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Nurses' Aesthetic Responses and Emotional Judgements to Senior Leaders' Symbolism

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Walden University

College of Health Sciences

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Lucinda Easler

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Walden University

2020

Abstract

Nurses' Aesthetic Responses and Emotional Judgements to Senior Leaders' Symbolism

by

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MS, Indiana State University, 2014

BSN, Gardner-Webb University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

August 2020

Abstract

Stress can be heightened during a merger; understanding how acute care nurses who work in a hospital undergoing a merger, experience senior leaders' use of symbolism may help to promote hospital and leader sustainability. Executive symbolism unfolds into aesthetic experience, normally considered a response to art, with few studies of its existence and benefit to organizational life. The purpose of this phenomenological-hermeneutic study guided by Parker's aesthetic theory was to examine acute care nurses' emotional responses and experiences with senior leaders' use of executive symbolism in the midst of the organizational change. Interviews with 11 acute care registered nurses were recorded and transcribed then used with field notes to begin Ricoeur's 3-phase manual qualitative analysis process. Finally NVivo was used to organize the themes identified, and aesthetic theory used to guide interpretation of the results. Results revealed 4 themes indicating that nurses experienced senior leader symbolism aesthetically: (a) branding, (b) allocation of resources, (c) restructuring maneuvers, and (d) leader connection. Findings suggest that aesthetic experiences and emotional judgements of acute care nurses are heavily influenced by the symbolism communicated by senior leaders during the chaotic time of a merger. Thus, hospital sustainability and nurses positive emotional experiences may result when senior leaders creatively and intentionally communicate positive aesthetic symbols, thereby promoting positive social change for the nurses, the organization, and the patients served.

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Dedication

...to Debbie. It has been a long journey. It seems as if I have been in school as long as we have been together. Without your love, support and understanding this work would not have been possible. I look forward to a new phase of our life together.

...to my daughters, Kristen & Elizabeth. You both have been a profound inspiration for me. My life's course was altered from the time I became your mother. You both have been an incredible source of motivation and pride. I could not be more proud of the strong, independent women you have become!

...to my sister. You have stood by me through thick and thin and have demonstrated unwavering support for me as person. I would not be the person I am without you as a sister. You mean the world to me. Thank you Sis!

...to my parents. Thank you for instilling in me a desire to learn at a very early age. I remember your encouragement, perseverance, and the way you held me accountable for high marks all through school. I remember the emphasis you placed on academic success. As my parents, you set the groundwork for this accomplishment!

...to my friends and colleagues. Your words of encouragement have meant the world to me. Balancing this work with my professional life has not always been easy. I could not have achieved this goal without your support and words of affirmation so freely given along the way.

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Chapter 1: Introduction to the Study

Executive symbolism is employed by acute care senior leaders to convey meaning to team members (Hambrick & Lovelace, 2018). Drama, emotions, and crises are common in organizational life (Carroll & Smolovic, 2017), and how acute care nurses experience their senior leaders' executive symbolism in context matters. For example, the sustainability of hospitals is threatened by a need to provide high-quality and safe care while managing surmounting financial strains, scarce resources, and widespread market competition (Ding, 2014; Ovseiko et al., 2015). These external pressures force initiatives for organizations and can leave team members within organizations feeling emotionally and cognitively exploited (Dyrbye et al., 2017). For instance, team member stress can be heightened during an acute care merger. Therefore, understanding how nurses, who are critical care providers in acute care organizations, experience senior leaders' use of symbolism may help hospitals provide high quality care to patients and provide a supportive work place for nurses (Hambrick & Lovelace, 2018; Sung et al., 2017; World Health Organization [WHO], 2019). This study provided an opportunity to listen to the voices of acute care nurses as they shared their aesthetic experiences with executive symbolism during a merger.

In Chapter 1, I discuss an overview of a concept called *the aesthetic experience* and underscore its relevance in determining a nurse's willingness to follow senior leaders through an acute care system merger. I provide an explanation of the problem, rationale,

purpose of the study, nature of the study, aesthetic theory, definitions of terms, assumptions, limitations, scope and delimitations. I end with the significance this study has in creating positive social change in an acute care setting facing a merger.

Background

Aesthetics and aesthetic experiences are not typically discussed in traditional leadership literature (Shrivastava et al., 2017) but have been addressed in nursing. Aesthetic experience, according to Carper's (1978) seminal work, involves the appreciation of a subjective expression, capable of representing both reality and imagined possibility. The aesthetic experience assures human survival by supplying consistent aid in decision-making about what to follow and what to abandon in a much broader sense (Shrivastava et al., 2017; Xanakis & Arnellos, 2015). The aesthetic experience also captures the creative process of discovery via the empirical and is what makes nursing an art (Carper, 1978). Thus, the "aha" moment for a nurse occurs after experience with and the observation of a patient forms a meaningful and whole understanding. The nurse interprets patient behaviors and responses and then tailors these interpretations into patient-centered care (Carper, 1978).

Aesthetic experience also becomes relevant for acute care nurses as they are faced with rapid change initiatives and immersed in environments that are often task-focused rather than focused on traditional caring values (Ding, 2014; Eriksson & Naden, 2018; Kelly & Porr, 2018; Ovseiko et al., 2015). If the aesthetic experience helps the nurse

unify actions with outcomes (Carper, 1978; Siles-Gonzalez & Solano-Ruiz, 2016) in patient care, then the aesthetic experience may infuse emotional responses and draw out meaningful impressions. The same “aha” moment may be created when interpretations are tailored into a response to executive symbolism and aid the nurse in understanding senior leaders and the messages they try to convey.

This phenomenological-hermeneutic qualitative study aimed to make a unique contribution to acute care leadership by revealing the aesthetic experiences of nurses and the role these experiences might play in the sustainability of both acute care organizations and the senior leaders who lead them. Senior leaders employing executive symbolism need to pay attention to how symbols are conceptualized, designed, delivered to, and interpreted by acute care nurses. Significant work around aesthetics and the aesthetic experiences of nurses may yield understanding that helps assure safe and high-quality care through the important and unique role nurses play in acute care organizations (Piper & Schneider, 2015; WHO, 2019). But an extensive search of the literature revealed a lack of empirical evidence of nurses’ aesthetic experiences in response to executive symbolism during intense organizational change, which is discussed in more detail in Chapter 2.

Problem Statement

Mergers can cause high anxiety for team members as they ponder the consequences for the organization and themselves (Sung et al., 2017). Team members’

response to an acute care organization's merger can impact its success; thus, senior leaders must be able to convey both organizational and personal benefits in a way that builds organizational identification and attachment for team members (Sung et al., 2017). Executive symbolism is often used by leaders as a way of shaping team members' emotions and affects, with the aim of reducing uncertainty and providing directional cues (Hambrick & Lovelace, 2018). Repeated phrases, metaphors, and slogans are examples of executive symbols in addition to restructuring maneuvers and the allocation of resources (Hambrick & Lovelace, 2018). Leaders provide direction, guidance, and activity structuring for their teams via symbolism, and team members allow the leader to exercise influence (Cosar et al., 2019; Hambrick & Lovelace, 2018; Yakubu, 2017).

Further, the behavior that senior leaders model influences hospital culture (Brunetto et al., 2016; O'Connor & Carlson, 2016), but the way a team member experiences senior leaders' executive symbolism may be as important (Hambrick & Lovelace, 2018; Leung et al., 2018). The quality of care patients receive is directly impacted by the culture that exists within the acute care organization (O'Connor & Carlson, 2016; Zall, 2016). Patient outcomes are better in settings where nurses are happy and supported (Brunetto et al., 2016; Dasgupta, 2016; Heyhoe et al., 2016; WHO, 2019).

Despite the importance of team members' responses to changes in the environment, it is easy for senior leaders to focus on external forces and not on organizational culture or team members (Shanafelt & Noseworthy, 2017). But the

complexities of an acute care organization's culture combined with an incomplete understanding of how team members interpret and assign meaning to senior leaders' symbolism can impact lives (Hambrick & Lovelace, 2018; O'Connor & Carlson, 2016). How a senior leader moves any team member to action is significant during a hospital merger (Sung et al., 2017). Further, nurses make up nearly 50% of the healthcare workforce and are critical actors when it comes to providing safe and efficient care to society (WHO, 2019). Yet only a small portion of literature on leadership, or about one out of every 60 articles in the medical literature, has addressed team members (Leung et al., 2018). Understanding aesthetic responses, assigned meaning, and emotional judgements acute care nurses have in response to senior leaders' executive symbolism during an acute care system merger may help explain why nurses respond the way that they do.

Purpose

The purpose of this qualitative phenomenological study with hermeneutic interpretation was to provide an understanding of how nurses within acute care teams experience senior leaders' executive symbolism during major organizational change, which can reveal knowledge for sustaining acute care organizations during turbulent times. Senior leaders in acute care hospitals must motivate nurses to meet the demands for high-quality and safe care despite the barriers created by rapidly changing practice environments. Moreover, senior leaders must do this in times of financial strain, scarce

resources, and widespread market competition (Ding, 2014; O'Connor & Carlson, 2016; Oveseiko et al., 2015). Team members want to know senior leaders' intentions during mergers, but clues to intentions are often scarce and conveyed through symbolism (Cosar et al., 2019; Hambrick & Lovelace, 2018).

By revealing the aesthetic experience of acute care nurses, this study can provide an improvement to what could, through executive symbolism, meet the needs of senior leaders as they attempt to lead acute care nurses through a hospital merger. Nurses' experience with senior leaders' symbolism and the meaning they assign to it is essential when it comes to ensuring success of a hospital merger (Piper & Schneider, 2015; Sung et al., 2017); thus, understanding how senior leaders influence nurses' attitudes becomes critical. Connecting random human behavior to purpose and vision is a primary function of leadership (O'Connor & Carlson, 2016). A meaningful connection between senior leaders' executive symbolism and aesthetics may help inspire and retain nurses adept at meeting the pressures faced by organizations. Uncovering how senior leaders affect nurses' behaviors through aesthetic experience may help leaders engage with meaning (Purg & Southerland, 2017). This study thus provides an empirical account of acute care nurses' aesthetic experience, which has significant professional implications in terms of how nurses were perceived, organized, respected, and understood during an acute care system merger by the leaders charged to inspire them.

Research Question

The research question for this study was “How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders’ symbolism during intense organizational change?” The focus of this work was what transpired between senior leaders and nurses with the hope of creating an understanding of the role aesthetics and emotional judgements could play in an acute care organization during a merger.

Theoretical Foundation

The theoretical foundation for this study was based on aesthetic theory as presented by Dewitt H. Parker (1920/1976). This theory offered a lens in which nurses’ experiences with senior leaders’ executive symbolism could be examined, as aesthetic theory suggests that the phenomenon goes beyond cognition to emotional experience. An aesthetic approach allowed exploration into how nurses assigned meaning through their senses. In this study, I sought to identify how senior leaders made nurses feel. Aesthetic theory also permitted the use of executive symbolism to be viewed as an art form (Hambrick & Lovelace, 2018; Koivunen & Wennes, 2011). Aesthetic theory suggests that appreciation of the arts results from receiving personal, direct, and sensed experiences from the art itself (Dewey, 1934/2005; Parker, 1920/1976). Using this theory as the foundation of the study, I sought to identify what transpired between senior leaders and nurses when executive symbolism was used to convey messages.

Meaning assigned through aesthetic evaluation offered a way for understanding why nurses took or refused certain actions and followed or refused to follow specific individuals. Additionally, aesthetic theory helped to interpret the experiences nurses had in response to their senior leaders' symbolism during a hospital merger. A more detailed explanation of aesthetic theory follows in Chapter 2.

Nature of the Study

This study was based on a social constructionist epistemology, as meaning was thought to be constructed through the aesthetic experience. I used a phenomenological qualitative approach with hermeneutic interpretation to answer the research question. Participants engaged in face-to-face interviews, which elicited a narrative account of the nurse's experiences, responses, assigned meaning, and emotional judgements in response to executive symbols. A narrative interview approach allowed participants to make sense of their aesthetic experiences through telling their stories while disallowing me to lead the agenda. Narratives emerged from participants' life stories on what they found to be important (Muylaert et al., 2014). This work was phenomenological because of its attempt to discover and illuminate the essence of the nurses' experience (Patton, 2015). A phenomenological study helped establish an awareness among nurses and senior leaders and to create substance for dialogues in which to discuss how senior leaders' executive symbolism impacted nurses both professionally and personally in an acute care hospital system. Hermeneutic interpretation also provided context and meaning (Patton, 2015;

Ricoeur, 1976). The nature of this study supported a guiding philosophical principle behind using phenomenology in nursing research in that the experience is best understood through the eyes of those who have lived it (Denzin, 2016; Matua, 2015).

Definitions

The following terms are defined for clarity.

Aesthetic experience: An aesthetic experience is a regulatory process that joins the brain/body to an object and prepares him or her to act in pursuit of organizational goals (Xenakis & Arnellos, 2015).

Aesthetic response: The initial aesthetic response is the first part of the structure of aesthetic experience and rests primarily on vision and sound. These two senses convey thoughts and feelings, communicate life, and possess feeling-tones (Parker 1920/1976).

Assigned meaning: Assigned meaning is the product of sensemaking (Parker, 1920/1976). Sensemaking is a process of social construction, where an individual interprets and explains the information they receive in order to form a plausible view of the world and enables action (Gioia & Chiltipedi, 1991; Lockett et al., 2014). Sensemaking is dependent on an individual's context, position, history, and background (Lockett et al., 2014; Parker, 1920/1976) and is both ongoing, retrospective, and intertwined with the individual's "lived experience" (Lockett et al., 2014; Parker, 1920/1976; Weick, 1995).

Emotional judgement: Emotional judgement is the culmination of the aesthetic experience (Parker, 1920/1976). Dewey (1934/2005) described an emotion as being to, from, or about an object, whether fact or idea. The emotional judgement given to the object is implicated by the situation, in which the self is moved.

Executive symbolism: Language, action, or behavior taken by a senior leader with the intention of sending a message during large-scale organizational change (Hambrick & Lovelace, 2018) and was viewed as an art form capable of creating emotions and eliciting aesthetic responses.

Merger: The coming together of hospital systems in hopes of reducing costs, increasing bargaining power, and securing talented team members (Rosko et al., 2018).

Senior leaders: For the purpose of this study, senior leaders were defined as individuals serving in positions above the title of director at both campus and system levels.

Assumptions

Assumptions were based in the facts of experience thought to be true but not demonstrated to be so (Denzin, 2017). I made several assumptions when I started this study. The primary assumption was that nurses experience their leaders' symbolism aesthetically. Another assumption was that all nurses would share their experiences honestly and completely and become more aware of their own participation in the phenomenon by talking about it (Muylaert et al., 2014; Ricoeur, 1976; Simony et al.,

2018). I also assumed that there would be different aesthetic emotions and responses for nurses in acute care organizations because of the context imposed by both internal and external factors (Piper & Schneider, 2015; Zall, 2015). I also assumed that acute care nurses would be interested in participating in the study and that privileging the perspectives of nurses would allow exploration into how executive symbols were experienced, a phenomenon that had not been aesthetically explored in the literature. Further, I assumed that narrative interviews would provide the most useful information to draw conclusions. The research question reflected the intention to highlight the aesthetic experiences of acute care nurses and to undergird an understanding that would help senior leaders tailor executive symbolism in the future. Lastly, it was assumed that this work would lay the foundation for future endeavors, both qualitative and quantitative.

Scope and Delimitations

Scope and delimitations were defined by my decisions made at the onset of this exploration. A delimitation for this study was that nurses in the study were all acute care nurses selected from one academic medical center in a merging healthcare system. The participants may not have fully represented the norm for all nurses across the entire healthcare system or outside of the organization. Another delimitation of this study was that the data were confined to the perceptions of acute care nurses as they endured a major hospital merger, as I had interest in the aesthetic experiences that occurred during times of intense organizational change. Perceptions may vary across other hospitals and

cultures and at different levels of change. Additionally, because I chose a phenomenological inquiry, the work yielded one interpretation of the aesthetic experiences of acute care nurses. Findings may not be applicable for all acute care organizations, as factors related to aesthetic experience were driven by context.

Nurses in an acute care organization undergoing a hospital merger were the target group of interest. The sampling strategy for this endeavor was criterion sampling in which nurses from the hospital campus were eligible. The sample for this phenomenological study included 12 participants. It was not possible to know the right number a priori because the sample size was determined by data and theoretical saturation (Grossoehme, 2014). The sample size could have been adjusted once the iterative process of data analysis was underway.

To be eligible for this qualitative study, the nurse had to be employed by the acute care organization for at least 3 years and throughout the study. Exclusion criteria for this study was a departure from employment, less than 3 years of service or working within the behavioral care service line. The more inclusion and exclusion criteria existed, the more homogeneous the sample would become (Robinson, 2014). A homogeneous sample was not desired, as senior leaders must reach a diverse population, and the sample should be no more restricted than employment criteria; thus, employment status became the essential criterion. More information about participants is provided in Chapters 3 and 4.

Limitations

Limitations encompass the potential weaknesses of the work. One limitation of this scholarly work was the small sample size. Based on recommendations for phenomenological studies, 12 participants were sufficient to achieve data saturation (Patton, 2015); however, a sample this size might not have produced findings transferable to nurses working in other acute care organizations. To counter this limitation, I provided thick sensory descriptions in the reporting of findings (see Taylor & Hansen, 2005; Zajchowski & Rose, 2018). These descriptions will allow readers who review the work's findings to judge the findings' relevance and applicability to their own organizations.

Another limitation of this work could be associated with its qualitative design, which does not allow for analysis of statistical relationships between variables. Although a quantitative design might have allowed examination of correlational or causal relationships between key concepts of the work, this work was focused on finding depth of meaning (Patton, 2015). The potential benefits of this qualitative design, a phenomenological study with hermeneutic interpretation, undercut these perceived limitations. The use of narrative interviews within a qualitative analytic process allowed for greater detail and yielded richer, more complex findings.

Having worked as a nurse for 22 years, and as a nurse leader for this acute care organization for 11 years, there may have also been some conscious and unconscious bias, especially as it related to the merger. At the time of data collection, I continued my

role as a nursing director of the behavioral care service line at an affiliate hospital and was privy to organizational knowledge. However, no participant directly or indirectly reported to me, though I may have had certain beliefs or expectations of both senior leaders and nurses. To combat this potential limitation, I acknowledged biases related to the research questions via reflexive journaling throughout the process of the interviews, data analysis, and the interpretation of findings.

Significance and Implication for Social Change

This research filled a gap in understanding by focusing on the experiences, judgements, and the emotions created in nurses by their senior leaders' symbolism during a hospital merger. This project was unique because it addressed an under-researched area of leadership (Sung et al., 2017) in a time where mergers and acquisitions have become commonplace for acute care leaders (Ovseiko et al., 2015). One hundred and fifteen healthcare mergers and acquisitions occurred in the United States in 2017 with similar rates projected for 2018 (Rev Cycle Intelligence, 2018). The results of this study may render senior leaders more critical, relevant, and salient during forced organizational change.

This qualitative study may lead to positive social change by (a) influencing how senior leaders share and convey critical messages to nurses by way of symbolism in the acute care setting during periods of intense organizational change, (b) creating a healthcare organization capable of engaging nurses and meeting care demands placed on

it by society even in tumultuous times, (c) providing crucial knowledge on how to bring forth desired aesthetic experiences, assigned meaning, and emotional judgements in nurses. Aesthetic experience, achieved through executive symbolism, may help senior leaders develop deeper relationships with nurses (see Hambrick & Lovelace, 2018).

Summary

The success of acute care organizations and the senior leaders that lead them depends on the performance of team members (Sung et al., 2017). Despite the fact that team members are nearly 80% of the healthcare workforce (Leung et al., 2018) who provide safe and efficient care to society, researchers have not examined aesthetic responses, assigned meaning, or emotional judgements in response to executive symbolism during hospital mergers. To address this gap in the literature, the purpose of this qualitative phenomenological-hermeneutic study was to explore the aesthetic experiences of nurses amid organizational change. Aesthetic theory was used to guide the inquiry and analysis for this scholarly work, which involved narrative interviews with 12 nurses from an acute care academic teaching hospital undergoing a hospital merger. The findings of this study may be used to shape practice and further refine how senior leaders use executive symbolism.

In this chapter, I introduced the research topic highlighting the aesthetic experience of nurses, in response to executive symbolism being used as medium for conveying messages during an acute system merger. I provided the background, problem

statement, and purpose of conducting a qualitative phenomenological-hermeneutic study that explored the experiences and perceptions of acute care nurses living and working through a hospital system merger. The next chapter will provide a comprehensive review of the literature.

