

The Lived Experience of Organizational Change for Alcohol and Drug Workers

by

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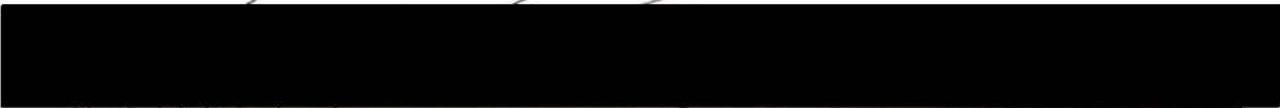
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Abstract

A phenomenological approach was used to explore the lived experiences of alcohol and drug workers with organizational change brought about by the creation of the Ministry for Children and Families in British Columbia. Five alcohol and drug workers, three female and two male, were each interviewed twice concerning their experiences. Participants' responses fell under the topic areas of organizational change, decision making and leadership, changes in work culture, practice issues, loss, coping and dealing with change and stress, and opportunities. Participants were concerned with the lack of clarity regarding the goals of the change, and decision making and leadership. They were trying to adjust to a dramatic change in work culture, which impacted their day-to-day work. Despite experiencing a loss of the old system, participants found many ways to cope with the change and identified opportunities which could be pursued.


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Chapter One

Introduction

Large scale organizational change, however carefully managed, is bound to affect the people working in an organization. The process of change itself, which people may find stressful, can be mixed with excitement about new possibilities, uncertainty, and feelings of loss of the old way of doing things. When the work done within that organization has to do with helping people deal with intense personal issues, the stress concerning such change may be magnified because of the already sometimes stressful nature of the work and the wish to ensure that organizational changes have minimal impact on the people requiring services. This research addresses the experiences regarding organizational change of alcohol and drug workers who have recently moved to the newly created Ministry for Children and Families. As explained in more depth later, I chose to focus on alcohol and drug workers because of my familiarity and affinity with that group based on my work in the alcohol and drug field for eleven years and due to the magnitude of the study.

Background

Twenty eight years ago the Commission on Emotional and Learning Disorders in Children (1970) argued the importance of having all child-, youth-, and family-serving organizations part of one ministry. Although the idea was presented persuasively, it was not adopted. The concept continued to be raised periodically, for example in the British Columbia Royal Commission on Family and Children's Law (1975), Ontario Advisory Committee on Children's Services

(1990), and the British Columbia Ombudsman's Report Number 22: Public Services to Children, Youth and their Families in BC—the need for integration (1990). However, it was not implemented until after a five year old boy died at the hands of his mother in 1992, despite much involvement from child protection workers, doctors, nurses, child care workers and home support workers. This incident led to the boy's mother pleading guilty to manslaughter charges. The court case served to let the public know some of the details about the boy's life and death.

In May 1994, the Provincial Cabinet appointed Judge Thomas Gove to undertake an eighteen month inquiry into that death and report on his findings. Specifically, his mandate was to inquire into, report and make recommendations on the adequacy of services and the policies and practices of the Ministry of Social Services in the area of child protection. The Gove Report (1995), completed in November 1995, had 118 recommendations. The tone of the report seemed to condemn the way in which the Ministry of Social Services worked. A key recommendation regarding the design of a new child welfare system states: "Provincial responsibility for all child welfare services, currently scattered through numerous ministries, should be brought together into a new Ministry for Children and Youth" (Gove, 1995, p. 75). It was recommended at this stage that alcohol and drug treatment services for children and youth (only) should be transferred from the Ministries of Health and Attorney General to the Ministry for Children and Families. Indeed, the new ministry would be composed of programs from the

Ministries of Social Services, Attorney General, Education, Health and Women's Equality (Gove, 1995, p. 75). The largest component of the new ministry, both in personnel and resources, was from the Ministry of Social Services.

In response to the Gove Report a Transition Commissioner was appointed by the New Democratic Party (NDP) government in February 1996, with a three year mandate to

design and oversee the implementation of a new system for delivering child and youth services. The original intent was to ensure the design of the new system would be complete within 18 months, with the implementation of that new system occurring in the last 18 months of the mandate (Morton, 1996, p. 1).

However, the media and the opposition party put strong pressure on the NDP to make immediate changes. In her report to Premier Glen Clark, Morton notes, "You have requested I report to you on how to expedite this work plan, and have also set out to me your expectations for major system reform as soon as possible" (1996, p. 3). On September 23, 1996, a mere seven and a half months after her work began on this three year plan, recommendations for change were delivered to the Premier, who announced the creation of the Ministry for Children and Families. As a result, alcohol and drug services were transferred as a whole entity (adult services included) to the new ministry in January 1997.

The Transition Commissioner's report, based on the Gove report, identified four main principles to be the bases of the new Ministry: child-centred services, integrated and comprehensive services, quality and accountability of services and participatory decision-making in which children, youth, their families and

communities all involved in designing, delivering and evaluating services.

Approximately four months after the creation of the new Ministry, a contract and program restructuring process was initiated. The intent of this process was to reduce the number of contracts between the Ministry and various non-profit agencies and/or individuals. The hope was that services could be streamlined for the benefit of those seeking services, duplication of services would be reduced, and administrative and other financial efficiencies could be realized. If this were to be accomplished, the Ministry believed that more direct services could be offered without additional funding. This contract and program restructuring process meant that some societies which had been in existence for years would be essentially shut down, while others would expand.

The Ministry for Children and Families had been organized into 20 semi-autonomous regions, so although the contract and program restructuring process was a provincial initiative, its implementation was through each of the 20 regions of the province. As a result, different approaches were adopted in different parts of the province. In many areas, the process sparked competition between agencies which had previously worked co-operatively for years to provide services, and led people to ask how contracts were organized. The Regional Management Team made decisions as to which contracts should be cut and which expanded. Those decisions were just being implemented when there was a change in Minister and Deputy Minister and the newly -appointed Minister called for all contract and program restructuring to cease for six months while the process was reviewed. In

various parts of the province, citizens, including those receiving services, had questioned the process—how was closing down agencies which had a history of offering good services going to be of benefit to the people receiving help from such services? When data were collected for this research, the six month waiting period was approximately half over.

The relocation of alcohol and drug services to the Ministry for Children and Families followed four years of working towards the creation of 20 health regions (based on the same geographic boundaries as those in the Ministry for Children and Families). The health regions were to take over the day-to-day running of health-related services at approximately the same time as the Ministry for Children and Families was created. Alcohol and drug services were never part of the health regions although there had been preparation for such a move. Therefore, alcohol and drug workers had already been living with anticipatory organizational change for four years when the Ministry for Children and Families was formed. As such, their experience of the formation of the Ministry for Children and Families and change was preceded by a long period of uncertainty.

“How is this going to work?” “Who is in charge right now?” “Who will be in charge?” “Will non-profit societies have to amalgamate?” “How will *that* work?” “What are the lines of communication?” “How will proposed changes affect the people we see?” “How many of these rumours are true?” Questions such as these have been on the minds of alcohol and drug workers for approximately five years.

Statement of the Problem

Having worked in the alcohol and drug field as a supervisor and front-line worker for the past five years, today (1998) I am concerned about its present and future direction. For four years, I had been pleased with the progressiveness of the system within which I worked. Front-line workers and their supervisors had the opportunity to provide feedback on policies, receive relevant training, and had clear communication amongst five regions within the province as well as provincial support from a central office in Victoria. Furthermore, the vast majority of services were offered by non-profit agencies funded by the province (referred to as funded agencies), with a minority of services being offered by direct service (government) employees. In the system within which I had worked for four years, there was no hierarchy distinguishing between direct service and funded agencies.

However, since the creation of the new ministry, my experience has been that the culture changed (different values seemed to be assumed within the new ministry compared to within the Ministry of Health), the hierarchy became more predominant and complex, and bureaucracy increased. In my experience, funded agencies were now treated by the Ministry and its direct service employees as second class citizens. For example, often meetings, training events or information sessions were put on for direct service government employees (referred to as “staff” or “front line workers”) whereas that information or opportunity would be just as valuable for alcohol and drug workers, (who were considered “contractors” and not given the opportunity to attend). Policy decisions were made in such a

way as to limit the opportunities for front-line staff, their supervisors and those they serve to give input. There has been much change in a relatively short period of time and as a result confusion and uncertainty prevail. Furthermore, many of the stated benefits of becoming one ministry are not being realized. For example Gove (1995, p.45) stated that universality, responsiveness and child-centredness were three of the guiding principles of the changes he was proposing. Yet, with regionalisation and little direction provincially, each of the 20 regions has created its own way of doing things, so that the care received in one region may be very different from the care in a different region. Many regions have changed the way in which clients access services, which may increase responsiveness to some groups of people, for example if there is a child protection concern, and decrease responsiveness to other people for whom wait lists have now lengthened. With respect to the value of child-centredness, it seems the focus is more on increased bureaucracy as opposed to increased services to children. There is now a more complex system within which alcohol and drug workers perform their duties, resulting in longer wait periods to obtain permission for specialized services, a process requiring more paperwork and permission from more people at various levels of bureaucracy than it did before. This increase in bureaucracy has led to longer waits for children to access specialized services as well as more of the counsellor's time being taken up with administrative duties instead of providing services to children and youth.

I wonder, “Is this a natural part of the change process?”; “Is anyone attempting to address how to bring the different work cultures from five ministries together?”; “Are the people we serve going to be helped better?”; and, “Are more barriers being created for the people we serve?” I wonder also if front-line workers have been allowed or allowed themselves the time to reflect on the impact of these changes. Furthermore, I wonder if people with the authority to change things know what the front-line workers are experiencing. The research question I posed was: What is the lived experience of organizational change for alcohol and drug workers who have been moved to the Ministry for Children and Families? Specifically, I addressed the impact of such change on front-line workers, their day-to-day work, what was or was not working for them and how they coped with the change.

It is important to note that experiences of large scale organizational change are not unique to alcohol and drug workers, but have been shared by others in the human services (such as the move to health regions within the Ministry of Health). Although this study was confined to alcohol and drug workers, the findings have some broader relevance to workers in other human service settings where large scale, hierarchically-driven reorganization has taken place.

I believe this project is important because there is so much upheaval associated with the creation of the new ministry that it is worthwhile trying to make sense of the impact it has on practitioners. Bridges is quoted as saying, “Change, on the one hand, is composed of external events. It involves new events

and new situations. Transition, on the other hand, involves the psychological reorientation that people go through as they come to terms with those events and new situations” (“Managing Change in Transitions,” 1993, p. 1). I believe it to be important to identify both the practical adjustments as well as the psychological side of the change, as it incorporates a more holistic view of participants’ experiences. By encouraging someone to reflect on her/his experiences, I began to develop an understanding of how participants made sense of the changes; how they viewed decision making, implementation of decisions and leadership; how participants were fitting in to the new ministry; how their day-to-day work lives had changed; how the changes may have affected clients and the treatment they receive; and how the participants dealt with the changes.

This topic is important in four ways. First, it allows us to develop a sense of what front-line practitioners see as working well, describe what concerns or challenges they have, and identify areas which need changing and opportunities which could be realized. Second, front-line workers have the closest access to receivers of services and therefore are in a better position than others working in the system to hear their concerns with, or praise of, the new system. I assume that such knowledge would be valuable to people who work in the system at all levels of a client-centred ministry so that they can do more of what is working well and change what is not. Third, the experiences of alcohol and drug workers with organizational change may have implications for other front-line workers who provide services within this same environment. Although we are not able to draw

any definitive conclusions from this, as more research would be warranted, I believe we will have some indication of the issues related to the larger system. Thus, findings of this study provide a basis for further exploration of the work life experiences of other professionals living through organizational change. Finally, I hope the research, by looking at individuals' experiences of organizational change, can lead to the professional understanding of how practitioners cope with change.

Assumptions

This research was based on several assumptions.

1. I assumed that the creation of a new ministry was affecting the day-to-day work of alcohol and drug practitioners.
2. I assumed that some of the changes may enhance work life and others may have presented new demands on practitioners, or complicated the old ways of doing things.
3. I assumed that, though the change is happening differently in each of 20 regions in the province, there are common elements to the experiences of people throughout the province. I recognized I would not be able to determine this within the scope of this study as I would not be interviewing people from each region, but I suspected that alcohol and drug workers in other parts of the province might "relate" to the descriptions which will be the result of this study.
4. I assumed that the experience of change would hold unique meanings for each participant.

Methodology

The methodology which I used was interpretive. Such an approach acknowledges that knowledge is contextually-bound, that people react and respond to the way in which they view the world and that the researcher is not an impartial observer but rather co-creates the meaning of a given topic.

In terms of design, I used a phenomenological approach, focusing on the phenomenon of organizational change. Creswell (1998) notes that the focus of a phenomenological study is to gain “understanding (of) the essence of experiences about a phenomenon” (p. 65). Van Manen (1992) states,

Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. Phenomenology asks, “What is this or that kind of experience like?” If there is one word that most aptly characterizes phenomenology itself, then this word is “thoughtfulness”...a heedful, mindful wondering about the project of life, of living, of what it means to live a life (pp. 9,11).

Since I wished to find out about the lived experiences of people who have been affected by organizational changes, and to be able to provide a rich, thoughtful description of these experiences, I saw phenomenology as allowing me to achieve this end. Furthermore, the assumptions of phenomenology and of my study are consistent, making this design a good match for my objectives. I shall describe phenomenology and the research methods in more detail in chapter three.

Summary

A phenomenological approach was used to understand the meanings of the lived experiences of alcohol and drug workers who have been and continue to be

affected by a large organizational change. In the next chapter, a review of the literature is conducted. This is followed by chapters on methodology, discussion of results and implications and summary.

Chapter Two

Review of the Literature

This chapter addresses the literature which pertains to the broader context of the organizational change, the concepts of organizational change, organizational transitions, and the effects of organizational change on employees. I perceived these to be the relevant concepts for this research on the experiences of alcohol and drug front-line workers as it relates to the organizational change brought about by the creation of the Ministry for Children and Families.

In this chapter, I discuss the broader context of the organizational change, specifically the trend of the British Columbia government to decentralize responsibility and create semi-autonomous regions. Top-down decision making and the programmed and adaptive implementation of decisions are discussed. I define organizational change; discuss the relationship between government and non-profit agencies; and describe the concept of transitions. I conclude the chapter by addressing the effects of organizational change on employees. Such effects are work identity, day-to-day work, culture and stress.

First, I will discuss the broader context of this organizational change: larger provincial changes, top-down decision-making and implementation strategies. Much organizational change is taking place in the 1990's. In British Columbia alone, both health and children and family services have moved to decentralized, regional structures. Gerlach (1996) notes that:

Decentralization and delayering are principles by which corporate structure

can achieve flexibility. Described in highly moralistic terms, the discourse equates bureaucracy with discredited communism, and decentralization with internationally triumphant liberal democracy. In practice, decentralization and delayering involve removing management layers and reengineering the work process from narrow and task-oriented to multi-dimensional and process-oriented. Executives are to eliminate functional divisions and collapse the division of labour into processes that can be carried out by small, semi-autonomous teams, with the aid of advanced computer technology (pp. 430-431).

This statement in many ways describes the situation which the Ministry for Children and Families sought to attain. Certainly, the first Deputy Minister of the new ministry consistently emphasized that he wanted no more than four layers of hierarchy between himself and the client. However, although this was the Ministry's stated goal, in practice the levels of hierarchy increased according to the participants. (This will be addressed more fully in Chapter Four). Gerlach's concepts of decentralization and delayering also describe the change from a centrally-driven province-wide system to the current structure which has a Central Operating Agency, with policy, financial and systems responsibility, and 20 semi-autonomous Regional Operating Agencies, similar to the system that the Ministry of Health adopted.

On a smaller scale, decentralization is evident in that the structure has changed from workers being grouped according to an issue (e.g. eating disorders, mental health, alcohol and drugs) which was arguably narrow and task-oriented, to setting up multidisciplinary teams within the regions. This is an example of the multi-dimensional, process-oriented semi-autonomous teams which Gerlach (1996) describes above. On such teams, the focus is on gathering people together from a

variety of specialities, such as those noted above, and creating both informal and formal networks amongst the members of those groups in order to serve clients more effectively. Within the region in which the study was conducted, some alcohol and drug services were provided through multidisciplinary teams such as Gerlach describes and some services remain separate, providing only alcohol and drug services from any given setting.

Gerlach (1996) concludes that “contrary to the surface discourse of flexibility, the discursive regularities of entrepreneurialism, learning, decentralizing and delayering function together to reproduce control” (p. 436). As the “powers that be” are still the same people as were in charge in other ministries (predominantly the former Ministry of Social Services) and if decentralizing and delayering reproduce control, I wondered if the point of all this change was to create the *illusion* of change for political reasons rather than to truly create a client-centred ministry. I return to this point in Chapter Four, Discussion of Results.

Sabatier (1986) and Sabatier and Mazmanian (1979) describe the difference between top-down and bottom-up approaches to decision making. The former are focused on steering the system to achieve the (top) policy-makers’ intended policy results, which stem from a central government decision. The principal actors in the implementation process are at the top positions within government. The implementation process flows from the Premier to the Minister and Deputy Minister to the rest of the government and out to the private sector (Sabatier and

Mazmanian, 1979, p. 33).

This describes the situation with the creation of the Ministry for Children and Families (MCF). Following the recommendations of the government-commissioned Gove Report, the provincial government decided to create a new ministry in order to put most areas concerning children, youth and families together, so that greater communication amongst workers could result, creating a more child-centred system. Under the direction of the Minister and Deputy Minister, Regional Operating Officers, the people charged with the responsibility of one of the 20 regions, set about making changes within the government services structure and that of non-profit societies.

Once the type of decision making is determined by those bringing about the change, Berman (1980) views the choice of implementation strategy for organizational change as key to the success of the change. I define successful change as change which accomplishes what it sets out to do. In the case of the creation of a Ministry for Children and Families, such change would include a cohesive system which over time could provide evidence that it met its stated goals of child-centred services, integrated and comprehensive services, quality and accountability and participatory decision making. Berman (1980) describes two implementation strategies: programmed and adaptive. Proponents of programmed implementation see problems associated with implementing change as arising from at least three sources:

1. ambiguity in policy goals resulting in or caused by misunderstanding, confusion, or value conflict;
2. participation of too many actors with overlapping authority; and
3. implementers' resistance, ineffectualness or inefficiency.

