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# Impact of Merger/Acquisitions in a Nonprofit Addiction Treatment Hospital

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*Regis University*

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**Regis University**  
Rueckert-Hartman College for Health Professions  
**Final Project/Thesis**

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Impact of Merger/Acquisitions in a Nonprofit Addiction Treatment Hospital

By

Courtney C. McShay

A Master's Thesis Presented in Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Health Service Administration

Regis University

December, 2014

FINAL APPROVAL OF MASTER'S PROJECT

HSA680 CAPSTONE

I have READ AND ACCEPTED the Master's Thesis by:

Courtney C. McShay

IMPACT OF MERGER/ACQUISITION IN A NONPROFIT ADDICTION  
TREATMENT HOSPITAL

Submitted in partial fulfillment of  
requirements for the  
Master of Science in Health Services Administration  
degree at  
Regis University

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Abstract

The purpose of the study was to determine how a merger/acquisition (M&A) impacts a nonprofit addiction treatment hospital. A qualitative study was used to understand the phenomenon of employee satisfaction, commitment, and quality patient care and how each are impacted during a M&A. Employees from a nonprofit addiction treatment hospital who experienced a M&A volunteered to participate; ten in-person interviews were conducted. These interviews revealed three major themes, one with two subthemes; 1) inclusion, 2) exclusion which contained fear and loss, and 3) hope. Results from this study showed that employee satisfaction and commitment were impacted by the M&A. The results showed that quality patient care was not impacted deliberately by employees due to organizational deviance. Additional research is recommended to further expand on how M&A's could impact an employee's health and an employees' focus; more specifically the connection between a M&A and an increase in medication errors.

### Acknowledgement

I offer thanks to my family, friends, work colleagues, Regis faculty, my Primary Research Advisor, and the organization and the participants that made this study possible. This thesis is dedicated to staff caught up in the effects of a merger /acquisition. Hopefully this study will provide hope to those involved in this process and some insight on what to expect.

“Deep grief sometimes is almost like a specific location, a coordinate on a map of time. When you are standing in that forest of sorrow, you cannot imagine that you could ever find your way to a better place. But if someone can assure you that they themselves have stood in that same place, and now have moved on, sometimes this will bring hope”

— Elizabeth Gilbert, *Eat, Pray, Love*

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## **Chapter 1: Introduction**

Healthcare industries continue to evolve with the needs of the patients, the quality of care, the way they charge their patients, and with the laws that regulate their services. In order to adapt to these changes, many healthcare organizations are looking at mergers and acquisitions (M&A). Irving Levin Associates Hospital Acquisition Report showed the number of hospital M&A deals increased rapidly from 2010 to 2012. The Hospital Acquisition Report states that there was a 52% increase in the number of deals in 2010 compared to the year prior. This can be attributed to the Affordable Care Act and the commitment to help more newly insured patients (Irving Levin Associates, 2013). The number of M&A's, continued to trend up in 2011 and in 2012. According to the Healthcare Financial Management Association, in 2011 healthcare industries reversed a trend by advancing the technology sector in total volume of M&A by 56 percent (2012).

Brown, Werling, Walker, Burgdorfer, and Shields (2010) state the Affordable Care Act is “a powerful catalyst for consolidation and integration” (pg. 114). With the demands of healthcare reform, many organizations are held to higher standards for measuring quality, causing competition for stand-alone facilities. Other requirements to improve patient care, such as technological advances to electronic health records and patient billing can be expensive. Combining efforts with other facilities could help build an organization's reach and provide these improvements. In order to centralize the efforts to provide quality of care, safety and to reduce the health care costs of Medicare; the Affordable Care Act authorized the use of Accountable Care Organizations (ACO's). The Medicare Shared Savings Program will reward ACOs if they meet specific standards of quality and patient care while lowering Medicare costs (Centers for

Medicare & Medicaid Services, 2013). The ACO promotes integration by allowing for cost sharing in order to achieve quality measures (Brown et. al, 2012, pg. 116).

In the United States, approximately 80 percent of the hospitals operated are not-for-profit (Brown et.al, 2012, pg. 115). Many not-for-profit hospitals lack the ability to access capital in order to finance needed growth. By merging with other facilities, hospitals are able to combine resources and consolidate. These organizations will be able to compete more effectively for several reasons; the ability to spread fixed cost, better access to capital, and better ability to measure quality (Brown et. al 2012).

Some of the most well-known addiction treatment facilities are not-for-profit. A large portion of funding for addiction treatment comes from local, State and Federal governments (National Institute of Drug Abuse, 2012). Many also accept payment from private and employer-subsidized health plans that provide coverage for chemical dependency (National Institute of Drug Abuse, 2012). Unfortunately, managed care has given rise to shorter stays in treatment, which has directly impacted the number of operational programs treating addiction in the United States (National Institute of Drug Abuse, 2012).

With the Mental Health Parity and Addiction Equity Act of 2008, there were major improvements to the care and treatment for those affected with mental illness and the disease of addiction. The Mental Health Parity and Addiction Equity Act of 2008 requires group plans with mental health and substance use disorders coverage to provide the same benefits they would for medical and surgical procedures (Substance Abuse and Mental Health Service Administration, 2013). There are hopes that the Patient Protection and Affordable Care Act (ACA) will help promote coverage for more people suffering from mental health and substance use disorders (National Institute of Drug Abuse, 2012). These improvements to healthcare reform could

increase the need for addiction treatment services forcing financing options to improve. Many healthcare organizations are trying to prepare themselves for this demand.

The mission, vision and values of an addiction treatment center are essential to the daily operations. Highly qualified employees with knowledge and life experience are one of an organization's greatest assets (Grosenick & Hatmaker, 2000). Staff -employed in addiction treatment facilities work there by choice. Some of the staff may be in personal recovery from their own addiction, or may have been impacted in some way by a family member or loved one struggling with substance abuse. In healthcare organizations today, there is an emphasis on interpersonal skills such as hospitality and kindness (Grosenick & Hatmaker, 2000). Staff who have genuine dedication for providing care and empathy are essential to the success of an addiction treatment organization. Experience, strength and hope of employees can contribute to their commitment.

### **Statement of Problem**

What happens when the mission, vision or values of these types of healthcare organization are changed? Organizations must be prepared to address the fact that staff who have been so dedicated to the original mission may react negatively to changes during a M&A. The ability to adapt quickly to change, to learn new ideas and to take action with those ideas is essential for the survival of an organization (Jackson J. C., 2006). Changes to staffing, daily operations and the overall culture of the organization are inevitable. Compliance within the organization could fall, causing the norms and values to be negatively affected (Interligi, 2010). An ethical environment must be established to assure the new culture encompasses all the same beliefs that support patient safety, integrity, and honesty (Baglini, 2001). Risks to patient safety and non-compliant acts by employees must be managed; one unethical act could cost the organization's success (Baglini, 2001).

