed hope for the future. Participants expressed frustration regarding lack of
communication and lack of input but also articulated a sense of hopefulness. Rex referenced this during his interview.

"I think everyone felt like we were going forward with the change and, um, I think the community actually from the people that were coming in, they were hopeful of that too, that it was a positive thing."

Robin expressed a similar feeling of contentment and hope for the future.

"So, now I am content where I’m at. I love what I do, I love the people I work with, and I’m just looking forward, you know, and getting into that new ER."

Summary

The thematic structure of the experience was different from Hospital A and Hospital B prior to and during the acquisition process. Prior to the acquisition, Hospital A nurses focused on Job Security/Insecurity, and Fear of the Known/Unknown. During the merger process staff at Hospital A expressed a Sense of Loss and feeling like their family working environment was taken from them. In contrast, staff at Hospital B identified the Fear of Change in Routine and concern regarding Seniority and Benefits as major concerns prior to the merger. During the acquisition process Hospital B nurses experienced a more positive work environment that was expressed as a time of Learning/Settling in to a Routine. The post merger experiences by Hospital A nurses identified Sorrow/Anger regarding the profound change in their work environment. However, the thematic structure was similar for both facilities regarding Hope for the Future. Once the change was substantially over staff from both facilities verbalized a desire to look to a hopeful future and move forward.
CHAPTER FIVE

DISCUSSION

The purpose of this study was to describe the life experiences of emergency room nurses during a merger process. This chapter will discuss the implications of this study for nursing practice, education and research. The lived experience described by the emergency department nurses provides valuable insight. This knowledge allows leaders to understand the impact acquisition has on care staff. With an increasing number of merging healthcare facilities it is imperative that leaders protect their intellectual capital. Ensuring that staff feels engaged in the merger process and clear communication is available every step of the way is imperative. In the current healthcare environment acquisitions and mergers are likely to be experienced by nurses working in hospital settings at some point in their career. Understanding the experiences endured by staff will enable better planning to create a positive environment during the acquisition process.

Implications for Nursing

Nursing Education

This study provides insight into the need for curriculum in nursing programs to prepare the novice nurse for the business aspects of managing their nursing duties. Today’s work environment is not just about taking good care of patients. The current environment, specifically in acute care hospital setting, calls for the nurse to manage over utilization, provider communication and computer system issues. Caregivers are expected to be conscious of healthcare cost attributed to over utilization of supplies and unnecessary testing. This research study contributes information regarding staff
experience during a merger. Understanding this dynamic will assist nurse leaders and
staff to develop processes to minimize the negative impact on employees. Education in
this area will better prepare nurse leaders to address the needs of the nursing staff during
the acquisition process.

Curriculum in post graduate programs centered on the management of staff in
stressful situations such as merger would be a valuable learning experience. Few
educational offerings prepare nurse leaders for management roles, on the job encounters
and instinct are often the only tools available to clinical mangers. Strong clinicians are
promoted to manager positions without sufficient training to cope with human resource
and management issues. More structured education directed at the business aspects of
nurse leadership would better serve the nurse leader.

Nursing Practice

Hospital care has dramatically changed over the past ten years. Primary care
doctors are utilizing the services of hospitalists, doctors specifically trained to provide
hospital care, more frequently. This allows physicians to be more productive in their
office practice and not interrupt their day to round at the hospital. The family doctor does
not usually care for their patients in the acute care setting. The nurse is often called upon
to mange the information between the hospitalist and the primary care physician.
Additionally, information management and computer documentation further complicates
the patient care environment. Managing this new dynamic is a skill that the nurse is not
prepared for prior to entering the practice environment. Brenner (2000) observed that
market economics and cost management seem to be dictating contemporary nursing
practice.
Learning these skills in addition to managing the care of the patient is further complicated by an unstable work environment during mergers. Delivering safe care, managing day-to-day responsibilities in the midst of a merger causes immense stress. Understanding the educational needs relative to acquisition experiences will assist in the development of curriculum centered on managing care in an increasingly complex environment. Continuing education, in the practice setting, focused on stress reduction during acquisition would help to decrease this stress. Educating nurses for all aspects of the contemporary care environment will better prepare them for the challenges encountered in practice during an acquisition.