Therefore the ideal situation is

to make an initial decision on policy that includes an automatically executed implementation program. Aside from minor adjustments to keep the program on track, policy makers would have no need to deal with implementation once they had chosen. The aim is, in short, to make the relationship between policy decision and output "implementation proof" (Berman, 1980, p. 210).

Indeed, there is some evidence that programmed implementation was called for in the creation of the Ministry for Children and Families. There was confusion as to who was making decisions: did the Regional Operating Officers have the power to make decisions? How much control did the Deputy Minister have over the situation? In regional decisions, was it the Regional Operating Officer making the decision or another member of the Regional Management Team? What were the goals of the Ministry? If the Ministry was to be child-centred, why were decisions made which seemed to not be child-centred, such as not consulting with clients about what needed to happen? Much of the change seemed unclear, with communication consisting mainly of the rumour mill rather than clear, direct communication from those in authority who had the knowledge of what was happening. Although these points and questions pointed to the use of a programmed implementation process, there were also parts of the adaptive

implementation process which were called for in the situation.

Proponents of adaptive implementation view implementation problems as arising because of over-specification and rigidity of goals, failure to engage relevant actors in decision making and the excessive control of deliverers. Policy can therefore “be implemented more effectively if deliverers (Regional Operating Officers) have the freedom to adjust policy to the exigencies of local conditions” (Berman, 1980, p. 212). Certainly with the Ministry for Children and Families organized into 20 semi-autonomous regions in which Regional Operating Officers have the freedom to implement decisions in whatever way suits their area, an adaptive implementation approach seems to have been indicated.

This idea is supported as Berman (1980) describes the circumstances under which each implementation strategy should be used (pp. 213-220). An adaptive approach should be used if:

1. The scope of the change implied by the policy is major.
2. The validity of the theory on which the policy decision is based is uncertain.
3. Members of the implementing system (government officials, regional management teams, front-line workers and their supervisors) generally do not agree on the policy’s goals.
4. *The different parts of the implementing system do not work together in a particularly co-ordinated manner.*
5. The environment of the implementing system is unstable (Berman, 1980, p. 214).

The ways in which it an adaptive approach seemed to fit the creation of the Ministry for Children and Families were:

1. Creating one ministry from parts of five ministries was a large-scale change, the magnitude of which had not been seen previously in British Columbia.
2. The theory behind the change is somewhat uncertain due to a short time frame given for the design and implementation of the change (as previously mentioned, a three year process was “completed” in seven months).
3. The change came about so quickly there was little time to solicit support from all the people who would be affected by the move. Therefore there was even uncertainty about what the goals were, not to mention agreement with them.
4. As the new ministry has only just been brought together, and its operating parts only just established, it is unrealistic to think that the parts are working together in a highly co-ordinated manner.
5. The political environment was not particularly stable in that there was a lot of pressure on the government to make an immediate change to the system. Daily news coverage of the old system was negative.

It seemed that in the creation of the Ministry for Children and Families, a programmed implementation approach was called for in some ways as I believe goals, communication and lines of authority were unclear. However, the adaptive approach would recognize the structure set up within the regions and allow for those effected by the decision to be engaged in the decision making. Perhaps an implementation strategy combining these two approaches was called for. I will

address this idea further in Chapter Four.

To summarize the context in which the organizational change took place, it was part of a large movement within the province to decentralize and delayer services. The decision making process was top-down in nature, yet the implementation strategy seemed more adaptive in nature, to try to provide the flexibility to address regional differences. Having described the greater context for the organizational change, I shall address the concepts of such change as identified in the literature.

Organizational Change

Although much is written about organizational change (Hutton, 1995; Bridges, 1993; Brager and Holloway, 1978; Cummings and Huse, 1980; Beckhard and Pritchard, 1992; Kilmann, 1984; Dyer, 1984; Kimberly and Quinn, 1984), most of the focus tends to be conceptual or prescriptive, focusing on what management can do to bring about such change. Little is written about the impact such change has on the individuals working within the organization, and little seems to be research-based. In this section, I describe conceptual definitions of organizational change before turning my focus on how it may affect employees.

Hutton (1995) defines organizational change as “any significant, purposeful change initiated by management” (p.3). He goes on to state that such change encompasses the following four areas: a) the organization is striving for a goal which cannot be achieved without significant change; b) the change includes technical aspects which call for careful planning, assignment of resources and

responsibilities, project management of various component tasks and monitoring of progress; c) the changes required will *affect people's lives* in tangible ways and/or psychologically; and d) *the change affects the whole organization* (Hutton, 1995, p.3, my emphasis).

Ontario's Principles and Standards of Management series (1983) defines reorganization as involving "re-arranging people, organizational units, communications and reporting in relation to the organization's goals, objectives, activities and tasks" (p. 6). It is clear from both of these definitions that people are indeed affected by a change in organizational structure, yet it is equally clear that the primary concept driving such change is the achievement of one or more goals as determined by people at the upper ends of the hierarchy. The achievement of such goals may bring about changes in work identity, in the ways of work, in culture and in communication (Hutton, 1995; Beckhard and Pritchard, 1992; Ontario Principles and Standards of Management series, 1983). However, a problem may occur if something called the Marathon Effect ("Managing Change in Transitions," 1993, p. 1). happens:

Change in organizations is often analogous to a marathon. Bill Bridges often speaks of the time that he ran in the San Francisco Bay to Breakers 10k race--with 100,000 other individuals. His start position for the race was 10 blocks behind the starting line! The 10k race was scheduled to start at 8:00 a.m. It was 30 minutes later that he was able to take his first step in the marathon. He noted that it was an odd feeling for him to know that before he physically would step over the start line, others would have finished the race. The changes that take place in an organization closely resemble this 'marathon effect'. Leaders are often over the finish line long before the rest of the employees even begin the race. Nonetheless, the leaders often forget how spread out the team really is. As a consequence,

they start to act and do things that make no sense to the people below them--for these people have not yet finished--maybe not even begun the race (p. 3).

It could thus be expected that, due to the marathon effect and a focus on goals, which may or may not have been communicated well (particularly in a time when the organizational structure and thus the lines of communication are being adjusted), front-line workers may experience a time of stress and uncertainty during an organizational change.

Bolman and Deal (1984) propose four frames or ways of viewing the world. They are seen as vital tools for management in that by looking at the organization in four different ways, a manager avoids a single narrow perspective and the complexity of a given organization can be realized. Each of the four frames corresponds to a basic organizational domain:

1. The structural frame emphasizes the importance of formal roles and relationships and is concerned with goal direction, structural clarity, and task accomplishment
2. The human resource frame is effective to the extent that there is an organizational form developed which enables people to get the job done while feeling good about what they are doing. It is an effective response to human needs and makes good use of human resources.
3. The political frame views organizations as arenas of scarce resources where power and influence are constantly affecting the allocation of resources among different individuals and groups. Conflict is expected because of differences in needs, perspectives, and life-styles among different individuals and groups within a resource-conscious environment.
4. The symbolic frame views organizations as being held together more by shared values, and culture than by goals and policies (pp. 5, 6, 288).

Each frame has its own vision of reality and therefore the depth and complexity of an organization are appreciated only when viewed from each of these points of

view. Bolman and Deal (1984) point out that “in healthy, high-performing organizations, the four domains need to be aligned with one another in such a way that they are mutually supporting (p. 288). They go on to note that “problems arise when one domain changes but others do not” (p. 289). Thus, in an organizational change, it may be that the goal direction is clear, e.g. to create a client-centred ministry from five former ministries, but for this to be achieved successfully, human needs, values, culture, and differences in power and perspectives must also be addressed in ways that enhance alignment across the frames.

Josephine Rekart (1993) addressed the relationship between government and non-profit or voluntary organizations. As the vast majority of alcohol and drug services are provided by agencies contracted by the government, I thought it relevant to discuss that dynamic. Specifically, she examined the role of voluntary agencies in the provision of social services in British Columbia. She noted that “during the 1980’s, governments everywhere launched major efforts to stabilize or reduce government social expenditure and to return more responsibility for social welfare services to private hands” (pp. 3-4). This led to a new kind of collaboration in which “voluntary organizations became partners with government, delivering services on government’s behalf under purchase-of-service agreements” (p.4). Certainly, the majority of alcohol and drug services are delivered through non-profit agencies in partnership with government.

Roxanna Ng (1996) analyzes the relationship between non-profit societies and the government which provides them with funding. Ng (1996) describes in detail the process of a voluntary non-profit society incorporating and becoming funded by the government. She notes,

on the day-to-day level, there was a persistent tension between the provision of services to clients, and the rising demand for producing documentary materials, from time sheets recording the counsellors' working hours to statistical and case records on clients, not to mention bookkeeping and other financial records (p. 15).

This tension is also experienced within alcohol and drug services. In the past two or three years, there has been an increased emphasis on outcome measures, with a resulting increase in paperwork. As a counsellor, I often experience the struggle to which Ng refers--do I listen to the clients or fill out more paperwork on them? Most often the former wins, but I do experience the conflict. My experience has been that the expectation for more paperwork and more accountability has increased since the creation of the Ministry for Children and Families.

Later, Ng (1996) talks about how the work changes as the organization becomes government funded (pp. 50-84). Although alcohol and drug organizations have been non-profit government funded agencies for some time, I believe the work is still changing as a result of the government's influence on such programs. For example, for years alcohol and drug services have emphasized the importance of working with clients on a voluntary basis. However, in my experience and that of my colleagues throughout the province, now that we are in the same ministry as child protection, there is the clear expectation that not only

will we see non-voluntary clients referred by child protection workers, we will also give them priority in booking appointments. This increases the wait lists for people who are voluntarily seeking treatment. Furthermore, work has changed in that although historically single adults have been a large percentage of the people seen by alcohol and drug workers, in the Ministry for *Children and Families*, programs for such adults have all but ceased in most regions in the province. As non-profit societies are reliant on government funding for their survival, the government has the ability to influence how work is carried out. Thus, Ng's findings mirror the experiences of alcohol and drug services provided by non-profit societies within the Ministry for Children and Families.

To summarize my thoughts, the key themes which I see as pertaining to the concepts of change and organizational change are that organizational change affects people's lives in tangible ways such as changes in people's roles, organizational units, lines of communication, ways in which they work and the goals towards which the organization is working. Organizational change also affects people in psychological ways, such as through work identity and culture. Such changes often require one to adapt, or else one will tend to bump up against the new system as one tries to deal with the system in the old ways.

Another key theme is that organizational change affects the whole organization. The desired goal cannot be achieved without such significant change. Goal direction, structural clarity, conflicts, resource allocation, effective response to human needs and shared values, symbols and cohesion may all change,

yet need to be mutually supportive and communicated clearly for the change to be successful. When change also involves non-profit societies and the governments on which they rely for funding, such governments can influence the day-to-day work happening in these societies due to the power governments have over the non-profit societies.

Transitions

William Bridges' (1993) work on managing change in organizations and surviving corporate transition as described in "Managing Change in Transitions," is particularly relevant to the research of front-line practitioners' experiences with organizational change, as he focuses on the human aspect of transitions.

Change "works" only if it takes root in people's minds and hearts. It only works if people successfully redefine who they are and what they do. In the terminology of William Bridges, "change works only if people go through transition". Transition is not just a word for change. Change, on the one hand, is composed of external events. It involves new events and new situations. Transition, on the other hand, involves the psychological reorientation that people go through as they come to terms with those events and new situations ("Managing Change in Transitions," 1993, p. 1).

There are three phases of transition: endings, the "wilderness" or neutral zone, and beginnings. Bridges emphasizes the importance of ending the old way of doing things, of acknowledging the change, and associated losses. Losses occur even when changes are perceived to be positive. For example, one may miss the old way of doing things associated with the old culture; one may miss one's former office; there may be a perceived or real loss of opportunities and the like. As Bridges is quoted as saying, "all changes have their endings and all people have

their losses to address before they can begin to adapt to the changes” (“Managing Change in Transitions,” 1993, p. 2).

The second stage of transition is the “wilderness”. Bridges is quoted as suggesting that once endings are acknowledged, people undergoing transitions go through a “phase of transition in which people find themselves wandering between two worlds--one dead and the other powerless to be born” (“Managing Change in Transitions,” 1993, p. 2). In practical terms, I see this as a time when people are unsure whether or not they should keep working on their old projects, which may no longer be relevant, yet they cannot see the direction towards which they are going, and therefore cannot be working towards the new goal. On the more positive side, however, Bridges suggests that this can be a time of creativity, during which assumptions can be questioned and people can take stock of old ways and introduce new solutions to problems.

The final phase of transitions is to begin the new way of doing things. “If proactively managed, (this transition period) can result in employees embracing rather than resisting the changes. It can also be a source of renewal” and a time to embrace the new mission and new identity (“Managing Change in Transitions,” 1993, p. 3).

When considering Bridges’ stages of transition, it seems clear to me that both management and practitioners are responsible for ensuring the success of a transition. If management is not clearly communicating its goal, the process of the change and the like, the transition is unlikely to be successful. Practitioners have

the responsibility to seek clarification when needed. If, however, the practitioners are unable or unwilling to deal with the stages of loss, to end properly and to eventually “get with the program”, the transition is also unlikely to be successful. Management has the responsibility to provide support in terms of a process, opportunity, training and time to encourage practitioners to deal with the psychological aspect of change.

To summarize Bridges’ work on transitions, I shall identify what I see as the central themes. Transitions are not just about changes composed of external events, they involve the psychological reorientation people go through as they come to terms with those events and situations. People must have the opportunity to acknowledge an ending of a system or phase and the losses associated with those changes. They then go through “the wilderness” phase where they are between the old way of doing things, which is over, and the new way, which has not fully developed. This can be a time of creativity. The third phase of a transition is to begin the new way of doing things and (if proactively managed) embrace the new mission and identity.

Having described change, organizational change and transitions, I will now focus more on the effects of such changes on the people within organizations undergoing the change.

Effects of Organizational Change on Employees

Organizational change can affect employees in several ways: change in work identity, change in the way of doing one’s day-to-day work, change in

culture and stress. I will discuss each of these areas.

Change in work identity “is usually the result of an outside force” (Beckhard and Pritchard, 1992, p. 40). In the creation of the Ministry for Children and Families, an underlying theme of the Gove Report (1995) was that the Ministry of Social Services was not perceived to be doing its job effectively. At the provincial level, it then became important to create a new ministerial identity which was different from “the old Social Services”. At a more personal level, what are the effects of such change? People who used to work in the Ministry of Social Services may be embarrassed, humiliated and hurt by the real or perceived need for such a change. People who used to work for other ministries may not want to be tarred with the same brush as those in Social Services, particularly as Social Services is by far the largest component of the new ministry and had been getting a lot of unfavourable media attention. Thus a change in identity may have an impact on the employees of the organization, whose role it is to uphold that appearance. Bolman and Deal (1984) address the notion of change in identity when they describe the symbolic frame, and the importance of having shared values, symbols and cohesion.

A change in the day-to-day expectations of work may also affect front-line workers. As Hutton (1995) notes, “efforts to change the way of work have immediate, direct consequences for organization members” (p. 5). Gove (1995) recommended the creation of multi-disciplinary, one-stop service centres. This recommendation, in addition to the various policies and reporting structures which

have also changed, has resulted in a lot of change in the day-to-day work for front-line practitioners. Some aspects of practitioners' work which may have changed are: reporting to a new supervisor, physically changing location, having a work team consisting of people from other parts of the ministry (for example, child protection, mental health and probation) rather than working with other alcohol and drug workers, filling out different types of forms, and either lack of clarity concerning policies or new policies to learn.

Another way in which employees can be affected by organizational change is when they experience a change in culture. As noted by Hutton (1995):

Major change implies and often requires a "culture change". Organizational culture can be defined by the *set of values* (which is acceptable and unacceptable) and *assumptions* (beliefs about human nature) that distinguish a particular organization from others and the *norms* (ground rules for behaviour) that guide actions in the organization (p. 5).

To change one's values, assumptions and norms is a time-consuming, personally challenging task. This is even more so when the changes in values, assumptions and norms were not one's own idea, in fact they may have been imposed by the organization. To add to this huge task is the complexity of the fact that with the creation of one ministry from five ministries, the challenge is to create a culture from five former work cultures, some of which work with people on a voluntary basis and some of which work with reluctant clients who are mandated to be there.

Culture is tied to one's individual practice ideology. Hasenfeld (1983, pp. 118-120) describes practice ideologies and quotes Rapoport's (1960) definition:

Practice ideologies are formal systems of ideas that are held with great

tenacity and emotional investment, that have self confirming features, and that are resistant to change from objective rational reappraisal (p. 269).

A change in organizational culture may challenge one's practice ideology in that the values and norms of how one is expected to work may also change. However, one's ideology may not fit with these new values and norms. If, as Rapoport (1960) notes, ideologies are held with "great tenacity", there is the potential for great conflict due to the discrepancy between the organizational culture and one's way of work.

I see the formation of a new culture as potentially one of the largest tasks facing front-line workers as they undergo organizational change. Beckhard and Pritchard (1992) seem to agree when they state, "Even more than other themes, a culture change usually requires the organization [i.e. management] to set up supporting educational activities" (pp. 46-47). Such educational activities or workshops may allow workers to understand each others' points of view, identify common values which all people share and begin to create a groundwork from which to create a culture. Kilmann (1984) bolsters this argument when he states,

Without a supportive culture the lower echelons will discount top management's every action--even top-down efforts to change the culture. Only when work group members encourage one another's receptiveness to overtures by other groups can the whole change program succeed. A special problem emerges when organizational divisions have different cultural norms (subcultures) and must work together frequently (p. 29).

Thus a top-down change in culture is certainly something with which practitioners will have to assist. Indeed, one could argue that without practitioners' support and participation a cultural change will not occur.