Chapter 2: Literature Review

Introduction

Acute care leaders are expected to lead their organizations and nurses through initiatives and external pressures (Ding, 2014; Kelly & Porr, 2018; Ovseiko et al., 2015) such as market volatility, heightened competitiveness, and pay-for-performance programs. These demands are not unique to acute care organizations, with many businesses operating in a world which is volatile, uncertain, complex, and ambiguous (Schoemaker et al., 2018). But in acute care organizations these types of environments create task-focused workplaces for nurses, which may diminish the value of quality care or basic nursing values of service and respect for life (Eriksson & Naden, 2018; Kelly & Porr, 2018).

The purpose of this qualitative study was to provide an understanding of how nurses experience executive symbolism in an acute care organization during a merger and to reveal how organizations and those who lead them can be sustainable. It is important to investigate acute care mergers and their impact on nurses. Understanding the lived experiences of nurses placed into this context was done by collecting their stories. Understanding how an individual experiences a leader is especially important during a hospital merger (Sung et al., 2017). The outcomes of this study contribute to the literature regarding nurses' aesthetic responses, assigned meaning, and emotional judgements

during organizational change by offering a unique perspective that acute care leaders can use as they help nurses confront unpredictability.

Chapter 2 continues to lay the foundation for the inquiry and includes a description of literature search strategies and an extensive review of aesthetic theory and aesthetic experience. Additionally, Chapter 2 contains an exhaustive review of the literature relevant to the research question, problem statement, and meaningful concepts. In the review of the literature, I discuss dimensions of philosophy along with acute care leadership and provide context for the combination of aesthetic experience and significant organizational change. Aesthetic experience in this study was used as a way of understanding and attending to nurses' aesthetic responses, assigned meanings, and emotional judgements of executive symbolism in an acute care organization. This chapter concludes with a review of situational context due to its role within the phenomenon of interest.

Literature Search Strategy

The literature included in this review was primarily from 2014 through 2019. I performed Internet searches for articles using various databases accessible through the Walden University Library: Academic Search Complete, MEDLINE, CINAHL Plus, Business Source Premier, PsycINFO, and ProQuest. Keywords used for this search included *nursing*, *nurses*, *symbolism*, *aesthetic(s)*, *mergers*, and *nursing leadership*. Through this process, I identified 1,183 pieces of literature, which I then categorized

according to whether they referred to aesthetic experience or responses, emotional judgements, assigned meaning, symbolism, nursing, or acute care leadership. Seminal and foundational works prior to 2014 were identified and added through references noted in the literature to round out this comprehensive review. For this review, I read 233 journal articles and three books in full text, which eventually resulted in 63 scholarly articles and three books being included in this review.

In general, I excluded literature and research published outside of the 2014 to 2019 with the exception of works that I determined were seminal and foundational through initial readings and that established the philosophical roots of the aesthetic experience. Aesthetic responses, assigned meanings, and emotional judgements to executive symbols could not be understood without first understanding aesthetic experience. After discarding sources that were replications, not in English, not peer reviewed, or not implicitly encompassing the phenomenon of interest, 63 scholarly articles remained.

The first section of this chapter unveils the theoretical foundation for this work. The succeeding sections review key concepts of aesthetic theory: aesthetic response, assigned meaning, and emotional judgements. Following the overview of major concepts, the next section explores executive symbolism. Works included in this review included one or more of these concepts.

The Theoretical Foundation

The theoretical base for this study aligned with aesthetic theory (Beardsley, 1969; Dewey, 1934/2005; Evans, 2016; Lopes, 2015; Parker, 1920/1976; Santayana, 1896/2010; Walton, 1993) and provided the framework to examine nurses' experiences with senior leaders. Aesthetic theory is focused on the aesthetic experience, which occurs when an individual is in a specific time and space, when mental activity is almost entirely focused and united with an object, and when the individual is made to feel emotion by being tied to that object with qualities sensuously presented or imaginatively constructed (Beardsley, 1969). This approach allowed exploration of how nurses assigned meaning through their senses—that is, how senior leaders made nurses feel. Based on the theory, appreciation of the arts results from receiving personal, direct, and sensed experiences from the art itself, which can apply to what transpires between leaders and nurses. The meaning assigned through aesthetic experience offered a way of understanding why nurses took or refused certain actions and followed or refused to follow specific leaders. Additionally, aesthetic theory helped to interpret the experiences nurses had in response to their senior leaders during a hospital merger.

I selected Parker's (1920/1976) aesthetic theory as the basis of this scholarship. Parker argued that every individual has some sense of what he or she finds beautiful or aesthetically pleasing and his or her own appreciation for certain sights and sounds. Sensations attach to feelings as the observer pursues understanding of an object. Feelings,

loosely defined as moods, evolve into ideas and evoke more specific emotions. Once received, the person's mind can retain and survey the representation that arises from different senses. It is through the communication of expression that ideas and thoughts gain coherence and be incorporated into an aesthetic experience. Aesthetic experience can be vague or direct. In some cases, the natural resonance of an object is insignificant and too diffused to produce a genuine emotional response, and only a feeling or mood results (Parker, 1920/1976). When the connections between feelings and sensations are stronger, the aesthetic experience becomes more direct and emotional. The greatest pleasure for the observer comes when he or she finds meaning in the object, and this culminates into emotional judgements (Parker, 1920/1976). Parker's concept of aesthetic experience included harmony, balance, evolution, proper reduction, and exactness in any presented details of an object, which were applied to painting, prose, music, literature, and architecture. Here, I applied Parker's work on aesthetic theory to executive symbolism.

Additionally, De Almeida Vieira Montereiro et al. (2017) reflected on the aesthetic experience in the context of biotechnology and nursing. By confronting what could be perceived as an unavoidable disruption and disintegration of traditional nursing care by way of digital revolution, De Almeida Viera Montereiro et al. stressed the aesthetic dimensions of nursing to include the perception of balance, rhythm, and unity. The authors' declarations around nursing aesthetics aligned with Parker's work and

accentuated the importance of preconceived expectations, which offered a soft connection to this scholarship. Stronger connections were drawn between De Almeida Vieira Monteiro et al.'s emphasis on the relational contexts surrounding the aesthetic experience and the appearance of similar conditions of disruption and disintegration of traditional nursing care during acute care mergers.

Psychological Model

The framework for analysis rested on psychological processing just as Parker's philosophical work on aesthetic theory did. Leder and Nadal (2014) suggested a descriptive information-processing model for aesthetic appreciation and judgement that was presented 10 years prior by Leder, Belke, Oeberst, and Augustine (2004). Leder and Nadal's built on the earlier model to elaborate on the psychological processes that allow humans to experience and value diverse objects and phenomena, ranging from utensils and products to people to the environment in aesthetic terms. Both models were used to examine psychological mechanisms and contextual dimensions that enable humans to engage with and judge objects while absorbing and individualizing them as socially meaningful experiences. Based on this model, aesthetic experiences do not begin at the time of perception but a priori profoundly shaped by social expectations, anticipations, and orientations in a context that alters the status of an object. In other words, Leder and Nadal argued that humans' experience of an object—and their behaviors toward that object—are not independent of time or space, as situational context matters. This theme

continued in Brieber, Nadal, Leder, and Rosenberg's (2014) work, where they asserted that aesthetic experience is evolving and involves an elaborate interaction between perception, attention, memory, decision-making, affect, and emotion created by context.

Two years after Leder and Nadal's (2014) work, Pelowski, Markey, Luring, and Leder (2016) slightly altered the Leder and Nadal model and re-presented five stages, which followed the perceiver's initial pre-classification of the object in its situational context. The first stage begins when the object is perceived and analyzed with low level processing. Qualities such as complexity, contrast, symmetry, and order are considered during this first stage. Then the second stage of implicit memory integration occurs when the object is processed under the influence of the perceiver's previous experiences, feelings, expertise, and familiarity. The next stage is a type of explicit classification, where conceptual and artistic factors are pondered and influenced by the perceiver's existing knowledge and taste. The fourth stage includes meaning making with both art-specific and self-related interpretations, and again draws in feelings, personal memories, and experiences. The fifth and final stage is an evaluative stage, which culminates into aesthetic and emotional judgements. The significant outputs of the model were aesthetic appraisal and affect (see Figure 1). Pelowski et al. argued that assigning meaning is what makes an experience an aesthetic experience.

Leder and Nadal's (2014) model portrayed by Pelowski et al. (2016) fits this scholarship and aesthetic theory because it emphasized social discourse and situational

context. Though the language around the different stages differs from some of the concepts I discuss, the descriptions are similar to Parker' principles of aesthetics. The relevancy of this psychological model became clearer as this work progressed and interpretation unfolded.

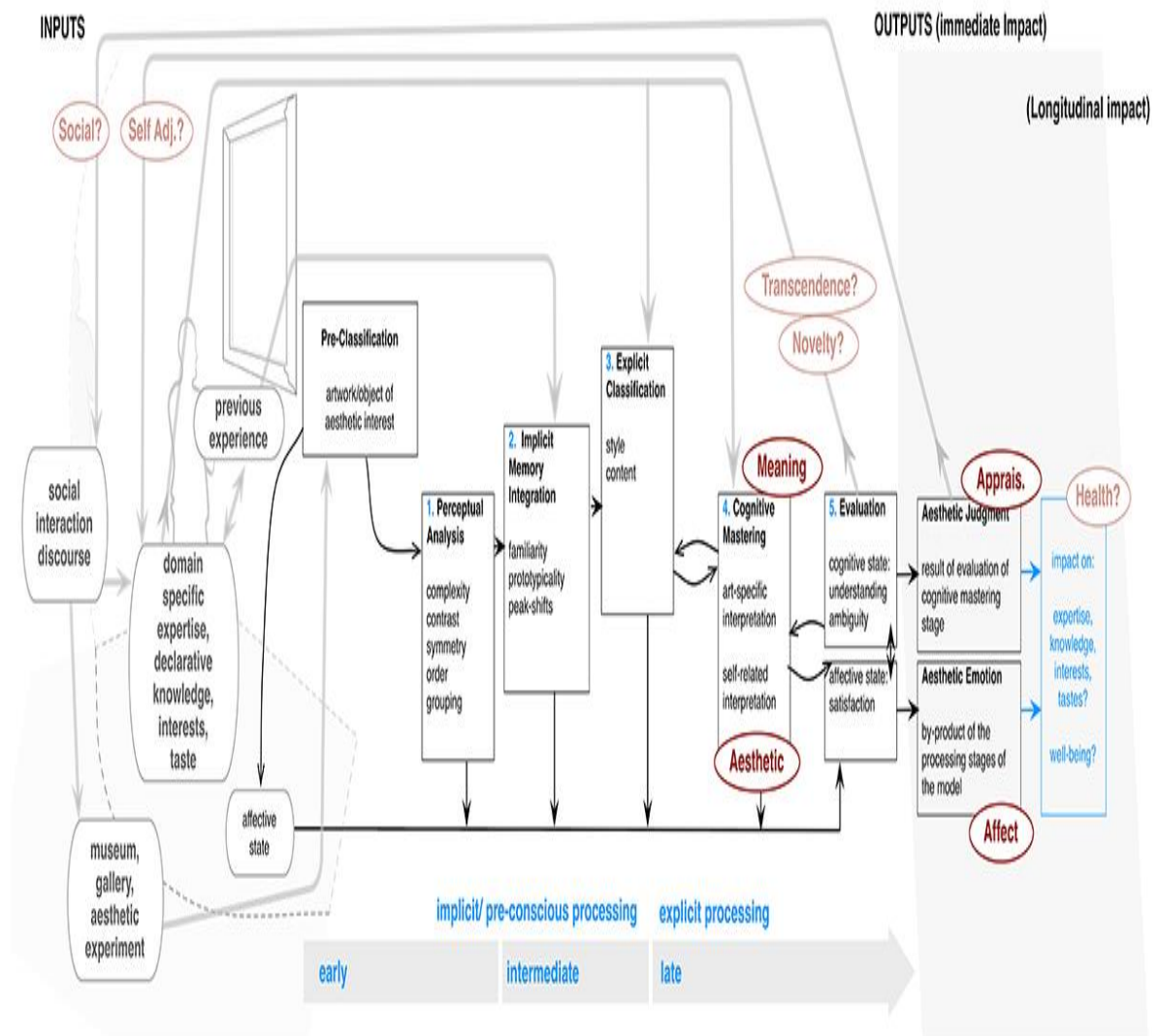


Figure 1. Psychological model. Reprinted from “Visualizing the Impact of Art: An Update and Comparison of Current Psychological Models of Art Experience,” by M. Pelowski, P. S. Markey, J. O. Luring, and H. Leder, 2016, *Frontiers in Human Neuroscience*, 10, p. 9.

Literature Review Related to Key Concepts

Applicable work regarding nurses' aesthetic experiences was found lacking among the various databases accessible through Walden University's library: Academic Search Complete, MEDLINE, CINAHL Plus, Business Source Premier, PsycINFO, and ProQuest. Work involving aesthetics is mentioned, but no literature regarding nurses' aesthetic experiences in response to executive symbolism in the time surrounding an acute care merger was discovered in this review of the literature. Art, aesthetic experience, and executive symbolism surfaced as related key variables and formed the lens for inquiry.

Art

Art gives the experience of things, purified for contemplation (Parker, 1920/1976; Santayana, 1896/2010). Parker described art as expression and communication of thoughts and feelings that can be experienced by another. According to Parker's principles of aesthetics, every piece of art is an expression, but not every expression is art. Art is communicable, with every element combined to achieve its end. Parker reinforced art as being a sensuous medium capable of moving and pleasing the perceiver, such as is found with notes and tones in a piece of music or colors and lines in a painting. With this in mind, the connection between art and executive symbolism was made.

The advantage of art is its ability to create more valuable and rousing objects than exists in real life and to free and at the same time, control the notions of them (Parker,

1920/1976). Parker's view differed from scientific approaches, as the author asserted that science is an expression comprised of thoughts aimed only at describing objects.

Scientific expression in itself is not beautiful, because accurate and careful descriptions of objects do not convey emotion. Science is intentionally objective and can only become art when the scientist chooses to express concepts of human significance, as is the case when science participates in emotional experiences that are capable of moving the heart (Parker, 1920/1976). Parker accentuated this by contrasting a botanist's description of a flower to the artist's painting of one. While both may offer a description, only the latter is capable of becoming an aesthetic experience (Parker, 1920/1976).

Carper (1978) took a similar stance in regard to nursing when she established the four fundamental patterns of knowing. Carper wrote the piece at a time where there was a much emphasis on the science of nursing, and apparent devaluing of nursing as an art. Despite the weight placed on the empirical, there continued a large gap in understanding the how and why of nurses' responses to patient and family needs. Carper included aesthetics as one pattern of knowing and emphasized that it was the experience with a patient that formed a meaningful and whole understanding. Only with this understanding was the nurse able to come to the right conclusions. The similarities between Parker's and Carper's summations regarding the inadequacies of pure empirical approaches supported this work, as aesthetic theory provided an augmenting perspective for interpreting how acute care nurses experience executive symbolism.

Siles-Gonzalez and Solano-Ruiz (2016) conducted a recent theoretical reflection on *sublimity* and *beauty* through the lens of nursing aesthetics and aimed to identify beautiful and sublime moments of nursing care. The authors framed nursing as an ancient art and a modern science and placed emphasis on the realization that nursing is an art enacted on the most valuable of mediums--human beings. In their analysis, Siles-Gonzalez and Solano-Ruiz described aesthetics as the logic of sensation, a product of the decision-making process a nurse uses when applying care in response to the exchange of looks, words, and feelings with patients during clinical interactions. The authors expressed that nursing aesthetics has to do with viewing the patient from a scientific and artistic perspective and asserted that nursing aesthetics is produced from all the perceptions and feelings that arise from providing care. According to Gonzalez and Solano-Ruiz, it is the interaction between patient and nurse, whereby the senses influence the interpretation and execution of nursing acts. The authors offered a significant contribution to this scholarship for if the aesthetic experience exists in the space between nurse and patient, then there existed a need to explore the space between nurse and senior leader.

Aesthetic Experience

During the 19th and early 20th century, aesthetic experience drew interest, and achieved cultural importance and an almost religious intensity, as society looked for something to counter a cold and materialistic world, damaged by industrialization

(Shusterman, 1997). A plethora of literature viewed the aesthetic experience as a response to art, but it was Dewey that worked to connect the aesthetic experience with the normal process of living (Dewey, 1934/2005; Shusterman, 1997). Dewey viewed aesthetic experience as not just experience, but an experience because it is during an aesthetic experience that all human faculties (cognitive, emotive, and sensual) are enticed. It was also Dewey that attempted to expand aesthetics to include the felt experience of living, which permeates life (Dewey, 1934/2005; Ladkin, 2015). In his seminal work, *Art as Experience*, Dewey suggested that the understanding of aesthetics could only come from the examination of objects through the eyes and ears of man, and the consideration of what aroused his interest and held his attention.

Recently, Renosa (2016) explored the lived experiences and aesthetic expressions of research nurses while she focused on the ethical caring of human subjects. Renosa used a hermeneutic phenomenological approach and assumed that research participants would have a myriad of perspectives, intrinsic depths, unique and malleable experiences, and constructed realities based on their lived experiences. Renosa used purposive sampling and conducted semi-structured interviews with 10 research nurses, produced field notes, and asked the nurses to create an object of aesthetic expression. The author's textual analysis resulted in three themes, ultimately coined as the knowing-doing-valuing systems of co-creation. Renosa's work emphasized the many ways of knowing embraced by nursing, as nurses attempted to understand aspects of arts, humanities, and the clinical

sciences essential for practice. The author underscored the importance of critical reflection in that it moved cognition into adaptation and action. Renosa also pointed out that meanings were intertwined, interrelated, and dynamic and that assigned meanings moved toward intentional doing. A key takeaway from Renosa's work was the attention the author placed on assigned meanings and their influence on the nurses' ability to choose ethically right decisions and to respond effectively to their human subjects. This same phenomenon existed for nurses as they experienced senior leaders' symbolism.

Beardsley (1969) painted the aesthetic experience as a unique state of mind and related it to listening to music or watching a film. The author suggested that the participant came to both experiences, either listening or watching, with *a priori* expectations, and when those pre-formed expectations were fulfilled the participant felt satisfied. Beardsley went on to say that the experienced object demanded intense focus and all distractions seemed to dissipate. An aesthetic experience is a regulatory process that prepares the perceiver to act (Xenakis & Arnellos, 2015). Understanding that aesthetics encompassed the sensory, felt, embodied, relational and knowledge components of experience, it was safe to assume that scholars might be interested in embracing aesthetics as they attempt to understand the drama, emotions, and crises that occur in organizations (Carroll & Smolovic, 2017), especially as experienced during an acute care system merger. Dewey (1934/2005) was adamant that how something is experienced is determined by life's context.

Aesthetic Responses

The initial aesthetic response to art is the first part of the structure of aesthetic experience. Parker (1920/1976) categorized vision and sound as the true aesthetic senses. Painting, sculpture, and architecture are visual arts, and music and poetry are arts of sound. Vision and hearing, touted Parker, convey thoughts and feelings and communicate life and possess feeling-tones. Parker argued that in most all cases, connections remain largely dependent on vision or rather on what we see and lay witness. Aesthetic responses are internal responses and capture felt emotions (Schubert et al., 2016). The order becomes, *I see, I experience, and then I feel*, or *I hear, I experience, and then I feel*.

Nothing in the environment is objectively impressive but is only impressive when it reaches the emotional fiber of the beholder and finds paths to the brain and heart (Santayana, 1896/2010). Thus, what runs counter to aesthetic experience is not practical matters or intellectual thinking, but rather humdrum monotony or that which yields to rules in practice and intellectual procedures (Dewey, 1934/2005). It is not the intention of the artist that becomes most important; it is the observers' orientation toward the object (Evans, 2016). Perception is a kind of expression, the process of mind in which meanings are processed into sensations open to interpretation (Parker, 1920/1976). Parker shared that not all perceptions are beautiful but become beautiful when they embody feelings and awaken reactions, as occurs with assigned meaning.