Nursing Research

This study provides insight into the lived experiences of nurses in the emergency department setting during the merger of two healthcare facilities. The staff point of view is very specific to the hospital of origin. Experiences are different depending on which facility the nurse is primarily associated with. The acquiring hospital versus the acquired hospital generate very different points of view.

Further research is needed to explore the lived experience of staff in a variety of care settings. This study selected participants in the emergency department since this was the only department that was substantially intact at the time the research was conducted. In addition, a larger sample size would be more conductive to draw meaningful conclusions in order to generalize findings. Existing literature in this area of study centers on managing the merger itself and operational issues but does not sufficiently address the impact as experienced by nurses. A qualitative approach explores lived experiences through the eyes of staff directly impacted by a major acquisition. This information is
valuable because increasing the body of knowledge in this area of practice will foster better preparedness for healthcare leaders involved in a merger. Understanding how to better prepare and communicate with staff will enhance the satisfaction for employees experiencing this process.
List of References and Bibliography


http://www.Health InfoTechnics.com


February 6, 2008

Ms. Bernadette DePrez
9613 Post Oak Drive
Ooltewah, TN 37363

Dear Ms. DePrez:

The Human Participants in Research Subcommittee has approved your research application entitled "Emergency Department Nurses’ Experience Relating to Hospital Acquisition: A Phenomenological Study". It is understood that the focus of your study is to describe the effect of hospital acquisition on the attitudes of emergency room nurses.

It is our understanding that your dissertation research is being conducted through the School of Nursing and supervised by Dr. Desiree Batson. All participation in your research must be voluntary, kept in a secure location and disposed of properly after the study is complete. The study is expected to be concluded by May 2008.

Sincerely yours,

Linda Ann Foster, Ph.D., Chair, Human Participants in Research Subcommittee
Professor, Biology Department
Southern Adventist University
Coleman Foss, CEO

As you know I am completing the course work for my MSN at Southern Adventist University. As part of the requirements for completing this program I am working on a thesis under the direction of Dr. Holly Gadd. My thesis topic explores ED nurse attitudes toward change prior to, during and after a hospital acquisition.

I would like to interview ten ED nurses as part of a qualitative research study. Participation in the survey is voluntary and I will obtain a written consent from the participant. The results will be included in my final thesis required for successful completion of the MSN degree. I will not use any identifying information about the participants or the medical center, the IRB at Southern will provide oversight of this process.

I am respectfully asking permission to conduct this survey and include the results in my final thesis. Please let me know if you require additional information to consider this request. I am hopeful this study will be beneficial for our hospital and our company as we move forward.

Thank You

Bernadette DePrez, BSN, MBA

My signature indicates approval for Bernadette DePrez to conduct staff ED nurse interviews regarding attitudes relating to hospital acquisition and include the results of these surveys in her final thesis.

Coleman Foss, CEO
SkyRidge Medical Center
Informed Consent

To Participate in Phenomenological Research Study Conducted by Bernadette DePrez to Meet Requirements for a MSN Degree for Southern Adventist University

I hereby voluntarily consent to participate in this study conducted by Bernadette DePrez under the direction of Dr. Desiree Batson at Southern Adventist University.

I understand that any and all information obtained as a result of this interview will be confidential and known only to the interviewer, Bernadette DePrez and persons involved in the transcription of this interview or directly involved in the analysis of information.

I understand my name will not be used in the final transcript or written materials presented to satisfy requirement of the MSN program at Southern Adventist university.

I understand I will have the right to ask questions and receive information pertaining to the use of information gathered relating to my participation in this study.