Having described the effects of changes in work identity, ways of work, and work culture as they may be experienced by practitioners affected by organizational change, I will now describe the impact of stress. There are innumerable references to stress itself, not to mention a great deal about stress at work (Matteson and Ivancevich, 1987; Field, McCabe and Schneiderman, 1985; Marshall and Cooper, 1981; House, 1981; Alluisi and Fleishman, 1982; Cooper and Payne, 1978; Veninga and Spradley, 1981). In this section, I will address only the latter as it may pertain to organizational change.

I will start with a definition of stress as described by Cummings and Huse (1980).

Stress refers to the reaction of people to their environment. It involves both physiological and psychological responses to environmental conditions causing people to change and adjust their behaviours. Stress is generally viewed in terms of the fit between people's needs, abilities, and expectations and environmental demands, changes and opportunities. It can overpower people's coping abilities and exhaust them physically and emotionally (p. 375).

Thus, in terms of an organizational change, if people's needs are not being met in terms of clear communication or job certainty; if they feel their abilities are not being recognized or utilized; or if they have expectations or hopes concerning the change which are not met, then stress will be evident.

Uncertainty can also lead to stress. In the first two stages of transitions as previously described (Bridges, 1993), ambiguity is prevalent. Practitioners are unclear about what they will be giving up and are lost in the wilderness, uncertain where they will end up. Matteson and Ivancevich (1987) note that ambiguity is a

key source of stress during organizational change. “The underlying emotion being experienced (is) a need to know what was going to happen, founded on a belief that whatever the outcome, knowing it was preferable to not knowing it” (p. 86).

To summarize the effects of organizational change on employees, I believe such change may encourage employees to ask themselves questions such as:

- Who am I? What is my work identity?
- What do I do? What are the expectations of my day-to-day work?
- What is the environment in which I work like? What is the culture? What are the values, assumptions and norms? Are these values assumptions and norms congruent with my own?

Such questions acknowledge the uncertainty which is often experienced as stress due to an organizational change. Stress may also result due to a lack of fit between people’s needs, abilities and expectations and the environmental demands, changes and opportunities. Stress may lead to psychological reactions such as anxiety or apathy; physiological reactions such as high blood pressure and increased heart rate; and/or behavioural reactions such as lower productivity, absenteeism and higher turnover (Cummings and Huse, 1980, pp. 374, 376).

Summary

I have discussed various aspects of change, organizational change, transitions and the effects on people caught up in change. As previously noted, much of the literature, with the exception of Bridges (1993), is focused on what management can do or should expect, as opposed to the lived experiences of front-

line workers undergoing the change. The literature clearly points out that front-line workers are affected by organizational change, though it is not as clear how exactly the impact is manifested. The research project which I have conducted addresses these lived experiences and describes in detail what it is like to be in the throes of an organizational change.

Chapter Three

Methodology

The purpose of this study was to conduct an in-depth exploration and description of alcohol and drug front-line workers' experiences of organizational change. In this chapter, the methods and procedures used in the study are described and discussed. The methodological discussion includes a description of the underpinnings of phenomenology, the researcher's role, study setting and sample, data collection procedures, data analysis, ethics and scientific adequacy.

Phenomenological Framework

The goal of a phenomenological approach is to gain a thick, rich description of a given phenomenon--in this case the experiences of alcohol and drug workers during organizational change. As noted by Benner (1984), Chesla (1995), Haylor (1992) and Creswell (1998), the phenomenological approach is relevant for studying individuals in order to learn about their experiences. The result of such a study is an in-depth description of the essences of these experiences.

Heidegger (1962), a significant philosophical scholar of phenomenology, believes that a person is a self-interpreting being who does not come into the world predefined but becomes defined in the course of living a life. People take up this world through conscious reflective thought as well as through an effortless and non-reflective understanding of the self in the world. Because people are always situated in a meaningful context they make meaning of situations in conscious and

unconscious ways (Benner and Wrubel, 1989). Part of being human is

that things matter to us, we become involved in the world. Heidegger (1962) calls this way of being involved “concern”. Because of concern, people are involved in a context. They inhabit their world, rather than live in an environment. Because of embodied intelligence, background meaning, and concern, people grasp a situation directly in terms of its meaning for the self. This is what is meant by phenomenology (Benner and Wrubel (1989, pp. 47,49).

The implications of this statement are that because of one’s previous experience and how one is situated in the world, different people will create their own meanings concerning a given situation. Different aspects of the situation may be more important for one person than for another. Therefore, two people who experience the same phenomenon will view that phenomenon differently. Both meanings are equally valid. However, shared meanings are also possible because we inhabit worlds which are similar in certain ways, such as language, employer, work focus and the like. Therefore, although two people in the same situation may create different meanings to the same events, there may also be a common experience which is described.

Benner and Wrubel (1989) go on to describe aspects of phenomenology which relate to the concept of change.

But sometimes smooth functioning breaks down. In all this discussion of embodied selves, personal/cultural background meaning, and concern, it is easy to forget that embodied, self-interpreting people live in a real world and that over time real-world contexts change. Marriage, divorce, widowhood, promotion, and unemployment--to name but five of the more common such changes out of many that occur--all place the person in a situation in which the old self-understandings are no longer completely relevant. No amount of mental rehearsal can prepare one fully for such changes, because people cannot reflectively encounter all the taken-for-

granted aspects of their being. It is only in the changed context that the hitherto unnoticed background meanings, habitual body understanding, and concern are seen to no longer allow for smooth functioning. People become aware of them and reflect on them. This breakdown in smooth functioning is what we mean by stress (pp. 49-50).

I suspect alcohol and drug workers to be experiencing stress as a result of the organizational change. Previously unnoticed background meanings and understandings about their work life have shifted and become more consciously observed due to the change in their work context. Certainly their old understandings of the organization in which they worked may no longer be relevant. In some ways I equate it to being on solid ground and comfortable in your surroundings. Then there is an earthquake. You may question the stability of the ground on which you had been comfortably standing. A previous background assumption--that the earth on which you stood was safe--has been challenged. You may experience stress, uncertainty, fear, excitement or other responses (depending on your past experiences and the meaning you make of the situation) until you can determine where, if anywhere, it is safe to stand.

Researcher's Role

As the researcher, I see myself as having four main roles: collaborator, self-aware human, amalgamator of data and interpreter of data. I see my first role as that of inquisitive collaborator. In order to generate a thick, rich description of alcohol and drug workers' experiences of organizational change, I need to be curious to search out an in-depth view, from the participants' perspective. As Walters (1995) states, a "researcher is a collaborator in the creation of meanings"

(p. 84). This makes sense to me in that I am not a computer for information to be entered, processed and outputted. I am a human being engaged in a conversation with another human being. Meanings will be made through the context of a discussion.

As previously discussed, Benner and Wrubel (1989) acknowledge that people live in a real world--a world in which contexts change. The very fact that I am interviewing alcohol and drug workers about their experiences changes the context. My humanness and how I make sense of the world are part of the context of the interview, as are those of the participant. Therefore, I cannot be a neutral depository for information--meanings will be collaboratively created.

That being said, it is important to get at *others'* lived experiences and the meaning they make of organizational change. This leads to my second role--that of a self-aware researcher. I see it as important to be very clear about what I am experiencing in order that I can acknowledge what experiences are mine and then be more able to focus on others' experiences. I assume that because I am an alcohol and drug worker, I have formed opinions and concerns about recent changes in work life. I further assume that, as the data collector, it has not been possible to set these opinions completely aside. However, I do hope that by identifying and reflecting on my thoughts and feelings, I can be more ready to hear those of others.

These thoughts are confirmed by others. Clearly van Manen (1992) would agree that "neutrality" cannot be attained.

From a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings. And since to *know* the world is profoundly to *be* in the world in a certain way, the act of researching--questioning--theorizing is the intentional act of attaching ourselves to the world, to become more fully part of it (p. 5).

The importance of acknowledging your stance is supported by Walters (1995) who points out that “researchers use their pre-understandings as a beginning point and actively attend to their reactions, involvement, and thinking throughout the data collection and analysis process through journal writing, individual supervision, etc.” (p. 84).

The struggle to acknowledge one’s role in the creation of the data and yet to focus on others’ experiences is summarized by Osborne (1994).

In phenomenological research, although the question which prompted the research began in experience from which a foreunderstanding of the phenomenon was developed, there is an attempt on the part of the researcher to allow the data to speak for themselves in spite of the researcher’s predispositions (p. 179).

Once I have become aware of my relationship to the topic and have collaboratively created meanings of organizational change with each of the participants, my final roles are to amalgamate and interpret the data received from each of the participants into an in-depth description of the experiences of organizational change. The description should lead the reader of the research to have the feeling that “I understand better what it is like for someone to experience that” (Polkinghorne, 1988, p. 46).

Study Setting and Sample

In order to explore the lived experience of organizational change for alcohol and drug workers who have been moved to the Ministry for Children and Families, I focused on one of the 20 regions of the province to determine what was happening for alcohol and drug workers in that area at that particular point in time. Creswell (1998) identifies the data collection activities in phenomenology. Data should be obtained through interviews with multiple individuals (up to ten) who have experienced the phenomenon (pp. 112-113). Data obtained include not only what is said, but how it is said. Attention should be paid to both the tone of the responses and how the participant presents himself/herself.

Participants were chosen purposively. As Morse (1994) notes, the intent of purposive sampling is to collect data from those who have experienced the phenomenon in question, can articulately reflect on their experiences and have the time and interest to participate in the study. Therefore, participants must have worked within the alcohol and drug system in British Columbia before and after the organizational change, so that they have experienced the phenomenon.

The participants were all working as front line workers in the alcohol and drug field, one from each of five program areas within that field. Participants worked in the areas of prevention, youth outreach, youth counselling, adult counselling and women's day programming. One participant is a government employee, three were working for non-profit societies which had a history of receiving annual contracts from the government to provide alcohol and drug

services, and the fifth participant has his own business which receives an annual contract from the government. Each participant had between four and 20 years of experience working within the field. The interviews, with three women and two men, were conducted during a five week period, thereby capturing their experiences at a particular point in time of the change process. Each person was interviewed twice: the first was with reference to the questions identified later in this chapter. In the second interview, I presented to the participants the themes I identified reviewing transcripts of the first interview. Participants then had an opportunity to let me know if the themes captured their experiences and to make additional comments regarding the impact of the organizational change.

Participants were asked to volunteer. As the alcohol and drug system is relatively small, participants who were known to the researcher were informed that I was conducting this study in my role as student researcher, not as someone working within the system. It was clearly presented to them that their decision concerning participation would in no way affect their positions or our working relationship if that existed. Confidentiality was maintained; I shall discuss this further in the section on ethics.

Data Collection

The primary method of data collection was individual interviews. Merriam (1988) notes that to avoid structuring people's responses to questions with the interviewer's perceived categories of organizing the world, a less structured interview is important. I therefore posed general questions in the interview, and

conducted the interview in such a way as to invite a story. Data were collected through two interviews with each of five participants. As Hycner (1985) notes, doing “phenomenological research for the most part requires that only a limited number of people be interviewed given the vast amount of data that emerges from even one interview” (p. 295). The research question, “What is the lived experience of organizational change for alcohol and drug workers who have moved to the Ministry for Children and Families” led to the following specific interview questions:

- Tell me the story of this change. When did you first hear about it? What was the talk around the office? How did you feel about it?
- What stands out as an experience that epitomises the negative aspects of this change?
- What stands out as an experience that epitomises the positive aspects of this change?
- What helps get you through all this?
- Describe what your day-to-day work life is like today?
- Describe what your day-to-day work life was like before the change?
- What would you like others to know about your experience?
- What are the things you hoped to talk about that we haven’t had a chance to yet?

Prompts:

- What do you see in terms of concerns; challenges; opportunities; positive outcomes?
- What are some of your ideas about what needs to be different? How would you like to see things changed?
- Have there been changes in philosophy; the volume of work; accountability; resources; the physical environment; supervision structures?

Interviews were tape-recorded, then transcribed verbatim.

Data Analysis

I analyzed the data roughly following the guidelines which Hycner (1985, pp. 280-294) suggests for the phenomenological analysis of interview data. My data analysis procedure was as follows:

1. The data were transcribed, including the literal statements together with significant non-verbal and para-linguistic communications, such as sighs, emphasized words and phrases and changes in tone.
2. I read the whole transcription and listened to the interview for the sense of the whole meaning, providing a context for the emergence of specific units of meanings and themes later on.
3. I rigorously went through the transcription, noting every word, phrase, sentence, paragraph and significant non-verbal communication to elicit the participant's meanings. This resulted in my determining what Hycner (1985) refers to as "units of general meaning" (p. 282) or the various points participants were trying to get across. This was done with as much openness as

possible and identified all the participants' points, rather than just those which addressed the research question.

4. I then went through each of the units of general meaning and determined which ones were relevant to the research question.
5. Comments were then grouped into themes and placed on index cards. A separate index card was used for each theme and for each participant. Furthermore, each participant's card was colour-coded using a highlighter to help differentiate each of the participants' responses.
6. Committee members were asked to independently review the transcripts in order to verify the findings thus far. Committee members did indeed confirm that they identified the same themes. This step added to the rigor of the study in terms of both the credibility and the dependability, as discussed later in this chapter.
7. A summary was written for each interview, highlighting the main themes which the participant presented.
8. In a second interview, I shared the themes with the participants; asked for feedback as to whether or not I had captured their experiences; and invited participants to share further thoughts. This provided a credibility check. Participants generally agreed with the themes I identified, and provided clarity where necessary.
9. I modified the themes and summary using the data from the second interview.

10. I identified the general and unique themes for all the interviews. By placing the index cards into like categories, I noted if there were themes common to all or most of the interviews. Then I noted when there are repeated themes in one or a few of the interviews. Finally, I noted when there are variations *within* a theme.
11. I then wrote a composite summary of all the interviews which would accurately capture the essence of the phenomenon being investigated. I described the “world” as experienced by the participants, noting any significant individual differences.
12. I reviewed ideas or themes from the interviews that had been initially discarded as irrelevant to the research question and made a final decision on whether or not to integrate them into the description of the person’s experience.

Ethics

I saw protecting the participant’s right to confidentiality as an essential obligation of mine. Aspects of confidentiality I addressed were as follows:

- the transcriber did not know the name of the participants;
- a pseudonym was used to identify the tapes;
- the same pseudonym was used in the transcripts themselves;
- the tapes and the transcripts were stored in a locked filing cabinet and were available only to myself, the transcriber and the research committee;
- audio tapes, transcripts and notes were kept in a locked filing cabinet until the thesis was successfully defended;

- the area of the province in which the participants work was not mentioned in recognition of the fact that the alcohol and drug field in the province is a fairly closed, small system.

With regard to consent, I asked each participant to sign a consent form (see Appendix A). This form was discussed and signed prior to the interview. As stated in the form, the participant could withdraw from the study at any time.

Scientific Adequacy

In discussing the merits and limitations of the design, I referred to the work of Sandelowski (1993, 1991, 1986). She notes that scientific adequacy as it pertains to qualitative research (sometimes referred to as rigor) is “less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work” (Sandelowski, 1993, p. 2). She identifies four areas which need to be addressed in order to stay true to this spirit. I shall describe each and discuss the ways in which I have addressed each.

Credibility

The concept of credibility refers to the quality of the data or how well I captured the multiple realities of the experience. Did I collect data in such a way as to enhance the possibility of describing multiple realities? To answer this question, one must consider the variety of data sources and the analysis techniques. By conducting interviews with five people, analysing the transcripts, having committee members analyse them, writing an interpretative summary, sharing this summary with the participant in another interview, and encouraging

participants both to ensure I had captured their experience and to provide further information, I believe the credibility of the study was addressed adequately.

Sandelowski (1986) asserts that a qualitative study is deemed credible if it reveals accurate descriptions of individuals' experiences so that people having that experience can immediately recognize it from those descriptions or interpretations as their own. As participants have had the opportunity to ensure their points were captured well, credibility has been addressed to some degree through the data collection and analysis processes. Credibility could be further checked by distributing the data to other alcohol and drug workers and asking if they relate to what is written. This will come when the thesis is read by alcohol and drug workers.

Transferability

Transferability refers to the ability to generalize the findings, or determine if they are relevant to another similar situation. Hycner (1985) asserts that a consequence of (purposive sampling) and the limited number of participants (is that) the results of the research cannot be generalized. "However, in the process of even investigating the experience of one individual, we can learn much about the phenomenology of human beings in general. Though the results in a strict sense may not be generalizable, they can be phenomenologically informative about human beings in general" (p. 295). Therefore, I believe the results are transferable to a certain degree as I gathered information which may be helpful in understanding other alcohol and drug workers in British Columbia who were

affected by this organizational change. Similarly, I might have some understanding of people who work in other programs but underwent the same change and of people experiencing similar changes in other parts of the country or world.

However, as the study took place at a certain crucial time in the development of a new organizational structure, I think the ability to transfer the results to other times requires caution. That being said, I believe the study uncovers concepts that seem to be relevant to any major work change, such as people's ability to cope and deal with stress and uncertainty. The concepts associated with the impact of organizational change I believe could be "rediscovered" in another research project. This ability to conceptually replicate the study adds to the reliability of this research project.

Dependability

To ensure an interpretative study is dependable, one must ask the question, "how do I know that the interpretations I draw from the data are similar to the ones that you might draw?" This study addresses dependability in two ways. First, committee members independently interpreted the data to ensure that they identified similar themes. Second, I used quotations throughout chapter four, to provide the reader with an understanding of why I made a given interpretation.

Confirmability

The concept of confirmability relates to a concern about investigator bias. This area is important because of the idea that researchers are involved in the creation of meanings through the context of an interview. Evidence that

investigator bias was minimized is through the notes from meetings with committee members and journal entries. Such notes, as well as my thoughts concerning how to organise the data have been stored chronologically in order to provide an “audit trail”. Such a trail should lead those reading it to determine how I came to the observations and conclusions I did and provide an understanding of the thought processes behind the research.

Summary

I have described the framework of phenomenology, the assumption of shared meanings despite different experiences, my role as researcher, the study setting and sample, data collection procedures, data analysis, ethics and scientific adequacy. This provides the basis on which I approached the next chapter concerning results of data analysis and interpretation.