A new collective culture needs to be established. Without this, an organization's culture quickly becomes fear-based. Staff are deeply affected and need more support when this occurs. Staff are the key component to the overall success of the organization, yet will most likely be questioning their jobs, their willingness and ability to work for the new organization. Prilleltensky (2000) discusses behaviors of those feeling threatened in an organization, stating their actions may be self-serving rather than patient centered. M&A bring with them the fear of change and with this fear comes an element of overwhelming concern. Leadership within the organizations must be ready to improve the situation with staff and can make a fundamental difference in how employees perceive the change while maintaining employee satisfaction.

### **Research Questions**

The purpose of this study is to determine what affect a merger and acquisition have on employees in a nonprofit addiction treatment hospital:

1. What affect does a M&A have on employee satisfaction in a nonprofit addiction hospital?
2. Does employee morale contribute to organizational deviance during a M&A?

### **Justification for this Study**

As M&A trending continues to climb, healthcare administrators in addiction treatment settings need to be better prepared and aware of the potential implications this transaction could have on their business. Although there are various reasons why a M&A could be a worthwhile option, the potential fallout for patient safety, patient census, and staff retention need to be considered.

### **Implications of Research for Addiction Treatment Healthcare Administrators**

Addiction treatment healthcare organizations undergoing M&A have limited time to present the plan for integration to the staff. The staff must believe the M&A is for the overall good of the patients and organization. The mission, vision, and values of both organizations

must be considered and staff must support this new mission statement in order for them to believe in what they are doing. In addiction treatment, this is extremely important to the staff. If staff questions the new organization's vision, then the staff will lose satisfaction in their work. Losing key staff who are dedicated and passionate about the work would be a loss that affects not only the organization but the patients. With the already tough start of integrating organization, the last thing an administrator needs is to worry about replacing key staff and training new staff. Keeping employees satisfied will help a M&A move forward. If healthcare administrators are not ready to address employee satisfaction during a M&A patient census could decrease which would drive revenue down. If employees are not on board with the new organization, the M&A could fail. In order to maintain excellent quality and patient care during a M&A, the patients served must be the main focus. In a study completed by Gillman (2008), "the impact of mergers and organizational change" was listed as one of the contributing failures to quality and safety of healthcare organizations (pg. 309). Maintaining high quality staff and management should be a major consideration for addiction treatment facilities during a M&A. Strong management is needed to help lead an organization through a M&A. Reports have shown that 75 percent of senior management leaves an acquired organization within three years of the merger (Cartwright & Cooper, 1990).

During a M&A, attention to patient safety and maintaining quality of service can be shifted. If this attention is not managed, patient census and safety could suffer. These diversions must be managed by senior leaders in order to stop the potential risk to patient safety. Change takes time, but with a M&A, time is not available. Changes need to be implemented quickly with integration being first priority. It is essential for leadership to model optimism, promote a

positive attitude, and communicate to their staff reasons why the M&A is positive for them as well as for the overall organization.

## **Chapter 2: Review of Literature**

As merger and acquisitions (M&A) continue to be discussed as an opportunity for growth, healthcare administrators in nonprofit addiction treatment settings need to be better prepared and aware of the potential implications this transaction could have on their business. Although M&A are not right for every organization, many nonprofit human service organizations are considering this as a sustainable option (Giffords & Dina, 2003). Nonprofits organizations have to revisit the way they do business in today's rapidly changing economy. Government support continues to dissolve and managed care continues to dictate coverage (Giffords & Dina, 2003). M&A offer nonprofit organizations the ability to stay competitive and provide better patient care (Giffords & Dina, 2003).

Staff morale and involvement are imperative to the success and lack thereof could contribute to the failure of a M&A (Cartwright & Cooper, 1990). Lowered morale and productivity can negatively affect patient care and in turn patient census can suffer (Benton & Austin, 2010). Many nonprofit addiction treatment facilities depend on patient census to generate revenue. If staff are preoccupied with losing their job and no longer trust the organization who employs them, their focus on patient care could diminish.

The time spent worrying about the M&A could be time spent on patient care (Benton & Austin, 2010). During a M&A, the quicker the integration process happens the better. Time is not an option, and given the considerable amount of planning needed to integrate both organizations (Benton & Austin, 2010) the process must go smoothly. The way employees obtain information about the M&A will set the stage for how employees chose to move forward. If management is not positive about the M&A, staff will know.

The purpose of this study is to identify answers to the following research questions: 1) what affect does a M&A have on employee satisfaction in a nonprofit addiction treatment hospital? 2) does employee morale during a M&A contribute to organizational deviance?

The following literature will address several areas related to M&A and the potential impacts to a nonprofit addiction treatment setting. The first section will talk about M&A, why they are logical options for businesses and the potential implications. The second section will discuss studies on moral disengagement, organization deviance and organization climate. Lastly, the third section will focus on nonprofit addiction treatment settings and the staff.

### **Mergers & Acquisitions (M&A)**

Some say a merger is different than an acquisition, in an acquisition there are “clear winners and losers, the power is non-negotiable” (Cartwright & Cooper, 1990). Regardless, of the terminology, the outcome is the same - two or more separate organizations coming together into one single organization (Giffords & Dina, 2003). In today’s economic market, companies are looking at forming alliances with one another to stay competitive and grow to provide additional services. M&A could be viewed negatively due to the loss of the organization’s identity or positive because of the opportunity for organizational growth and survival (Benton & Austin, 2010).

M&A can create disorder for both the acquiring and the acquired organizations, although many pre-merger feasibility studies show promising results, mergers have a 50:50 chance of being successful (Covin, Kolenko, Sightler, & Tudor, 1997). Many of the reasons attributed to the failure of a merger are due to human factors (Covin et al, 1997). M&A decrease employees’ confidence in their organization which leads to a decrease in morale, job satisfaction, and commitment to productivity (Cartwright & Cooper, 1990). This uncertainty can create acts of unethical behavior, increases in staff turnover rates, increases in absenteeism, and stress



(Cartwright & Cooper, 1990). In healthcare, all of these factors contribute to lower organizational performance which equates to poor quality of service and poor patient care.