Assigned Meaning

The structure for aesthetic experience permits the initial aesthetic response to merge into the concept of assigned meaning. Assigned meaning is considered the product of sensemaking. Sensemaking is a process of social construction, where an individual interprets and explains the information they receive in order to form a plausible view of the world and enable action (Gioia & Chiltippedi, 1991; Lockett et al., 2014; Sandberg & Tsoukas, 2014; Weick, 1995). Sensemaking is highly dependent on an individual's context, position, history, and background (Lockett et al., 2014), and is both ongoing and retrospective, and hopelessly intertwined with the individual's "lived experience," (Lockett et al., 2014; Weick, 1995). Assigned meaning also encompasses the kind of meaning that informs life through and allows for interpretations of the past and inferences for the future (Vohs, Aaker, & Catapano, 2018). Each person must try to figure out meaning, what effect it may have on them as an individual, and what their role may entail in the future (Gioia & Chiltippedi, 1991; Lockett et al., 2014; Sandberg & Tsoukas, 2014; Xenakis & Arnellos, 2015). This allows assigned meaning to be viewed as the product of sensemaking, such as may occur with the assignment of personally significant interpretations to executive symbolism. Genuine meaning making and association of any work of art, and in the case executive symbolism, is that part of an experience arising from sense stimuli working upon an attentive observer (Parker, 1920/1976).

Lockett et al. (2014) recently examined sensemaking in the context of organizational change and placed emphasis on the tension that is built between what was and what is. Major organizational change requires individuals to act in conscious and less automatic ways (Lockett et al., 2014), a source of discomfort for many. One inference from the case studies suggested that the best sense makers will be allocentric and not nurse centric, as the most accurate sensemaking evolves from the conversations had with both the self and others possessing different perspectives.

Sandberg and Tsoukas (2014) recently completed a critical review of the literature on sensemaking in organizations. The authors portrayed sensemaking as a way of restoring cognitive order; that is, a way of alleviating the negative emotions that are possible with intense organizational change. Sensemaking involves three overlapping processes: creation, interpretation, and enactment (Sandberg & Tsoukas, 2014). Creation is the process whereby cues are noticed and extracted. Interpretation is the process where the initially created sense of things is fleshed out and developed into an organized sense of an event. Lastly, enactment is the process where the individual acts or moves on the complete sense of the lived experience. Sensemaking is iterative and repetitive. The authors' critical review of sensemaking as a concept, demonstrates that sensemaking always happens in specific contexts, such as major disruptions requiring immediate actions, and unique social and institutional contexts.

Additionally, language, identity, and cognitive frameworks influence sensemaking. It is language, via words, symbols, and stories that allow individuals to organize confusing cues. How an individual deals with the event or what or who they feel they represent encompasses identity and influences sensemaking. Cognitive frameworks refer to general frameworks imposed by cultural templates, but also to ideologies resulting from political, gender, and professional centrism. Cognitive frameworks can also be granular, such as this is how-we-do-it-here mentalities. Whatever the context, it is essential to recognize that sensemaking is how individuals choose their behavior in an attempt to assure personal survival and autonomy (Xenakis & Arnellos, 2015). The inference here, is that sensemaking may be the pursuit of what Parker would have coined harmony, balance, evolution, proper reduction, and exactness.

Emotional Judgement

The concept of emotional judgement is the culmination of the aesthetic experience. That is, emotional judgements are based on what is felt while being and experiencing the object (Jovanović, 2015). Dewey (1934/2005) described an emotion as being to, from, or about an object, whether fact or idea. The emotional judgement given to the object is implicated by the situation, in which the self is moved. Situations can be described as depressing, threatening, intolerable, or triumphant (Dewey, 1934/2005), and elicit judgements of praise, blame, or precept (Santayana 1896/2010). An emotional judgement is still perception because it is formed from the character, enthusiasm, and

emotion of the perceiver (Santayana, 1896/2010). Any object is conceived and distinguished from our ideas of them by compression of impressions, feelings, memories, and fusing of imaginations (Santayana, 1896/2010).

Judgements rest on human emotions (Santayana, 1896/2010; Schindler et al., 2017). Emotions arise from within but belong to the part of an individual that is concerned with the development of events and their progression toward something desired or disliked (Dewey, 1934/2005). Emotions evoked during an aesthetic experience signal the person to avoid events that exhibit high uncertainty and encourage interaction with situations that appear to bring the individual closer to his or her goals (Xenakis & Arnellos, 2015). Emotions are adaptive processes and aid individuals in assigning values to their environment (Xenakis & Arnellos, 2015).

Wohl (2015) posited that emotional judgements, produced by the interpretation of sensory experiences, are a source for group belonging. Communication of emotional judgements is often shared during face-to-face interactions with others. During these face-to-face encounters, emotional judgements can be discovered, interpreted, transformed, and sometimes rejected. Wohl (2015) developed his theory through 2 years of participant observation with members of a private erotic arts club. The author's research examined how members conveyed their emotional judgements to solidify group boundaries and identity. Wohl found that emotional judgements shaped interactions and that interactions shaped emotional judgements. Personal judgements did not always

change as a result of interactions, but members did tend to amend their judgements to meet group expectations. Members were judged for their emotional judgements and how well they could justify them. At times when their judgements were not validated by other members, individuals felt their judgements to be irrelevant. These findings aligned with Parker's (1920/1976) assertions, as Parker believed that the aesthetic experience is an outgrowth of an inherited past and developed in imitation of, or in rivalry with, others' judgements.

Having assimilated all of this into something discernable, it seemed the aesthetic experience would come by way of an affective and evaluative reaction to executive symbolism where the nurse would perceive, be moved by what she perceived, register an emotion, enjoy the perceptual activity, and admire what was revealed (see Pelowski et al., 2016). The resulting emotional judgement would be communicable and inspire certain behaviors and actions, and thus, leads to the discussion of aesthetic experience and leadership, via presence and connection.

Aesthetic Experience and Leadership

Imagine an empty stage. As the senior leader enters, his challenge is to bring order to the whole. As he speaks to the group assembled, the stage is transformed into a theatre whereby his presence descends upon the nurses present in that room, in that moment. The senior leader captures attention, and all eyes on him. His words create a powerful message, and a shared vision comes into view. The destination becomes clear,

and a better place appears in the distance. His story gives the impression of a common goal and a sense of togetherness. He does this via symbolism and through design, and the foundational values of harmony, balance, evolution, proper reduction, and exactness in any presented details. The nurse in the room will have heard, experienced, and felt something.

Even though aesthetics and aesthetic experience are not common in traditional leadership literature, organizational life has always included an aesthetic component (Shrivastava et al., 2017). Team members gain knowledge from their subjective sensations and derive pleasure from their experiences (Taylor and Hansen, 2005; Shrivastava et al., 2017) with leaders and within organizations. Shrivastava et al. suggested that aesthetics is basic to human nature and is at least at some level, an evolutionary requirement for survival. That is, basic survival in an organization depends on knowing what things should be pursued and what needs to be abandoned. Xanakis and Arnellos (2015) agreed, and cited aesthetics and aesthetic experience as aids to decision-making and in choosing which actions to take that will both preserve individual identity and assist with personal goal attainment. This art instinct, as Shrivastava et al. coined it, is innate and at the same time, culturally constructed. Individuals will feel, think, dream and act based on vivid and satisfactory experiences. These experiences are fluid, chaotic, and shifting (Parker, 1920/1976). Expression clarifies experiences and allows them to be placed into order. This is demonstrated when the poet reveals the subtlest of passions in a

poem, or the composer unveils the most elusive of moods in music (Parker, 1920/1976). Here, this exploration attempted to order the aesthetic experience of executive symbolism.

Executive Symbolism as Art

Symbols stand for something else, usually concepts or ideas, and require both translations and inferences on the part of team members (Hambrick & Lovelace, 2018). Symbols are an artistic form when they are not purely ‘life over again’, but invite contemplation (Parker, 1920/1976). Since symbols are expressive objects, they can be used to achieve sense giving, one of the most crucial tasks for a leader hoping to influence sensemaking and meaning construction of team members during the reconstruction of an organization’s reality (Gioria & Chiltipedi, 1991; Hambrick & Lovelace, 2018).

Aesthetic experience with executive symbolism may be transformational because genuine experience can capture the attention of the team member before he can codify his experience or rest with an initial answer about the meaning of an experience (Hibbert et al., 2017). In this way, executive symbols will translate words not only heard but listened to and actions not only observed but seen; those which hold the attention of the observer and educe feelings and emotion (Parker, 1920/1976).

An act of art, and in this case an executive symbol, becomes an expressive object “when it is employed in view of its place and role, in its relations, an inclusive

situation—as tones become music when ordered in a melody” (Dewey, 1934/2005, p.66). When Dewey wrote “science states meanings; art expresses them” (1934/2005, p.87), he underscored the realization that science deals well with facts, statements, and opinion; but art expresses meaning. If executive symbolism functions as art, then it would mean that these expressive objects tell something to those who experience them about their own nature and presents the world as a new experience lying in waiting (Dewey,1934/2005). Executive symbolism is art when its incorporates the leader’s own passions and interests into what they describe and convey; and as it includes life, feeling tones, and values. Human significance must be expressed. It is not enough for any art form to offer emotion alone, it must also speak to us and tell us something (Parker, 1920/1976).

Hambrick and Lovelace (2018) reviewed the literature and developed a theory for predicting how effective or ineffective executive symbolism would be in an organization attempting to implement strategic change initiatives, and the authors based their premises on social influence literature. The authors focused their inquiry on the executive symbolism of individual executives and team members as the primary targets for subsequent actions, as the authors’ interest was on the effects of executive symbolism on the mindsets and motivations of team members who were centrally important to the success of strategic change. The major assertions made by the work are described below.

Executive symbolism includes both actions and behaviors that are representational and require interpretation (Hambrick & Lovelace, 2018). Some symbols

are perceived very positively, as most published scholarly literature portrays and as leaders hoped they do; while other symbols fall flat and elicit little if any emotional response from team members (Hambrick & Lovelace, 2018). Still, other symbols, are counterproductive, as seen when the symbolism is not aligned with the actions and behaviors of leaders nor the allocation of resources (Hambrick & Lovelace, 2018).

Hambrick and Lovelace (2018) emphasized that team members will have affective responses to executive symbolism-which will range from extremely positive to extremely negative, and these emotional responses will impact the team members' eagerness to support change. Theme-aligned symbols are deliberate executive actions or behaviors that are aimed at conveying a message in support of change. These symbols may come in many forms, including but not limited to metaphors, stories, slogans, repetitive phrases, scheduling practices, and the allocation of resources (Hambrick & Lovelace, 2018). Most symbols are inexpensive and fairly flexible, making them easy to withdraw or revamp, and fluid enough to allow them to be selectively adapted for different groups of team members (Hambrick & Lovelace, 2018). Symbols themselves are aimed at eliciting emotion, as emotions influence team members' cognitive processes and sensemaking and directly impact the team member's willingness and enthusiasm for supporting change.

No matter how artful theme-aligned executive symbolism appeared, it would almost always be ineffective when it came to eliciting positive reactions from team

members antagonistic toward the change from the onset (Hambrick & Lovelace, 2018). For these subsets of team members, the executive leaders' aim should be on dampening resistance, especially the kind of contagious opposition that can infiltrate groups of team members, by employing theme-muting symbolism (Hambrick & Lovelace, 2018).

Since symbols are subjectively experienced by their reception and subsequent interpretation, they are highly dependent on a full array of factors (Hambrick & Lovelace, 2018). Hambrick and Lovelace assigned five critical attributes to executive symbolism, and a brief description of each is captured here. First, there must be consistency with surrounding actions. When an executive employs a symbolic act or behavior in a bundle of congruent actions, team members may interpret them as authentic and meaningful. Conversely, if the symbol is not consistent with surrounding activities, team members may view them with skepticism and cynicism. Executive symbolism is interpreted more favorably when they are bundled with substantive actions and behaviors such as modified structures, trainings, and resource allocations (Hambrick & Lovelace, 2018). Secondly, symbolic actions and behaviors must demonstrate social consistency; that is, they must be interpretable by team members, in the sense that the symbols can be understood and in that they align with beliefs and values held by team members in such a way as they facilitate connectedness and that they resonant with the pre-existing culture (Hambrick & Lovelace, 2018). Thirdly, Hambrick and Lovelace cited the executive's apparent investment as critical. Time, effort, money, and the quality of thought allocated to a

symbol signal the leader's conviction, and team members gain insight by observation. The use of observation, what is seen and heard, determines the executive's real priorities for the team member (Hambrick & Lovelace, 2018). Additionally, the authors underscored the executive's pre-existing reputation and emphasized that a well-respected leader with a proven track record will elicit much more positive emotions just because he or she is who they are. Not unlike, as Hambrick and Lovelace point out, an art patron who might perceive a piece of art more positively if it was produced by a famous and reputable artist. Lastly, it must be recognized that team members will vary in their attitudes and predispositions for change. The success of executive symbolism hinges on team members' receptiveness. Team members who do not like a change from the onset will tend to have a negative reaction (or at least an indifferent reaction) to the leader's use of executive symbolism to convey a theme, regardless of how artful an attempt it may be (Hambrick & Lovelace, 2018). The work of Hambrick and Lovelace incorporated, perhaps unintentionally, the foundational values of harmony, balance, evolution, proper reduction, and exactness described by Parker (1920/1976) in his *Principles of Aesthetics*.

To date, there exists little empirical work around executive symbolism. Cosar et al. (2019) claimed to be the first and focused efforts on developing a scale for the purpose of measuring the impact of symbolism on organizational commitment and firm performance. According to the Cosar et al., it is the overriding interest in commitment and performance that have distracted researchers for exploring symbols used in

organizations directly. The authors' work examined many of the same symbols mentioned by Hambrick and Lovelace (2018) but coined them differently and subdivided them into types. One of these sub-types included narrative and discursive symbols, which were more closely aligned to those I was interested in exploring. Admittedly, the authors found that these symbols had minimum impact on organizational commitment and firm performance. Here, to help conceptualize nurses' response to executive symbolism during a hospital merger, I drew on aesthetic theory and employed an adapted version of Leder and Nadal's (2014) psychological model, re-presented by Pelowski et al. (2016), in order to link aesthetic experience and answer the research question for this study: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? This work offered another dimension for researchers interested in executive symbolism to consider.

Situational context. As mentioned previously, team members' expectations will differ with context (Hibbert, Beech & Siedlock, 2017). Life happens not only in context but because of it and through interaction with it (Dewey, 1934/2005). Progressive adjustment is the activity of developing an attitude of attentiveness to the present situation (Evans, 2016). As situations continue to change, an attitude of attention in both the present and the future is as important as any end (Evans, 2016). Life is a series of phases in which an individual falls out of step with his environment and then recovers

unity with it—either through effort or by luck (Dewey, 1934/2005). If all works as it should, temporary periods of misalignment become periods of transition on the way to reaching a more extensive sense of balance and synergies with the environment (Dewey, 1934/2005).

Some authors suggest that now is a time where acute care organizations are forcing nurses to fall out of step. Kelly and Porr (2018) discussed working in restructured acute care organizations where the traditional treat-heal-care model had been uprooted. In its place, a corporate business model is supplanted and is set to undermine nurses' knowledge, roles, and ethics. One methodology often practiced, is an unrelenting reliance on standardized, efficient, and cost-effective care that often runs counter to nurses' professional knowledge and ethical mandates. The authors suggested that modern-day acute care organizations, by way of intention or omission, suppress nurses. Misalignment between organizational culture and nursing ideals, prevent unity and may prevent the kind of progressive advancement Dewey envisioned. Worst case, the nurses may be forced to acclimate and press forward with cost-savings initiatives while at the same time attempting to maintain the status quo.

Every individual, living in a world such as this, welcomes order with harmonious feeling when there exists congruency (Dewey, 1934). Dewey writes,

The world is full of things that are indifferent or even hostile to life; the very processes by which life is maintained tend to throw it out of gear with its

surroundings. Nevertheless, if life continues and if in continuing it expands, there is an overcoming of factors of opposition and conflict; there is a transformation of them into differentiated aspects of a higher powered and more significant life. The marvel of organic, of vital, adaptation through expansion (instead of contraction and passive accommodation) actually takes place. Here in germ are balance and harmony attained through rhythm. Equilibrium comes about not mechanically and inertly but out of, and because of, tension. (Dewey, 1934/2005, p.12)

This all becomes relevant as health systems across the globe undergo significant reform and change, imposed by hostile politics, medical and technological advancements, and a growing ageing population whose members demand high quality and cost-effective healthcare services (McAuliffe et al., 2019). The struggle for nursing may well exist around finding order and unity amidst the chaos, on the way to re-discovering a sense of balance and harmony. Executive symbolism may, through aesthetic experiences, offer a medium for such re-discovery.

Mergers. Between the years of 2000 to 2015, the U.S. economy endured two recessions and the implementation of the Affordable Care Act (Rosko et al., 2018). Changes in reimbursement models placed some acute care organizations at financial risk. These financial struggles impeded the acute care organization's ability to provide quality of care and sometimes limited access by reduced services or even closures (Rosko et al., 2018). These conditions led some hospitals to merge, in hopes of reducing costs,

increasing bargaining power, and securing talented team members (Rosko et al., 2018). The thought being that more considerable resources and capabilities, potentiated by market share and hospital size would lead to higher levels of profitability (Rosko et al., 2018). Unfortunately, mergers often result in a reduction in clinical and support staff in areas that are deemed redundant (Hauptman et al., 2017).

Success does not always come, as amid all of the regulatory and legal concerns, the impact on morale, retention, and recruitment can be easily overlooked (Zall, 2016). This oversight can lead to the acute care leader's detriment if he wishes to lead an organization through a successful healthcare merger. How team members react to a major acute care merger and their willingness to move toward achieving the organization's goals is essential for success (Piper & Schneider, 2015). Case in point, evidence in scholarly literature is accumulating and suggests many mergers fail to bring about anticipated benefits (Bradley, 2016; Hauptman et al., 2017; Ovseiko et al., 2015); simply because mission-driven aspirations conflict with the demand to deliver high-quality care in an environmental context riddled with financial constraints.

To bring this review to life, the recent merger of two large hospital systems in the southeastern part of the United States provided a timely opportunity to explore nurses' response to acute care leaders and executive symbolism as well the potentiality for impacting the sustainability of the newly formed organization. This initial qualitative effort explored the aesthetic experience, as it occurred in the space between senior leaders

and nurses during a hospital merger and sought to understand how nurses experience executive symbolism.

It is important to note that nurses may experience a genuine sense of loss during a merger. They may grieve their work identity and previous affiliations (Bradley, 2016). Executive symbolism may carry influence that can help ease the burdensomeness of change, as Parker (1920/1976) insists that nothing is more contagious than belief. To utter things with conviction is half the battle in getting oneself believed. Parker also emphasized that the consolations of progress are partial. Even if better days are ahead, it is difficult let go of the unique value of the past. Holding on to the past is a matter of self-preservation and memory ensures this for the individual. The nurses' challenge may well exist around his or her ability to receive leaders' intention in a context that they may not understand, desire, or even fear. Modern healthcare demands safety and rule following and has had left nurses little time for thought and reflection (Eriksson & Naden, 2018). Art, and in this case executive symbolism, may preserve the organization and executive leaders by conveying intention and values to nurses in a way suited for thought and reflection.

Review of Differing Methodology

Clearly, this work exploring the aesthetic experience of acute care nurses, amid a hospital merger is unique. The intended purpose of the chosen methodology was to introduce a framework that allowed meaning to be discovered through the lived

experiences of acute care nurses in just that context. Through this methodology, the literature was expanded, and the phenomenon understood by way of individual perspectives. It is through the process of interviewing and defining aspects of the aesthetic experience that meaning was reflected in qualitative experience.

As stated previously, no studies were found that addressed the aesthetic experience of acute care nurses in response to executive symbolism during an acute care system merger. The goal of this work was to provide an opportunity for nurses who have experienced an acute care system merger to share their experiences. To accomplish this, I addressed a group never before studied (a nurse enduring an acute care system merger), employed a methodology not previously used (phenomenology with hermeneutic interpretation) in this particular context, with the hope of providing senior leaders with thought provoking ideas on the ways in which they could alter this phenomenon going forward.