I understand that my participation in this study is voluntary and may be withdrawn at any time during this interview process.

I understand and it was explained to me that all materials utilized for participation in this study will be kept in a secure location and disposed of properly after the study is complete.

I have been given the opportunity to ask questions and receive answers pertaining to the use and purposes of information gathered through my participation in this interview process as a part of this research study.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Interviewer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transcription Confidentiality Agreement

Signing this document indicates you will not disclose or discuss any information transcribed in connection with assisting with Bernadette DePrez’s Thesis interviews.

The information transcribed will be kept confidential and the original tapes will be returned after transcription is complete. Information obtained during the course of transcription will be held in confidence.

____________________________________  ____________
Signature of Transcriber                Date

____________________________________
Please Print Name
<table>
<thead>
<tr>
<th>Question 1</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Common Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six Months Prior to Acquisition</td>
<td>Nervous</td>
<td>Worried about job security</td>
<td>Fear of the unknown</td>
<td>Mistrust</td>
<td>Disruption</td>
<td>Job Security/Insecurity Sense of Loss Fear of the Unknown</td>
</tr>
<tr>
<td>Interview 1 Hospital A</td>
<td>Nervous</td>
<td>Worried about job security</td>
<td>Fear of the unknown</td>
<td>Mistrust</td>
<td>Disruption</td>
<td>Job Security/Insecurity Sense of Loss Fear of the Unknown</td>
</tr>
<tr>
<td>Interview 2 Hospital A</td>
<td>Job Insecurity</td>
<td>Shocked</td>
<td>Loss of family atmosphere</td>
<td>Lack of information</td>
<td>Shock</td>
<td>Job Security/Insecurity Sense of Loss</td>
</tr>
<tr>
<td>Interview 3 Hospital A</td>
<td>Excited</td>
<td>Doubts</td>
<td>Job Insecurity</td>
<td>Well informed</td>
<td>Positive</td>
<td>Job Security/Insecurity</td>
</tr>
<tr>
<td>Interview 4 Hospital A</td>
<td>Job Security/Insecurity</td>
<td>Loss of Current ER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 5 Hospital A</td>
<td>Loss</td>
<td>Fear of Unknown</td>
<td>Fear of Change</td>
<td>Excitement</td>
<td>Positive</td>
<td>Job Security/Insecurity Fear of Unknown/Change</td>
</tr>
<tr>
<td>Interview 1 Hospital B</td>
<td>Effect on him personally regarding benefits, PAL time</td>
<td>Loss of seniority</td>
<td>Concern about starting over</td>
<td>Fear of change</td>
<td>Seniority/Benefits Fear of Change</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------------</td>
<td>--------------</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Interview 2 Hospital B</td>
<td>Uncertainty/Insecurity</td>
<td>Anticipation of change</td>
<td>Fear of change</td>
<td>Insecurity Uncertainty Fear of Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 3 Hospital B</td>
<td>Emotional Change</td>
<td>Fear of the unknown</td>
<td>Stressful</td>
<td>Distrust</td>
<td>Low morale</td>
<td>Job insecurity</td>
</tr>
<tr>
<td>Interview 4 Hospital B</td>
<td>Tremendous change</td>
<td>Stressful</td>
<td>Uncertainty</td>
<td>Worried about Seniority</td>
<td>Insecure</td>
<td>Seniority Job Security</td>
</tr>
<tr>
<td>Interview 5 Hospital B</td>
<td>Job Security</td>
<td>Fear of the unknown Insecure regarding new ownership</td>
<td>Job security/Insecurity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 2</td>
<td>Themes</td>
<td>Themes</td>
<td>Themes</td>
<td>Themes</td>
<td>Themes</td>
<td>Common Themes</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>During Acquisition</td>