Chapter Four

Discussion of Results

This chapter describes the results of ten interviews, two with each of the five participants. As the intent of the study was to provide a rich description of participants' experiences, I used the mega-themes, the essences of the participants' experiences, as the headings for each section. I describe the data in terms of mega-themes, or general overriding themes and sub-themes or smaller points which can be grouped together within a mega-theme. The mega-themes were: "what's on and what's off?" (relating to the concept of the organizational change itself); "vision, what vision, whose vision?" (concerned with decision making and leadership); "square pegs in round holes" (addressing the change in culture and issues concerning practice); "the good old days" (concerned with what the participants perceived as loss); "keeping passion and perspective" (which discusses the notion of coping and dealing with stress) and "where we could go" (which notes the opportunities participants see as existing). Under each theme, I describe and interpret the participants' experiences. Various quotations from the participants are used to illustrate their points, and a connection is made to the literature.

"What's on and what's off?"

The titles used to identify each section capture the essence of each theme in the eyes of the participants. The theme "what's on and what's off?" relates to the day-to-day experience of organizational change. It captures the participants' thoughts

related to the experience of work during the creation of the Ministry for Children and Families and has been labeled “here we go again”. “Where’d they go?” refers to the process of decentralization and the resulting perceived loss of the Alcohol and Drug System of Care. “Better services or cost efficiencies” captures the experience of living with the contract and program restructuring process.

“Here we go again”

This sub-theme expresses the fact that participants were no strangers to the experience of organizational change and in fact had been preparing for change for years. In the previous ten years participants had each experienced four changes in ministries: from Health to Labour and Consumer Services to Health to Children and Families. Two participants had each worked in the field for approximately 20 years and consequently had experienced more of these changes. They exhibited more relaxed and resigned attitudes regarding the change—an attitude of “if it happens, it happens and we’ll deal with it then”. The participants who were newer to the system tended to want more clear, concise decisions, and seemed to want to get on with the change—an attitude of “well, let’s figure out where we are going and get there”.

Second, the participants described how they had been moving in the direction of large scale organizational change for several years, either as part of the Ministry of Health changing to the decentralized Regional Health Boards or as part of the Ministry of the Attorney General’s restructuring to create three different divisions. The former change took place at approximately the same time as the

Ministry for Children and Families was created and involved creating 20 Regional Health Boards each responsible for the health services provided in a given region. However when the change was made, alcohol and drug services did not move to the Regional Health Boards as it would soon move to the Ministry for Children and Families. In the meantime, the Ministry of the Attorney General had been working towards having three distinct divisions: adult, youth, and community and family services. Each division would be responsible for the services within that given area. What would have been the youth division was moved from the Ministry of the Attorney General to the Ministry for Children and Families.

Both the Ministry of Health and the Ministry of the Attorney General changes had involved years of working towards creating new structures and preparing oneself for changes which did not happen for the participants, resulting in some frustration. The experience of preparing for change which did not happen resulted in some skepticism as to whether or not the change associated with creating the Ministry for Children and Families would come about. As one participant noted,

I don't really know how long ago it was when we actually got the word, it was after the Gove Report obviously, and we knew that some changes were going to happen as a result of that. *Some time*¹ after that, we heard that there would be changes and *again* it seemed to be a little while in coming and rumours and not knowing what was going to go on. So it didn't *surprise* me when the change *happened*, other than it finally *happened*.

¹ italics indicate participants' emphasis of certain words, not my emphasis

The “here we go again” sub-theme seemed to be important for participants in that they were skeptical and uncertain about what changes could happen and felt like they did not know where they were going. A visual image that comes to mind to describe this is that they set off in a house boat to go towards something they thought they knew. They had listened to other boaters for the latest news, but there had been no formal briefing session. They knew that their destination would be either the new divisions within the Ministry of the Attorney General or the Regional Health Boards within the Ministry of Health. The boating was challenging because it was not always clear which channel they were in. Nevertheless, they persisted, continuing to engage with the people (clients) who came to see them as they moved along. After they had been traveling for some time, the tide changed drastically and at the same time, their engine broke. They started to drift towards the Ministry for Children and Families—an uncharted island. Being somewhat adrift, some people were anxious to get there. For others who were quite comfortable at sea, they sat back and hung on, knowing that they would eventually reach land, and would deal with the environment when they got there. Those participants less used to the seas wanted to know when they would reach land, and what the environment was like on the new island. The uncertainty and concern about what was on the island, and what living there would mean, became an undercurrent for many of the other changes which were to take place.

“Where did they go?”

The creation of the Ministry for Children and Families led to a decentralization of services, which resulted in the perception that alcohol and drug services as a system of care was being torn apart. I shall describe the decentralization process and the perceived dissolution of alcohol and drug services in more detail.

The Ministry for Children and Families was created in such a way as to move power from a central location in Victoria to each of 20 regions throughout the province. Therefore, some decisions were made by the Minister or Deputy Minister, but how those decisions were carried out was determined by the Regional Operating Officer in any given region. The role of people in what was called the Central Operating Agency in Victoria was to provide support to the regions. Each region therefore had quite a lot of autonomy, beyond following the direction of the Minister and Deputy Minister. The result was that how the new ministry was developed varied a great deal throughout the province.

Historically, alcohol and drug services had had quite a comprehensive provincial system. Strong leadership centrally coordinated opportunities for alcohol and drug workers to meet with other professionals doing the same thing, provide feedback on proposed policies, receive direction and support concerning new areas of treatment and receive training. Alcohol and drug services central office therefore supported good communication and consistent services throughout the province and a sense of professional cohesiveness. Within each of five regions

in the province there were opportunities to get together and share information. Furthermore, despite the fact that services were provided by both direct service government employees and contractors often working within non-profit societies, no distinction was made between the two groups. The result was an interconnected and communicative system of care which was the pride of alcohol and drug services.

When the Ministry for Children and Families was formed and much of the power and resources went to the regions there was a large “downsizing” centrally. It is true that the central office of the Alcohol and Drug System stayed generally intact, with all the positions remaining. However within the field, as more of the decisions were being made within each region in the province, and as decisions varied considerably region to region, the impression of the participants was that the centralized system of care was dissolved. Furthermore, the relationships which had been built within that system, which were an important part of the participants’ work world, were no longer supported by training opportunities or clear channels of communication.

Participants felt that where services had been ahead of the game nationally, they were “losing the edge” and stagnating as there was no longer one supported proactive vision for services. This was due to the lack of support centrally to provide training, support and direction which was a result of training moneys and decision making power being transferred to the regions. Furthermore, the good communication system which had developed throughout

the province was no longer effective. The former five regions in the province were no longer acknowledged by the province and face-to-face meetings within those regions were canceled. There was little communication or connection between the 20 regions which replaced them. Centrally, alcohol and drug services had little power to provide direction. Each region had a great deal of latitude to do as they wished with regard to decisions concerning alcohol and drug services. Central office could merely make suggestions. Each region could therefore do what it wanted. Services to adults in a ministry set up for children and families were particularly vulnerable in most areas of the province. As one participant observed, “I can see that (the alcohol and drug services system of care) is being dismantled throughout the province”.

Part of the way in which the alcohol and drug system of care was weakened in the region in which the research was conducted was through a series of changes in leadership. The regional person in charge of alcohol and drug services changed due to a “bumping” process created by people losing jobs at Central Office as a result of the change in organizational structure within the new ministry. So at the time when there was a need for a strong advocate for alcohol and drug services, there was a new person in charge, who knew nothing of the alcohol and drug system. A few months later, when that person was getting acquainted with the alcohol and drug system, there was another change in management. Not only did the manager get replaced, the newest manager’s time dedicated to alcohol and drug services was greatly reduced, from full to one

quarter time. Each of these managers had a different leadership style and the whole process was described by one participant as “crazy-making for no point”. More troubling was the fact that one participant wondered if the whole process of weakening the system of care was intentional. He noted,

The other thing I found problematic is the amount of turnover of area managers. If a person wanted to de-construct an agency, the way to do it would be to switch the head several times and to lower the amount of time they can spend working with counselors in that area. I don't know if that was their intention, but that's just the way it's looking to me.

The sub-theme “where did they go?” was important for participants as they felt a great deal of loss concerning a system that had been supportive of them. This loss equated in most participants' experiences to a loss of professional identity related to a disappearance of their practice culture. There was no longer clear leadership concerning alcohol and drug issues, therefore participants were being led by those who did not necessarily know, understand or empathize with the issues associated with practice in their area of expertise. Some participants expressed a bit of resentment towards central office, resulting from feeling abandoned at a time when more support and direction were needed. Participants generally felt that they were at the mercy of their region. Some participants noted that they were thankful to be in their particular region as alcohol and drug services seemed to be more supported there than in other regions. However, overall participants felt that the provincial strength of alcohol and drug services had been lost.

“Better services or cost efficiencies?”

One of the major initiatives in the new ministry was the contract and program restructuring process. As mentioned in Chapter One, the stated intent of the process was to reduce the number of contracts between the ministry and various non-profit agencies and/or individuals in order to streamline services, reduce duplication of services and realize cost efficiencies by reducing administrative costs.

Participants had different perspectives concerning the contract and program restructuring process. One participant was unlikely to be affected by the process as she was a direct government service employee. Another participant saw the process as potentially strengthening the society for which she worked. The other three participants were not sure where they would be working or what their work would entail. One of them could foresee the organization for which he worked being essentially dissolved; many of his colleagues might lose their jobs as a result of the restructuring.

Despite their varied perspectives, each of the participants had many thoughts about the process itself and the announcements which had been made about what would change. Some of the announced changes had begun to be put into action when the contract and program restructuring process was put on hold to be reviewed for six months. At the time of the interviews and writing, participants and their colleagues were half way through the six months and in a

“holding pattern” waiting for some sort of announcement concerning the next move.

Participants were frustrated with the lack of consultation about the process. They felt that they had no opportunity to influence the decisions as to which contracts would be cut or amalgamated and questioned the decisions which were made. This left them with a sense of being pawns in a game of chess—someone else would decide where they would go. Participants also questioned the intent of the process: was it to ensure better services to the people the system was set up to serve or was it to realize cost efficiencies? One participant encapsulated these thoughts when he noted,

A negative experience is the issue around contracting and being essentially informed post facto (sic)...the sort of lack of consultation around this amalgamation of contracts...the arrogant and gratuitous changes that aren't really being thought through. The process (is) not necessarily even within what I would consider the best interests of the children involved. This is not about quality care, this is not that, this is about money, and as soon as it becomes apparent that as somebody said 'it does not seem that the cost efficiencies are going to (accrue) as we expected', it all goes away. The thing is if it means better service, then do it but don't stop doing it because cost efficiencies are not accruing.

In terms of offering better services to clients, there was the sense that the large-scale amalgamation of contracts could be problematic rather than beneficial for clients in that there would be a reduction of options.

There's a kind of strength that comes from diversity. It's *better* to have three programs that are doing overlapping things but some things differently than to have one program trying to do three different things. We're taking the menu and we're turning it into one thing. Give people a choice.

As it appeared that clients' needs were not being considered, this added to participants' questioning the real intent of the contract and program restructuring process. Furthermore, as each of the participants was very dedicated to providing good services to clients and working in a collaborative, consultative way, the seemingly non-consultative process which would result in fewer options for clients was not embraced. Most people seemed frustrated at having to work within a system which was going against their values of client-centredness and collaboration.

Another common theme regarding the contract and program restructuring process was the lack of respect for the work being done and for individual front-line workers. This became particularly apparent once the announcements were made indicating what contracts would be amalgamated.

The following quotations speak to this issue:

We're squashing a whole bunch of good people who are doing good things and we're telling them that they do bad things in a de facto (way) saying 'we're taking your agency down, your society down.' I think that's really disrespectful.

We didn't know for sure if my program would be going (to another agency), but it was just accepted that there was no hope to try to save it. For me personally, it was like I was written off and the (agency) starting focusing on (another of its programs).

These quotations also allude to the isolation participants felt—they had no support, no supervisors standing up for them. The word “squashing” in the first quote is quite powerful. It seems to conjure up visions of something powerful and strong

doing away with something insignificant. Clearly, this was a process which could negatively affect participants' self-esteem and sense of professionalism.

A further example of experienced disrespect and source of frustration was the way in which participants learned about how contracts were to be restructured.

This thing around contracting and rolling up contracts: I got a letter the Monday (before) the Friday meeting (the contract changes) were all supposed to (be announced). It's like 'you're going to be transferred to some community agency and here's the letter. Your choices are you can write a proposal to take over all the other agencies in the community or you can become part of another agency'. It was like it wasn't important that I *know* (my work world may drastically change).

The participant described this as disrespectful. This lack of respect was taken as an insult to both the individuals involved and the services provided. Participants felt it devalued the work people were doing. The disrespectful attitude reduced the credibility of the decision makers in the eyes of the participants.

However, not all thoughts concerning the contract and program restructuring process were negative. One participant noted that there were problems with the way contracts were being offered which could be addressed by the process, such as:

1. Contracts were set up in a "piecemeal" way, knitting together individuals and half contracts and quarter contracts. Simplifying how each full time position was funded and clarifying who had what role would therefore, in his view, be beneficial for management and the people working in the affected positions.
2. As contracts were negotiated at different times, people doing the same job in the same agency were getting paid very differently. This inconsistency created

rifts within the agency and was seen as unfair by the front-line workers. Wage parity within an agency would help everyone to feel valued and recognized. Furthermore, there was pay inequity amongst different agencies. The participant believed if contracts within an agency were combined, the government would be in a position to compare larger contracts and rectify the wage inequities.

It is interesting to note that the only stated possible benefits to contract and program restructuring all presumably require spending more money rather than “realizing cost efficiencies” which is one of the stated purposes of the process. I fear that due to this discrepancy, these possible benefits may not be considered.

Once the announcements were made concerning how the contracts were to be restructured, there were many behavioural and emotional reactions. Some participants seemed until then to be “going with the flow” of what was being suggested and trying to make the best of it. However, these attempts were stifled when the process was put on hold for review. Examples of this are:

We heard that all the alcohol and drug services would be *one*, would *all* be coming under one agency. We got *all* geared up for that. Everybody was *excited* and then we got the word *again* that, no that *wasn't* going to happen. All the work that had been done to get that into preparation was going to be put on hold.

One of the things I did try in terms of feeling positive about the change is to be very positive, focused and say, okay if these changes are happening, *how* can we get together and decide what's the best *way* to respond? But with the new...contracting stuff that went on *hold*, all of that stuff had to be shelved.

Once the contract and program restructuring process had been put on hold, the participants spoke of frustration due to the fact that the uncertainty and chaos as to who was doing what where were prolonged for six months. They had lived with the uncertainty since the ministry had been created and once the announcements had been made about the contract restructuring, there had at least been a sense of movement, a sense that something was actually happening that was concrete. When this decision seemed to be reversed in the participants' eyes, I think the frustration mounted further. After all, "if we aren't going to do that, then what would we be doing?" Waiting with this unsettling uncertainty for six months was not seen as helpful by any of the participants during the first interview. However, in the second interview, one participant noted that "when there's total chaos, I think there's a readiness for change that isn't there *otherwise*, and I think that's the situation we're in right now". This readiness for change was seen as a positive thing, though this participant was ready to be getting on with the change, rather than continue waiting to hear a decision in another three months.

There was frustration that the six month waiting period was not to be used more purposefully. As one participant noted,

The new minister or whoever decided to put the process off for six months and it's like, you know (sigh), *that is extremely frustrating*. I mean, it's not just a matter of putting it off for six months, it should be a matter of setting up a *whole process* of consultation and creating direction and working in a well thought out way.

The uncertainty which was described in the “here we go again” section, combined with feelings of loss and abandonment concerning the perceived dissolution of the alcohol and drug system of care, compounded with the feelings of frustration, disrespect and devaluation during the contract and program restructuring process, left participants very dissatisfied about the organizational change. Having described the effects of the organizational change on participants, I will connect their experiences with what is said in the literature.

Connection to the Literature

Gerlach’s (1996) description of decentralizing resonates with the experience of the research participants. The move to increased regional responsibilities in the Ministries of Health and Children and Families were part of the new organizational structure which resulted from the creation of the ministry. Gerlach’s comments on the decentralizing process as reproducing control and creating the *illusion* of change seemed particularly relevant when considering the comments by the participant who wondered “is this real change (or) is this just kind of rearranging the chairs?”.

In part, it was the process of decentralizing that contributed to the perceived dissolution of the centrally-operated alcohol and drug services System of Care, to which the participants referred as a great loss. As previously described, increased power within the regions and decreased power centrally led to the feeling of lack of support and no longer being part of a coordinated system. It is not surprising that the system of care was affected, as in his

definition of organizational change Hutton (1995) notes that the change will affect the whole organization. Similarly Ontario's Principles and Standards of Management series (1983) notes that organizational units will be rearranged.

This concept applies also to the contract and program restructuring process. The Ontario document even states that not only are organizational units rearranged, so are people. This seems to be what was happening during the contract and program restructuring process. People were in the midst of being rearranged and having their organizational units (agencies, work teams) rearranged when the process was put on hold.

Gerlach's (1996) concepts of delaying were somewhat less clearly illustrated in the creation of the Ministry for Children and Families. The "official" version of what happened was that the layers of the hierarchy between the Minister and those receiving service were reduced. However, in the experience of the participants, there were more "layers and bottlenecks" to go through in order to access services for clients. The discrepancy between the two accounts is what was implemented at the regional management level. For example, when the Deputy Minister described the number of layers, he mentioned himself, the Regional Operating Officer, the front-line worker's supervisor, the front-line worker and the client. In reality, there were an additional two layers between the Regional Operating Officer and the supervisor within the Regional Management Team. It was from within these two layers that the "bottlenecks" or approvals to which the participants referred had to come.

Bolman and Deal (1984) identified four frames corresponding to four organizational domains. The political frame addresses issues of power and influence which affect the allocation of resources. This is relevant to the “what’s on and what’s off?” mega-theme both in terms of alcohol and drug services’ reduced position of power and with reference to the contract and program restructuring process. From a perceived reduced power position, participants were concerned that alcohol and drug services had lost its influence and were pawns in the game of reshuffling resources. This was emphasized through the contract and program restructuring process as this process only addressed contracted services. The fact that the majority of alcohol and drug services are delivered by contracted services led participants to believe that they were not seen as significant players in the political arena. There was concern that resources would be cut for alcohol and drug services.