Not all researchers will agree with my approach. For example, a systematic review of the literature recently culminated in the creation of a new, quantitative assessment tool for measuring aesthetic emotions (Schindler et al., 2017). The Aesthetic Emotions Scale (AETHEMOS) was based on pre-existing theoretical accounts of aesthetic emotions and extant measures within the domains of music, literature, film, painting, advertisements, design, and architecture. Aesthetic emotions, as defined by Schindler et al., encompassed emotions that observers felt, and that were primarily

elicited through the higher-level senses of vision, hearing, as well as cognitive processing of their input. The newly created AETHEMOS included 24 emotion categories: feeling of beauty, liking/attraction, captivation, being moved, awe, enchantment/wonder, and nostalgia/longing make up the first category of prototypical aesthetic emotions; joy, humor, vitality/arousal, energy, and relaxation comprise the list of more pleasing emotions; and surprise, interest, intellectual challenge, and insight the epistemic emotions, and the feeling of ugliness, disliking/displeasure, boredom, confusion, anger, uneasiness/fear, and sadness as the negative emotions; and lastly, flow/absorption as the one self-forgetful emotion. The authors decidedly focused their work on art-elicited emotions, most prevalent in scholarly literature. Schindler et al. provided, via the AETHEMOS, aesthetic emotions that were eventualized in this initial qualitative scholarship, as executive symbolism was experienced in the same way as music, literature, film, painting, advertisements, design, and architecture. The authors' work is appealing; yet, moved in a direction counter to this work. Schindler et al. offered a way of measuring experience quantitatively, but this approach seemingly diminished the essence of what aesthetic experience is because word labels alone do not suffice. As Parker (1920/1976) argued, very few artists or perceivers of art adequately place their aesthetic experiences into simple words. In this work, the theory of aesthetics was employed as a systematic way for nurses to move beyond haphazard descriptions of

executive symbols to a higher level of understanding, while providing insights that senior leaders can come to know.

Summary of Critical Organizational Studies

Bouilloud and Deslandes (2015) provided an analysis of recent literature on aesthetics and accentuated the aesthetic dimensions of leader behavior. The authors divided the existing literature into two distinct approaches. The first encircled the examination of aesthetic sensations within organizations in connection to followers' perception of the leader. The second approach examined the figure of leaders as art. Both approaches aimed to discover the leaders' capacity for motivating followers in proportion to what is felt or experienced. Bouilloud and Deslandes deemed the pursuit of aesthetic understanding as novel still, though specified that its foundational roots could be traced back to philosophers, Plato and Kant. The authors emphasized an apparent bias in the literature, as most all work on aesthetics has focused on beauty and the desirable, with minimal mention of ugly or undesirable judgements. Bouilloud and Deslandes studied *beau gestes*, which the authors defined as kind, generous, and symbolic actions capable of creating radical change in the status quo of groups, communities, and even society at large. The significant differences between Bouilloud and Deslandes work and this scholarship have to do with both the size and scope of the symbolic gestures studied and the context in which they existed. Additionally, this work examined executive symbolism as the art medium of senior leaders.

In another recent work, Orr and Bennett (2016) examined a form of executive symbolism when they focused on relational leadership and storytelling practices of public administrators. The authors' work found that stories had the capacity to engage followers via a shared sense of purpose and an emotional connection while creating the space in which organizational practice could be challenged and reframed. Stories, asserted the authors, served as a way for team members to understand leaders' goals. The authors employed elements of ethnography and promoted "insider research". Orr and Bennett promoted "connectedness" and emphasized relational and collective leadership, while they cautioned against outdated 'heroic' leadership biases. The authors' work underscored the importance of storytelling and determined that it offered a way of framing meaning for active, and sometimes critical perceivers. Storytelling can be used as an executive symbol and is a way of pursuing influence, conveying organizational realities, and strengthening relationships. This study broadened executive symbolism to encompass that which attracted and held the acute care nurses' attention.

A recent interpretative phenomenological study explained both clients' and nurses' perspectives on nursing care aesthetics in hopes of defining the concept (Radmehr et al., 2015). Radmehr et al. used unstructured interviews to survey 14 nurses and 12 patients about aesthetics in nursing. Several themes from the data emerged and included spiritual and desirable behaviors, entangled with a sense of sympathy and unity. Unity seemed to evolve from effective communication, respect, empathy, sympathy, and

general feelings of closeness. Research participants also referenced emotions and desired feelings of safety and peace of mind (Radmehr et al., 2015).

Summary

The goal of philosophy is to generate questions, more than answers (Parker, 1976). There was a paucity of research focused on nurses in acute care organizations undergoing intense organizational change as occurs during hospital mergers, which, in turn, generated many questions. No literature around the aesthetic experience, in response to executive symbolism in an acute care organization merging with another has been discovered. Taken as a whole, this review allows, first, a more explicit definition of aesthetic responses, assigned meaning, and emotional judgements that make up the aesthetic experience. Second, it explains executive symbolism plainly. Third, the review avoids the oversimplification of aesthetic experience of the nurse by way of critical analysis of aesthetic responses, assigned meaning, and emotional judgements, while setting the stage for exploration in the context of a major acute organization merger and in response to executive symbols. No previous work has been identified pursues this phenomenon with acute care nurses, and intensified efforts are needed if an understanding of how nurses experience senior leaders is to be had. Researchers have only begun to lay the foundation for scholarships of this type.

Chapter 3: Research Method

Introduction

What transpires between senior leaders and nurses in acute care organizations during periods of change can impact health care. The purpose of this phenomenological-hermeneutic study was to gain an in-depth understanding of the aesthetic experience of acute care nurses as they were exposed to executive symbolism during a major hospital merger. The central research question for this qualitative phenomenological-hermeneutic study was “How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders’ symbolism during intense organizational change?” By offering insights into nurses’ aesthetic experiences while feeling the pressure such an organizational change can bring, senior leaders in acute care organizations may better understand how to lead nurses through volatile, uncertain, complex, and ambiguous environments (see Schoemaker et al., 2018).

Chapter 3 provides the research methodology used to answer the research question and generate additional insights. This chapter includes the research method and rationale, research design and rationale, research question, role of the researcher, strategy for selection of research participants, and instrumentation. Other topics in Chapter 3 include procedures for recruitment, participation, and data collection as well as the data analysis plan. The chapter ends with a discussion of issues around trustworthiness and ethics.

Research Method and Rationale

Research is aimed at obtaining new information and providing critical explanations of a research problem in a logical and systematic manner (Mondel, 2018). For this study, I chose a qualitative research method with a phenomenological-hermeneutic design. Qualitative research is a tool for understanding a socioculturally-based reality (Mondel, 2018). Qualitative researchers make claims based on small examinations by studying poems, plays, songs, dance, and other objects such as cultural rituals, theories, and myths (Mondel, 2018). Within this qualitative tradition laid the means to make claims about the aesthetic experience and executive symbolism used to convey meaning to nurses during an acute care system merger.

Many human events and activities cannot be understood through mathematical calculations and rigorous quantitative analysis (Denzin, 2016; Mondel, 2018). A quantitative research method might have been appropriate for a study where the research question could be answered by a hypothetic-deductive quest aimed at finding a quantifiable answer (Mondel, 2018), but this was not the case for this study. For this reason, I did not choose a quantitative method. I was interested in the aesthetic experiences of nurses, a phenomenon not suited for enumeration.

Although a mixed method study might have worked, I decided against this design for the same reasons cited above. Adding a quantitative dimension to this work may have added complexity without value, as statistical precision does not typically work with

small sample sizes (Denzin, 2016; Hammerberg et al., 2015; Patton, 2015). The aim was to identify themes and patterns that answered the research question from drawing the inward experiences of nurses outward.

For this research, I used qualitative inquiry as a guiding methodology to explore the lived experiences of nurses. In doing so, I thematically analyzed narratives of nurses' experiences and focused on descriptions of aesthetic experiences with executive symbolism. Building on the work of Parker, I paid attention to the phenomenological representations of aesthetic experiences for nurses working through an acute care merger. By drawing attention to sensory descriptions presented within the stories shared by acute care nurses, I argued that their narratives provided one practical way to explore the aesthetic experience. Subsequently, I suggested that executive symbolism was negotiated through what was heard and seen, experienced, and felt. I put forward aesthetic theory as one potential approach to ground nursing research in the voices I sought to engage.

I situated this exploration of aesthetic experience within one academic teaching hospital in the southeast. Teaching Hospital (pseudonym) is a 649 bed, Level 1 trauma center. It is one of the largest hospitals in the state and is now part of the state's largest not-for-profit health organization. Now one of 18 hospitals, Teaching Hospital offers a full array of services in a large urban area. The official merger was announced in November 2017, but the act of merging is still occurring. Teaching Hospital continues to grapple with shifts in funding structures and governance mechanisms, recruitment and

retention of nurses, and constant leadership and strategic change. This is the workplace for study's participants and an affiliate hospital for me.

Research Design and Rationale

Phenomenological research is based on the study of conscious experience as felt from the first-person point of view (Mondel, 2018), which was relevant to this study because phenomenology promotes the idea that individual perceptions guide individual actions and responses (Dawidowicz, 2016). This realization fit with what has been covered with the theory of aesthetics. I chose phenomenology as the overarching approach for this work because the underlying goal was to understand the aesthetic experience acute care nurses had in response to the executive symbolism employed by their senior leaders during a hospital merger. Hermeneutic interpretation provided meaning and context (Ricoeur, 1976). Phenomenology with hermeneutic interpretation guided methodological decisions because this design fit with a rigorous, critical, and systematic investigation aimed at expressing a poorly understood phenomenon of critical importance to nursing (Hammerberg et al., 2015; Matua, 2015).

Role of the Researcher

There is a tendency to introduce a personal element in every discussion about the aesthetic experience. But intrusion of personality is not necessarily harmful and was valuable when proceeding toward influence rather than authority (Parker, 1920/1976). In the role of researcher, I presented my interpretations and attempted to stimulate readers of

this work to draw their own conclusions about the phenomenon. I refrained from imposing pre-set thoughts and convictions.

Additionally, the role of the qualitative researcher is the key data collection instrument (Schoch, 2016). To meet role expectations, I produced field notes that included post-interview summaries and post-data analysis reflections. Reflection forced me to be accountable, subjecting my own views and actions to criticism and the reviews of others, which led to new perspectives and self-understanding (Denzin, 2016; Van Manen, 1996).

For the duration of this work, I was a nurse situated in the activity and in the organization being studied. I hold a nursing leadership position in this organization. As a researcher, to avoid bias and the tendency to unduly influence the process or results of the study, I was constantly aware of my own feelings, opinions, and prejudices (see Schoch, 2016). I practiced openness while keeping in mind that my ability for openness was embedded in my own lived experiences (Ricoeur, 1976). Special care was taken to avoid any participants who may have had or perceived to have had any personal or professional relationships with me. No relationships involved any supervisory component, formal or otherwise. To this end, nurses were not recruited from behavioral care services.

As the researcher, I desired to examine the nature of the lived aesthetic experience and attempted to explore a phenomenon of deep interest (Errasti-Ibarrondo et al., 2018), and this desire helped form the research question: How do nurses describe their

emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? I intended to investigate the aesthetic experience as it was lived, rather than how it was thought to be (Errasti-Ibarrondo et al., 2018; van Manen, 1996), as I gathered experiential matter from acute care nurses and completed phenomenological reflection (Errasti-Ibarrondo et al., 2018).

Methodology

Research Participant Selection Logic

Care was taken to ensure that the selection criteria remained broad for fear that narrowing the criteria would promote unintentional constriction and oversimplification of the endeavor (Quinney, Dwyer, & Chapman, 2016). The three criteria for participation were (a) that the nurse had been employed with the organization through the entire merger event (at least 3 years tenure), (b) that the nurse agreed to share personal experiences, and (c) that the nurse agreed to commit to the time demands of the research. These criteria were closely aligned with what Quinney et al. (2016) referred to as the non-negotiables of phenomenological studies. Phenomenology is different from other research methods, as it is not used to critique findings in some prebalanced group but rather pursue understanding through individuals as they make sense of their own experiences (Quinney et al., 2016).

According to Gentles et al. (2015), no more than 10 participants are needed for hermeneutic phenomenology if the researcher pursues participants intensely, which was

the plan. I purposefully sampled 12 participants from an acute care academic and teaching hospital. Although 12 exceeded the number of cases recommended by the literature, this number allowed for attrition. Participants were recruited from nonbehavioral care areas to ensure participants were outside my locus of control and influence. I used narrative interviews as I attempted to gain an in-depth understanding of the aesthetic experiences of nurses (Gentles et al., 2015). All participants were interviewed individually, with the aim of gaining insight into what was meaningful about their experience with senior leaders' symbolism during the acute care merger.

Instrumentation

For this qualitative study, data were collected through in-depth, narrative interviews. Opening questions for narrative interviews were based on the literature review. Questions were developed in advance by the phenomenological researcher, but the questions were often altered based on the progression of the interview (Creswell, 2014). The interview protocol (see Appendix A) served as the data collection instrument. The interview functioned as an invitation for nurses to share their experiences in an open and supportive way and allowed the aesthetic experience to unfold. I followed the participants' narratives and offered prompts and follow-up questions when needed to ensure a sensitive and empathetic approach (Fiori et al., 2019). Based on the ideas of social reconstructing from the view of participants, my influence was kept to a minimum (Muylaert et al., 2014). I audio-recorded all interviews with consent of the participant to

ensure credibility and consistency during the data collection process. Additionally, I included field notes with reflexive journal entries and kept in mind that a carefully maintained database and chain of evidence was imperative (see Schoch, 2016).

Procedures for Recruitment, Participation, and Data Collection

Recruitment of participants occurred after I obtained approval from both Walden University Institutional Review Board (IRB) and the organization's IRB. I adhered to the guidelines of both boards and began recruitment once I was ready to begin the data gathering process. Potential participants were recruited via an invitation placed on the campus' internal social media page. Participants expressing interest in the study were given my phone number and e-mail address and asked to contact me. I planned to assign all participants a number. Twelve numbers would then be blindly drawn from a container holding slips of paper with the numbers assigned to all respondents. I then compared the selected numbers to the prenumbered sample pool to identify 12 participants. I sent the consent form and demographic survey (see Appendix B) to 12 participants. The consent form was presented again for participant signature prior to the interview to allow any outstanding questions to be asked. The demographic survey was also accepted at this time.

No participant with whom I had a preexisting personal or professional relationship was chosen to avoid any perception that study outcomes might be dependent on personal interests (Creswell, 2014). To this end, participants were not recruited from

the campus on which I work or from behavioral care services to eliminate any perceived influence. Once a participant consented, I conducted a narrative interview according to the interview protocol (see Appendix A). At the conclusion of each interview, I debriefed participants and discussed the member checking process. I explained the purpose of member checking and their role in verifying the accuracy of their transcribed interviews. This period included thanking participants and reminding them of the study's purpose.

It was important to consider potential field issues prior to starting data collection (Bengtsson, 2016). The mechanics of conducting the interview, recording, and potential ethical concerns were all weighed. One potential issue was scheduling. Acute care nurses typically worked 12-hour shifts, and interviews had to be scheduled in a way that avoided undue hardship for participants and the organization. Interviews also needed to be scheduled at least 3-4 days apart to allow time for transcription, summarization, and reflection. At the same time, I considered the possibility of encountering nurses who did not feel comfortable voicing their opinions about their experience with executive symbolism for fear of offending their senior leaders. I also recognized that nurses were likely to use succinct and objective language, which has evolved from the needs and expectations dictated in clinical environments (Quinney et al., 2016). Leaders might have also been apprehensive of my exploration into the aesthetic experience of acute care nurses during a merger. With these considerations in mind, I prepared to conduct interviews outside of normal business hours. I emphasized confidentiality and

transparency around the aims of this research. These concerns were addressed at multiple points during the process and specifically in the informed consent.

Informed consent. Obtaining informed consent from every participant was mandatory (Patton, 2015; Quinney et al., 2016). Informed consent included the purpose, who the information was for, and how it would be used. Additionally, the informed consent form explained what would be asked, how responses would be handled, and what risks/benefits were involved for the participants (Patton, 2015). To obtain informed consent from all participants, I provided this information in advance of the interview and again just before starting the interview (Patton, 2015). I made sure to allow enough time at the start of the interview for participant questions. In keeping with ethical phenomenological study standards, I also acknowledged the value that every day experiences carry and made sure to convey that I wanted to know *how* participants experienced executive symbolism in the context of an acute care organization's merger. I also focused on creating a shared meaning and a conversational partnership so that the participant felt capable of revealing the true meaning of their experience (Quinney et al., 2016).

To ensure comfort and a relaxed atmosphere, participants were able to choose an interview location from a shortlist of consultation and small meeting rooms on their home campus but outside of their clinical workspaces. Seating was intentional to not inadvertently imply a power differential (Quinney et al., 2016).

Data Collection Plan

Data collection techniques included narrative interviews and observations recorded in field notes. According to Mondel (2018), in-depth interviews were the optimal tool for collecting data on individuals' personal perspectives and experiences. The narrative interview approach was used to explore nurses' aesthetic experience while encouraging participants to relate their experiences via stories.

Nurses do have a particular way of communicating with each other, representing everyday patterns required by the clinical environment. This enhanced data collection, creating trust by way of what Heidegger referenced as the "Being-there-too" (Heidegger, 1962, p. 154; Quinney et al., 2016) connection. Shared language and the experience of nursing promoted understanding and created connectedness between participant and interviewer (Quinney et al., 2016).

It was difficult to set the time expectations for each interview *a priori* but the initial aim was a 45-60-minute interview focused on participant's exposure to and experience with senior leaders' use of executive symbolism during the merger. Attendant and follow up questions to participants' narrative were asked in order to explore impressions of and experiences with executive symbolism. Observations made during interviews including contextual references and bodily expressions allowed for a model to be created (Ricoeur, 1976; Simony et al., 2018), detailing how it is to be a nurse experiencing senior leaders' use of executive symbolism during an acute care system

merger. Field notes were written immediately following interviews and focused on what was put across by participants and how it was exposed (Simony et al., 2018). These field notes also incorporated reflective journal entries that included thoughts and impressions, as this helped with bracketing assumptions during data analysis (Fiori et al., 2018).

Each interview was transcribed verbatim with paralinguistic markers (i.e., pauses, hesitations, and movements). Transcribing interviews and then reading and re-reading them helped me capture participants' way-of-being-in-the-world and helped identify themes and sub-themes that needed deeper exploration (Simony et al., 2018).

Transcriptions and field notes were produced within 96 hours of the interview, which I was personally responsible for completing. After transcription, the interviewee received an email of the transcription along with a request for corrections to be sent within five business days. If corrections were requested, the transcript was corrected with annotations. If no feedback was received within the five days period, a follow-up email was sent thanking the participant for their participation and notifying them of the finalized transcription report. The interview protocol (see Appendix A) was used to promote consistency through the data collection phase and increased the dependability of the study (Dewidowicz, 2016).

Additionally, observations were recorded, reflected upon, and included in field notes. Thus, reflections of both participants and the researcher were viewed as valuable data (Simony et al., 2018) and underwent analysis and interpretation. Reflecting and

writing on essential themes allowed phenomenological descriptions, and was completed by way of hermeneutic interviews, linguistic transformations, and eidetic reduction (Errasti-Ibarrondo et al., 2018; Heidegger, 1962). In keeping with phenomenology, descriptions were based on participants' words about their experiences (Dawidowicz, 2016). Phenomenological reflections evolved from the text and reflected the essence of nurses' lived experiences (Errasti-Ibarrondo et al., 2018).

Data Analysis Plan

Above all, the intent of this work was to analyze nurses' aesthetic experience with executive symbolism during an acute care system merger. It was expected that large amounts of sensory data would be collected and evolve into meaning. Data analysis and interpretation was heavily influenced by French philosopher, Paul Ricoeur's phenomenological-hermeneutic critical approach, and heavily reliant on the way words and actions were expressed (Ricoeur, 1976; Simony et al., 2018). Ricoeur viewed textual interpretation as the primary objective of hermeneutics and underscored the value of language, reflection, understanding, and the experienced self in the pursuit of interpretation. In alignment with Ricoeur's assumptions, I considered the text as an articulation of the lived experience, and the words chosen by the participant as an expression of experiences and impressions of what affected and moved them (Ricoeur, 1976; Simony et al., 2018).

Data was analyzed and interpreted with the understanding that a participant's existence is characterized by the way they sense, move, think and tell about their experience (Ricoeur, 1976; Simony et al., 2018). Utmost emphasis was placed on what the participant said and what I observed during narrative interviews. Field notes incorporating reflexive journaling was analyzed and interpreted as it added another source for clarifying the participants' aesthetic experience. Analysis and interpretation were completed using Ricoeur's three-phase approach which encompassed the hermeneutic circle. See Figure 2 for a visual portrayal of the hermeneutic circle which proved to be a key element in my data analysis as it captured how interpretation emerged.