According to Giffords and Dina (2003), studies surrounding merger outcomes have shifted from “hard” organizational dimensions such as fiscal and product integration to a more “soft” organizational factor such as employees’ attitudes toward change, job satisfaction, organizational culture and other human elements. One main reason organizations choose to merge is due to financial struggles, so many would think the focus to study should be on cost and product improvements. However more recent studies have found that in order to make a M&A effective, the focus must be on the staff relationships which drive the overall success of a merger (Giffords & Dina, 2003). Another reason for a M&A is for the organization to become more effective and efficient (Giffords & Dina, 2003).

Giffords and Dina (2003) discuss the careful steps required by each organization in the merger and the challenges that need consideration. Giffords and Dina’s study focused on the human factors of a M&A and how staff affect the formulation of culture in the new organization. Staff are an essential component of the success of a M&A and play a large part in whether or not it will fail. Even before a M&A is formal, there are usually speculation and rumors from staff. There are several effects organizational changes can have on employees during a M&A such as: job loss, job satisfaction, stress levels, and organizational perception (Giffords & Dina, 2003). Perceptions, lost trust, and fear can create preconceived notions about the M&A and what direction the organization is headed.

Giffords and Dina (2003) researched a M&A between two Long Island, New York based human service agencies. During the merger, one of the merged agency’s Executive Directors retired, and the other Executive Director from the other facility was selected as the new CEO.

The staff experienced loss for their retired leader. They reported feeling abandoned and perceived the merger as a “take over”. To make matters worse, the staff reported they did not think the merger was necessary regardless of a one- year study that supported joining forces with the other agency. Giffords and Dina (2003) explained that there were not equal staff members on the task force who completed the one-year study, which made the results difficult to accept. Giffords and Dina (2003) stressed the importance of communicating early stage discussions of potential mergers to staff and to prepare management to listen to staff concerns and include them in the decision making process.

During a M&A, staff undergo many changes throughout the transition process. According to Bridges (2010), there are three phases of change organizations experience. In the initial phase losses and endings, staff begin to let go of the old ways and the identity they had for their organization. The next phase is the neutral zone, which is in between the old and the new; this state can be filled with uncertainty and confusion, taking staff’s energy away from work (Bridges, 2010). The last phase is called new beginnings, in this phase staff are ready to embrace the change and integrate with the new organization (Bridges, 2010). Some staff may not make it to this phase because they are unable to let go of the old ways. During transition, these phases can overlap and will take time (Bridges, 2010). In order to integrate organizations effectively during a M&A, planning and process are needed. According to Benton & Austin (2010), the main human element factors for consideration are merging leadership, communication, staff involvement, and organizational culture.

### **Moral Disengagement and Organizational Deviance**

Employees have expectations and obligations for the organization they work for; this unspoken agreement of devotion creates a psychological commitment (Jafri, 2011). If this invisible contract is broken, the employee could feel betrayed and abandoned; which is bad for

the employee and the organization. When an employee's commitment to their organization is high, they work harder, feel a greater level of responsibility, and they stay with the company rather than looking elsewhere for work (Jafri, 2011). Jafri (2011) completed a study that examined 85 junior level executives working in private banks in North Delhi to see if perceptions of psychological contract breach impacted organizational commitment. The findings showed that perceptions of a psychological breach significantly predict organizational commitment and suggests that managers should spend time understanding employees' perceptions of what the psychological contract is because of the potential negative impacts (Jafri, 2011).

When staff are questioning the organization, their focus is elsewhere. In healthcare staff need to feel their work has purpose, that the work they do is worthwhile, and a sense of responsibility for the part they play in the job. If staff do not have these moral self-sanctions, patient care and safety can be at risk. Moral disengagement is the removal of all responsibility from harmful behavior by rationalizing the behavior, displacing the blame or minimizing (White, Bandura & Bero, 2009). This type of deviant behavior is incongruent with the mission, vision and values and could be costly for an organization (Christian & Ellis, 2014). Deviance at work could be a deliberate behavior or action that goes against the mission, vision and values of the organization and threatens the organization and/or its members (Bennett & Robinson, 2000).

Within an organization, staff do not operate with independent moral intentions, they are influenced by the social factors of other staff; when moral disengagement occurs, all staff are influenced (White et al., 2009). White et al. (2009) did a study with four different types of industries whose products were harmful to human health. The companies researched were tobacco, lead, vinyl chloride and silicosis-producing industries. White et al. (2009) spoke about

what companies do to eliminate moral consequences and referred to them as “psychosocial machinations used to disengage moral self-sanctions from harmful practices” (p. 44). Internal industry documents and public records related research were used and coded for modes of moral disengagement. The *Manual for Coding Modes for Moral Disengagement* (Bandura, 2006) was the guide for coding. Trained researchers coded cases, 320 examples of moral disengagement were identified in the 4 sets of documents reviewed. Each example was coded by function of job role in each industry by moral and social justification, euphemistic labeling, advantageous comparison, attribution of blame, displacement of responsibility, diffusion of responsibility, disparagement of critics and victims, and minimizing denying and disputing health consequences (White et al, 2009). All but one of the modes of moral disengagement was used in this study. All four industries had similar patterns of moral disengagement, with minimizing and denial or harmful effects being the most frequently used mode of moral disengagement (White et al, 2009). White et al (2009) said their study focused on corporate research practices. However, the study could be broadened to other companies focusing efforts on corporate enterprise. In a M&A one of the reasons for companies to merge is for corporate enterprise. M&A provide staff with a platform of uncertainty and question which could lead to moral disengagement.

Although much of the research on deviant behavior at work focuses on corporate industries, Christian and Ellis (2014) study argued there are situational constraints to behaviors such as theft and absenteeism in healthcare due to formalized roles and procedures, however, when employees plan to leave their organization their psychological contract is broken and they are less likely to adhere to the policies and rules leaving moral disengagement open to occur. Christian and Ellis (2014) research focused on nurses; they discuss moral disengagement and why it might increase according to the social cognitive theory and suggest the effect of cognition

is restrained by the environment. Christian and Ellis (2014) discuss why employees with strong turnover intentions may have higher deviant behaviors due to no longer having a psychological contract with their organization.