The structural frame deals with formal roles and relationships, goal direction, structural clarity and task accomplishment. In the “here we go again” sub-theme participants identified that they were experiencing uncertainty and they did not have clarity about the direction of this change. In the “where did they go” sub-theme, it is discussed that the roles and relationships within the alcohol and drug system provincially and regionally were unclear and changing rapidly. The goal direction was unclear, as is evident in the “better services or cost efficiencies” sub-theme. Specifically, was the goal to achieve more client-

centred services or was it to cut costs? It seems there were several questions regarding the structural frame which need clarity.

The human resources frame did not appear to be attended to either. Clearly, if participants felt their work was devalued, their insight into their practice unimportant and their employment unstable due to the contract and program restructuring process, the human aspect of the organizational change was not attended to well.

The symbolic frame addresses the values and culture of the organization. In this section the participants describe how the values and culture, symbolized through the alcohol and drug system of care, were uprooted by the organizational change. The culture with which this system was replaced will be addressed in the “square pegs and round holes” mega-theme. I shall return to a discussion of Bolman and Deal’s (1984) frames in the connection to the literature section of that theme.

Bridges (1993) distinguishes between change, which is composed of external events, and transitions, which have to do with the psychological reorientation that people go through to come to terms with the new events and situations created by the change. It seems that many of the participants’ comments and behaviours relate to this psychological reorientation. I will discuss the three stages of transitions in the “where we could go” section of the data analysis. However, I shall briefly mention here that the second stage, described as the wilderness, in which “people find themselves wandering between two

worlds—one dead and the other powerless to be born” (“Managing Change in Transitions,” 1993, p. 2) seems to describe the essence of the contract and program restructuring process. Participants no longer felt part of the old system, yet did not have the clarity nor indeed the ability, once the contract and program restructuring process was put on hold, to move forward with the next step of fitting in to the new system.

Vision? What vision? Whose vision?

This second meta-theme expresses the participants’ experiences of Ministry decision making and leadership. It encompassed the participants’ questioning of “where are we going?” which is concerned with top-down decision making; “who is in charge?” which addresses poor leadership, the lack of trust in the leadership and changes in leadership; “now what?” which refers to the fact that decisions seemed to keep changing and seemed arbitrary; “what about our expertise?” with regard to the lack of consultation; “do they even know what we do?” which relates to the perceived lack of knowledge regarding alcohol and drug issues by the decision makers; and “what have you heard?” which refers to the communication process.

“Where are we going?”

This sub-theme addresses top-down decision making. Some of these decisions were clear and seemed to be able to provide direction to the participants, however, other decisions were less clear and at times contradicted the former decisions, creating uncertainty as to the direction of the organizational

change. Participants seemed clear about some decisions. The Premier and the Minister and Deputy Minister of the Ministry for Children and Families decided the following: that a new ministry would be created; which services would be in it; that it would be structured into 20 regions; and that there would be a contract and program restructuring process. These were clearly “top-down” decisions made by people in positions of power with the expectation that the people below them in the hierarchy would carry them out. However, implementation decisions such as how to go about doing contract and program restructuring were made at the regional operating agency level. The experience of the participants was that such decisions often lacked clarity, either because it was not clear who was making the decision, because it was unclear if a decision had been made, because once a decision was made it was uncertain what the decision was, or because the basis on which the decision was made was ambiguous.

One participant noted that she “was aware that it did seem very much like a ‘top-down’ kind of decision (making process)”. As the decisions were imposed from above, participants did not feel any ownership of them. However, participants also seemed to acknowledge and accept that if one works directly or indirectly for the government, there are bound to be directives one needs to follow. I believe the frustration was due to the implementation of the decisions within the regions. Part of this frustration stemmed from the concerns about how decisions were made, the lack of clarity as to the decisions made, how decisions seemed to keep changing and the ways in which decisions were

communicated. This, rather than the top-down decision-making was the main source of difficulty for participants.

“Who is in charge?”

Participants “wondered what *is* going on, or *who* is making decisions and how are they making these decisions. There was a lot of confusion (about the decision making process) and a sense I guess of things being a little *haphazard*”.

The term “haphazard” refers to the sense that the process did not seem to be planned or implemented purposefully. This epitomizes the way in which participants characterized the decision making process and leadership at the regional level. Another participant believed decision makers either did not have a clear vision of where the service could go or the vision was not based on either research or experience.

Part of the problem seemed to be that it was not clear who regionally was actually making the decisions. Was it the Regional Operating Officer? The person in charge of alcohol and drug services? The person in charge of contract and program restructuring? A combination of the above? The whole regional management team, including all the above as well as five more people who were in charge of other areas such as child protection, community living programs, training, probation and mental health? Participants seemed to want to know who was making decisions so they could therefore know who to ask questions of or alternatively, who to inform or educate about services.

Not only was it not clear who was making decisions, in some situations it became confusing as to who was in charge. For example, after the contract and program restructuring process had begun and announcements were made as to who was going where, one participant experienced a very odd and confusing situation in which it wasn't clear who was supervising her.

Right now from the change process, there are at least three people who believe that they are a supervisor of my position, yet *none* of them really feels like they have the *right* to be *supervising* it. They *all* have an idea of what they'd like to happen but none of them feels like they have *control* to actually supervise, so you end up with *nothing*. It's very strange.

This participant had thus gone from a situation in which she knew who was supervising her to having two additional supervisors and yet no support or supervision.

The confusion and frustration regarding leadership was significant for participants in that it was becoming increasingly harder to trust the change process. In fact, not only was the change process being questioned, the leadership itself was. One participant articulated, "I think there has been a loss of credibility, so we don't quite trust the funder (Ministry for Children and Families) or even the agency in some ways". Participants were therefore left in the uncomfortable situation of being part of a process in which the leaders, when it was apparent who they were, were not trustworthy, and seemed to be unclear of their direction.

The ideal decision-making process was described by one participant as follows. It is

incremental, responsive and yet client-centered. We know when the end is going to be, so we can say we're going to initiate this process (and) it's going to last for one year. These are the stages we are going to go through. These are the themes that we all *agree* we'd like to see. This is what we agree on, and then (*we do it*).

Clearly all participants seemed to want this kind of decision making process.

Another participant described the expectations of the ideal leader.

In a *perfect* world, people making decisions about services would have a clear understanding of what the service was about and did. And have a really good understanding of who the people are that are being served and what they think; I think that at the *very* least to know what front-line work is like and what the service delivery actually involves and what are the issues involved in that. But I think the optimal situation would be to consult with clients and to communicate with people that are experiencing these difficulties in terms of (what) services they would like. There's all kinds of wisdom there that gets missed. Just tremendous wisdom.

It seemed apparent that participants were clear and in consensus with regard to how decisions should be made and leaders behave. Their hopes and expectations were not met by the process they described. They were frustrated by this and confused about what was and was not happening, leading to further distrust of the process and leadership.

"Now what?"

Trust in leadership was further jeopardized as decisions kept changing. Examples of this were: moving towards the contract and program restructuring process only to have it stopped; and an initiative to have all services co-located

to achieve an integration of services, which was reduced in size considerably.

One participant identified this as her greatest concern.

The biggest negative aspect of the change for me has been the lack of leadership. So fine. We say that yes, we're going to do this change and everybody is going to be in the same ministry and we're all going to be together in the same building and this is going to happen right now. But in fact that doesn't happen.

She went on to say how the vision and philosophy kept changing. These changes were very unsettling for participants. Not only were they going down an unknown path, the leader kept changing directions. Participants seemed concerned about where they would end up if the directions kept being changed and there wasn't some clear decision made about where they were going.

“Do they even know what we do?”

Leadership was questioned still further when it became apparent to most participants that decision makers did not seem to know what alcohol and drug work entailed.

We wondered how are they making these decisions? There was a real sense of lack of understanding, a sense that (decision makers) don't really understand what these programs are about and that they really are significant programs. A sense that the value of these programs wasn't clearly understood because I don't think many people had a really good sense of where (the programs) would fit (in terms of the new structure). I think one of the ways that you show *value* is by certainly understanding and having a sense of what a program does and who it services and how it works and all that. So we wondered, well, *who was* making these decisions and (we had) some concern about the basis on which these decisions were *made*.

As is evident in the above quotation, there was much more than uncertainty, distrust and frustration. The lack of understanding of alcohol and drug services

by decision makers was seen by participants as a devaluing of their work. After all, if their work was seen as worthwhile, leaders would bother to find out about the service before making decisions which would affect it. How could participants embrace the change process when they were feeling discounted and decisions were being made by people who did not know and did not seem to care what they did? This was a stark contrast to the former system in which leadership was clear, decisions were clear and people within the system were given the opportunity to provide feedback when new policies were proposed. This latter part of the alcohol and drug system was seen as very important and speaks to the next theme: the lack of consultation.

“What about our expertise?”

Participants were particularly concerned about the fact that they were not consulted in any way before decisions were made. This theme was repeated by each of the participants throughout the interviews. Furthermore, they saw it an equally big oversight that the people the services were set up to serve were not consulted either.

Participants seemed to take this as a further example of poor leadership, and another insult to service providers and devaluing of the services they offer. Again, if these services were seen as important, would people not be asked about them? Considering it was supposed to be a client-centred ministry, not consulting with either the clients or the people who work with them directly seemed to make a mockery of one of the stated principles of the new ministry.

The lack of consultation therefore served to be another reason why leadership and the change process were not seen as trustworthy.

“What have you heard?”

Communication was unclear throughout the change process. The one consistent theme was that all of the participants mentioned that they heard about organizational changes through rumours, gossip and “talk”. Other news about the change came through official communication channels, the CBC, BCGEU representatives, and a network of counselors. As one participant noted, “it’s the way policy stuff tends to come down. There are initial rumours....then all of a sudden boom, it’s going to happen”.

The interconnectedness of poor communication channels and the confusion and concern about leadership and decision-making is complex, and participants did not directly address the relationship between communication and leadership. However, it seems to me that poor communication could have led to the confusion about who was in charge and what decisions were made. Equally plausible is the possibility that poor leadership led to poor communication. Regardless of the time sequence, communication was problematic for participants. Clearly, the vision of the new ministry was not communicated effectively as one participant noted, “I’ve been in the new ministry for however long it’s been in effect now and I still don’t know what’s going on really”.

The experience for participants is therefore one of having to proactively seek information if it were important for them to be informed. This involves

listening or “keeping an ear to the ground”, watching things happen, calling colleagues within the region or throughout the province to find out what they are hearing, and trying to fit the puzzle together based on what you know, what you hear and see and what you suspect may be the connections. Therefore, the “communication based on rumours” system leads to many different “truths” about what is happening.

However, getting only part of the information, having indirect, unclear communication, and not having current information are not good solutions as one participant noted:

I think they would have been much better just to not tell the front-line workers *anything* and totally leave them out of this, rather than telling them little half pieces of information and never allowing them to sit at the table. (When) someone hears a rumour about something that’s happening in ‘McFamilies’ in any program, it spreads throughout the community within a couple of days. The rumour mill is alive and well, but there’s not also a lot of opportunities to get the real scoop. And general requests for meetings to get your information take a couple of months to be responded to, which is a long time.

Not being able to get the “real scoop” has exacerbated the confusion which exists, and reinforces the rumour mill, encouraging the guesswork and uncertainty which goes with it to continue.

As an aside, I thought it interesting to comment on the term “McFamilies” which quickly became the nickname for the new ministry. My understanding of how that happened was that the Ministry for Children and Families could be condensed to MCF. However, as the ministry was created to meet all the needs for children and families, the McDonalds slogan “we do it all

for you” was brought to mind. Hence MCF became referred to as McFamilies. There are some ramifications to this nickname. For example, is McDonalds known for providing really good nutritious food or is it better known for providing quick food at a good price? Or is it focused on how many people it gets through the system in the quickest amount of time, thus announcing how many million people are served? The term McFamilies then may bring up connotations of getting people through the system as fast as possible with the least amount of money expended by either the service receiver or the service provider. The nutrients which are left out, such as holistic or well-balanced services provided through case management, become less important in such a system. Thus, this seemingly innocent nickname has some ramifications as to the values and priorities of the Ministry for Children and Families.

Connection to the Literature

As previously mentioned, the mega-theme “vision, what vision, whose vision?” addresses the problems associated with the implementation of the decisions in terms of leadership, decision making and communication. I will now discuss these themes with reference to the literature.

As described by Sabatier and Mazmanian (1979), the decision making process was a top-down process, stemming from the provincial government decision to create a new ministry. The principle actors in the decision making process were the Premier, Minister, Deputy Minister and the Regional Operating Officers. Once decisions had been made, usually by the Premier, Minister and

Deputy Minister, they needed to be implemented by the Regional Operating Officers, their management teams and front-line staff. With regard to the implementation of decisions made, Berman's (1980) description of the two types of implementation strategies, programmed and adaptive, was relevant.

When looking at how the decision was to be implemented, as mentioned in Chapter Two, it seemed to be that an adaptive implementation strategy was called for since: the scope of the change was major, the validity of the theory uncertain, members of the implementing system did not clearly know or agree on the goals of the change, different parts of the new system were not working together in a coordinated manner and the environment in which the change was occurring was unstable. There was some indication that the more flexible adaptive approach had been used in that Regional Operating Officers were encouraged to "adjust policies to the exigencies of local conditions" (Berman, 1980, p. 212) within their given region. However, the adaptive implementation strategy is supposed to help with a problem associated with the programmed strategy: failure to engage relevant actors in decision making. Clearly participants do not believe "relevant actors" were part of this process. Participants' concerns about the lack of consultation with clients and front-line workers, a series of changes of leadership and the feeling that decision-makers did not understand what their work entailed support this argument. This may well explain why the implementation process thus far has not been smooth for alcohol and drug workers.

Berman (1980) described the programmed approach as determining implementation problems stemming from three sources, each of which is addressed if one follows the programmed approach. They are:

1. ambiguity in policy goals resulting in or caused by misunderstanding, confusion or value conflict;
2. participation of too many actors with overlapping authority; and
3. implementers' resistance, ineffectualness or inefficiency (Berman, 1980, p. 208).

Participants seemed to be saying that they were unsure of the goals ("What vision?"), there was confusion as to who was making decisions, and leadership was questionable. They seemed to want aspects of the programmed approach to the implementation of the organizational change. Such an approach calls for clarity, precision and comprehensiveness of the preliminary policy, with clearly specified predetermined implementation steps to be followed.

However, one cannot clearly state that a programmed approach was desired by participants as they were also adamant that client and front-line worker input should be part of the implementation process. They wanted this in addition to clear direction and clear leadership. This being the case, neither the adaptive nor the programmed strategy seems to fit the participants' experiences or desires with regard to the implementation of this change.

Bolman and Deal (1984) identified four frames corresponding to four organizational domains. Of relevance to decision making and leadership described

in this section is the structural frame, which focuses on formal roles and relationships, goal direction, structural clarity and task accomplishment. This frame did not seem to be addressed well according to participants. There was lack of clarity regarding who was in charge and what the vision was. Furthermore, the one major task the leaders undertook, the contract and program restructuring process, was not accomplished. I recognize that the process was put on hold by the Minister and Deputy Minister, rather than anyone in the region. However, as participants were closer to the regional decision makers than the provincial leaders, I believe the contract and program restructuring process being placed on hold was seen as evidence that the local decision makers were unclear about the vision. I shall address this organizational frame in the context of the other three frames in the connection to the literature section of the “square pegs and round holes” mega-theme.

I wonder if Bridges’ (1993) Marathon Effect was part of what the participants were experiencing. As previously discussed, this phenomenon describes that in a change process, leaders are often much further ahead than front-line workers. Could it be that leaders had a very clear vision of where they were going, they were just so far ahead of participants with that vision that the direction was unclear to participants and their colleagues? I believe such a possibility exists, though it is difficult to confirm.

Communication seemed to be problematic throughout the change in that people were unclear what was happening or where to get information; they were

provided with bits of information, yet were not given many opportunities to get information directly from decision makers. Thus rumours and gossip were a key source of information. This problematic communication process could be related to the change itself as Hutton (1995), Beckhard and Pritchard (1992) and the Ontario Principles and Standards of Management series (1983) observed that lines of communication are often part of organizational change. Thus the change in organizational structures could have led to the need for a new communication system, which was not thoroughly developed at the time of writing. Alternatively, the communication problem could have been related to the adaptive implementation approach. Had a programmed implementation approach been used, communication of goals and the implementation process would have been much clearer.

“Square pegs in round holes”

The mega-theme “square pegs in round holes” addresses the experiences of participants not feeling they fit in with the new ministry. The move to the new ministry meant a change in both culture and practice. The “are we at the wrong table?” sub-theme is concerned with the change in culture. Practice issues are addressed in “now what do we do?” with regard to the changes in participants’ day to day work, “what about the clients?” which addresses the effects of organizational change on people the system was set up to serve, and “how do we work together?” which is concerned with how different disciplines work together. In general the mega-theme “square pegs in round holes” therefore addresses the

feeling that alcohol and drug workers did not fit in with the new ministry and the other players within that ministry.

“Are we at the wrong table?”

When five ministries came together to form a new ministry, one would expect that a new culture would be created combining the ethics, morals, values and practices of the previous entities. This however was not the case. Instead, the participants described how the former Ministry of Social Services (MSS) culture dominates the Ministry for Children and Families. It is very insidious in nature: most participants seemed to *equate* child protection work with the new ministry. For example when I asked people to describe what the move to MCF had been like, people described how their work *with child protection workers* had changed. There was little discussion of the other ministries or areas which came into the new ministry. Even when I asked directly if there had been changes in relationships regarding other parts of the new ministry, such as probation and mental health, little was described as having changed in those areas. In fact, often those working in the former MSS are *referred to* as representing the ministry. This is summarized in the quote, “I really don’t have a lot to do with the other players. It’s mostly the alcohol and drug worker and the Ministry”. There was no indication from this statement that alcohol and drug workers are part of the same ministry to which the participant refers. This concept was confirmed by each participant in the second interview, with one participant agreeing, “I think of the new ministry *as* child protection”.