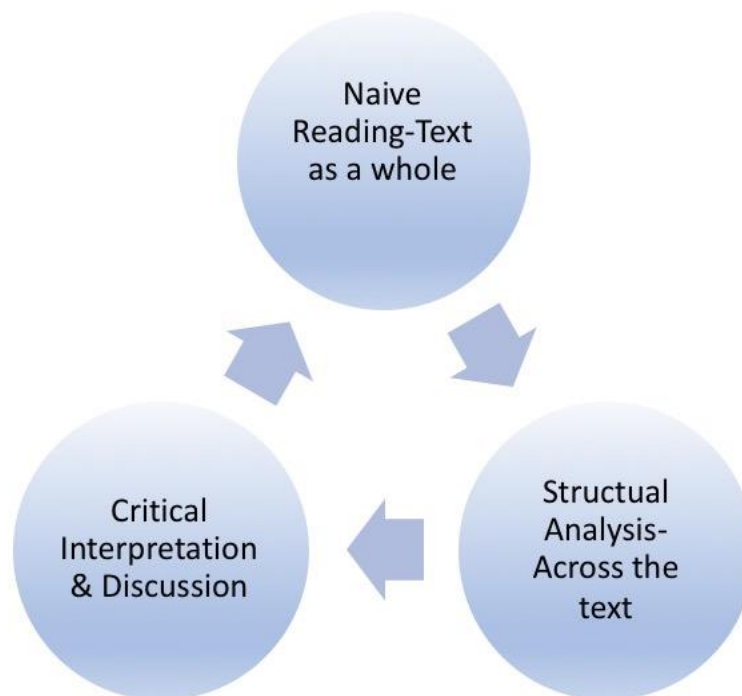


Figure 2. An illustration reflecting Ricoeur's (1976) process of analysis and critical interpretation for hermeneutics.

After transcribing precisely, I completed naïve reading of the transcribed text and field notes, in order to gain an initial understanding of the text produced. Reading and re-reading was completed with as open-mind as was possible (Ricoeur, 1976; Simony et al., 2018). Conveyed and observed tones, interactions, and expressions from both context and narratives allowed for an in-depth interpretation of the aesthetic experiences of nurses. The research question, how do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change, remained top of mind.

Next, I completed the second phase of Ricoeur's (1976) approach, structural analysis. This phase allowed for the splitting of text into units of meaning (what was said and observed) and units of significance (what was talked about and what the observation was about). Following this dialectical and iterative process led to the emergence of patterns, sub-themes, and main themes (Ricoeur, 1976; Simony et al., 2018). Additionally, completing structural analysis in a methodical fashion allowed me to gain insight into the aesthetic experience of nurses' as they were exposed to senior leaders' executive symbolism as it was lived in the context of an acute care system merger.

Combined with field notes, the use of explanation and interpretation during structural analysis provided validation and credibility of the text as a whole unit, as smaller units of significance were held up against the whole set of data (Ricoeur, 1976; Simony et al., 2018). It was this process of pulling units of meaning and units of

significance from the text, that established the foundation for what became the findings of the study. It was through interpretation of participants' experience that a sound basis for the next phase was built (Ricoeur, 1976; Simony et al., 2018).

The last phase of Ricoeur's (1976) analysis of the data included critical interpretation and discussion, with the aim of reaching a more all-embracing understanding of the text. The focus became what the text was about. Given the themes and sub-themes identified during the first two phases, the interpretation and discussion is discussed with aesthetic theory, and specifically the work of Parker (1920/1976), Leder and Nadal's (2014) psychological model, and other relevant research in mind. This phase was where the interpretation moved from individual findings to the universal (Simony et al., 2018). A new narrative evolved through these explanatory procedures (Ricoeur, 1976; Simony et al., 2018).

Once the Ricoeur's (1976) method of analysis was completed in its entirety, all collected data were entered into NVivo 12 plus software system. NVivo 12 plus was used to organize the data. Essential, as this step helped with organization and made retrieval of the information later possible. All data were manually coded before using the auto coding capabilities of the software program. The use of both hand coding and electronic (NVivo) processes to capture data enhanced the reliability of the study, as the data analysis software required extended engagement with the data.

After prolonged engagement, data from the transcribed interviews, field notes, and NVivo outputs were re-examined. Conclusions were made based on the emergence of findings, resulting from my interaction with the data (Schoch, 2016). Data analysis remained connected to the research question: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change.

Findings are provided in Chapter 4. The narratives include quoted excerpts and summaries of participants' retelling of their aesthetic experience with executive symbolism. Pseudonyms define participants.

Issues of Trustworthiness

Researchers often use qualitative methodology in hopes of creating positive social change, but many will struggle with trustworthiness (Denzin, 2016; Fusch, Fusch, & Ness, 2018; Ravitch & Mittenfelner, 2016). Knowing this, careful attention was paid to procedural decisions and the way they were described in this work, understanding that transparency around the logic used to make methodological decisions was crucial (Hammarberg et al., 2016; Ravitch & Mittenfelner, 2016). Having the researcher as the primary instrument opened the door for the researcher to create issues of trustworthiness, simply due to the impact skill, perception, and presence had on the inquiry (Denzin, 2016; Hammarberg et al., 2016; Patton, 2015). Skill deficits could have led to such challenges as leading participants, reading into the data, contorting the data to fit

preconceived ideas or biases, or concluding too soon (Dawidowicz, 2016). To safeguard against these issues, I made sure I recorded all interactions thoroughly and collected enough data to ensure saturation. In addition to strict following of Ricoeur's (1976) methodology, this dissertation utilized NVivo 12 to go back into transcripts and field notes with the purpose of verifying themes. Other reflective practices included consulting with mentors, committee members, and colleagues.

Credibility

Credibility was achieved by meeting four inquiry elements, posed by Patton (2015). First, I collected data through systematic, in-depth fieldwork. Second, I ensured that my analysis was systematic and conscientious. Third, I relied on my education, experience, and expertise to critically interpret and discuss findings. Lastly, I presented the study in such a way as to convey the value of the phenomenological-hermeneutic qualitative inquiry to the reader. In order to heighten the truth value of this study, I focused on reflexivity practices, included substantial descriptions of the interpretation process, and employed verbatim quotations to illustrate and support my interpretations (Hammarberg et al., 2016; Ravitch & Mittenfelner, 2016; Sandelowski, 1986). Most likely, it was "prolonged engagement" with the data through manual processes, use of NVivo 12, and member checks that produced a true reflection of nurses' reality (Maher et al., 2018; Ravitch & Mittenfelner, 2016).

Transferability

Transferability refers to the ability to apply learning to another situation (Dawidowicz, 2016; Ravitch & Mittenfelner, 2016). To this end, recruiting large numbers of participants would not have increased understanding and insights into the experience, and would have even proved impractical considering the copious amounts of data that was generated in a single interview (Dawidowicz, 2016; Hammarberg et al., 2016). To ensure transferability, I yielded findings that other clinicians and researchers could find meaningful and applicable (Hammarberg et al., 2016; Ravitch & Mittenfelner, 2016), by way of Ricoeur's (1976) three-phase analytical approach aimed at moving individual responses to universal meaning. If future studies produce similar understanding, then transferability is evidenced (Ravitch & Mittenfelner, 2016).

Dependability

Dependability in qualitative research can be described as reliability. Hammarberg et al. (2016) explained that dependable research does not necessarily mean that the same results would be found in other contexts, but rather similar results would be found if researchers had the same data. To this end, the process from start to finish must be described in detail so that another researcher could repeat the work (Grossoehme, 2014; Maher et al., 2018; Ravitch & Mittenfelner, 2016). Careful record keeping and transparency around the analytical process ensured dependability (Grossoehme, 2014; Ravitch & Mittenfelner, 2016). In this study, dependability criteria were achieved

through recordings and careful documentation during the interview process. After each interview, I wrote field notes with reflective journal entries that captured all the non verbals that later proved relevant to data analysis.

Confirmability

Confirmability refers to objectivity. To ensure confirmability of this study, I minimized bias by acknowledging my own predispositions and adopting strategies already covered. To further minimize bias, I abided by the guidelines for promoting research confirmability and practiced mindfulness in an effort to remain constantly aware of potential biases (Maher et al., 2018). Transferability is part of confirmability and involves the degree to which results of the study might have relevance in other settings (Ravitch & Mittenfelner, 2016).

Ethical Procedures

The research participants were recruited for the study from Teaching Hospital, part of a large southeastern acute care organization that is in the midst of a major merger. The IRB approval for this study was obtained prior to commencement. Since none of the interviewees worked directly or indirectly with me, there was no conflict of interest or power differentials. By selecting the flagship academic center instead of the campus on which I work, I was able to minimize the threats associated with social desirability, cognitive priming, personal agendas, perceived coercion, and confidentiality breeches.

The study was on a volunteer basis, and the interviewees had the right to leave the interview at any time, as stated in the informed consent form.

I addressed ethical issues around confidentiality by providing both verbal and written assurances to all participants that all identifying information was omitted from data analysis. I provided participants with a pseudonym. Names and contact information were stored apart from the collected data, in a separate and password protected electronic file.

Mondel (2018) suggested that the well-being of the participants engaged in any research endeavor must always be top priority. Potential oversights were avoided by continual consideration of the roles and lives of research participants. The information obtained during this study will be kept confidential and will not be used outside of this study. Data will be saved for five years, then hardcopy interview notes and summary reports will be destroyed. Electronic storage files will be also be deleted at this time.

Qualitative researchers also have an ethical obligation to abide by professional ethics. I followed the advice of Mondel (2018) and worked to maintain both collaborative and mentoring relationships, protected proprietary information, and guarded against the fabrication of data and plagiarism.

Summary

In Chapter 3, I described the research methodology for the proposed study that served as a guiding force for this study's design. The research design was established and

intended to serve as a guide for the design of the interview questions in a way that would answer the research question: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? Other significant contents of this chapter address the issues of trustworthiness and how it was achieved through credibility, transferability, dependability, and confirmability. Besides addressing the research question, the more altruistic desire of this work was to provide an insightful narrative that evolved from interviews and field notes, where nurses' aesthetic experiences unfolded.

Chapter 4 will begin with the introduction of findings of this phenomenological-hermeneutic study. The setting, data collection, trustworthiness, and thematic analysis will be presented in detail. Chapter 4 will conclude with a discussion and description of the findings from this study.

Chapter 4: Results

Introduction

This chapter presents findings gathered from face-to-face interviews with 11 nurses undergoing an acute care system merger. The purpose of this study was to elicit narrative accounts about nurses' experiences, responses, assigned meaning, and emotional judgements resulting from senior leaders' use of symbolism. An extensive search of the literature yielded little empirical evidence of this phenomenon. Therefore, this study was focused on acute care nurses' aesthetic experience of executive symbolism during a merger. Understanding how senior leaders move acute care nurses to action is important during a hospital system merger (see Sung et al., 2017). Use of a phenomenological-hermeneutic approach allowed the experience to be understood through the eyes of acute care nurses who had lived it (see Denzin, 2016; Matua, 2015). This chapter describes the nurses, setting, recruitment, data collection, and the complete qualitative data analysis. Chapter 5 concludes this work with the interpretation of data.

Study Setting

This study was conducted at Teaching Hospital, one of two flagship hospitals in a newly formed healthcare system. Seventeen other hospitals are members of the same hospital system. I limited the study setting to Teaching Hospital primarily due to two factors: (a) this large teaching hospital employed nurses with diverse backgrounds and experiences and (b) the location was within a few miles of my home campus.

Data Collection

Participants were recruited via an invitation placed on the campus' internal social media page (see Appendix A). Most participants expressing interest in the study used my telephone number or e-mail address contained within the invitation independently. A few nurses ($n = 3$) reached out to me because others had seen the invitation and encouraged them to contact me. In either case, I sent the consent form and demographic survey (see Appendix B) for their review. I then personally contacted each nurse by telephone prior to the interview and spoke to them about my research and answered any questions they had. I emphasized confidentiality and transparency around this research throughout the process. All participants had a minimum of 1 week between my initial conversation with them and the interview. During each introduction, I reviewed the information on the consent document and encouraged participants to ask any remaining questions. The consent form was then presented for participant signature prior to the interview. The demographic survey was also completed at this time.

Qualitative data were collected via in-depth interviews with 11 acute care nurses during the months of January, February, and March of 2020. As predicted, scheduling of interviews was challenging. Most participants worked 12-hour shifts; only two were willing to come in before or after their shift. All others chose to come in for their interview on an off day. One interview was scheduled each week to allow for ample time for transcription, summarization, and reflection.

Only acute care nurses employed at a Teaching Hospital for greater than 3 years were included. This criterium was necessary to ensure that nurses had knowledge of the organization both before and during the merger. The first tool I developed was the interview guide (see Appendix A). The first two questions elicited a narrative account of the nurse's experience as a nurse before and then within the context of the merger. Eight additional questions were focused on identification and experience of symbols senior leaders employed during the merger. Only a brief definition of *symbol* was provided, as I asked nurses to identify what stood out to them as far as the stories, repetitive phrases, metaphors, and slogans leaders had used. All questions were designed to answer the research question: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? I also developed a brief demographic survey (see Appendix B) with four demographic questions, including age, gender, education level, and years of nursing experience. This tool was designed for the purpose of describing the sample.

Participant Selection

Criterion sampling techniques were used to recruit participants who had been with the organization at least 3 years, as these individuals had knowledge of the organization and experiences before and during the merger. Eligible participants included all clinical nurses employed by Teaching Hospital. Once participants reached out to me, I provided the informed consent and demographic survey for review. Twelve nurses responded and

agreed to participate. One participant did not respond to subsequent attempts to schedule the interview. Every potential participant ($n = 12$) received a copy of the consent form and demographic survey. Signatures were not requested until just before the interview, after one last opportunity for questions was granted.

Participating nurses were told that I would use a pseudonym to identify them in my study. Most interviews ($n = 8$) were conducted in a single conference room on the Teaching Hospital campus. One was held in an alternate room due to the participant's request, as it was close to a class she was attending. The last two interviews were held via telephone conferencing due to the novel coronavirus pandemic that hit the United States, especially the local area in which we were situated in March 2020. The pandemic may or may not have impacted the last participant's responsiveness to scheduling attempts, but it is not possible to know.

The proposed sample size to understand how nurses experienced symbolism employed by senior leaders during intense organizational change was 12 nurses. This sample provided a large enough sample to answer the research question. I reached saturation after the eighth interview, with no new information coming forth.

The interview protocol guided each interview to ensure consistency between all participants (see Appendix A). All interviews ($n = 11$) were in-depth and open-ended. Each interview was audio recorded and expected to last 45 minutes to an hour. The average length of the interviews was 48 minutes. At times during the interviews, I used

probing questions to draw out more detailed and sensuous explanations. I used two audio recorders to capture participants' answers during interviews as a fail-safe, in case one recorder failed. Field notes and reflective journal entries were completed at the end of each interview to capture participants' conveyed tones and my overall perceptions.

Coding Analysis

Each audio recording was transcribed verbatim, saved in a Word document, and e-mailed to participants for verification. After transcription and verification by members, Ricoeur's methodology was used. As such, I completed a naïve reading of each transcribed interview and accompanying field notes to gain an initial understanding of the text. Reading and re-reading was completed with as open mind as was possible (Ricoeur, 1976; Simony et al., 2018). To that end, I read each transcription at least five times to become familiar with the content. I paid close attention to conveyed and observed tones, interactions, and expressions from both context and narratives, which allowed for in-depth interpretation of the aesthetic experiences of acute care nurses. I kept the research question in mind throughout the process: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change?

After interpretation, I moved to the second phase of Ricoeur's (1976) approach, which was structural analysis. This phase required me to split text into units of meaning (what was said and observed) and units of significance (what was talked about and what

the observation was about). This resulted in an Excel spreadsheet where the text was divided and re-divided, aligned and re-aligned via a dialectal and iterative process. At the outset, I isolated each participant's responses to each of the interview questions, then in a broader sense in connection with responses from all other participants. This process led to the emergence of patterns, subthemes, and main themes (Ricoeur, 1976; Simony et al., 2018). Patterns and themes eventually merged into specific executive symbols experienced by nurses. Subthemes evolved into contextual fabric and background.

After these phases, I was able to complete structural analysis in a methodical fashion. That is, I examined each emerging pattern, subtheme, and main theme for where they overlapped, came together, or departed from each other. Thus, structural analysis allowed insight into the aesthetic experiences of nurses as they were exposed to these symbols during an acute care system merger. Explanation and interpretation during structural analysis helped provide validation and credibility. The process of pulling units of meaning and units of significance from the text established the foundation for what would become the findings of the study.

The last phase of Ricoeur's (1976) analysis included the analysis of data through critical interpretation and discussion against the backdrop of aesthetic theory—specifically the work of Parker (1920/1976), Leder and Nadal's (2014) psychological model, and other relevant research. This last phase of Ricoeur's methodology helped

create a new narrative through explanatory procedures and moved interpretation from the individual findings to the universal (Ricoeur, 1976; Simony et al., 2018).

After all manual analysis had been completed, verbatim transcripts and field notes were uploaded into NVivo 12 Plus. The software required reworking and prolonged engagement with the data as I once again re-examined patterns, themes, and subthemes identified through manual analysis. The benefit of this second analysis was confirmation.

Early symbols changed a number of times through analysis and reviewing of the data. When a symbol was newly identified or deleted, I went back to each transcript to re-read the data and completed the necessary changes. I ordered subcategories under each of the four foremost symbols. Subcategories permitted me to capture the different components of participants' experience. Additionally, certain subthemes came to be recognized as contextual fabric positioned in the background of nurses' aesthetic experience. Feeling tones conveyed by participants surfaced from interviews and field notes with reflexive journal entries.

Research Findings

Study findings are presented in the following sections. First, I provide basic demographic information such as gender, age, education level, and years working as a nurse. Next, I provide an examination of the symbolism used by senior leaders and expressed by participants. The symbols identified from reviewing interview transcripts

are interwoven throughout the findings to provide richer sensory detail and validation. All the responses are direct quotes from the nurses' experiences.

Demographic Data

The demographic survey captured basic demographic information from each participant. A total of 11 nurses participated in open-ended interviews. I was careful not to collect any data that would potentially identify participants in order to safeguard their identity. Two males participated, and all others ($n = 9$) were females. Ages ranged from 26 to 65, with most participants ($n = 7$) falling within the 36-55 range. Participants' level of education ranged from an associate degree in nursing ($n = 5$) to a master's in nursing ($n = 1$). I also asked how many years of nursing experience participants had, and the range was from 3 to > 20, with most participants ($n = 7$) having between 6-20 years of experience.

Symbols

As I read and reread transcripts, I had to continually think about how my own beliefs and experiences with the merger and how they might influence the interpretations I was making about the qualitative data collected from nurses. To minimize risks, I carefully analyzed each response many times and looked for consistent connections between participants' experiences and recognition of particular symbols. The following section describes four symbols used by senior leaders' and experienced by nurses. At the end of the section, I examine the experience of the merger as lived by 11 acute care

nurses via contextual fabric identified and extracted from the raw data. The interpretation of the qualitative data will be disclosed in Chapter 5.

Senior Leaders' Symbolism

The data collected from the 11 interviews answered the research question: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? To determine what nurses identified as symbols used by senior leaders, I asked them to share a symbol (metaphor, story, slogan, or repetitive phrase) that was significant or meaningful for them. I also asked them to describe what they felt, thought, or experienced. Feeling tones, moods, and emotions conveyed by participants and captured in field notes and reflective journal entries are also included.

Symbol 1: The branding. All 11 participants mentioned the branding of the newly formed hospital system in one way or another. The responses varied. Some participants made vague references to the branding, whereas others viewed it as the hallmark of change.

Six participants demonstrated low level processing—that is, an immediate reaction to the visual image of the new branding and signage on the campuses. Feeling tones conveyed were instant disliking/displeasure or immediate liking/attraction for the branding:

Payton: I did not like it, not the colors, not at all...

Sydney: Yeah, when I think about the merger, the first thing I think of is the [color], and the [color], and the big [name]. That is the first thing that comes to mind, I guess...[Laughs]. It's a pretty color.

Morgan: I thought the [color] was nice, but I didn't really have a feeling about it one way or another.

Harlee: I saw it the first time, walking through the doors and through the front entrance and seeing the colors...the [color], the [color]-type colors. I love it. I mean...It's cute. [laughs]. I like those colors.

Ivon: Ehhh...okay. I don't like the colors. I am funny about colors. [laughs]. I don't care. [makes dismissive gesture with hands].