There are eight different responses people have moral disengagement that can be placed in three broad categories (Christian & Ellis, 2014). The first three responses: displacement of responsibility, diffusion of responsibility and distortion of consequences, all behaviors cover an individual who is being misleading about their harmful actions (Christian & Ellis, 2014). Poor, unethical behavior displayed by a supervisor could open the doors for an employee to rationalize acting on the same behavior. In the work setting, if a group of individuals all agree to act in an unethical manner, peer pressure could set in and contribute to an employee following along with the group justifying their action as a collective decision; not an individual decision (Christian & Ellis, 2014). Second, there is moral justification, euphemistic labeling and advantageous comparison; all of which present shameful behaviors in a manner that makes them morally acceptable (Christian & Ellis, 2014). Lastly, are dehumanization and attribution of blame; when a person justifies their actions by convincing themselves that the target of ridicule is at fault (Christian & Ellis, 2014).

Although the findings of Christian and Ellis' (2014) study found a direct correlation between moral disengagement and organizational deviance, the research found the results with nurses in healthcare to be influenced by the complicated psychological contract, the results indicated it took high turnover intentions to see moral disengagement and deviant behavior. Christian and Ellis (2014) reason that in organizations and occupations where employees are less constrained by their work environment the psychological contract may be different; the

expectations of rules and regulations may be less, making it easier for an employee to adjust their responsibility.

**Organizational Climate / Culture**

Work environment has been said to influence an employee's behavior; this psychological environment has been referred to as the organization's climate (Pritchard & Karasick, 1973). This climate is said to be made up of the employees' behaviors and actions towards policies within the organization especially that of leadership (Pritchard & Karasick, 1973). In a study completed by Pritchard and Karasick (1973), the authors took other study approaches of researching organization climate a step further. Pritchard and Karasick (1973) researched the effects of organizational climate on job performance and satisfaction along with the effects of interactions between climate and individual needs on performance and satisfaction.

Organizational consultants were used to locate two firms with contrasting climates for the study; they found: Company A, an aggressive firm, forward thinking and achievement orientated and Company B, a low reaching, less dynamic and more conservative firm (Pritchard & Karasick 1973). The sample consisted of 76 managers from two organizations. The authors used a questionnaire for the organizational climate measurement, the job satisfaction, performance and effectiveness. The study found that organizational climate was influenced by both the overall organization, and by subunits and individuals' performance and job satisfaction (Pritchard & Karasick 1973).

In healthcare, many work toward a culture of service and excellence. Studor (2003) says excellence in healthcare is "when employees feel valued, physicians feel their patients are getting great care, and patients feel the services and quality they receive are extraordinary" (p. 45). Each organization has its own identity made up of various individuals and departments (Giffords & Dina, 2003). When organizations merge, the two cultural identities juxtapose different character

types, just like in a marriage that could use marital counseling to talk through the differences (Bridges, 2010).

If management within an organization is not supportive, not recognizing and rewarding their staff for hard work and/or holding staff accountable the organization climate could change. During a M&A there are two separate organizations with two separate groups of managers and two separate organizational climates, all of which need to be combined. Each organization has its own way of how it will deal with transition (Bridges, 2010).

### **Nonprofit Addition Treatment Setting**

The focus of this study is nonprofit addiction treatment settings. It is important to understand addiction, treatment, and the staff who have chosen to work in this field. Benton and Austin (2010) discuss three driving forces for a M&A which are: 1) “improving the organization’s financial conditions, 2) strengthening community visibility, and 3) enhancing patient services” (pg. 461). For a nonprofit addiction treatment facility all of the above reasons seem to fit their goals while allowing them to expand their reach. Golensky and DeRuiter (2002) found in their multiple case study, that mission driven organizations had a more effective merger process. Similar values of merging organizations are important in the shaping process (Golensky & DeRuiter, 2002). Nonprofit addiction treatment facilities may be more open to merging with another facility with like values in hopes to help more patients get treatment.

Addiction to drugs and/or alcohol is a complex disease. This disease, like many others, can upset a person’s health both mentally and physically. Many other areas of a person’s life can be affected, causing serious consequences to not only their health but to their career, their family and friends, their finances and to their citizenship within their community. Treatment for this disease is provided in many different settings with various approaches behaviorally and pharmacologically (National Institute of Drug Abuse, 2012). According to the National Institute

of Drug Abuse (2012), 14,500 addiction treatment facilities in the United States provide medical detoxification, counseling, behavioral therapy, and case management. Treatment settings can include outpatient, inpatient, and residential along with various therapeutic interventions and educational services (National Institute of Drug Abuse, 2012).

In the nonprofit addiction treatment setting, staff face many challenges working with the patients they serve. Patients seeking treatment are at times in denial, resist treatment and relapse, making it hard for staff to feel satisfied in the work they do. The turnover rate for clinicians is high, estimated at 16% up to 50% annually (Curtis & Eby, 2010). Many clinicians working in this field are in personal recovery from drugs and/or alcohol at an estimated 37% to 57% (Curtis & Eby, 2010). Staff in recovery are able to align their personal identity with the organization's identity creating a strong emotional commitment not offered in many other organizations (Curtis & Eby, 2010). Curtis and Eby (2010) completed a study and found that counselors in personal recovery are more committed to their profession than counselors who are not. Counselors and other staff in recovery from addiction can be a powerful asset for an addiction treatment organization and they should not be overlooked (Curtis & Eby, 2010).

## **Conclusion**

M&A are becoming more and more prevalent in healthcare and among nonprofit organizations (Benton & Austin, 2010). M&A's bring with them many challenges to each organization involved. M&A can be viewed as positive or negative depending on the circumstances and the perceptions of staff. The organizational culture will change during a merger. When staff are in a place of uncertainty and begin to question their psychological contract, they could be open to moral disengagement and deviant behavior (Christian & Ellis, 2014). When staff are unfocused and their concerns are unrelated to work, problems can arise.



Staff working at an addiction treatment facility are there by choice, many staff feel a great sense of responsibility toward the patients they serve. In a M&A nonprofit addiction treatment settings need to consider the impact to patient care and safety.

### **Chapter 3: Method**

The purpose of this study was to investigate the phenomena of job satisfaction and why people behave the way they do during a merger and acquisition (M&A). Specifically, this study addressed the following research questions: 1) What affect does a M&A have on employee satisfaction in a nonprofit addiction setting? and 2) Does employee morale contribute to organizational deviance during a M&A?

#### **Research Design**

During a M&A emotions arise which affect many aspects of an employees' job. Each staff involved has a different account emotionally about how the experience of a M&A has affected them. A qualitative approach was selected in order to understand the personal perspective of the impacts staff experience during a merger. The method of phenomenological interviewing was drawn from Bevan's (2014) descriptive perspective. The researcher wanted to remain faithful to the participants' descriptions and did not want personal bias or views to get involved. The researcher chose Bevan's (2014) approach because of the position with phenomenological reduction or Epoché. Phenomenological reduction is when the researcher attempts to stay on the level with the participants' description of their experience and accepts this their description (Bevan, 2014).