Armitage (1998) identifies a possible reason for the focus on child protection within the new ministry. “Whereas the process leading up to the passage of the Child, Youth and Family Advocacy Act and the Child, Family and Community Services Act had been based in a broad view of child and family needs, the Gove Inquiry focused on the ministry’s failure to protect Matthew Vaudreuil” (p. 97). Since the new ministry was created in response to the Gove Inquiry, it seems that child protection concerns are paramount and other aspects of families’ healthy functioning, secondary.

The following quotations address the predominance of the former Ministry of Social Services culture and indicate the impact that has on the participants and presumably their colleagues.

It seems like the Ministry for Children and Families was mainly social services and the others were kind of added in there and their feelings seem to be that they (social services) would *finally* be able to have control over these other programs and that they would be able to run them appropriately. And so there’s the trepidation about...so all of a sudden is my program an ‘add on’ as opposed to being significant? It is still very much the Ministry of Social Services and their philosophy and everyone else trying to find out where they fit in with that.

Another participant noted that child protection workers were “under the mind set that now there’s all these other services that *they* have access to as part of what was the Ministry of Social Services, as opposed to a new ministry with *new* actors all working together cooperatively with specialized skills”.

The latter quotation addresses what that participant and I would have expected or hoped would happen: “new actors working together cooperatively

with specialized skills”. The implications of this are that each of the people involved is acknowledged, different skill sets are valued, and everyone is on an equal playing field as a new entity is created. Regrettably, this was not the case.

It seemed to the participants that the attitude of child protection workers was that some services served as resources to the more primary, more important work of child protection. This further reinforced the messages participants had received concerning their work being devalued. The first quotation even suggests that alcohol and drug work is not seen as significant within the new ministry. This fits with other information participants had received such as the large reduction in time for the person in charge of alcohol and drug services regionally, and the apparent lack of understanding of what the services entail by those making decisions about such services.

The dominant culture was apparent for a participant who works mainly with adults. She described a very negative experience when she was at a meeting in which

really I just felt like I was sitting at *totally* like the *wrong* table. The concerns of everyone else were really around children and child protection and kids. I was very aware that I had *nothing* really to offer in this discussion. Voicing that brought a lot of criticism about alcohol and drugs (services). We weren’t involved enough or doing enough. There just seemed to be a lot of frustration and even a tinge of hostility. I had the feeling, “Well, we’re going to meet and we’re going to make this square peg fit in a round hole...and we’ll start by taking *your* corners off”.

This further illustrates the focus of the former social services culture in two ways.

First, there was the assumption that the primary agenda item was about child

protection. However, the participant had been under the impression the meeting was about working together within the new ministry. Was this a communication problem or the reinforcement of the dominant culture? Although that is unclear, it certainly served as the latter. Second, the statement “we weren’t involved enough or doing enough” seems to be unfinished. Since participants all referred to their high case loads, in whose eyes are alcohol and drug workers not doing enough? It seems that they aren’t doing enough according to the child protection workers for the child protection cases. This fits with the other participants’ comments that alcohol and drug services were meant to be add-on supports to augment child protection work.

If the former social services culture is dominant, what exactly is that culture? One participant described what he saw as the new, unwritten philosophy.

I think that the philosophy of...what is now MCF is to adhere to these *particular* principles (laughter). But some of them are unwritten and one is *not* to get any more media attention, not to get into any more trouble (short laugh), you know? And to lower the flak that the Ministry has been getting. And I think that that *need* (is a) priority for the (Ministry for Children and Families) and the need of being *holistic* and *client centered* and the *direction* that ADS was taking, is no longer a *priority*. It’s just, “Let’s make sure that we have all the services that we *need* so that we don’t get in any more flak and let’s try to do this at the least cost *possible* while realizing that we *are* in the spotlight and that we *do* have to provide some more resources in this area.

Though the tone of this quotation was somewhat cynical, I have no doubt that the participant believes this to be the new philosophy. What is the impact of that?

Participants are now working in a system which seems to devalue their work and as they try to cope with that they are encouraged to look over their shoulder and

try to ensure they don't draw media attention to themselves. The aforementioned philosophy is very reactive in nature, in contrast to the proactive environment from which the alcohol and drug workers had come.

“What about the clients?”

Participants were concerned that the clients' points of view and expertise were not being heard. In one participant's work place, they have acknowledged the expertise of those the system serves to the extent that they have a client advisory group. This group provides feedback regarding proposed changes in services, suggests changes in services, solves problems and increases the profile of the service within the community. The participant associated with this group noted,

I think that the client advisory have the sense of not being understood, not knowing who the (decision makers) are, being in fear of not being understood. I know that people on the client advisory, for instance, would like to get a lot more mobilized around providing input to people. I think our client advisors feel *quite* shafted in a way because they're part of our advisory thing and yet they had no input into this process.

Participants were quite clear that they want their knowledge and expertise acknowledged and valued, clients' knowledge and expertise acknowledged and valued, and that they value clients' knowledge and expertise. Therefore the decision makers' perceived lack of interest in this expertise seemed to cross a value boundary. Clearly what was seen as very important to participants did not seem relevant to the decision makers. Furthermore, if, as this participant points out,

clients do not feel understood, how does this fit with the ministry's goal of offering client-centred services? It does not appear to.

Additional evidence concerning a lack of focus on client-centred services is that two participants noted that since the organizational change, there are *more* places a youth has to go to get service and more "layers and bottle necks" to go through. Therefore participants are in a situation where they care for the people with whom they work; are trying to adjust to a new culture brought about by the organizational change; and are not clear on the ministry's vision. Yet what they do know of the vision, to create a client-centred ministry, seems to not be realized; conversely, services seem to be less client-centred than before the change. This further decreased the trust and faith in the change process.

"Now what do we do?"

I will now address the impact these changes have had on practice. In this connection several areas of impact were identified by the participants: difficulty in planning their work life; increased concerns about confidentiality; mandated child protection referrals; and different philosophies regarding how to work with people.

The first theme concerning participants' day to day work relates to the amount of uncertainty associated with potential job loss or large job changes brought about by the contract and program restructuring process. This uncertainty leads to a great deal of difficulty in planning future activities. As one participant notes,

It doesn't make sense for me to be planning for events (four months away) when I don't know if somebody is going to be in a position to follow up on *them*. It makes doing any future planning very, very difficult because when you do try to go on and do future planning people aren't finished being angry (about how decisions were made) and being in 'limbo' about that and grieving. It keeps you stuck.

Thus the uncertainty led some participants to be less proactive in their jobs. This is bound to affect practice in a few months time, and indeed may affect the attitude of participants now. For example, if they are feeling "angry", "stuck" and "in limbo", will they be as focused when they see clients? Participants seemed to sense the answer to this and really seemed to resent not being able to make plans.

When they were engaged in their work, the most troubling concern for the front-line workers whom I interviewed was that of confidentiality. The concern was that confidentiality was not respected in the same way as it had been previously, with child protection workers both wanting and sharing more information than in the past. Examples of this are described in the following two quotations.

The only team experience I've had with the new Ministry is going to one (meeting) and I found it a really, *really* negative experience and I was being asked to share confidential information that I didn't have the client's permission to share and I was being told to share *opinion* rather than *fact* in things that I thought would have a major impact on the client's life.

Information gets passed on to me, like *mega* information that I don't *need* before I've even made a connection with the youth or before I'm really clear (that the referral) is going to be a good fit.

Another concern regarding confidentiality was using information gathered through a supportive therapeutic relationship against the client in court. “I develop really good working relationships with kids and then they expect to take the information that I glean from that and utilize it for court and other things. That’s not right” .

I believe the concerns related to confidentiality were the most troubling aspect of change in practice for participants because it was a very obvious illustration of the difference in culture, values and ways of work. Participants were used to sharing information when they identified a child protection concern, and/or when they had the client’s permission to share pertinent information with members of a case management team. This seemed to be very different practice from that of child protection workers. As they are legislated to investigate different aspects of child protection concerns, child protection workers are used to asking for and receiving the information they need and using it in whatever way helps them best investigate a case. This seemed to be a big clash of values and practices which illustrated the change in culture for alcohol and drug workers within the new ministry.

Another aspect of service delivery which has been changed is that there are more referrals from child protection to alcohol and drug services; this was particularly noted by the participants who work with adults. One of the participants wondered why these referrals had not been made in the past. Participants noted that these referrals could be problematic in two ways: one is

that referrals are inappropriate at times, for example the presenting problem had little to do with alcohol and drugs; and the other is that people are mandated to seek help. As one participant notes, “There is the sense that social workers have the feeling that we’re going to ‘fix’ the client. The client’s being sent to be fixed and that just doesn’t feel good for the client. It’s not of course what we do; we don’t fix people”.

Again this was problematic for participants in that there was a clash of their practice with that of the child protection workers. Alcohol and drug workers were used to seeing voluntary clients. Such clients do not go to an alcohol and drug facility if substances are not problematic for them. Furthermore, they are more willing to engage in treatment than those mandated to get help. Historically, people who come to get help from alcohol and drug workers due to pressure from someone else have the various services explained to them and are invited to return when they are ready. Thus clients are ready to work at some level before they arrive at a service. Child protection workers have legislated authority to ensure the safety of children. If this means sending parents for help, that is what will happen. In the last quotation, “we don’t fix people” illustrates a philosophy of working with people. Alcohol and drug workers encourage people to make their own choices, decisions and changes. The fact that this participant felt that child protection workers were sending people to be fixed demonstrates a belief that child protection workers lack an understanding about how alcohol and drug workers go about their practice.

The different philosophies that alcohol and drug workers and child protection workers have regarding treatment may also stem from the fact that alcohol and drug workers believe that change happens in different ways and that coercing people into treatment is not necessarily the best approach. The participants, however, see child protection workers as having the “change or else” attitude when they mandate people to treatment and say they must complete it before their children will be returned.

One participant who works with women noted,

We need to protect the kids, the women need treatment, and we need to do it in a way that's *respectful*, and I don't see coercing some woman into a treatment program that she *hates* as being very respectful. Women have been *told what* to do by their parents; they've been told what to do by their *partners*; they've been *told* how to live, what to eat, what to wear, where to go, who to talk to...stuff they can and *can't* do, and women are so *incredibly* resourceful and they *know* intuitively inside them when they're 'messaging up' and if we would *just* give them some choice and opportunities rather than being *again* the same kind of ...militant *background* that they've had for generations and tell them you have to get into this treatment program. You have to do this. No wonder they *rebel*. I just don't see that as being beneficial to *anybody*.

A solution to this difference in philosophy was suggested by another participant. As she talked about the opportunities for the various disciplines to train each other, she noted, “I don't think they (child protection workers) have a lot of the concepts that we do about supporting people in change or readiness for change and those kinds of things”. She sees training opportunities as a good way to close the gap between different people's philosophies. Certainly it seems that participants see the need for something practical to be done with reference to this

situation. The jarring and bumping up against different philosophies is causing discomfort, frustration and anger.

“How do we work together?”

With different philosophies, values and mandates governing their work, the participants wondered how to work with child protection workers. As one participant mused, “What about *co-operating*, working together and some good case management? But the goal of (the child protection workers) seems to be ‘just *get* the resource, *get* the kid stabilized and then *move* on because we’ve got a ton of other work to do””. This participant strongly values working closely and comprehensively with youth and sees the benefit to working holistically in partnership with a case management team. Frustration comes into play when child protection workers seem to be so overworked they make apparently reactive decisions on their own initiative, rather than planned, thoughtful decisions in consultation with others.

Another participant observed how he views child protection workers’ attitudes concerning collaboration and case management. “There’s *no* continuity here. It’s like, well, ‘they’re yours until they’re ours and they have to be noone’s before we step in””. This quotation not only identifies the lack of cooperation which still exists amongst professionals, it also leaves the impression that clients are people who have things done to them or are passed around. This was quite eloquently put when one participant noted

The process that kids are going through, it's like they're "objectified" and turned into packages. Some people talk about "shipping" kids all the time and I said "We've got to be thinking about the language that we're using. You ship packages, you don't ship people." The same things happen in social services when you talk about "placing" kids. You place vases and television sets, you don't place people.

The relevance of both objectifying language and not working together well is that the clash of cultures and philosophies remained paramount in the minds of participants. Furthermore, I wondered if, due to the former social services ministry being the largest component of the new ministry and one participant's experience of feeling like she was having her "corners taken off", participants were concerned they might be co-opted into taking on or fitting in with the child protection way of work. Participants' experiences with not working together well with child protection workers illustrated that the goals of increasing understanding and collaboration amongst professionals, which were reasons to create the new ministry, were not being attained. Three of the four sections in the Gove report (1995)--child-centred services, integrated and comprehensive services and participatory decision-making--were arguably not being met in work described in the aforementioned quotations. Though not directly expressed, I believe participants may have wondered, if the benefits of the new ministry were not being realized and there was a lot of confusion, uncertainty and the clashing of cultures, was this change worth it?

To summarize the lack of coordination amongst professionals concerning service delivery, I shall use a vivid quotation from one of the participants, which was part of the inspiration for the metaphor described at the end of this chapter.

It's not an orchestra yet. It's still different people, different soloists, and sometimes the soloists are all playing at the same time and sometimes they're not. Or they're playing at different times but it sort of comes and goes, you know? There's some kind of preliminary attempts (to working together)".

Participants did indeed notice some such preliminary attempts. For example: one participant pointed out that alcohol and drug services were getting better known, which was positive for clients in that people who may not have known about the services had increased opportunities to find out about them, thanks to increased knowledge of the services by other practitioners. Another participant noted, "In the past the liaison work in my job focused on education. This liaison work has to take place in a more 'pluralistic' way now, thinking in terms of multiple agencies where clients may be shifting between several different professionals". It seems that the complexity and interconnectedness of the client's world of caregivers was becoming more evident to this participant.

One quotation captures many of the positive consequences of the organizational change. It comes from a participant who as a result of the creation of the Ministry for Children and Families now works once or twice a week with a multi-service team, a team of professionals with different specialities such as probation, mental health and child protection.

Working on the multi-service teams (has) definitely been a plus. I think that really has forced social workers in the field to think in terms of connection and working together. We all sit in the same room, they have access to this direct resource, they can ask questions about ADS or alcohol and drug treatment or facts or approaches to working with clients and they can make direct referrals. And at the same time I can talk with them about problems I'm experiencing in MCF (child protection) and what possible routes there would be to create solutions. I think the real 'eye opener' for me is learning just how incredibly difficult their jobs are.

This reciprocal learning about each others' jobs is part of the answer to the question "how do we work together?" By sharing different practices, values and morals and generating an understanding of others' work worlds, different practitioners are better able to see what they have in common as well as seek opportunities to work together better.

These last quotations are I think particularly significant for participants in that they were able to identify positive, practical examples of what has changed. Much of the organizational change process has been either nebulous or negative in the eyes of participants. Therefore the fact that some changes are perceived as positive is of great importance if only for the psychological boost that something is changing for the better. It is noteworthy that each of the areas of change that participants note as positive has to do with practice. It was clear in all the interviews that working effectively with and for clients is of utmost importance to the participants. Therefore to identify positive aspects of the new ministry as it pertains to benefiting clients was significant for participants.

Connection to the Literature

Much of the change described in this section was related to the concept of cultural change. Hutton (1995) noted that “major change often requires a ‘cultural’ change” (p. 5) and further described that this implied changes in a set of values, assumptions and norms. It is clear that the culture has changed for alcohol and drug workers and is dominated by that of the former social services ministry. The concerns regarding confidentiality and information sharing are indicators of two cultures rubbing against each other: one with the norm of sharing more information more often, the other with the norm of obtaining client consent and then sharing only relevant information. The concerns about confidentiality were expressed with such passion that I believe they may be part of the participants’ practice ideologies. Rapoport (1960) described these as ideas which are held with great tenacity (p. 269). Participants certainly seemed to be very concerned about this, and spoke with great emotion about this issue.

Another consequence of the change relates back to the previously cited work of the Ontario government (1983) and the concept of organizational units and communications changing. I refer to what the participants described as the positive aspects of the change: the increased awareness of each other’s services and the increased connection brought about through working together. This is a sign that the increased communication and connection between professionals may be starting to be of benefit to the clients, which is one of the key reasons for

creating the new ministry. As described above, this is particularly important for the participants, for whom client-centred service is paramount.

I addressed Bolman and Deal's (1984) political and structural frames in the "what's on and what's off?" and the "vision, what vision, whose vision?" sections of this chapter. Here I will address the other two frames, then discuss the fit between the four frames.

The human resource frame looks at empowering people to do their work and feel good about it. It is responsive to human needs and makes good use of human resources. As participants were feeling devalued and were being challenged to change the way they worked and with whom, the new system did not seem to be attending to the needs of alcohol and drug workers. Furthermore, participants would argue that human resources were not being made good use of as they were not being consulted, nor could they plan and do their jobs as effectively as they had done in the past. Part of the reason for this relates to the fourth frame.

The symbolic frame views organizations as being held together by shared values and culture. As is evident in the "are we at the wrong table?" section, participants do not feel they share the values and culture which seem to dominate the new ministry.

Bolman and Deal (1984) argue that the four frames--structural, political, human resource and symbolic--must be aligned so that they are mutually supporting. They also note that problems arise when one frame changes and the

others do not. As noted above, participants identified problems in each of the four frames. Does this mean they are not aligned? Not necessarily. It does mean that the four frames are not aligned from the perspective of the alcohol and drug workers. However, the perspectives of child protection workers, who may feel that power, influence, resources, their ability to do their work effectively and the culture are all aligned, and indeed prioritized in a way which acknowledges their work, are not known. This, of course, is only a guess, which would need to be confirmed with child protection workers themselves. I am less comfortable guessing at how child protection workers might view the structural frame. Are the goals, roles and relationships, structural clarity and task accomplishment any clearer to them than they were to the participants? Perhaps not. What seems clear is that in the eyes of the participants, none of the frames were being attended to in a way that appeared to clearly address the four organizational domains either separately or together.