Adrian: Oh my gosh! Those are pretty colors. That was my first thought. I liked the colors.

Three participants provided some evidence of an attempt to integrate memories, previous experiences, and familiarity with the new branding. The feeling tones conveyed by participants ranged from boredom to uneasiness/fear:

Payton: You think of something close. This was just totally off from what it had been. I wasn't thrilled... Didn't like the name. I was actually born in this hospital ...It was hard to identify with it at first... I was not very excited.

Avery: We are looking at a break up of colors. When it first came out, the colors are nice. But there is no [previous color] in it.

Adrian: You know, I felt like they were taking our identity and something I totally identified with...

A few participants ($n = 4$) attempted to connect conceptual and artistic factors of the branding with their own existing knowledge and taste. Feeling tones conveyed were diverse and included energy, a sense of beauty, boredom, and interest:

Payton: I didn't like the branding per se. I mean it is very bold, very strong.

Sydney: Yeah, yeah...It was aesthetically pleasing.

Morgan: I didn't really have...it wasn't a wow factor...I was just like, you know, whatever about the colors.

Adrian: It looked like a kaleidoscope of colors... like a lot of different things coming together.

Five participants attempted to find meaning in the branding. These same participants demonstrated attempts at intellectualization and insight while conveying interest, sadness, confusion, and in the last case captivation:

Morgan: Even though... it was just... it was just labeling on the hospital that was changing. You know, I've been looking at it for however long. It was saying something was changing and then... it... it... it was. There are changes that are taking place, whether I know about them or not. Big and small, there are things that are happening, and this is the evidence of what's happening.

Payton: At first, I didn't really like it at all. I just kind of came accustomed to it. I know the reason why they are doing it. They did not they want to localized or regional. That is the trend of hospitals...It really started changing with the branding and all that. Actually, it became official with the branding... It has different colors that could be symbolic to different cultures or different individuals perhaps.

Rory: I just do not understand this logo and how it was supposed to bring us together. I still don't, as I drive up to the hospital and I see it...I think about that. But,...well... it is growing on me.

Ivon: I think we played around with other names like [examples of State associated names]...I guess they chose a name that didn't dictate... so I guess it doesn't have either side's name or colors.

Adrian: Then when I realized what we're changing to, they were happy colors then it was okay. I can do that. I liked that we're moving towards something better...from the plain [previous logo]... that's what I thought about it after I saw the change.

Some participants ($n = 5$) shared emotional or aesthetic judgements in response to the branding. Emotions and aesthetic judgements conveyed were diverse and included boredom, joy, sadness, and arousal.

Payton: It did not seem very warm to me. I didn't really like it all, I've just become accustomed to it over time. I mean I have accepted it. I guess that it is true for a lot of people... I kind of disassociate from the [logo], or I mean in a way with the...with the branding...

Sydney: It is a...I guess it's kind of like a happy feeling because it's a pretty color.

Morgan: I think I didn't really start having any type of emotional attachment until they started changing the stuff on the outside of the hospital. Where they were... like taking it down. Then I was like, wow [emphasis added] this is really happening.

Adrian: The colors themselves gave me an emotional response. It was happier for me.

Lane: Ohh they are serious! The feeling probably was I mean...it comes in phases. The feelings probably were... They are *real serious* [emphasis added] putting it up.

Symbol 2: Allocation of resources. The second symbol that emerged from the data collected from the interviews was the allocation of resources. All participants (n = 11) mentioned allocation of supplies; allocation of staffing and pay, or both.

Allocation of supplies. Three participants demonstrated low level processing; that is, an immediate reaction to the allocation of supplies, including linens.

Disliking/displeasure was the prominent feeling tone:

Rory: They were buying different types of supplies. Our 2-in alcohol swabs went to like a 1-inch alcohol swab and then I couldn't... I didn't feel like I was getting my central lines as clean as I wanted. I thought, '*Ohhhh no*' [emphasis added].

Ivon: Kinda since the merger, like I've noticed things. We can't get linen on weekends and the linen cabinets are bare... you haven't been able to get linen and supplies.

Elis: They've cut... over this time period, or I have been told they have cut supplies, they've cut environmental services, and they've cut the linen people....For weeks on end, we go to bathe somebody and we have no linens. No linens.

Three participants provided some evidence of an attempt to integrate memories, previous experiences and familiarity with the allocation of supplies. Confusion, anger, and uneasiness/fear were most notable among the feeling tones conveyed by participants as they compared the allocations of resources today with what they knew of the past:

Elis: When we go to the pyxis, we expect to find it. Then, to find out... (a). We don't have what we need in the pyxis. (b). We don't have what we need down in supply. (c). We don't have what we need in the city of [name of city]. *Ohhh*... We

don't know when we're going to get it... *ohhh* we don't know if we're ever going to get it again...

Avery: In my 10 years of being here, I've never seen the pyxis empty of Colace and Tylenol. The pyxis is empty and you are calling for it. Yes, the pyxis is zeroed out. We just don't have any.

Sydney: It is frustrating though when you can't get linens on Saturday. And, you know, you can't get supplies. And, you know, it's frustrating to know that you cannot get a bottom to go into a bedside toilet...because there are no supplies. Because something is happening. I just haven't seen that...we have always had what we needed when we needed it... Maybe it doesn't have anything to do with the merger, maybe there is something going on in those departments. I don't run linens or supplies. I do know that we once had the supplies we needed. Maybe something is going on, I have no idea.

Several participants ($n = 4$) attempted to connect conceptual factors to what they experienced with the allocation of supplies with their existing knowledge and preferences. Participants conveyed feelings tones of anger, confusion, and uneasiness/fear as they attempted to intellectualize and gain insight:

Morgan: For example, if you are the largest system and you are buying... you know x amount of laundry that, maybe you would get it at a cheaper price if you're buying so much more... that you can maybe negotiate your price as far as

you know just trying to bring costs down. That's one of the only things I remember. But again, my corporate mind is sayingthe needs of the business... So, I guess a part of my progression, as far as my career, is trying to make sure that you know some... some seeds of wisdom are sown with the higher ups because you are making decisions [about resources] that clinical nurses are having to endure.

Elis: We can't put it in the place the doctors want to put it, because we don't have it in the city of [city]. That is just one example of a waste of my time... There is no communication that x is going to be substituted or that y is going to be discontinued... and so you need an emergency medication and you cannot get it. So, it is like, this is what we're supposed to do about this today or this is what we're supposed to do about this now.

Avery: It seems to me that sometimes we are lacking. I don't know if that's due budget, or someone forgot to order, or whatever. I just know that what I need to do and to take care of my patients I didn't have.

Taylor: I feel like, from the beginning, when they first started putting the messages out about the merger... I feel like they were trying to explain the reasons why they were merging. For me, it came across as an effort to consolidate and to get better pricing on different medical products and supplies

and to put everybody in a better financial position, I guess... That is the way I understood it.

A couple participants attempted to find meaning in the allocations of supplies. In their attempt to find meaning in the allocation of supplies, one participant conveyed disliking/displeasure while the other remained neutral:

Ivon: Evidently there's been a change in the way we receive linen... but the bedside clinician isn't aware of that. She just needs linen. Supplies ...I think when we first merged the type of alcohol swab changed and they brought in these teeny little swabs. What am I supposed to do with this? Maybe it had nothing to do with it, maybe not, but that's all we can go by... what we see right in front of us...

Taylor: I may be completely wrong, I feel like when you have a big leadership team, and everyone is kind of on the same path...if you are trying to do cost savings and that, the more equipment you are ordering the better discounts you get. Doing and buying as a huge system, that probably helps...

Five participants shared emotional or aesthetic judgements in response to the allocation of supplies. Conveyed feeling tones included anger, confusion, and uneasiness/fear:

Elis: We have no linens in the whole department. We have to open the cabinet doors 5-6-7-8 times to find something. I have people to take care of patients that

are dying. I am looking for linens. We then have to find somebody to call the linen department. They are going to come...they are not going to come...*maybe* they are going to come. Three hours later we still haven't bathed anybody. It is these ridiculous things that have gone on through this whole process that as a bedside nurse, it makes me not even care about the other stuff. This is supposed to save us money? First of all, you just paid me this much money to look for something...and not just me. There is a dozen more of me looking for something at the same time. If you are worried about saving money, I make \$30 some dollars and hour, and just spent 4 hours looking for something. Meanwhile, I am supposed to be taking care of two people. Literally, I had 7-8 unnecessary conversations on the phone... I had to go back and forth with the doctor...do you want to do, are we going to do, should we do, maybe we can do...Just a waste of my time...The nurses, including myself, get very upset when we feel unsafe.

Rory: My experience has been pretty... has not been like an earthquake under my feet type experience... I made my move to [Teaching Hospital] at that time. I'm enjoying it.... and then it was like *déjà vu* when the merger became a reality [referencing shortages in supplies].

Avery: What I'm actually seeing sometimes, I do get frustrated. As a charge nurse, it seems like we don't have stuff.

Morgan: To say, everybody has got an opinion... but, if you ask a nurse does it make sense for me to put this in this back corner by the door? A nurse is going to say , “No, that’s not a smart move. That’s extra steps.” If you want or if you are looking for people to be a little more loyal and stay on the floor and be bedside nurses... if I consider that you don’t think anything about me and you put this thing in this corner... it doesn’t make me feel like I want to do anything close to staying at bedside because I feel as if I’m a little minion.

Lane: Oh yeah...working at the bedside, and you don’t have what you need, or the patient needs it and you cannot do it... it just pisses you off. ... How can you deliver that treatment?... We need things for the bedside.

Allocation of staffing and pay. Staffing and pay were intermingled within participant responses, suggesting that participants viewed one as having much to do with the other. Five participants demonstrated low level processing; that is, an immediate reaction to the what they experienced around staffing and pay. Conveyed feeling tones included instant disliking/displeasure and immediate liking/attraction.

Rory: It is hard. It is becoming harder to take care of your patient the way you want to...sometimes as if you had your arm tied behind your back... you are not always getting the support [referencing unit staffing] you need.

Ivon: Then you did get a nice raise. You know, so that was nice, and we can catch up with, you know... you know, other hospitals.

Avery: The nursing shortage is *real*. Every time I walk in here and I am in charge and I see I've got four patients... and no unit secretary. I know, the nursing shortage is *real*... Okay, so we are short on money. They gave us that raise, but they took away a lot of other things.

Sydney: I think the first thing that most nurses are going to say is that everybody got a raise. That was great. That was a good thing because everyone at [organization] was sorely underpaid. I think it was great they did that.

Morgan: So, I'm thankful for what I have...I would say that was probably the first thing that I noticed... that they gave us a couple dollars at first and then, they gave us even more.

Four participants provided some evidence of an attempt to integrate memories, previous experiences and familiarity with staffing and pay. As participants sought to gain insight, uneasiness/fear and confusion surfaced as the most prominent feeling tones:

Rory: Well, when I was at [another acute care organization that had merged] the ground under my feet was shaking because we didn't have the staff...the wherewithal to take care of nurses and the patients wasn't there... So, I had that déjà vu feeling.

Morgan: There's so many times I pick up on my floor because we need help. I know what it's like working short. Okay, so I will reap the benefits of it.

But there's so many times and I'm not hard pressed...I don't have to take whatever vacation. I can stay at the house.

Adrian: Then, with staffing, they gave us extra money. They said this is more comparable. This is what will make more nurses to apply. Okay. I don't see any positions out there...So, what happened to the positions? I asked my manager, because we have seven travelers, but we don't have any positions on the website. So... when the travelers leave are we going to be just SOL...He said, *wait a minute*. I said, *pull it up right now, I want to see*. You don't know that your positions disappeared? So...*what the heck is going on?*...There's nothing...*but our doors are still opened right?*...You know that we got these three nurses leaving and I'm used to seeing positions shortly after that that. We have a position open; but this time I didn't see that.

Lane: It was easy to see If they are giving all this money, they are going to want something back. In my mind it is a business. It has to run. It has to be supported.

Most participants ($n = 10$) attempted to connect conceptual factors surrounding staffing and pay with their own existing knowledge, values, and expectations.

Uneasiness/fear, confusion, anger were negative feeling tones conveyed. More positive feeling tones conveyed by participants were captivation, a sense of being moved, surprise, and energy:

Ivon: I need to be able to have a conversation about someone's health care. I don't need the physician feeling like... you know...okay well I've got to see X number of patients in a day. Is that going to cascade down to the nurses? Are they going to increase my nurse patient ratio? Something has got to fall out of the basket...

Elis: So, we're short-staffed, the charge nurse needs to take a patient. So, she is not the charge nurse because now she's taking a patient... We need to send a tech home, so nobody gets a bath. So, we need to do this. We need to do that. Now this conversation,... So, literally this same conversation around and around and around. Tons of time spent on this same conversation and this cannot be granted...

Morgan: It is like this... because I was more mature, I could get the meat and spit out the bones. You know, but it was just like...if there was not a certain goal in mind, I would have been like... *Who needs this?* [emphasis added]. It was like more stress for less money. I'm not really understanding it; but, again... because, I chose and... I was a person of my word. I was excited about a couple extra dollars. And then later on when they made the decisions about the overhaul around compensation...It was... it was decent. I was appreciative.

Harlee: Money is not everything...family and people are more important. At the same time, you got to live. I've noticed, with that being said, you know...

it's like with our staffing being crunched, that I am here more than I am at home on average.

Elis: During this merger, we have lost an unbelievable amount of staff. The reason for that is because of their [senior leaders] behavior... not because nobody wants to work for a living. You know, the fact that the hospital has historically undervalued nursing, had not given us pay raises to market for three years... so when they came out and said they were finally going to do this for staffing... We felt like this... [gestures like the heavens open] like somebody cared. It's not like you gave me the moon. The raise you gave me is it still not worth... you know what I would get paid if I went across the street.

Rory: I get more value out of being in a place and working in a place where I'm working like this. More than financially. So, if I'm in a good place here, the money is not as important. It is not only money. It is something about taking care of your patient. Getting the support, you know I mean? It is something about the work of taking care of every patient... And working for the greater good is more important.

Sydney: It's like CEOs and all those people in power get all this money and all these bonuses and all this everything... and you got the people that are actually taking care of the people that you say you want to take care of ...you

know doing it and you're not taking care of them...and you are not going to keep people.

Adrian: One thing is that we did get a set substantial rate increase, some of us. My thoughts....Now you have to question if it is worth it if they are not going to let us get the staff we need. If they're not you know... people are leaving but there are no replacements. You have people out there like [other organizations] with a \$20,000 sign on bonus. My toes are hurting, my legs are hurting, my back is hurting when I go home. So, how different can *there* be? [emphasis added].

Lane: Everybody was surprised when he raised the salaries. We were all happy about that one. I was here for six years and we had not had a raise that high. We were very thankful for that... I know when they increase or give you something they want every penny of it, the worth of it.

Some participants ($n = 5$) attempted to find meaning in the allocation of staffing and pay. Conveyed feeling tones were sometimes pure intellectualization and insight, but sometimes evolved into perceived ugliness and confusion.

Morgan: It [the raise] makes a huge statement. It says, I know you are here working but at the same time there are expectations. I'm paying you for excellence and you not going to be able to give me wooden nickels. I need you to chop the broccoli and get this stuff done. So, I feel like there was a sense of value...And, I... and I accepted it....I knew what I was getting, but it just made a

statement. You know, we want to be competitive. What's going on around us, and that we not going to be like you know...we don't have to fix that, and act like bullies. We are not going to say to you, 'because we're so big, we can afford to nickel-and-dime you. If you don't want to be here, *'Ohhh well. We'll get somebody else. We will get somebody else to do it.'* [emphasis added].It made a statement, to say that I do value... value you... stay with our organization.

Sydney: Empowering your staff is what a leader does. It's just slow. You have to empower you people under you to do the best job they can do. That means getting resources to the bedside...where you have staff upstairs to take care of patients and get them out of the ER. You have to have staff take care of patients.

Elis: [Previous President] started that years ago when he said...you know he talked about all the people that he had gotten rid of...Yes, you got rid of all these people. Now we are short-staffed, and you got a bigger paycheck. That does not make any sense.

Avery: That's another thing, since we have merged staffing has got tight. It has gotten ridiculous...We have less staff...If we don't have staff then... So maybe if I'm not charging, and I'm on the floor.... So that I've got six patients at varying acuities, and then no techs. So now, I'm responsible for passing medications, completing assessments, turning, cleaning, and running up and down

the halls. And then they are still saying you got to be off the clock by 7:30.

Something has got to give.

Lane: It is nice, but everything is tight. Everything is recorded, in my mind, it should be like that I guess. They give you the raise. They want their money's worth... Then somebody says, *What about the staffing?* Staffing will still be serious problem. It will not get solved, even with the salaries. I have been on that floor for six years. Nurses come and go.

Fewer participants ($n = 4$) shared emotional or aesthetic judgements in response to staffing and pay. Most prominent feeling tones conveyed by participants were uneasiness/fear, anger, and sadness:

Morgan: ...but, it is like okay I gave you this money. But don't hold your breath. I don't know... you know what you got... It doesn't feel engaging.

Elis: [after noting promises around protected ratios in critical care areas] So, at that point, we all felt like a glimmer of hope because we were like oh my gosh somebody cares. [gestures like the heavens have opened]. Somebody gets it!... That was a big deal. And...and now they say they can't do that or won't protect that because of money. Now they have reversed it. *Are you kidding me?* [emphasis added]. It costs a lot of money to replace me.

Adrian: You look in the book, and the [staffing] grid is gone. So...I asked my manager and he said it doesn't matter. So, *we can't staff to our grid?*

[emphasis added] and when I asked my manager...well, he didn't look me in the eye when he said it. I depend a lot on that, when I ask you a question you should look me in the eye. Managers are not looking me in the eye. It is uncomfortable.

Harlee: ...but the care and the way I feel, and that kind of stuff is still the same. That part hasn't changed...at least I don't think so. You know the hours are just different. The passion is still there. The passion is still there...but I get tired. [whispers]. Yes, I do. I get really tired.

Symbol 3: Restructuring maneuvers. The next symbol that surfaced had to do with the restructuring maneuvers, both in the ranks of senior leadership and the right sizing of the organization. Based on the data, 100% percent of participants ($n = 11$) mentioned restructuring maneuvers when asked about what stood out to them as far as metaphors, stories, slogans, or repetitive phrases. Nurses shared what they felt, thought, or experienced with restructuring maneuvers.

Several participants ($n = 5$) demonstrated low level processing; that is, an immediate reaction to the what they experienced around restructuring maneuvers. Most participants demonstrated an immediate disliking/displeasure for restructuring maneuvers:

Ivon: It's just when you start assuming...and all these things are happening at the same time. You come to work one week and learn 283 people are going to be laid

off... you know, like I don't know where it was communicated that people were going to lose their job.

Adrian: My first memory... is when...they talked about it a little bit before... just briefly, and then there was a memo that came through and said people in certain positions, except for bedside nurses, can take uhh... They can take leave or leave the building or leave the company and get like a small stipend or whatever. You know, I was like *what?* Okay, so... *who are they asking?* That is what I remember first. That's my first memory...My thought was okay. *What else is going to change?* Because... from the rumors...from, okay volunteer... who wants to leave voluntary? And you know everybody was like [whispers] *who has left?* Did anyone in your department leave? Did they say they weren't going to do bedside nurses?...or they are not going to do this? ...*so, who left?* Then you know everybody is talking. How many people *voluntarily* left? Ummm...And then I heard that they were shaving off some departments and redistributing some people out of departments and that they had...and this is just hearsay...this is just the ongoing, that they had talked to some people with longevity about their PTO and that they could have that when they left and...I asked, *did that person ask to leave...*where they approached? what... what... what... what departments are no longer there or redistributed? Or...That is what I remember next.

Harlee: Like when you are...or when [previous CEO] is leaving...we knew [previous CEO] was leaving and then [previous president] was leaving. Alright, then even recently, [COO] was leaving...I was like ughh. Then it was real, I was slowly seeing the head of the heads leaving.

Lane: The CEO cut down some employees. Blah blah blah. I can understand that one. That was the first thing... I just heard that you know 300 positions were slashed. You know just like that.

Taylor: There have been some departments that had team members... that their positions were eliminated. So, a few of my job responsibilities changed a little bit...to help absorb some of the other team members' duties.