Through this approach, participants are allowed to describe their individual experience. This approach provided a better understanding for how the M&A impacted employees' job satisfaction and morale in different ways to individuals. Each participants was given the chance during the interview process to explain their interpretation of how or if the M&A impacted employee satisfaction and morale. The participants explained in their own words how they felt the M&A had impacted them and other staff. The researcher had to set aside their own experiences and/or preconceived notions in order to understand what the concept of job

satisfaction and employee morale meant to the participant. The questions were open-ended by design to provide the participants a chance to explain and expand on their view (Bevan, 2014). Contextualizing questions was used which allowed the participants to describe their experience (Bevan, 2014).

### **Research Sample**

The researcher obtained approval from the Institutional Review Board (IRB) at Regis University. Participants in this study were all full-time employees of a nonprofit addiction treatment hospital. All participants were English speaking and over 18 years of age. Participants in this study were asked to participate via an email invitation from the organization's training department (see Appendix A for the email invitation). An attempt was made to invite participants representing different levels and departments within the organization. The participants needed to meet the following inclusion criteria in order to participate: (a) employees worked at the nonprofit addiction treatment hospital when discussion of the M&A began, (b) had a role that contributed to patient census, and (c) were employed by the organization for at least 6 months or more prior to merger discussions. The researcher scheduled time with each participants for the confidential interview which took place in an office at the nonprofit addiction treatment hospital. Participants were presented and given a consent form prior to participation in this study (see Appendix C for the consent form). Participants were asked to complete demographic information and were given a form to complete (see Appendix D for demographic form).

The nonprofit addiction treatment hospital selected for this study underwent an acquired/merger transaction in 2013-2014. Staff heard discussions about the possibility of a merger before the transaction was finalized. The participants in this study were from the merged/acquired upon facility. Because the focus of this study is how a M&A affect staff

behaviors, job satisfaction, and moral, the data used for this study needed to begin with the first point of awareness of the M&A.

### **Data Collection**

The researcher conducted a total of ten interviews and saturation was obtained. The same six open ended questions were asked in each interview (see Appendix B for list of interview questions). The interview questions were set to address the participants' perception of employee satisfaction, commitment, and quality patient care. The interview questions were asked to uncover the impact, if any, the merger had on employee engagement and whether or not patient care was impacted.

Each interview was audio recorded and assigned an identification number. The researcher transcribed each interview from the audio recording and saved the file to a safe and secure environment to ensure confidentiality. Each device used to store information from the data collection was password protected.

### **Data Analysis**

The data collected from the interviews was transcribed and analyzed to find themes and categories that naturally emerged. A code book was created from the analysis which included three themes, one with two subthemes along with key words and definitions. The code book specified inclusions/exclusions for each theme.

### **Conclusion**

The purpose of this study was to investigate the phenomena of job satisfaction and why people behave the way they do during a merger and acquisition (M&A). Given the various emotions surrounding the concept of job satisfaction during a M&A, this qualitative study used phenomenological interviews. In interviewing, the focus is on an individual's meaning of a lived experience of a concept such as employee satisfaction (Bevan, 2014). This study addressed the following research questions: 1) What affect does a M&A have on employee satisfaction in a

nonprofit addiction setting? and, 2) Does employee morale contribute to organizational deviance during a M&A?

## **Chapter 4: Results**

With healthcare continually evolving to better meet the needs of patients, organizations are looking at ways to improve care and efficiency. With government funding decreasing and managed care requirements getting firmer, non-profit addiction treatment settings need to look for ways thrive and stay competitive (Giffords & Dina, 2003). Mergers and/or acquisitions (M&A) might be one way for a non-profit organization to achieve these goals.

Many of the staff working in addiction treatment are in recovery from drugs and/or alcohol; this insight helps them to align their own emotional commitment to their work (Curtis & Eby, 2010). When staff question their worth at an organization, they become disengaged. Staff morale and involvement are imperative to the success or failure of an M&A (Cartwright & Cooper, 1990). By understanding more about the impacts M&A have on staff, their satisfaction and their commitment, organizations can be more prepared. Cartwright and Cooper revealed in a 1990 study that M&A decrease employee's confidence in their organization which leads to decrease in morale, job satisfaction and commitment to productivity. This study investigated the phenomena of job satisfaction and why people behave the way they do during a M&A.

The purpose of this study was to investigate the phenomena of job satisfaction and why people behave the way they do during a merger and acquisition (M&A). This study addressed the following research questions: 1) What affect does a M&A have on employee satisfaction in a nonprofit addiction setting? and, 2) Does employee morale contribute to organizational deviance during a M&A?

### **Subjects**

Study participants (n=10) consisted of eight women and two men. Age ranges are as follows: one participant age 20-25 years old, one participant age 30-35, six participants 45-50, and two participants 55 or older. The participants all live in the Western United States and have

been employed at the acquired facility for 5 years or more. Two participants identified their race as African-American, and eight as White/Non-Hispanic (see Appendix D for demographic information). Each participant was working at the acquired nonprofit addiction treatment hospital when discussions of the M&A began. The participants selected in this study met inclusion criteria in order to participate. The inclusion criteria was that (a) employees had to be working at the nonprofit addiction treatment hospital when discussion of the M&A began, (b) employees had to have a role that contributed to patient census, and (c) employees had to be employed by the organization for six months or more prior to M&A discussions. All participants were asked to participate via an email invitation. All participants gave consent to be interviewed. The interviews were set up by the researcher and took place in a confidential office setting at the acquired hospital. After ten interviews, the researcher had reached saturation (Mason, 2010).

### **Results of Analysis**

Each interview was audio recorded. The process for identifying themes began during the transcription process and continued during re-reading of transcripts. The researcher read through the material several times underlining key words, phrases and sentences. The researcher found repetition with words as well as similarities in sentence meaning, and use of metaphors. A code book was created which included key words and theme definitions. The analysis resulted in the emergence of three major themes, with one major theme having two subthemes: 1) inclusion, 2) exclusion with the two subthemes of fear and loss, and 3) the last theme of hope. All themes are related to employee satisfaction and morale during a M&A. These themes are presented in the following text along with quotations from the phenomenological interview texts.