“The good old days”

Part of what was important to participants during the organizational change was that they missed several aspects of the old way of doing things: the good old days were gone. Specifically, participants missed the alcohol and drug system of care which valued and recognized their expertise: they had been part of a culture which they understood and which supported their values and beliefs, and participants from contracted agencies were seen as equals. Some of these consequences of the organizational change have been mentioned elsewhere;

however, I felt it important to refer to them here since, when combined, they create a sense of the overall picture of loss the participants were experiencing.

Within the alcohol and drug system of care, there was a great deal of cohesiveness amongst programs in the five regions and across the province. Under the direction of central office, through training events and via a good communication system, a common set of values, beliefs and ways of work was articulated and supported. The culture was clear and supportive of participants and their colleagues. The result was that practitioners worked in a system where they felt valued, recognized and supported in their work.

Participants perceived that the alcohol and drug system of care was dissolved and that the decision-making process and lack of consultation devalued their work. Their values, beliefs and ways of work were constantly challenged as they adjusted to a new culture. Certainly participants seemed to miss their old way of doing things.

Furthermore, there was a change in the way in which contract and direct service employees were treated. Essentially the experience of the four participants who were contracted employees was that they were now treated as second class citizens. The reason for this seemed to be related to the dominance of the former social services culture. The following quotations illustrate this point.

The Ministry of Social Services had a very 'arm's length' *approach* towards the contracts, whereas with alcohol and drug services under Health, we have been the primary *providers* of services, so it's a very different relationship. I know when I used to speak to friends who worked for Ministry of Social Services, they would tell me, 'Oh no, I *never* meet

with people or we never have those kinds of discussions' and it was something that they were quite *envious* of and now it's something I feel we've *lost*.

When we worked in the Ministry of Health, even if we were contracted, we were very, very close and you could have a free conversation and you would be consulted along the way in terms of what was best for the clients, whereas since we moved to "McFamilies" it's much more of a "top-down" process.

Being a member of a (non-profit) agency has its *disadvantages* within MCF and within other agencies, including the school system. I get looked at as some kind of a non-profit 'granola head' that's (laughter) just sort of walked off the *street* and not really seen as legitimate and credible.

When asked if there was anything she would like others to know, one participant said,

how *disillusioning* it's been, in terms of how change happens within a large organization. Once politics and funding and contracting get involved, which muddies the waters even more, and that's I think what left me as well as a lot of other people feeling just very disillusioned and disempowered by the process".

This change in how contracted employees were viewed seemed to be just another example of the way in which participants felt devalued by the new organizational system, which in turn made them miss the old system more. Comments like "feeling disillusioned and disempowered", "not being seen as legitimate or credible", or that in the old system "you could have a free conversation and be consulted in terms of what was best for the clients" all speak to how this new system did not seem to recognize participants for the self-directed, knowledgeable professionals they are. As one participant simply stated, "the system needs to acknowledge that people do good work".

Connection to the Literature

Bridges (1993) describes three stages of transitions. In order to address the three stages in context, I will discuss the three together in detail in the Connection to the Literature Section following the mega-theme “Where we could go.” However, suffice it to say that the first stage deals with the loss of the old way of *doing things*. Bridges declares that it is imperative to acknowledge what one is leaving behind before one can move on to something new. The participants were neither given nor took such an opportunity and based on their experience, it seems that there would have been some advantage to that.

The change in culture also seemed to involve a change in the way in which non-profit societies were treated within the new ministry. Ng (1996) describes how, due to the power difference involved in their relationships, the government, which funds the organization, can influence the way in which non-profit societies go about their work. Although no formal change has taken place concerning the relationship between government and non-profit agencies, the way in which the latter feel they are being treated speaks to the change in culture. Certainly, there is evidence to acknowledge the influence of the government: the major changes noted in the day-to-day work of the participants was an increase in referrals from child protection and increased demands for information.

Josephine Rekart (1993) referred to a new kind of collaboration in which “voluntary organizations became partners with government, delivering services on government’s behalf under purchase-of-service agreements” (p.4).

Regrettably such collaboration which was evident when alcohol and drug services were part of the Ministry of Health, does not seem to be part of the participants' experiences. Certainly there is "collaboration" in the sense that the government is still contracting out services through non-profit agencies.

However, participants describe that relationship within the Ministry for Children and Families as much more directive.

"Keeping passion and perspective"

The "keeping passion and perspective" mega-theme relates to how participants coped with all the changes. There were changes in the organizational structure; changes in contracts were suggested and their implementation was yet to be determined pending the review of the contract and program restructuring process; there were changes in leaders and type of leadership; there was uncertainty about the decision making process; there was unclear communication; there was a change in culture; there was a devaluing of participants' expertise; there were changes in how participants went about their day-to-day work; participants were concerned about the negative impact some changes may have on clients; and participants were frustrated that clients had not been consulted about the change process. It is fair to say that with all this change participants were experiencing stress. This mega-theme will address the area of "losing the passion", in which participants describe or exhibit the negative effects of stress, and then look at "strengths, resiliencies and strategies" which helped them deal with these changes and remain focused on their jobs and healthy in their lifestyles.

“Losing the Passion”

The title for this section came from the words of one participant who spoke at length about “losing it”.

I think, to tell you the truth, I did lose it. What I mean when I say ‘lose it’, it’s like lose that kind of passion and that sense of outrage at times and that compassion... probably not outrage, more of a compassion for what people are doing. I think that in some ways (not being) in the system of alcohol and drug programs, I had lost my way a bit and I had been co-opted (by the system). You do good work despite what’s being thrown at you, so not only are you dealing with troubled people... you’re dealing with troubled people while trying to deal with a troubled system. And, you know, I don’t get frustrated out of the work I do with people. The only place that I ever want to throw something is when I’m dealing with systemic things. A learning that I’m sort of coming to is that I need to have the same kind of compassion that I have for youth and families about their difficulty in changing... I have to somehow find that same kind of compassion for bureaucrats that are (trying to) change too.

He went on to describe the ways in which he regained his passion and compassion, which will be described in the next section. Another participant described herself at one point in the change process as apathetic. This was with reference to the contract and program restructuring process and the lack of consultation which was part of that. “At that point I just became less invested in that process. I thought, ‘I’ll just wait and they’ll tell me where to go’. (What I was feeling was) I guess apathy at that point”.

The loss of passion and the beginning of apathy were very significant for people who take great pride in their work, particularly in working with others. It is clear how dedicated they are to their work, and the concept of losing passion epitomized the amount of stress that they were experiencing due to the

organizational change. Fortunately, each of the participants had many examples of how they were coping with the change and regaining the passion.

“Strengths, resiliencies and strategies”

There are several ways in which people are coping with these changes: through the use of humour; going with the flow; exercising choices; making decisions about the focus of one’s day-to-day work; seeking and providing support to colleagues; and pursuing other interests.

The use of humour was not mentioned as a coping strategy by any of the participants, yet it permeated our conversations. There was often laughter during the interviews, even when participants were discussing situations they found particularly frustrating. It was evident to me that this coping strategy is used to try to keep things in perspective.

Another coping strategy was “going with the flow”. This seemed to help participants not take things too seriously, and was evident in comments such as “Don’t worry, it’ll change anyway”, “I can’t change what I don’t know”, and “I can’t change what’s out of my control”. In general, it seemed that participants realized what they did and did not have control over and acknowledged that fighting the system was not always worthwhile.

Besides humour and trying to remain relaxed and go with the flow, one participant tries to keep perspective by consciously not listening to rumours. She recognizes that when something actually happens, *then* she has choices she can make. “I’ll either ‘go with the flow’, I’ll try to make it work for me or I’ll quit

and go work at K Mart?”. Keeping in mind that one can always leave one’s work environment is a powerful way to remember that one has choices, and seemed to be a coping strategy which worked well for this participant.

Another coping strategy regarding choices was to make conscious decisions about the focus of one’s day-to-day work. Some of these strategies included deciding which meetings to attend; avoiding anything to do with the contract and program restructuring process; trying to be positive, focused and make changes as to how to work together with people from other disciplines; and staying focused on the day-to-day activities of the job, mainly seeing clients.

The importance of having the support of colleagues was mentioned by most participants. They particularly appreciated the opportunity to talk about what was happening and feel heard, validated, respected and affirmed. This helped participants tend to focus on the strength within their collegial networks and provided them with a source of strength and renewal. This positive reinforcement and acknowledgment seemed to partially make up for the lack of validation expressed by decision makers.

Pursuing various interests was another way in which people cope. Specifically, one participant is continuing his education, learning new things and incorporating them. Another just remembers “work isn’t the ‘be all and end all’ in my life and the perspective of having a family and other interests are factors that helped in this situation”.

The amount, variety and necessity of coping strategies were significant for participants because they were methods of dealing with these changes in ways which were positive for them. Unlike other aspects of the organizational change, how she/he coped was completely in each participant's control. In an environment where they felt disempowered, it was important for participants to recognize and exercise their choices. Furthermore, the ways in which participants chose to deal with the stress associated with the organizational change were very personal in nature. Therefore, each participant had the ability, and indeed took the opportunity, to deal with the change in work situation in whatever way was best for her/him.

Connection to the Literature

Cummings and Huse (1980, p. 375) identify stress as a reaction of people to the environment resulting in physiological and psychological responses causing people to adjust their behaviours. Stress involves the fit between people's needs, abilities and expectations and the environmental demands, changes and opportunities. It is clear that the environmental demands were too challenging for two of the participants, one of whom commented, "I think that change is inevitable but I think we've been through enough". Another participant commented that he had lost the sense of compassion in his work as a result of the change. Certainly all the participants seemed to be responding as if they were stressed, by changing their work habits, seeking support and the like.

Bridges (1993) and Matteson and Ivancevich (1987) refer to ambiguity as a key source of stress during organizational change. Not knowing what the decisions were, who was making them, what one's role was in the new culture and what the culture was, were all examples of such ambiguity. The number of times participants referred to uncertainty seems to confirm that uncertainty was a source of stress.

Cummings and Huse (1980) mention different ways in which stress manifests itself. Of note are the concepts of lower productivity and higher turnover. It seems that participants may have been somewhat less productive as there was uncertainty as to what to plan for and focus on in their day-to-day work. Also, by attending meetings and spending time trying to find out what was happening with the organizational change, they had less time for their normal work routines. The concept of higher turnover is interesting in that there were so many changes in leadership which participants noted. Some of these changes had to do with a reshuffling of the organizational system and may not have been related to stress. However, with others, particularly with two of the participants having new direct supervisors, it is less clear. Did new supervisors arrive at that time out of natural attrition which happened to be coincidentally timed to this new change? Did supervisors not want to deal with the change and so left? Was stress a factor? Regrettably, these questions are beyond the scope of this study.

“Where we could go”

Having described the participants’ views about what needs to be different, I will discuss the opportunities which participants see as existing. They view the creation of the Ministry for Children and Families as a great opportunity for professionals to work cooperatively, share information about each others’ jobs, make better referrals, create solutions, build liaisons, linkages and connections, share training opportunities, create universal policies and procedures, and in general look at how social services are delivered. These opinions were expressed throughout the interviews and generally speak to the question “how do we work together?” The participants’ focus on this question interestingly addresses the main concept behind the Gove report, which was the impetus for the organizational change.

Three participants each had clear visions of opportunities which could be created within the new ministry. In the words of the first participant,

“We miss the biggest opportunity because we don’t look at crisis as a time that allows us to bring people together, form a consensus and *do* something (about) it”. This participant was emphasizing the importance of different disciplines and family members working together and providing solid case management, particularly at certain critical times in a person’s life. By waiting until a convenient time for everyone to meet, the opportunity to bring about change may be reduced. Hence, this participant sees an opportunity exists if one “strikes while the iron is hot”.

Another participant's vision was described as follows.

I would *really really love* to see a place where women could go *with* their children. And there would be one house or one apartment unit or something that they could move into, that they would get life skills everyday, they would get *taught* some parenting skills, they would (have an opportunity to think about their alcohol and drug problem) then get them into a treatment program. There's a whole lot more to parenting than not 'using'. So those are the opportunities that I see: we're *all* heading in the same direction, we *want* these children to have a fair and good life, and we want the moms to be able to parent effectively because, I mean, there's no better place for kids than *at home* if it's working effectively. So those are the opportunities I see, if everybody could work *together* as a *team*, and *really* look at how can we meet these challenges and *how* can we see that this is happening.

Another participant's vision was:

I *hope* that somehow we're going to come out of this with some kind of unified *vision* that we're all working in the same direction and that we're supporting each other. There's lots of opportunities if it's approached right. We may actually begin to look at the whole picture a bit more. I think there's an opportunity with Health and "McFamilies": rather than just looking at the family in crisis, we (should) look at the general population and say, "What can we put in place to make families healthier—to decide what's in the best interest of the community as a whole?"

These latter two quotations speak to a holistic view of working with people, the first in a treatment capacity, the second more preventatively. I believe this is what Judge Gove had in mind when he suggested creating a Ministry for Children and Families.

The ability to focus on possible future directions for the ministry is significant for participants as it shows there is and can be a positive goal direction within the new ministry. Furthermore, it is evidence that, despite the negative consequences of some of the organizational changes, participants were

still very creative and forward-thinking as opposed to remaining stuck in the old ways.

Connection to the Literature

The section from the literature which speaks to me about the opportunities and things that need to be changed is William Bridges' (1993) work on transitions. Although participants' comments relevant to transitions have been presented through many parts of this document, it is only when the whole picture of their experience has been described that the connection to the information on transitions can be made.

Bridges (1993) distinguishes between change, which is composed of external events, and transitions, which have to do with the psychological reorientation that people go through to come to terms with the new events and situations created by the change. It seems that many of the participants' comments and behaviours relate to this psychological reorientation. This connection became more evident to me as Bridges described the three stages of transitions.

The first stage, endings, seemed to fit with the participants' acknowledgment of the loss associated with the dissolution of the system of care, as well as the loss associated with how non-profit agencies were treated within that system. However, Bridges is quoted as stating the importance of acknowledging these losses before people can move on. I do not believe

participants have been given or have taken the time and opportunity to acknowledge these losses.

The second stage is described as the wilderness, in which “people find themselves wandering between two worlds—one dead and the other powerless to be born” (“Managing Change in Transitions,” 1993, p. 2). This seems to be particularly true of the contract and program restructuring process. Some participants were resisting the process, others were either hesitantly or enthusiastically making plans to adjust to the new situation when everything stopped. They seemed to no longer be in the old system, with the support from alcohol and drug services which they had so much appreciated, yet there was no point making future plans because the future was so uncertain. One participant noted that “when there’s total chaos, I think there’s a readiness for change that isn’t there otherwise and I think that’s the situation we’re in right now”. I see the “total chaos” stage as the wilderness stage, dominated by the uncertainty of no longer being part of alcohol and drug services, yet not knowing where one is exactly. I agree with this participant that the second or waiting stage is preparing participants for change, in other words, getting them ready for the third stage. However, Bridges notes that another aspect of the second stage is that it can be a creative time. This is evident with the visions participants shared about what could be different, about what the future could look like. There is some hope and a forward movement to such creative thinking.

The third stage of transitions is beginnings, in which people embrace rather than resist change and accept the new mission and identity. This seems to be slow in starting as is evident in participants looking at ways to work together. Where that is starting to happen, participants are appreciative of the increased sharing of information and relationships.

A metaphor

Having described in detail and summarized the experiences of the participants with regards to the organizational change, I shall conclude Chapter Four with a metaphor illustrating the experience. After each part of the metaphor, I will put in italics what part of the organizational change is referred to.

A review of current practices was prepared that recommended a new musical arrangement be undertaken. *The Gove Report was conducted.* The Premier decided that, in order to have a more integrated orchestra which better met the audience's needs, several smaller musical groups should come together. *The decision was made to create the Ministry for Children and Families.* So five good groups came together each with their own strengths, repertoires and musical traditions. *Programs from five ministries merged, each with their own culture and work practices.* One group, though it had many strengths, had recently been getting bad reviews, which was a situation which needed to be changed. *The former Ministry for Social Services had been getting bad press, and there was a need to change that.* However, everyone was put together on stage. *All the programs were brought together.* People started playing, but as there was no clear

direction, each person played the favorite tune from their repertoire, resulting in more than five different tunes being played simultaneously. *In the absence of clear, direct leadership, everyone continued to practice the way they always had.* One conductor decided to move the sections of the orchestra around, and as everyone was picking up her/his music and music stand, unsure where to go, the conductor left the stage. *The contract and program restructuring process was initiated, then stopped, with no sign of leadership.* The musicians sat down where they were and started playing. *In a state of disarray due to the partial movements made during the contract and program restructuring process, people kept trying to go about doing their work.* People missed their old bands and wondered what had become of their conductor. *People experienced a feeling of loss and missed the leadership they had previously enjoyed.*

People wondered, “where is the conductor?”, “who is the conductor?”, “what tune are we playing?” *People were concerned about leadership and the direction this ministerial change was taking.* Various conductors moved across the stage, but either the conductor did not communicate clearly what tune was being played or not everyone had the music. *It was unclear who was making decisions, though it was clear that the local managers of alcohol and drug services changed twice.* *People did not have the information they needed to get on with the change.* As one band was considerably larger, its tune dominated. *The former Ministry of Social Services culture dominated the new ministry.* However, the other musicians each *knew* that they were playing the “right” tune, so they kept

playing as well. *However, participants were dedicated to their own culture, which fit for them, so they kept working using their philosophies and values as a guide.*

The result was a loud raucous noise with little sense of rhythm, timing or harmony. *As a result, there was a clash of several different cultures as opposed to one system working together. There was little coordination of services.*

Some musicians stopped playing and waited until there was a conductor on stage and everyone had the right music, or at least the same key and the same rhythm. *Some participants adopted a wait and see attitude.* Other musicians kept playing their own tune, perhaps trying to connect with their former band members. *Some participants kept focusing on their work, while trying to connect with others working in the alcohol and drug system.* Yet other musicians started asking people in their section (e.g. brass, woodwind, percussion) what tune *they* were playing. *Increased communication started to happen between members of different disciplines.* A fourth group of musicians tried to start playing the dominant tune, despite the fact that they had no music. *Some participants tried to fit into the dominant culture, though they weren't sure exactly what that was.*

What should happen to enable this band to start performing like a band? *What needs to change?* First, it needs a conductor to whom everyone will listen. *Clear leadership is needed.* Perhaps it could start sounding better if everyone knew what the key and the rhythm were. *As small steps may be necessary, perhaps clarity regarding one or two key elements of the change or the goal direction would be sufficient to start with.* Perhaps *all* the band will learn one

piece from each of the former repertoires; perhaps it needs some new music. *Each of the cultures could be acknowledged, and a new culture created.* The conductor communicates clearly, so everyone knows what to do, what tune they are playing and what the end result should sound like. *Decision makers, through a direct, clear and inclusive communication system, describe the change process.* All the former bands and indeed the individual musicians are acknowledged for their talents. *Each of the disciplines is acknowledged as being important.* Music is chosen to bring out everyone's strengths. *A system is created which acknowledges the strengths, abilities and talents of each of the disciplines.* It is acknowledged that everyone playing in unison can be very boring and there is great richness and beauty in harmony. *The strength in working with diversity of programs and various strengths is acknowledged.* All the musicians and the conductor start "working together in concert". *The ministry starts working like one cohesive unit, rather than five pieces stuck together.* The result was that the audience could appreciate and benefit from the rich diversity of expertise and harmony of the orchestra, and the Premier and the province were proud of the orchestra's performance. *The resulting cohesive ministry was of benefit to clients in that they benefitted from various disciplines working together.* *The Premier and the public (perhaps even the Opposition), agreed that the creation of the Ministry for Children and Families was a good idea and was succeeding in providing more collaborative, client-centred services.*

Chapter Five

Implications and Summary

This research has implications for decision makers, front-line workers, clients, further research and theory development. This chapter will describe the implications in each of these areas as well as address the limitations of the study.