Four participants provided some evidence of an attempt to integrate memories, previous experiences and familiarity with restructuring maneuvers. Participant responses generally conveyed perceived ugliness, sadness, confusion, anger, and uneasiness/fear. Also present, as more positive feeling tones, were captivation and absorption:

Morgan: It was... it was painful... But I do understand. As a nurse, I know that whenever you have infection, in order for you to begin healing you have to remove the infection. So maybe this was a part... of you know what... what's causing things not to be in a good place, then you have to look at it... and if it's not productive. And if it's causing some type of difficulty....then it has to go. It's not personal. It's business.

Adrian: I took a *big* pause. I have been with companies that have taken other companies. You know your insurance might change... ummm you know... you know the color you are wearing might change... you know your badge might change... but this is the first time I've ever experienced... *We need to alleviate ourselves of some people... Let us know if you want to go*, that's how I felt. What? Who are they asking? That type of thing... It was *whoooooa what?* [emphasis added]. Then they are gone... and I didn't see that coming. It's just been a lot... a lot really fast... and I haven't seen enough positives.

Avery: [Referencing a previous employer's merger]. Back when that happened, I was thinking that it was going to be pretty good. They gave a big talk... Ra ra re! We went back to work, and everybody was busy working and everything... They came back and said we were 72 million dollars in the hole. They took everybody down and we were doing filing and everything. One girl said, well at least we still have a job. I was still trying to find another job in the company. Then they came in and said let's have a talk. I went into the room and everybody was crying and everything. Then my time came, and they said this is your severance package. You get your salary for another 15 weeks, one week per year... I guess I got blindsided because I was younger then. So, with age comes wisdom. So now, I look at you sideways. *What are you really up to...?* [emphasis added].

Rory: I was concerned and worried because I experienced the one at [another hospital] and I had that deja vu feeling.

Most participants ($n = 8$) attempted to connect conceptual factors surrounding restructuring maneuvers with their own existing knowledge, values, and expectations. Participants conveyed feeling tones of perceived ugliness, confusion, anger, and sadness.

Payton: Certain departments started disappearing and I'm sure that's when I first heard about it. Something like that. But you know, they were downsizing some of the individuals who've been here a very long time, with the retirement packages that they were being offered umm...I believe that was part of that, I am not a hundred percent certain. I guess that certain units were being absorbed or disappearing so either that was to reduce overhead for the entire hospital system or related. I could speculate.... I mean, I was thinking it was about that.

Ivon: So, when those 20 some odd nurses were let go out of quality, for whatever reason, because there again we don't know the reason because nobody's meeting...I don't know where you find that information out. Anyway, when they lost their positions in January. Just prior to and right in front of Christmas one of the nurses received her 20-year diamond pin for 20 years and this beautiful letter of how she was valued...what she meant to [previous organization]... but a beautiful letter and two weeks later she is let go. *How are you going to manage that up?* [emphasis added].

Morgan: To be honest, it is the little people that I've interacted with... Those people that were here for x amount of years. We had a unit secretary. She had been here like forty some years... and they just profiled her last year for being here for so long. I am saying this now, just because you know... So, it was disheartening... But it didn't matter that she was here for -- years and that she was a part of this sweep of people. You know, people can go this week and can come back into the organization as something else; but, I'm just like... so I can give years of my life to something and then you can tell me I need to do *what* now? [emphasis added]. Okay... so it just put things in perspective.

Sydney: When you leave the same bodies, in the same place, making the same decisions, then rather you change the name or not doesn't matter. If you're not doing the right things, things are not going to change. So... when you change people, I think it's a good thing because then you can actually see a change in action. Fresh faces, fresh minds, fresh eyes. I believe it is a good thing... Yes, if you are going to change. I mean, you can't just change the name and expect things to change. You can't just say this is what we're going to do... if you have the same people, complacent. When you said that multiple times in the past, and if things are still the same... No matter what name you are under, if you don't change those... those people and those minds and those ideas and bring in fresh faces, I don't think anything else will change anyway.

Adrian: It was just like that. I guess I looked at the clock and it was just like quiet and nobody was really saying anything. We were just like...It's just like it wasn't even as loud as it was previously. Our floor could get loud. We were all doing the same work and everybody is just going in slow motion. Everybody is processing it. It was hard to process because I think everybody internalized it...about loyalty and because he had been here for a while...and importance...and a lot of nurses said *they said they weren't going to touch bedside nurses*. [emphasis added].

Elis: I was there that day and I didn't know about it [restructuring/reduction in force]. We should not hear about it through the news. That should not happen. You know, somebody called and asked me about it. I work at the hospital and I didn't know about it.

Taylor: When the whole merger happened, it was supposed to be great for everybody. But, it wasn't so great for some people because they don't work here anymore.

Some participants ($n = 5$) attempted to find meaning restructuring maneuvers. Participants conveyed feeling tones of nostalgia, confusion, anger, surprise, uneasiness/fear, and sadness.

Payton: How has it been overall? It's kind of ... Well, there have been some stressful points. I think since I started my role it has changed slightly. It's

changed because maybe people have left the department. But, my work...the work that I do, impacts a lot of people...I guess, it's... The positives are the right direction for the system.

Morgan: But then you know things started changing. [Previous CEO] was gone and you know the things that were a staple for me as far as what [previous organization] was. It started changing out. Well this says a lot about you know who... who has the upper hand...I don't know. I pray a lot. The fact that both [previous CEO] and...I'm sorry three, [previous CEO, President, and COO]... All those big names ...it's no more. What does that mean? Did they like say, *'Okay, I want to go ahead and transition out'*. Like... *What is...* like you know...*Who am I? Who's next? If they get rid of him.... then I could go.* [emphasis added] But again, I'm not really concerned about a job because I got this. I can get another one; but, it just...it just kind of put me in the mind-set to say that you know it's not personal. It's business.

Adrian: I felt like... *What does that mean about the organization?* You know, *Who... are they going to keep us?* [emphasis added] Is this company going to come in and bring in their own people? And I did not feel... I did not feel such of a ...my feelings had subsided a little bit because it seemed to me they weren't talking to any bedside nurses. I wouldn't say we were safe. They were just not talking to a lot of on the floor bedside nurses.

Harlee: Where are we going as an organization...if I can use forefathers, as an example...a metaphor example, are gone? What does it mean if our forefathers are gone? What does it mean for the organization now? And of course, if the organization changes, it impacts us as staff members. What does that mean for us too?

Lane: The CEO has to do this thing [reduction in force] for us to survive....to keep this hospital running.

Five participants shared emotional or aesthetic judgements in response to restructuring maneuvers. Conveyed feeling tones included uneasiness/fear and sadness:

Payton: As far as negative emotions, ...change. There will be more changes in my department. There already has been. There is a new leader. I know more changes are going to happen. My current director may or may not report to her . It has not been said, but I know we are going to have a new manager and that's not a director. So, how it's going to change? And that it's little bit stressful. I am not negative about... what's the word... I'm just hesitant about it. I will just see how it goes.

Ivon: A year ago, 20 some odd registered nurses lost their job...now that hit home...20 nurses in the quality department. That made me cry. Not boo hoo cry, but that was very tearful...Oh my goodness that is horrible. I do not want anybody to lose their job unless they are not doing their job...or unsafe...

Adrian: My feeling was... are we at such a financial deficit that they are going to ...if so many people don't volunteer, are they going to get rid of some people...or force some people out. That was my thought. I was like oh my God, I just got here! [emphasis added] That is how it felt...What totally sticks out to me, from this last month or so...has just been really painful. I have worked on a several floors and I know a lot of different people from the different floors. We didn't know... I mean, I didn't know it was coming; but, when it came it was just so painful...It was not even a topic of conversation. It made me question my worth there. That was my thing... Fear. Everybody knows deep down inside that nothing is secure. Your job is not secure. Everybody knows that...everybody knows that...[emphasis added], but they like to think otherwise. But right now, that is what we are feeling.

Harlee: And you know you hear through the grapevine... you know, that they let go these people go, they let go of this many people, that many people... Then you see like your major leaders, your head leaders are leaving. You know, the top leaders... I'm like okay you know these are the head of this. And it is like the head of the body and I always say, if your head falls, your body goes with it. That is scary to me. That is really scary to me. It scares a lot of us because nobody knows what's going on. You are walking into the building and it just feels different.

Elis: I think that the more anxiety that's created or the more uncertainty that is out there... the more unstable everybody is in their work environment and their ... just their choices to stay or go.

Symbol 4: The leader connection. Although every participant ($n=11$) mentioned restructuring, almost all ($n = 10$) shared experiences with senior leaders themselves. Meaning, they identified and at times missed a certain connection or aesthetic presence with senior leaders.

A few participants ($n = 4$) demonstrated low level processing; that is, an immediate reaction to the presence or absence of senior leaders. Participants conveyed feelings of disliking/displeasure in response to the perceived absence of senior leaders.

Ivon: ...but as far as somebody high up coming around and just being there and present, I do not see that.

Adrian: I will put it this way, more genuine. I would say leaders were more genuine than what we've been experiencing lately.

Sydney: So ...[COO] is gone. I mean a lot of people are leaving that were here before.

Taylor: Honestly, I don't have a relationship with the new leaders. I probably wouldn't even recognize them.

Six participants provided some evidence of an attempt to integrate memories, previous experiences and familiarity with senior leaders. Conveyed feeling tones when

referencing the past included nostalgia, liking/attraction, being moved, and captivation. When participants discussed the present, the most prominent feeling tone conveyed was sadness:

Payton: I can look at what I know about the past COO, he was very personable, and he would receive email messages from the nursing management and he would respond. He didn't really need to do that... I think you lead by example and I think that there was presence.

Ivon: Before the official talks of merger, when we were still [previous organization]... we saw senior leadership frequently. I could almost pick most of them out of a line up. I cannot do that today. I met the new "COO". Is that the correct word? C-O-O. I think we took a picture with him on [the unit]. I cannot tell you his name...he wouldn't know my name either. [Previous COO]? [He] knew my name... So before, senior leaders would come to the unit. [Previous senior leader], when he first came here, he would come to the units on Saturday in khakis and a button-down and walk around and ask how you were doing...very visible. [CNO] was extremely visible.

Sydney: My personal interaction with [previous COO]...When I think about [previous COO] he's always got a smile on his face. He always comes through.

Adrian: Before it was like...Hey, I spoke to [previous COO] and he listened. We used to say we talked to so and so and it is going to be all right...but now... We do not have those people to talk to.

Harlee: You felt a little bit more secure, you know when it was [previous organization]. Ummm... I almost feel like...I almost feel like senior leaders really did care. To me they did. You know.. you know... you never know what's going on behind closed doors, whatever but I mean, if that was a front and it was a great one. You know, I mean to me they really did care. They really did about their people. I am not going to say they don't now but just it feels different. You know, it... it feels different. It's like you have been in long-term relationship and you were all lovey dovey at first, then you know... then it is different. You love each other at first and then you know a couple of years in and it seems like something's different...That type of thing. There is just something different, but you can pinpoint what it is. You just don't have the same feelings.

Taylor: I know in the last few years, they spent a lot of time building relationships...So I had a lot of confidence and respect for them. I just don't know the newer ones yet. I just haven't seen that presence in our department, like the other ones attempted. They used to come through a good bit ...if I was going to get lunch they would speak in the hallway. I haven't even met some of our new people.

Five participants attempted to connect conceptual factors surrounding senior leaders with their own existing knowledge, values, and expectations. When participants referenced the past, they conveyed feeling tones of captivation, being moved, and nostalgia. Participants conveyed feeling tones of uneasiness/fear and sadness when they referenced more recent experiences.

Ivon: Well I mean...[leader presence] should make her feel like she's validated, or you know...you know... They used to round and come around and get the managers and then they... they would say or go to the assignment, point, and say I want to see this nurse. They didn't know who they were pointing to... The manager would get her, and they would talk a few minutes. *We would see them, so they knew we were here.* It was good. We are the ones here on Saturday and Sunday, and after 5 o'clock.

Adrian: But when I spoke to [previous COO], he would look me directly in the eye. He would put his hand on my shoulder. He would let me know, this is your time. It may be nothing more than a split second, but it was my time.

Harlee: The same problems existed, but to me...to me even with upper leadership... I see... I see the intensity in them too. Going back to what I said about having a game face. In the end they are human, but you see them stressed out...and you are like ...then they're going through a whole lot. I think

everybody's really feeling this. But you have to ask, if you are nervous then what...

Avery: I feel [senior leaders] are disconnected. I feel that they mean well. They have an idea of how it should go, but they have not worked the floor... so therefore, they don't know... or they haven't worked the floor recently, so they have no idea what's going on.... or they don't have it... It is like they need to go to each floor and see who and what they are affecting.

Three participants attempted to find meaning in response to senior leaders.

Feeling tones conveyed by two participants included uneasiness, fear, and sadness. One participant conveyed a tone more consistent with intellectualization:

Adrian: Leaders are... are running amuck and are tense, and I'm sure her [CNO] replacement...she's busy or whatever. But it's like... it's not even more so of their presence at all, it is the feeling that they give when they come by. It is just like they are too stressed to talk to you right now. And it is like they really don't want you to stop them because they may not be able to tell you the whole truth. They can't even look you in the eye. That is my perception.

Avery: You felt like these people, you knew them. It was insignificant conversations and maybe they didn't care; but they showed they cared, and they made it look like they cared. I don't know that I have met anybody from [other organization]. I know that they said [new CEO] was going to come through one

night. We waited. And we waited. Then I looked at the clock and it was 11 o'clock. I knew he wasn't coming in then. I don't think he even came in on the dayshift; but they said he was coming through.

Sydney: I knew him. I think it's a good change. It's unfortunate that [previous COO] lost his job; but, I mean when you... I don't know how accurate the information is...that is coming from the grapevine...you know it is co-workers talking...is that he lost 12 million dollars in a quarter. That's why he had to go, and I don't disagree. If I don't perform or make a mistake on the job then I am gone, or at least reprimanded...so if that is true, he had to go. They should be held to the same standards.

Three participants shared emotional or aesthetic judgements in response to senior leaders. Participants conveyed feeling tones of nostalgia, sadness, being moved, captivation, absorption, and surprise.

Morgan: [Previous COO], that just seems to be like a dagger through my heart. Because even though he was in senior leadership there was a personal side of him. You can see him, and he would like pause and talk to you. He was a little more personal, more engaged. Like he saw you. If that makes any sense? He was like, Hey, what's going on? and he was not just generically saying hello. He genuinely was asking, like what's going on? Are you okay? What can we do to make sure... whatever is happening?... And then he would have dialogues with different

entities ... like you know a manager, or tech, or nurse. It was not just me. This was his demeanor, when he interacted with people...he interacted with people with intention.

Adrian: [talking of COO's departure] I just felt distraught. He was just so likeable. He doesn't know me from a grain of salt. You know when I walked past him he would call me by name. You know, like it's not like... I would always say Good Morning to everybody. And he would say Good Morning, Adrian. You know he would always say my name. That is my perception of him. It wasn't but a few times, but he would always call me by name. It was very...You know if we were coming out of the elevator, I would probably get stuck like that [gestures like one foot was stuck in the closing doors]...with the elevator doors...when he called me by name. I only had... I think maybe one or two conversations with him and he's always been pleasant. He's always called me by name. And I would think, maybe he saw my nametag. But no, he couldn't see that tiny writing. He always wanted to know how I was doing. I haven't had but one or two conversations with him. And you know, it wasn't like that 10-minute how's the weather kind of thing. It was, *Hey, is everything going okay for you?* And I would think, *are you talking to me?* For me, he just had a superstar kind of presence. Everybody knew him and you know he is big up there. I just could not believe...to me, they could have done that better.

Lane: [Discussing COO's departure] I was shocked. Shocked in the sense, like why I said, we don't know what did he do or for me, did he not make his quotas or like a requirement or something? Or, was he doing something that is not good? I don't know. That's why I'm shocked.

Contextual Fabric Surrounding the Merger

Four sub-themes surfaced as contextual fabric influencing the aesthetic experience of nurses during an acute care system merger.

Lost voices. Six participants referenced their lack of influence on the decisions made during the merger, small and large. Nurses shared thoughts and feelings across a broad array of corporate decisions, from benefits to mandated removal of badge buddies. This particular contextual fabric seemingly supported negative aesthetic emotions such as perceived ugliness, disliking/displeasure, boredom, confusion, anger, uneasiness/fear, and sadness.

Rory: [Discussing decisions around changing procedures/equipment/policies during the merger] We do not have much say in the process.

Ivon: It could be... Like now we hear we're going to be wearing black scrubs come the end of the year... that all registered nurses will be in black. And I am like *wow*. Black. Okay. Who made that decision? It's the scrub that I have to wear but I have no say-so in the decision? It's little, but it's big.

Morgan: There are things that I can control; but then there are other things changing that I cannot control... You didn't ask a nurse. You didn't ask ONE nurse if that make any sense. You just made the decision and said oh well...you didn't ask a nurse anything. That doesn't make me feel valued.

Adrian: Nobody asked us, you know who was important and who wasn't important. It was just like that... We used to say we talked to so and so and it is going to be all right...but now... We do not have those people to talk to.

Elis: [discussing reluctance to speak up]. I clearly think leaders don't really care what I have to say. It is like you are being negative if you point out a system that doesn't work. That has been historically repeated over and over again. The people that convey that continue to survive. Unfortunately, they keep surviving through all of this...those people whose response to any kind of input is that you are being negative... I don't know. I mean, I think...it would be most helpful if there was a better way to directly communicate from the bedside to top of the chain. Instead of all the people in between that are coming up with ideas and the person next to them always saying yes. You know, there... there needs to be a way to cut through some of that because the corporation is so big that there so many layers of people that I'm sure somebody thinks is important. But they are all busy telling each other yes. You know, nobody knows what their decision is going to impact.

Avery: It feels like we're lost voices. What we do, what we say, what we feel doesn't matter... I am not saying all of our situations were perfect. But you are not even...you are not even taking it into... it's like we have no voice. We really have no voice.

Loss of standing. Nine participants (n=9) referenced the other organization's perceived upper hand during the merger. Nurses shared thoughts and feelings they had in response to changes that have occurred during the merger, and clearly indicated they felt they were doing more of the changing. This contextual fabric seemingly limits the ability to feel positive emotions, and potentiates negative aesthetic emotions such as perceived ugliness, disliking/displeasure, boredom, confusion, anger, uneasiness/fear, and sadness. Feeling tones of sadness, grief, and anger were palpable in participant responses.

Rory: [deep breath] So we're trying to get on the same page with them now...So, we are not going to use the [clinical product] anymore.. We were always going to use the [clinical product]. And now we are merging with them, and we are not using [clinical product]. So, I think that to me... and then you said [new organization]... so we're not [the previous organization] anymore [grimaces]...

Ivon: I kind of felt like everything was the [other organization's] way. We're going to do this because they do it this way... I think the overall consensus, at my level, is it's whatever the [other organization] is going to do is what we're going to do. Are they going to do anything like we do? Is it a merger? Merger

means coming together if I'm not mistaken. Merger should mean *a* meets *b* and comes together for *c*. What are we doing that they are going to do in the [other organization] ? I am not upset...but anything...maybe we don't do anything... like that...I don't know.

Sydney: Technically, a buyout is one company is taking acquiring the other. A merger...is, obviously, two companies coming together. The two have made it very clear that it is a merger. From my understanding, and I am not sure it is accurate...is that [the other organization] has... like, a higher share in the percentage of [the new organization]. Like the [other organization's] corporate people have more.

Morgan: If we [colleagues] talk about it, it it's about the lack of pull that [the previous organization] has had...that like we were peons compared to [the other organization]. [The other organization] must have had whatever they needed to have because they are able to call the shots because...that's probably the brunt of what we talk about.

Adrian: Well when they came in and they were saying... one of the first things...when I found out it was [the other organization], because all I knew at first was [the new name]. I was like okay. The education and everything seem to be good here...but I didn't know. After the pain of the change... and but you

know... and it... and then I heard the words realigning things to be more like [the other organization].

Harlee: Like I said, when they first discussed the merger. I wasn't worried. I think where I started getting nervous at... I just felt like...[the campus], and I'm just saying [the campus]; but, I mean all the [previous organization's] campuses. It just felt like we were doing more of the changing. It's like, we were more so adopting...I may be looking at it wrong...but it felt like we were adopting [the other organization's] ways and that they were not adopting any of our ways. They could be, but I am just telling you from what my view or my perception is...I mean *are we that bad?*

Elis: Because of how...at first it was a merger, and then it turned into somebody's bailing us out. That was how the message came across. At first it came across as it was a partnership between the two groups. So, everybody was going to have an equal voice in decision making. Clearly, that is not how it has happened... My understanding was...you know we were all going to have a voice; but, evidently [the other organization] rules all.