<td>Fear of working at main</td>
<td>Unknown</td>
<td>Loss of position</td>
<td>Angry</td>
<td>Mistake to merge</td>
<td>Miss little hospital</td>
</tr>
<tr>
<td>October 1, 2005 to December 2005</td>
<td>Sad</td>
<td>Loss of family atmosphere</td>
<td>Unsure</td>
<td>End of an era</td>
<td>Feeling like had start over</td>
<td></td>
</tr>
<tr>
<td>Interview 1 Hospital A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 2 Hospital A</td>
<td>Sad</td>
<td>Loss of family atmosphere</td>
<td>Unsure</td>
<td>End of an era</td>
<td>Feeling like had start over</td>
<td>Sense of Loss</td>
</tr>
<tr>
<td>Interview 3 Hospital A</td>
<td>Sad</td>
<td>Sense of loss</td>
<td>Multiple changes</td>
<td>Disappointed</td>
<td>Loss of self</td>
<td>Sense of Loss</td>
</tr>
<tr>
<td>Interview 4 Hospital A</td>
<td>Loss</td>
<td>Indifference</td>
<td>Disappointed</td>
<td>Poor communication</td>
<td></td>
<td>Loss</td>
</tr>
<tr>
<td>Interview 5 Hospital A</td>
<td>Fear of Change</td>
<td>Sense of Loss</td>
<td></td>
<td></td>
<td></td>
<td>Sense of Loss</td>
</tr>
</tbody>
</table>
| Interview 1 Hospital B | Learning process  
Positive change  
Fears addressed regarding seniority and benefits |
|-----------------------|------------------------------------------------|
| Interview 2 Hospital B | Constant flux  
Concern regarding  
Benefits change  
Work environment not much changed  
Not that different |
| Interview 3 Hospital B | Frustration  
Stress related to learning curve  
Fear of new technology  
Fear regarding loss of position  
Physical problems |
| Interview 4 Hospital B | Uninformed  
Loss of control  
Less fearful  
Calm |
| Interview 5 Hospital B | Frustration  
Fear of Change  
Some routine disruption  
Learning new computer system  
Tense |
<table>
<thead>
<tr>
<th>Question 3</th>
<th>Post Acquisition January 2006 to December 2006</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Themes</th>
<th>Common Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 1 Hospital A</td>
<td>Sad Fear of the Unknown Looking forward to new ED Acceptance of change Loss of family Hopeful Grieving process</td>
<td>Sad Fear of the Unknown Looking forward to new ED Acceptance of change Loss of family Hopeful Grieving process</td>
<td></td>
<td></td>
<td></td>
<td>Sense of sadness Acceptance of Change Hopeful</td>
<td></td>
</tr>
<tr>
<td>Interview 2 Hospital A</td>
<td>Sad Unsure Sense of loss Heart broken Loss of ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sense of sadness</td>
</tr>
<tr>
<td>Interview 3 Hospital A</td>
<td>Angry Disappointed Loss of family Constant state of change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Angry Constant Change</td>
</tr>
<tr>
<td>Interview 4 Hospital A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 5 Hospital A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fear of unknown Hopeful for future</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hope for future</td>
</tr>
</tbody>
</table>
| Interview 1 Hospital B | Rapid change  
Poor communication  
Frustration regarding turnover of ED directors  
Lack of input | | | | | Lack of input |
|-----------------------|---------------------------------------------------------------|
| Interview 2 Hospital B | Uncertainty  
Stress  
Rapid change  
Change in daily routine  
Forward change  
Hopeful | | | | | Forward change  
Hopeful |
| Interview 3 Hospital B | Some lack of teamwork but improving  
Tired  
Morale improved  
Stress related to numerous changes  
Improved support  
Realization not indispensable  
Hopeful | | | | | Morale improved |
| Interview 4 Hospital B | Hopeful  
Stressed  
In need of communication  
Lack of input | | | | | Hopeful  
Lack of input |
| Interview 5 Hospital B | | | | | | Morale improved  
Routine Re-established  
Fun returned  
Morale improved |