#### **Inclusion.**

The participants were asked what employee satisfaction looks like, what employee commitment looks like, and what quality patient care looks like. Although each of these

questions were different, the theme inclusion was common in each response. The theme “Inclusion” is defined as an environment where everyone is safe, cared for, and treated well. It is also defined as a partnership where each person is valued for his/her contribution and is recognized for their importance in this group. The common key words that helped identify this theme were: engaged, committed, included, loved, supported, comforted, part of a team, happiness, loyalty, valued, and family.

One participant’s description of satisfaction and commitment was described as the need to feel supported, cared for and valued:

“things that are important to employees are feeling valued by the organization, feeling like what they do matters, feeling like there is some kind of security in the work force, feeling like there is opportunity to advance.”

The participants discussed the need for communication. Participants felt good communication provides a safe and transparent environment which is necessary in patient care services. One participant said, “It’s providing safety, integrity, transparency, and honesty, letting us know where we are going.” Being heard and acknowledged helps to provide this environment.

“In my opinion, it’s a level of contentment, it’s a level of energy that employees bring to work and receive at work. And a satisfied employee is someone that feels engaged, included, valued, challenged, heard. But I think they also offer those things as well.”

Participants said that communication helps to build a unified front or a team. “Satisfaction would be comfort in your own job and with the people you work with...”



“Showing up to work and doing what’s good for the team. Knowing what’s good for them, is good for the team, that we would ask them to do the right thing that is good for patient care...”

Once you have commitment, there is willingness to do what is needed to get the job done.

“When everybody knows what they are doing and is doing it well and communicates that, I think then we can....I think that above all that people are being their human self, their caring self...you know, we are an organization where people cares about other people so as long as that’s high on the list of patient care, being compassionate and caring then we’re going to provide quality services.”

“Commitment is also their willingness to step up to something’s that are a little beyond what they are normally doing, that extra projects. I feel like when I see that happening it’s a commitment to the whole organization rather than just to one department. It’s feeling like they are seeing the bigger picture so that’s how I see that.”

Participants feel satisfied in their job when their input is valued. Feeling valued provides enjoyment in their job which makes them happy.

“You should be happy, happy to get up and go to work...” One participant said satisfaction is visible: “people that enjoy coming to work have a visible expression on their face, and there is no struggle to come to work.”

When the participants were asked to describe quality patient care, their discourse was similar to how they answered the employee satisfaction and employee commitment questions. These responses suggest that participants expect their employer to provide and treat them the same way they expect the employees to treat patients. One participant said, “Sometimes I will have staff say to me, why the people that work here don’t follow the same principles we are

trying to teach our patients on a daily basis?” Commonalities were the need to feel safe, loved, getting their needs met, feeling happy, chance for growth (advancement), and communication.

“That patients get that their loved and well cared for and that we meet all of their needs in order for them to grow and develop into recovery, and they get excited about it. But in order for them to get excited about it, you need to have staff who are top notch and passionate.”

“Giving the patient the best experience during a difficult time. It doesn’t mean that we always give them a yes answer, it doesn’t mean that we always do what we want them to, but it means we give them the best experience while they are here in treatment.”

### **Exclusion.**

The second theme was the opposite of inclusion. “Exclusion” came through clearly in the interviews. The participants were asked how the merger impacted employee satisfaction and employee commitment. Participant’s responses to each of these questions showed two subthemes to exclusion: loss and fear.

### **Loss.**

The subtheme of loss was defined in the following ways; not feeling valued as a result of not being a part of decisions and exclusion from the conversation resulting in a loss of purpose. The common key words that helped identify this subtheme were: communication (lack of), discouraged, disinterested, mistrust, disengaged, disconnected, de-valued, sadness, and grief. Participants said they felt confused about changes during the M&A because of the lack of communication. Participants explained that this lack of communication was preventing them from feeling engaged in their work and on board with the M&A. Participants identified a need to feel a part of these decisions. By being excluded from decisions, they felt devalued and

dispensable. One of the participants reflected on how she had first heard about the merger from a third party. This was incredibly dispiriting for her. There was a sense of loss for not being included, not being informed, and left out. Another participant talked about feeling misled and untrusting of what she heard due to how the merger was initially described:

“There’s that sense of uncertainty, that sense of...I didn’t think we were going to be doing this, there is a sense of demotion, not being included in decisions...you know, in the beginning there was talk of not as a merger but as a collaboration, and this is definitely a merger, this is a dominate organization taking on the smaller organization.”

**Fear.** The participants said not knowing the plan and not being a part of decisions made them fearful. Fear is the other subtheme to exclusion. Fear is described as a feeling of uncertainty and a search for confirmation and validation to secure commitment. The common key words that helped identify this subtheme were: scared, worried, concerned, stressed, afraid, turbulent, anger, and rumors. The participants described a fear of the unknown by all staff at the acquired organization.

“Really the fear of the unknown, is it a takeover feeling or are they here to help us....that’s the unknown.”

Participants said staff felt afraid for their future with the new organization. One participant said they felt like staff were “scurrying around to find out where they fit.”

“There is still that question “how do we fit into this system?” So when you have questions like that and again back to “am I going to have a job?”, “how different is this going to be?”, “will my job be outsourced?”, “what’s going to happen?” I believe that those kind of questions, if people were honest are happening at all levels of this organization right now. So all of this impacts things on a daily basis.”

“It’s been 6 months ago and I still see ripples, I see still see concern, I see paranoia, now just in my own experience, I haven’t had that feeling of I’m going to lose something, but I’ve talked to employees that are fearful that they are going to lose their jobs as recently as today (8/11/14). That my job is going to change and I’m going to be out of a job. So that fear factor is still there and I think that would affect any organization, because as long as your preoccupied with personal feelings of fear or unrest. That’s going to be reflected in the type of work that you do. It would be hard to focus on what you’re doing if you’re fearful it’s not good enough or it’s going to change.”

The uncertainty of whether or not staff will get to keep their job, the fear of wasted time in an organization with no future for them, and the fear of being replaced come through prominently in these conversations. These feelings lead to mistrust and disengagement. One participant talked about how staff are angry about not knowing. She identifies that this could lead to patient safety concerns:

“Our nurses probably have a little shorter tempers and you know....are still trying to figure out what’s going on with them so they may be a little shorter tempered with the patients who might feel it...but when I think of patient care you know I think of my medication errors are up...so I know they are stressed, I know they are stressed out because they, if we looked at that number then it would be evident that there is something going on.”

Not knowing the answers to these questions encourages staff to make up their own conclusions. Participants felt the lack of communication caused a great deal of fear in people, in turn hurting morale. Participants said staff were concerned about the future of the organization. Would the

organization they worked for continue to have the same mission, vision and values? There was a clear concern about the organization and how it might change.