Implications for Decision Makers

This seems to be a particularly critical time for decision makers. It seems clear from Bridges' (1993) work and the participants' responses that at the point in time when this study was conducted, the transition was predominantly in the "wilderness" stage. What the decision makers do next will have a large impact on either encouraging front-line workers to move into the beginning stage, or forcing them to stay stuck in the endings or wilderness stages. Even if the beginning stage is attained, the challenge will be to promote the embracing of the new mission statement and identity.

I acknowledge that the "wilderness" stage is the most difficult one and therefore may not fairly represent the work being done by decision makers. However, it is clear that from the participants' points of view that if the implementation of the organizational change is to be successful, and accepted by front-line workers, decision makers need to make some changes regarding their approach to the change. (I previously defined successful change as the creation of a cohesive system which over time could provide evidence that it met its stated

goals of child-centred services, integrated and comprehensive services, quality and accountability and participatory decision making.) A necessary step in ensuring successful change would be to either reinitiate or definitively abandon the contract and program restructuring process so that people's job security and the related uncertainty are addressed. This could be seen as the starting point for the beginnings stage of the transition. However, the structure would need to be set up clearly. I believe from the participants' comments that the credibility of the leaders is at a critical stage and therefore there should be more emphasis on ensuring that decisions are made clearly, with consultation with clients and front-line workers and then the decisions should not be changed without either time to determine any problems with the decision and a carefully thought out plan to rectify the situation.

As there is no cohesive culture yet at work within the new ministry, I believe a great opportunity exists for consciously creating one. Timing is of the essence, however, as the longer practitioners work within the new ministry, the more likely it will be that a culture will develop haphazardly. I see this as less productive than a more conscious way of developing a new culture, as I think there needs to be due care and consideration given to the matter. Beckhard and Pritchard (1992) stated that "culture change usually requires the organization to set up supporting educational activities" (pp. 46-47). Opportunities for practitioners to share their philosophies, describe a day in their work life, begin to understand each other's points of view, and identify common values would be

constructive steps to creating a culture to which everyone affected by the organizational change can relate.

Other concerns mentioned in Chapter Four, such as poor communication and lack of consultation, will need to be addressed by decision makers if the implementation of the organizational change is to be successful. I believe that since much emphasis was placed on the knowledge and wisdom of clients and workers, it will be important to access this knowledge and use it in a meaningful way.

Implications for Front-line workers

Front-line workers exhibited a great deal of resiliency in terms of adjusting to the changing situations presented to them. Despite the negative experiences participants described through most of their interviews, each participant showed enthusiasm about the possibilities that might result from this change. Furthermore, they showed ongoing, deep concern for the people with whom they work. This compassion was often used as a grounding point, a place on which participants could focus which was working well. They could concentrate on why they were doing this job, and enjoy the satisfaction associated with helping others. This grounding point might also have been helpful in terms of participants being able to work in a microcosm in which they had control—where obvious influence from the outside world of organizational change was somewhat removed. Regardless of the latest changes or rumours of changes within the system, when working with clients, the interaction was between the people in the room. For the most part,

participants were also working in a situation which was comfortably familiar. This was not true for all participants, however, as one person's client base had changed, resulting in the tension associated with clients who had been sent to see her, rather than the former more voluntary clients. Yet even this participant kept helping people as her primary focus during the change process. The dedication to and compassion for the people whom the system were set up to serve was evident in all the participants.

The way in which they focused on clients was one of several different coping strategies the participants employed. The other most frequently used strategy was to connect with others within the office, as part of a provincial network, through educational opportunities or through local networks or friends. This was a popular way to deal with the stress and uncertainty. This coping strategy seemed to serve three purposes: empathy, support and information. Those going through similar processes seemed to be empathetic with and supportive of the participants and their experiences, thus people engaged in the change process could gain from others' perspectives and experiences and/or have others to acknowledge their realities. As acknowledgment was something participants felt was lacking from decision makers, this may have been particularly important. Participants often talked about feeling that their expertise, knowledge and indeed the alcohol and drug field were not valued. Perhaps connecting with others who did know about and value their work was a particular benefit of networking. Finally, connecting with others seemed to be how people received

most of the information concerning the change. The “gossip”, “talk” and “rumours” were the most reliable and most frequent sources of information. Therefore, networking was a way in which to stay informed about the changes.

The challenge for front-line workers will be to adjust to the loss of or find a way to keep some of the advantages they associate with the alcohol and drug system of care; to continue to cope with the “wilderness” stage; and, using their resiliency and passion for their work and their clients, find ways to embrace the new mission and identity. Indeed the latter seemed to be already happening until the contract and program restructuring process was halted.

Implications for clients

I hesitate to include this section since clients were not directly interviewed during the course of this research. However, as participants clearly identified and represented *their* views of what was happening for clients, I felt to leave it out would be to ignore the people whom the system is set up to serve. What remains clear is that the voices of clients are largely missing from much of the decision making within the Ministry for Children and Families. That being said, and despite the fact that this process is far from ideal, I will identify the issues I have drawn from the *participants’ perspectives*.

In the participants’ opinions, clients have been affected by the organizational change in two ways: more clients are being referred to services involuntarily, and groups of clients are not feeling that the expertise they have is being valued by the decision makers. Since participants believe clients are being

sent involuntarily to services more often the implication is that clients' rights to make choices and decisions are being jeopardized. Furthermore, participants believe that by being sent to services when they are not ready to access them, clients will be reluctant to seek out such services when they are ready to address a given problem. Thus, not only may clients feel their choices are taken away at the present time, the concern of participants is that this will also affect their willingness to approach services in the future.

Participants believe that clients do not feel that their expertise is valued by decision makers. I believe the situation for clients is paradoxical in that they are the ones whom the whole system is set up to serve, and yet often they are the people least likely to be able to effect change or be listened to. However, clearly participants view themselves as clients' allies in trying to bring about change and offer services which fit with their needs. The challenge for clients in this time of change may be to persistently make their needs known, seek opportunities to share their expertise and wisdom with others and be aware of their rights and how to access services. However, I recognize that the system must also be set up within the ministry not only to allow for but also to encourage such comments.

Pending the outcome of the contract and program restructuring process, there may be many implications for clients. There may be the same, more or fewer services available to them. Front-line workers and clients working together may be able to generate solutions which meet client needs.

Implications for Further Research

As I think of the questions remaining after this phenomenological account of organizational change, several future research projects come to mind. For each area, I will pose a question, then suggest a way in which an answer may be obtained.

“What would have happened if this study had been conducted at a different point in time?” “What would the experiences have been if participants were more in the endings or beginnings phase of the transition?” Phenomenological research projects on this organizational change in the near future or a series of research projects regarding another organizational change may address these questions. Of particular interest may be the overall impact the change has on clients, which would be evident once in the beginnings stage; further information concerning the implementation process; and a more detailed description of coping mechanisms.

“What would the results be like if the participants had included different types of workers affected by the same organizational change?” For example, based on the results of this research, one might expect the impacts to be similar for others moved to the Ministry for Children and Families, perhaps with the exception of those who worked in the former Ministry of Social Services, who may or may not be experiencing the changes in culture. Future research could include participants from various groups within the organization.

“What would the results be like if the study had included the perspectives of those receiving services?” Certainly the credibility of the study would be

enhanced in two ways. We would find out directly what the experiences of clients had been, rather than vicariously through front-line workers, and use would be made of some of the philosophies which guide the work in the alcohol and drug field, namely client-centred practice and acknowledgment that clients have a great deal of expertise and indeed are their own experts. We would also gain more insight into how a client-centred ministry was attaining its goals.

“What would the results be like if the study was conducted in several regions of the province?” It could either show that things around the province are very different region to region or it might indicate that, though different strategies were used to get there, the end results are the same. This information might be particularly informative regarding the concepts of adaptive and programmed implementation.

“What would the results be like if there had been equal numbers of government and non-government employees? Would there be differences in their experiences?” This would address the concept of the power differences associated with working for a particular group. It may also identify different experiences with regard to how valued one felt within the new ministry.

“What would the results be like if participants worked in the same field but did not receive government funding?” Such participants, for example those working in agencies associated with religious organizations or private practitioners, might provide some insight as to how the change was being

perceived by “outsiders”, as well as the impact “outsiders” and their clients experience at this arm’s length distance.

“What would the results be like if further emphasis had been placed on solely looking at coping strategies and resiliency?” This part of the study was most fascinating to me and the ways in which front-line workers cope with change, focus on clients, take care of themselves and try to be proactive would be another valuable research project.

Implications for theory development

As mentioned in Chapter Two, Review of the Literature, there is quite a lot written concerning organizational change, but very little is available concerning the effects of change on the people within that organization. In general, more theory needs to be developed concerning the effect of organizational change on the people within an organization as well as for the people the system is set up to serve. Further development of the concepts of transitions would be valuable.

As noted in this research, there are many implications of such change: experiencing frustration and uncertainty due to poor leadership and unclear direction and communication; working in an environment which one feels is unsupportive and indeed seems to devalue one’s work; involuntarily leaving a work environment in which one believed and trusted; working in an environment which has different values, expectations, and philosophies of working with people; starting to move towards the change, only to have the change stopped;

trying to conduct one's work, despite distractions brought about by the organizational change; trying to stay within an uncertain process after trust in the process and the leadership has been jeopardized; coping with a loss of status, associated with the new culture; and working in a system which does not seem to acknowledge the contributions of those it is set up to serve. Any one of these areas requires more research, either separately or combined in the context of organizational change.

Further theoretical development would be valuable in the areas of the development of a work culture and the disruption of such cultures. I am left curious about how ingrained is culture? It seemed that conflicts concerning culture were the most difficult things for participants to address. What does it take to change culture? What are the components of culture? Is culture indeed a set of values, assumptions and norms as suggested by Hutton (1995)? Or considering how tenaciously participants were hanging on to their former culture, is the concept of culture greater than the combination of those three things? These questions could be addressed by further research and theoretical development.

As mentioned in Chapters Two and Four, it seems more theory needs to be developed with reference to how organizational change is implemented. Berman's (1980) descriptions of programmed and adaptive implementation strategies do not seem to capture either the experiences or the expectations of the participants. It seems that Berman's description is too dichotomous to

adequately reflect the reality of the situation. Participants seem to want clarity in goals, direction and leadership as well as the opportunity for clients and front-line workers to provide input into the process. A theory which addresses the possibility of encompassing both these aspects seems to be needed. Although Sabatier (1986) attempts to do this, I believe further development is needed in this area.

Limitations of the research

There are three main limitations to this research: results can not be generalized, investigator bias may have been present, and the research did not include the perspectives of clients. I shall describe each limitation.

As the research was based on interviews with a small number of carefully chosen participants, the resulting description of their experiences is specific both to those particular participants and to the specific point in time of the organizational change when the interviews were conducted. Furthermore, as described in Chapter Three, the meanings of the change were created jointly by the participant and the interviewer. Therefore, it is possible that even if the same interviewer asked the same participant the same questions a week later, the focus of the interview might be different. However, the findings are useful in terms of describing five different experiences regarding organizational change. We therefore have a greater understanding of what such change can mean for people.

Concern about investigator bias stems from my fear that despite all the cautions taken, because the topic is so relevant to me—indeed I am working in

this environment of change on a daily basis—I may have unduly influenced the findings. This is particularly troublesome when combined with the concept that meanings of the phenomenon are created jointly during the interview. To alleviate my fears, I referred to the transcripts, where I noted that with few exceptions my questions were not leading, rather they were neutral or seeking to clarify the meaning of what the *participant* said. However, once the data were obtained, I had the responsibility of interpreting them and connecting them to the literature. It is possible that investigator bias could have crept in at this point.

The final limitation to the study is that it did not directly include the experiences of clients with the organizational change. Although I did consider this option prior to determining my choice of participants, to include both client and front-line worker perspectives was beyond the scope of this study. I decided to focus on front-line workers as they are the people who would potentially have more access to the rationale, decision making processes and the like behind the change, which were of interest to me. However, what I did not foresee was that, due to participants' dedication to the people they serve, the client perspective was brought forward by participants. This left me with two options: to include such information, yet clearly identify it as participants' views of what clients were experiencing or to omit it. I decided on the former course of action as it seemed relevant information within a so-called client-centred ministry. To omit the information once I had it seemed to discount clients. However, I recognize this

as a “second best” option: the ideal situation would have been to interview clients as well.

Some final thoughts

The creation of the Ministry for Children and Families was brought about as a result of various studies and political pressures. The guiding force behind the change, however, was the Gove Report (1995). Judge Gove’s recommendations and the Transitions Commissioner’s reports fell into four areas: child-centred services; integrated and comprehensive services; quality and accountability and participatory decision making. By way of conclusion, I shall address three of these areas in terms of what the participants had to say about each. As for the fourth area, quality and accountability, I believe it is too early in the life of the ministry to determine how accountable it is. Furthermore, participants did not address this area.

Participants suggested that services were less child-centred after the creation of the Ministry for Children and Families than they were before the change. Citing that there were more “layers and bottlenecks”, participants found it harder to access services on behalf of clients. Furthermore, program closures and the amalgamation of services, as suggested by the contract and program restructuring process, were seen as offering clients fewer options regarding services. This was also seen as contrary to a client-centred system.

In terms of integrated and comprehensive services, participants noted that there were some steps towards integration based on the opportunities to learn

more about each others' services. However, the overall impression I am left with is that these are small steps and exceptions rather than the rule. There still seem to be several very separate systems, each with its own culture and ways of doing things. Some of these services have been moved to be co-located, but I believe integrated and comprehensive services will not be realized until different services understand each other more, one culture is developed, and coordinated service delivery through comprehensive case management is routinely offered.

The final area of recommendations put forth by Judge Gove and the Transition Commissioner was participatory decision making. Participants seemed to clearly give the new ministry a failing grade on this. The lack of consultation with either front-line workers or clients was a sore spot mentioned many times by each of the participants. They clearly did not feel part of the decision making process.

Summary

This phenomenological study described the experiences of the organizational change as described by five participants. Poor communication, lack of decisive or consultative leadership and poorly implemented decisions contributed to participants feeling undervalued, frustrated and stressed. There was a change in culture which resulted in misunderstandings and conflicts related to different philosophies, values and ways of work. The resiliency and coping mechanisms of the participants have helped them through the process so far; however, it is clear that the organizational change is still under way. Participants

are concerned about the effects this change will have on clients. However, they are also hopeful that some of the opportunities to strengthen service to clients may yet be realized. The expertise of front-line workers and clients is full of strength and wisdom, and the value of these voices must be recognized to develop ever more effective services.

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Appendix A
Letter of Consent

I hereby give consent for my participation in the study entitled: **What are alcohol and drug workers' experiences of organizational change?** I understand that the study is to fulfill the thesis requirement for a Masters of Social Work degree and will be conducted by a student, Fiona Crisp, from the Faculty of Human and Social Development, University of Victoria. Ms. Crisp has explained to me that the objective of the study is to get a detailed picture of what the experience of province-wide organizational change has been on each participant. It is hoped that the result will be a detailed description of the experience of province-wide organizational change for individuals affected by that change. This can develop an understanding of the change for those involved with it in the alcohol and drug field, for those experiencing the change from other parts of this new ministry (child protection workers, probation officers, mental health workers etc.), and for those involved in the administration of such change.

Ms. Crisp has explained to me that she will obtain her data through interviews and that she will tape-record and take notes of any interview she conducts with me. Precautions for confidentiality and anonymity will be taken by coding each interview tape numerically. The tapes will not be identified by name and will be kept in a locked file cabinet in the student's home. Only the student and her supervisor and the transcriber will have access to the tapes and notes. After the data analysis is completed, the audio tapes will be destroyed. Transcripts and notes will be kept for up to two years in a locked filing cabinet. During the research process, a fictitious name will be used to protect my identity on any written material throughout the analysis and in any discussions that occur between Ms. Crisp and her supervisor. Other identifying information, such as area of work, will be omitted in order to protect confidentiality in recognition of the fact that the alcohol and drug field in the province is a fairly closed, small system.

There are no known risks associated with this study. I am aware that at any time I may withdraw from the study. I may also refuse to respond to any question during the interview. If I have any further questions about the study, I can ask Ms. Crisp (721-2669 ext. 1) or her supervisor, Dr. Andrew Armitage (721-8333).

Your signature indicates that you are willing to participate, having read and understood the above.

participant's signature

date

student researcher's

date

VITA

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Title of Thesis:

The Lived Experience of Organizational Change for Alcohol and Drug Workers

Author



Fiona Campbell Crisp
December 18, 1998