“I think there was a lot of...trepidation, is it going to change is it...is this going to be one of those places that hands out medication to everybody....that came up and then other things about if we were going to drop something or not have the 12-Step philosophy anymore.”

Participants were worried about how this fear could affect patient care. Could this fear filter down to the patients causing patient care to suffer?

“I would think that our unrest even if we tried to hide it is still apparent. Because the patients had to of known what was going on. I don’t know directly, I don’t see the patient’s satisfaction surveys to see if there is any correlation between what they were like last winter as to what they were like before or after but I would think there would be some impact either.... Hopefully not negative but then again if there was fear and discontent and that filtered down to the... know it overcame the professionalism then that wouldn’t have been a good thing.”

**Hope.** The conflict with the changes brought on by the M&A were obvious, but there also appeared to be some recognition of positive aspects and the potential of what the change could bring. The following key words were associated with the theme of hope: mixed bag, positive, negative, up - down, in and out, trade-offs, and losses – gains. Although questioning the M&A, participants had a common theme for hope regardless of past struggles. Some participants described an interesting phenomenon; although the M&A had negative effects on employee satisfaction it brought staff together and made the team a stronger team:

“The first efforts to bring us all together to tell us about it bounded us together but like in a survivor way not a here’s a challenge that we can all work through together it was sort of what’s going to happen you know we, we lived through this announcement and something big is going to happen and we don’t know what it is, we just had too little information, so I think it had a negative effect on employee satisfaction when it was announced.”

Participants said the M&A helped with staff engagement and accountability in some ways:

“Work became a refuge for staff because they knew they could do their work well and they see all...all these things happening with the merger, well at least they know what they are doing in their work.”

“I think there’s been benefits and there’s been a few loses, and a few things gained where, it kind of evens out. Some of the old players who were here that didn’t care anymore are gone which helps with patient care. We have people in medical now that actually care, who actually show up to bed meetings, so I think that’s good. I think we lost a lot of employees that people may have liked but maybe they weren’t that engaged anyway so... Yeah, I think it’s been a tradeoff and I don’t think we’ve... I think if you would ask the patients, they would still give us positive reviews, yeah, so I don’t think it has had any big impact on them yet.”

Participants felt that although there were negative impacts to staff engagement, it caused some staff to truly think about their involvement at the center. This change caused staff to decide whether or not they were going to stay or move on. According to one participant, the M&A helped weed out those who were not committed to the organization:

“On some levels I think that employees became more engaged because they began to recognize that it was going to be a different environment of quality of care versus you’ve been here forever so we are going to give you this job. So I think employee engagement changed that way, and I think on the other side of the spectrum there were employees who maybe had a helpless attitude, nothing can be done, they are bigger then we are and those people kind of laid down so I think it changed on both sides.”

## **Conclusion**

The researcher conducted ten in-person qualitative interviews, in which three major themes, with one major theme having two subthemes. The analysis resulted in the emergence of three major themes, with one major theme having two subthemes: 1) inclusion, 2) exclusion with the two subthemes of fear and loss, and 3) the last theme of hope. All themes are related to employee satisfaction and morale during a M&A. The research participants provided insight into what employee satisfaction, commitment and quality patient care look. The research participants also explained how they felt the merger impacted employee engagement and if quality patient care was affected.

## **Chapter 5: Discussion, Conclusions, and Recommendations**

Work environment has been said to influence an employee's behavior; this psychological environment has been referred to as the organization's climate (Pritchard & Karasick, 1973). During a merger and acquisition (M&A), the organization's culture changes. Staff are responsible for creating the new work environment. If staff are unsatisfied with their job and disconnected with their employer, how is patient care impacted? What type of environment does this create for the organization? Understanding how a M&A impacts employees is key to creating a safe and compliant culture, a culture of excellence. This study examined job satisfaction and commitment as well as quality patient care during a M&A. This study attempted to determine whether or not employee morale led to organization deviance during a M&A.

### **Discussion**

The purpose of this study is to determine what affect a merger and acquisition have on employees in a nonprofit addiction treatment hospital. The first question was what affect does a M&A have on employee satisfaction in a nonprofit addiction hospital? The results from this study showed that employee satisfaction and morale was affected by the M&A. When the participants were asked what employee satisfaction looked like to them they described a supportive environment where staff are committed, engaged and loyal. The participants described a partnership and some referenced words such as "family" and "team." The participants' description of employee satisfaction was similar to their description of quality patient care. When participants talked about quality patient care they talked about a patient's need to feel supported, heard and even "loved." The theme inclusion developed which was defined as an environment where everyone is safe, cared for, part of a partnership where each person is valued for his/her contribution and is recognized for their importance in this group. When asked how the M&A affected employee satisfaction, the participants described the



opposite of inclusion: exclusion. The definition of exclusion was not feeling valued or needed as a result of not being a part of decision, lack of communication, and loss of purpose. Two subthemes emerged in the theme of exclusion; fear and loss. Fear and loss were identified by key words such as: loss, discouraged, mistrust, sadness, grief, demotion and disconnect. Being excluded from their prior partnership or “family” of support brought on fear of the unknown and a fear of where staff would fit into the new organization. This exclusion also brought on what the participants described as loss for what they had prior to the M&A. The participants described not feeling a part of the new organization due to the lack of communication; they described feeling disconnected or “excluded”.

The second question was, does employee morale contribute to organizational deviance during a M&A? The study predicted that low employee morale would contribute to organizational deviance during the M&A. The results of the study showed that staff did not intentionally behave defiantly toward the organization; the hypothesis was not substantiated. The participants reported that although the M&A had impacted staff, staff were still committed to patient care. The participants did say that staff may have unintentionally affected patient care because of the stress, fear and pre-occupation. Participants reported patients “accidentally overhearing” organizational gossip, staff going out on sick leave, an unwillingness to engage in work, and staff resigning from the organization. One participant reported the M&A could have led to higher medication errors.

When the participants were asked what quality patient care looked like to them, the description was similar to how they described employee satisfaction and employee engagement. The theme inclusion was present in the participant’s description of quality patient care. Quality patient care had a core foundation of loyalty to the mission of the organization; loyalty to treat

patients with dignity, respect, and care. The participants described this as being engaged, getting support and, being “loved.” It appeared from the interviews that participants wanted to be treated with the same dignity, respect and care the patients receive.

The participants talked about the M&A being a “mixed bag.” Although the merger brought with it fear and loss there was still discussion from the participants about how the merger was positive. Some things were lost but other things were gained. For example, one participant talked about staff being held to a higher standard which in turn provides better patient care. By merging, the new organization had gained resources and support. The mixed bag seemed to represent hope for what good could come from the M&A. The theme of hope was present when the participants discussed the ups and downs and gains and losses.

### **Conclusion**

The current study sought to examine the impact M&As had on employee satisfaction and morale within a non-profit addiction treatment hospital. The framework of this study was based on the theory that staff build psychological contracts with organizations with whom they are employed. In a non-profit addiction treatment setting, this contract is not only a partnership to some staff but also a life choice. During a M&A organizations undergo many changes to daily operations and to their culture. All of these changes impact staff. Staff are key to the success of a M&A. Without staff support the M&A could fail (Cartwright & Cooper, 1990). When employees are no longer committed, and their “psychological contract is broken” what happens?

This study found that employee satisfaction and employee morale are impacted during a M&A. This impact caused staff to feel excluded and not a part of the new organization. Does deviant behavior happen when staff are excluded? The findings indicated that regardless of the intent, it appears that staff could fall subject to inadvertent or uncontrollable acts that could negatively affect patient care and in turn hurt the organization.

This study was completed during the first year of a M&A with a nonprofit addiction treatment hospital. The participants in this study were new to the M&A and their accounts were organic. An ethical challenge for the researcher in this study was being directly involved in the M&A. The researcher was employed at the organization in this study and knew the participants being interviewed. The researcher had to separate any biases, personal experiences and preconceived notions from the interviews and during the coding process to understand how the participant perceived their experience. There were both positive and negative aspects to the researcher's knowledge in this topic and with the organization. One perspective is the researcher had a unique connection to interview participants due to the commonality of the M&A. This connection could contribute to more genuine responses and emotion to the questions being asked. Another perspective is that this acquaintance could inhibit natural responses, causing participants to be passive and withhold.

### **Recommendations**

This study shows the affects a M&A have on staff and the potential implications to an organization. Healthcare administrators considering a M&A will need to be prepared for how their staff can be impacted and how this impact could affect their business. This study shows how important communication and organizational involvement are to staff. Recommendations for future studies in this area would be a study to determine if M&A contribute to an increase in staff sick days and leaves of absences. Another recommendation would be to determine if M&A contribute to an increase in medication errors with Nurses. Patient safety is a major focus of healthcare delivery today.

Ulrich and Kear (2014) describe patient safety as the foundation of the healthcare delivery system, saying without patient safety little else can be accomplished. In order to provide patients with a safe environment, efforts must be taken by all staff delivering the care.

Singer, Lin, Falwell, Gaba, & Baker (2009, p.400) defined patient safety culture as “the values shared among organization members about what is important, their beliefs about how things operate in the organization, and the interaction of these with work unit and organizational structures and systems, which together produce behavioral norms in the organization that promote safety”. If the values shared among the organization members are unclear the norms in that organization can be skewed. Although the participants in this study proposed that patient care was still a priority during the M&A, there were still several references towards uncertainty for how the M&A will affect organization structures and system. These uncertainties cause question.

The participants in this study suggested that although there was change, this change provided an opportunity to improve quality patient care; hence the theme of hope. The participants suggested that the M&A although change could help provide quality patient care to more patients. In a culture of safety, staff do what is necessary to improve quality care and to change when needed (Institute for Healthcare Improvement, 2014). The participants in this study suggest this M&A could be just that, a chance to improve.

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Appendix A

Email Invitation

From: Training Department  
Sent: Monday, August 11, 2014 11:11 AM  
CC: (Researcher)  
Subject: Participants needed for brief Research Project

*(Name of researcher)* is advancing her education and needs YOUR help.

She is conducting a research project on the “Impact of Merger/Acquisition in a Nonprofit Addiction Treatment Hospital” and she would like to interview YOU!

Please respond to *(Name of researcher)* no later than September 5<sup>th</sup>, 2014 to set up a brief 15 min interview.

*As an added incentive, she’s giving STARBUCKS gift cards to the first 10 people who schedule an interview!! (Oh yes!)*

Appendix B

Qualitative Central Questions:

1. What does employee satisfaction look like to you?
2. How did the merger impact employee satisfaction at Center?
3. What does employee commitment look like to you?
4. How did the merger impact employee engagement at Center?
5. What does quality patient care look like to you?
6. In what ways do you feel patient care was impacted by the merger, if any?

Appendix C  
Consent Form

I am currently enrolled in a Master's program at Regis University to obtain my degree in Healthcare Services Administration. I am doing my thesis on the impact of mergers/acquisitions in a nonprofit addiction treatment setting. The purpose of my study is to determine what affect a merger and acquisitions has on employees in a nonprofit addiction treatment setting. My contact information is (*researcher's email address*) and can be reached at (*researcher's phone number*).

I am asking you to participate in this study because you were employed at a hospital during a merger and have valuable insight that will be used in my study. Your participation in this study is voluntary. Choosing not to participate in this study will not affect your employment at the hospital in any way. All the risks associated with this study are minimal. There is no monetary compensation for being involved in this study, the benefit would be to provide your contribution regarding the merger process which could help other organizations considering mergers and acquisitions as a viable option. To thank you for your participation, you will receive a \$5 gift card to Starbucks.

None of the data collected will be tied to you in any way, your anonymity and confidentiality will be protected. It is your choice to answer each question, if you decide to not answer a question at anytime for any reason, you may tell me and we can go on to the next question. If you decide you would like to stop the interview at any time, this is your choice. By answering the questions asked, you are giving your consent to be involved in this study.

Please feel free to contact my research faculty advisor or the IRB with any questions or concerns regarding my study or your participation. My faculty advisor is (*name of faculty advisor*), she can reached by e-mail at: (*faculty advisor's email address*), the IRB can be reached at: [irb@regis.edu](mailto:irb@regis.edu).

Sincerely,

## Appendix D

Please complete these questions for the study: select the choice that best identifies your answer:

1. How many years have you been employed at this organization?

- ☐ Less than 2 years
- ☐ 2-5 years
- ☐ 5-10 years
- ☐ 10-20 years
- ☐ more than 20 years

2. What is your gender?

- ☐ Male
- ☐ Female

3. In which category is your age?

- ☐ 18-19
- ☐ 20-25
- ☐ 30-35
- ☐ 40-45
- ☐ 55 years or older

4. What is your race?

- ☐ American Indian or Alaskan native
- ☐ Asian or Pacific Islander
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ White/Caucasian/Non-Hispanic
- ☐ Other (please specify)