Avery: So, when the merger was announced, it didn't really bother me...since then, it really has not been a merger, it has been a hostile takeover. It seems everything that we do... so [the other organization] is in charge and we have no say so. At times, I get a little annoyed because it feels... In a merger, we

will take a little bit of your stuff and you take a little bit of our stuff and we will work together, but it doesn't seem like that's what is happening now. Whatever happens in the [other organization], this is what we are going to do. People say that is what happens in [the other organization] and that sort of thing. We're going to do it like they do it...So, you lose some of your identity, because this is what we did, but what we did has no... no meaning whatsoever. We're not even taking into consideration how you did things. Now, it's more of their stuff and that stuff just takes over. You can deal with it or you can get out the door...*Why* can't you see how we do things? It's really about making a merger a merger, and not a hostile takeover... And again, you hear talk. For instance, our [COO]. It was like he was here this morning and when we came back it was, he is gone. They brought somebody in from retirement and he is from [other organization]. They are in charge now. Why are we playing around with it? Just... just go ahead and get rid of everyone. Just put all the [other organization's] people in.

Lane: It's mixed feelings. Let me say that at first that it's kind of like doubtful in the sense that who will rule? Is it [the other organization] or [the previous organization]?

In the trenches. Seven participants (n=7) referenced the position of the acute care nurse during the merger. This contextual fabric seemed to show the most variability among participants; yet was a critical component of the nurse's individual aesthetic

experience. Traditional nursing values were interwoven, as participants conveyed a wide array of feeling tones to include uneasiness/fear, confusion, captivation, energy, insight, joy/humor, and vitality/arousal:

Payton: I don't... I didn't feel this part, but I know leadership,... managers on the other end, are almost fearful, in a state of fear of getting an infection or CAUTI... I don't know what happens on their side, but I know it got to the point where they would start getting calls and the managers started sounding very worried...and yes there is that part that [question] what is this culture going to do if I get a CLABSI or CAUTI?... This is not the way it has always been... There's pressure for that high-end product and...and that goes to the manager and requires them to perform, and that trickles down to the floor nurses... There is more pressure to make sure your work is extra good, there is more validation.

Rory: I think that for younger nurses who have not gone through it...who...ummm they...This new generation... I don't know but they feel more pushed upon and more unsure. *They are making us do this and they don't see the reason why.*

Ivon: Well I mean, I'm just a staff nurse... I hope that there's a purpose to the merger. I hope it is to get to a happy medium where we can give good patient care...great care... whatever it is and keep nurses, physicians, nurse technicians, x-ray technician and all the different interdisciplinary team members satisfied. I

hope there is a purpose and a happy medium. Without a nurse and a physician, I do not know what you are going to do.

Morgan: I was just trying to be a nurse. So, I don't really care about all that stuff... but, I thought that it was a strategic move to make themselves more solid, so some big person couldn't come and just bust them up and say this is what you are doing, and this is how you are going to be doing it... Again, because I'm a nurse and I'm a bedside nurse... I'm not really concerned because I'm in the trenches and now I'm sure they want me at the bedside... and I'm not... I don't know. I pray a lot. And that probably doesn't have a lot to do with... You know what is going on as far as corporate. But because of the skillset that I have, I'm not concerned about a job. I want to follow instructions as far as the directions they have come together with. It didn't really mean a lot to me. I like positive. You know again because of my past experiences, I feel like just... even what I said as far as my floor... When you have got some good stuff going on, it trickles down. I just hope that you know...that whatever is going on that it is some good stuff and it trickles down.

Harlee: There are a lot of things that are being enforced. Don't get me wrong they should be and they have always been the rules per se. You know... it was not that way. It is a lot of things. You know I have no problem with rules or anything like that, by no means. You know, we all need those boundaries that

need to be set. I mean, it is a wake-up call. You know it's a wake-up call and at the end of the day, we are professionals in this organization and this is how it is going to be ran. It has been a learning experience, mostly in a good way, it has taught me discipline. You know I can't be a brat. Things are not going to go my way all the time. I am resilient to a lot of things...not to say it doesn't bother me, or it doesn't hurt my feelings...

Elis: I guess, in nursing in general, you can never make it up. I mean like you can't make this stuff up...the silliness that happens. I guess it's an experience when you're trying to merge you know with anything... you know the things the patient's do, the things the doctors do, the things the hospital does. I mean the things that just generally happen in a day are absolutely comical at times. I mean they are serious at times too, but you cannot make this up. Being able to survive? Just working in an ICU...gets you ready for the rest of the stuff that's going to happen in the hospital. Dealing with life and death and all the silly other stuff that happens and doesn't go right gets you ready for the rest of stuff that is going to come. We all have really inappropriate sense of humors, you know you just have to joke about it...just because you would just be pissed off from morning to night if you concentrated on how much crap is going to go wrong during the day, when you're trying to do your work.

Lane: For me, I'm not on the top of the managerial positions, I am just a bedside nurse. For me, in terms of work related... nothing has really changed. We are still doing, you know the old things. For bedside nursing... Even with [new organization], it is still the same, we are here... I can't really tell the difference. Like I said, I am not really in a managerial position...

Vague versus transparent. Five participants referenced leaders' communication with acute care nurses. This contextual fabric was criticized by all but one participant. More recent communication methods seemingly strengthened negative aesthetic emotions, such as perceived ugliness, dislike/displeasure, confusion, anger, uneasiness/fear, and sadness. Only the last participant appeared to unfurl the fabric as she relayed her thoughts.

Adrian: [Long Pause.] I would put things a little bit more on the line. Everything seems to be covert to me... with a different agenda.

Elis: We hear about most things first either from the press, through a rumor, or because somebody knows somebody; but, never firsthand from the organization. Never... You know, to hear things through the grapevine, no matter what the grapevine is, makes you feel really unimportant. The possibilities of it... just the uncertainty alone, and what is going to happen creates a lot of doubt... You know, what I really think, you know not being one of the special people... The merger had been in the works for years. People above us knew... It became a very

uncomfortable place to work as the merger was announced. It took so long. I am sure it is normal for it to take this long...but it was we are going to merge. We are talking about merging. This is when we're going to do something but then we can't do anything until this happens... and there was never any clear-cut timeline communicated to somebody like me...where we knew exactly when things were supposed to happen... You should put out information you want disseminated multiple times in advance. Okay. You know what I mean, like a blurb somewhere and page of information. That is... you know... you know if it is so long [gestures], I'm not going to remember that. I mean, I may never see it. You need...you should put the blurbs out, the information you want disseminated in small blocks multiple times. Multiple times... to get it to where it needs to be.

Taylor: I think we get a whole lot of email. I think some of those emails just get lost in the shuffle. I feel like the managers, the unit managers specifically, are pretty transparent about things. But across the organization, I feel like that there is a lot I don't know...that I would have known a few years ago... I feel like they try to make you feel better about the situation. But, even after you read the emails, you really feel like you don't have a clear picture of what is going on... It doesn't quite align to me, because I feel like before, the correspondence we would get...It was this is how it is. You may not like it, but this is what it is. You at least understood what was going on...

Harlee: I think it's what is not being said... It is like...It is the unknown. It's just the unknown. Now granted, I understand that... I mean not everything can be put on the table. You know you got to be...be mindful of what you say, and you know what information you release... but it's still a big unknown. It is still like a black hole. It's just something there... that nobody knows the answer to and if they do, nobody is saying anything... and then you are kind of getting caught off guard. And you don't... you know you just don't know if you doing the right thing or if you are the next...it's just that uncertainty. It is uncertainty. [Long pause]. I mean, to me, like I said.... My thing is just communication, honesty, and knowing. You know...I do not need to know everything but just give some kind of insight. You know... just kind of... just you know I don't want to be the type of person... if I'm doing something wrong or if I'm not meeting the standards that you don't have to get on to me. Just tell me what I need to do to improve. I don't know...it is just communication to me...communication and honesty.

Rory: I don't know, I would like to know more ahead of time. Like if I knew that this was coming then I could have felt better about it ... I just think maybe they're slow to let things out. I know... I tell... I guess they want to make sure that things are...that their ideas are solid before they let the information out...that this is really what we're going to do. Which is good because it would be

really bad to say this is what we're going to do and then change what we're going to do. So that would be worse. So, in that case, I see that them holding back probably is good...as I'm talking it through... but ummm, I don't know... They are so wordy a lot of times in their information. That's hard like when you are working. If they could shorten it and give more updates... I think, instead of waiting for a long period of time and then telling us a lot in a lengthy email.

Two participants shared past experiences with senior leaders as they communicated in what used to be called all-team meetings. Conveyed feeling tones included captivation, being moved, nostalgia, energy, vitality/arousal, interest, and flow/absorption.

Taylor: When we would go to the...I forgot what they called it...the all-team meetings and all that...I feel like they were pretty transparent about showing us where we were in meeting our goals and financials...and it felt like we were never really making a profit....I don't think there was anything we were doing wrong. I just think with all the changes in healthcare funding, Medicare and Medicaid...It created struggles, not just for our organization, but to everyone providing healthcare... I do feel like that is a difference, but it may be because the merger is still in process. I don't think all those kinks have been worked out. I do think when they used to do all those All-Team meetings every quarter, you knew where the organization stood. We were all focused on the same goals. You knew the

why and what behind the changes they were making. I don't feel like we do that so much now... If you find out about something on the media, you never know what the real story behind it is or the real reasons for the decision. When we used to have our all-team assemblies, that was time for just the team. That wasn't the media, that was not other people. That was when leaders stood up there and took accountability for what was happening. This is how it is. This is what is going on...so when you walked out of there you felt like you were more engaged because you felt you were included.

Ivon: They would call us all down... and you know... we had those...ummmm... We had those forums every 3 months. We were brought to the auditorium and we were shown the whole picture. We were shown the quality numbers. We were shown what we were doing for the community... and our checking account, that is what we called it. This is how much money came in and this is how much went out. We were in the red this amount and this is where we are doing great ...and this is where we're failing the public. That was awesome. It started out quarterly and we would all go downtown. That got to be a bit much and that was costing too much money. Then, they re-shuffled the deck. They pulled us back. We don't need to go downtown, but it would be nice if we could go back to the auditorium and see. This is what we were doing; this is what we are doing now. Da to Da to da... Because if people knew the why behind the do, then,

you know they may be okay... And there's something about being called into a room and sitting still and listening to someone in authority saying this is it .To me, it's no different than the physician coming into this room and talking to you about your sick family member. Telling you why he is sick, what we are dealing with, what we're going to do, and what the plan is. How are we going to get there, what are the side effects? Why is it necessary? Etcetera. To me, it is no different. So, I do miss that in my world. Perhaps they can consider... you know what I mean?

Evidence of Quality

For this study to be credible and in order to make a significant contribution to the literature surrounding acute care nurses experiencing a healthcare system merger, this work was contingent on the quality of data collected, data analysis, and verification of findings. Phenomenological research pursues understanding through individuals as they make sense of their own lived experience (Mondel, 2018). Hence, in order to make certain this study was credible, confirmable, and dependable the procedures stated below were followed all the way through data collection and data analysis.

Process for Credibility

The credibility of this study was achieved by meeting the four inquiry elements, posed by Patton (2015). I collected data via systematic, in-depth fieldwork. Second, I completed my analysis in a systematic and conscientious fashion. Third, I trusted my

education, experience, and expertise to guide critical interpretation and the discussion of findings. Last but not least, I presented the work in such a way as to capture the value of phenomenological-hermeneutic qualitative inquiry.

Process for Confirmability

In addition to Patton's (2015) four inquiry elements, I focused on reflexivity practices, included substantial descriptions of the interpretation process, and employed verbatim quotations to illustrate and support interpretations (Hammarber et al., 2016; Ravitch & Mittenfelner, 2016; Sandelowski, 1986;). I also employed contextual and detail rich data from both transcriptions and field notes. Furthermore, I exercised "prolonged engagement" with the data through manual process, used NVivo 12, and member checks as I sought to produce a true reflection of nurses' reality (Maher et al., 2018; Ravitch & Mittenfelner, 2016).

Transferability

To ensure transferability, I yielded findings that others could find meaningful and applicable ((Hammarberg et al., 2016; Ravitch & Mittenfelner, 2016). Ricoeur's (1976) three-phase analytical approach aimed at moving individual responses to universal meaning. If future studies produce similar understanding and can apply this learning to another situation , then transferability is evidenced (Dawidowicz, 2016; Ravitch & Mittenfelner, 2016).

Process for Dependability

The procedure to ensure dependability was confirmed through careful record keeping and transparency around the analytical processes (Grossoehme, 2014; Ravitch & Mittenfelner, 2016). The use of two audio recordings and precise transcription strengthened this effort. After each interview, I wrote field notes with reflective journal entries that captured all the nonverbals, paralinguistic markers, and feeling tones that proved relevant to analysis.

Summary

The purpose of this study was to provide an understanding of how nurses within acute care teams experience senior leaders' executive symbolism during major organization change and to reveal crucial knowledge for sustaining acute care organizations during turbulent times. Chapter 4 provided an overview of the processes used to collect, manage, and analyze data collected from acute care nurses working in a merging healthcare system in the southeast United States. Participants were selected based on criterion sampling techniques and all participants signed informed consent forms prior to beginning the interview process.

Responses from in-depth interviews examined the aesthetic experience acute care nurses had when senior leaders used executive symbolism during a healthcare merger. The research question explored how nurses described their emotional judgments derived from aesthetic experiences with senior leaders' symbolism during intense organizational

change. All participants had a basic understanding of the merger activity as they were living through it. However, they experienced the symbols leaders used in both similar and diverse ways, evidenced by varied aesthetic emotions conveyed by participants. Additionally, contextual fabric influenced participants' experiences.

The last section of this chapter underscored the pursuit of quality. I described strict adherence to processes that assured credibility, confirmability, transferability, and dependability. Chapter 5 concludes this work by way of interpretation of findings, limitations of the study, recommendations, social change implications, and my experience as a researcher.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to understand how nurses within an acute care organization experienced senior leaders' executive symbolism during a hospital merger, revealing knowledge for sustaining both organizations and the senior leaders who lead them. This study was based on a single question: How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders' symbolism during intense organizational change? To answer this question, I focused on what transpired between senior leaders and nurses, which led to an understanding of the role aesthetics and emotional judgements played in an acute care organization during a merger. Understanding the experiences of acute care nurses, who make up more than 50% of the healthcare workforce, is significant in motivating nurses to meet the demands for high-quality and safe care despite the barriers created by rapidly changing practice environments (Dasgupta, 2016; Dyrbye et al., 2016; WHO, 2019).

I started with a phenomenological approach as I conducted in-depth interviews with 11 acute care nurses working on Teaching Hospital's campus. I used a three-phased hermeneutic approach, which allowed me to complete interpretation, reach comprehension, and arrive at understanding (Ricoeur, 1976). All interviews were audio-recorded to ensure accuracy. I used both manual processes and NVivo 12 for coding, data

management, and interpretation. Prolonged engagement with the data allowed me to draw out significant symbols, feeling tones, and contextual fabric.

In this final chapter, I interpret findings based on the executive symbols and contextual fabric identified in Chapter 4. This is followed by a discussion of the findings in relation to aesthetic theory—the work of Parker (1920/1976), Leder and Nadal's (2014) psychological model, and other relevant research. Lastly, I review the limitations of the study, recommendations for further research, social change implications, and my own aesthetic experience as a nurse researcher conducting this study.

Interpretation of Findings

Demographic

All participants provided a brief profile of themselves by answering a few demographical questions related to age, gender, education level, and years working as a nurse. Most participants ($n = 9$) were female. Over half of participants ($n = 7$) were bachelor's prepared, and one held a master's in nursing. Most participants ($n = 7$) had between 6-20 years of experience as a nurse, and all had been with the organization for more than 3 years. Every participant worked on Teaching Hospital's campus for the duration of the merger before rumors about the merger began to surface.

Research Question

Based on the analysis of the in-depth interviews, participants had a basic understanding of what a merger was. Participants discussed intrapersonal constructs

regarding the joining of two hospital systems into one, and varying levels of emotion surfaced during interviews. Responses ranged from vague feeling tones to outright emotions. Nevertheless, participants unpacked their feelings and emotions as they reflected on their experiences of symbols used by senior leaders and answered the question “How do nurses describe their emotional judgements derived from aesthetic experiences with senior leaders’ symbolism during intense organizational change?”

Sensed experience was conveyed throughout each interview as participants shared their stories. Each participant’s concern was apparent over what had changed or what would change. Participants echoed Beardsley (1969) in that some experiences had something special about them. Though executive symbols were not musical, literary, or dramatic, there was within the experiences similar to reading a novel or viewing a play because certain symbols were captivating.

Senior Leaders’ Symbolism

Anything that had meaning for the nurse could be deemed a symbol (see Cosar et al., 2019; Hambrick & Lovelace, 2018; Parker 1920/1976). Several symbols emerged from participant responses. Though participants were asked to identify metaphors, stories, slogans, or repetitive phrases, more often they identified substantive actions, inactions, and behaviors of senior leaders. Nurse participants shared affective responses to these symbols ranging from strongly positive to strongly negative.

Origins varied from things seen and heard to those from stories, myths, assumptions, or attempts to explain the unknown or inexplicable. Nurses also focused on certain symbols to find meaning in what they experienced. Affective responses contributed to or detracted from their acceptance and willingness to support the merger and consequent changes (see Hambrick & Lovelace, 2018).

An executive symbol's value rested in the sort of experience it provided (see Beardsley, 1969)—that is, a symbol had no value unless it made the participant feel something. Nurses identified several symbols as they shared their lived experiences, but four were addressed by all participants in one way or another. Nurse participants looked for clues and intentions in these symbols, sometimes instilling more meaning than perhaps senior leaders intended. Not every action or behavior was noticed, and only that which nurses found surprising, counter normative, or otherwise dramatic surfaced (see Hambrick & Lovelace, 2018). Findings aligned with previous works by Beardsley (1969), Cosar et al. (2019), Hambrick and Lovelace, (2018), Parker (1920/1976), and others as knowledge was expanded. Details surrounding the consistencies between pre-existing works and the findings of this study are discussed in the following sections.

The branding. All participants mentioned the branding of the newly formed hospital system. Some made vague references to the branding, and others saw the new branding as the hallmark of change. Branding was a symbol not easily overlooked by participants.

The immediate reaction to the visual image and signage on the campus was brought about by the colors contained within the branding. Some participants instantly disliked the new branding, whereas others experienced immediate attraction. Reactions were direct and associated with individual's personal taste, a totally subjective matter.

As participants shared their attempts of integrating memories, previous experiences, and familiarity with the new branding, they used phrases such as "totally off from what it had been," "hard to identify with," "a break up," and "taking our identity." Participant sensations arose from these associations and developed into ideas about the branding. Word choices revealed a sense of loss for what had been their work identity (see Bradley, 2016). Further, when participants tried to connect the abstract conceptual and artistic factors of the new visual representation to their sensed experience, they used descriptors such as "very bold, very strong," "aesthetically pleasing," "not a wow factor," and "like a kaleidoscope of colors." These responses were associated with personal taste, preferences, and their own ideas about the branding.

Significant phrases such as "I know," "I think," and "I thought" were used by participants as they searched for meaning. Word choices indicated that they did not pull meaning from legitimate organizational communication but rather pulled meaning from their own sensed experience. All needed time to identify with the branding and the realization that change was inevitable. Participants attempted intellectualization and

insight while conveying interest, sadness, confusion, and in the last captivation with the new branding.

Lastly, participants shared emotional or aesthetic judgements in response to the branding. There was variety in responses, swayed by outcomes of the aforementioned processes. Emotions and aesthetic judgements conveyed were diverse and included boredom, joy, sadness, and arousal based on what participants felt while with the branding (see Jovanović, 2015).

Allocation of resources.

Allocation of supplies. All participants remarked on the allocation of supplies. Participants disclosed experiences around unwanted supplies, inability to get supplies they needed, and having no supplies. These events involved everything from general medical supplies to linens to medications, even though in an ideal situation, resources would be maintained and stabilized throughout the merger (see Bradley, 2016).

Participants attempted to connect what they experienced with the allocation of supplies to their existing knowledge and preferences. In attempting to do so, participants recognized the allocation of supplies as a barrier to proper care, so feelings included anger, confusion, and uneasiness/fear. Participants expected that the new organization would be able to offer more robust resources, but they felt that bureaucracy complicated allocation and overwhelmed participants (see Bradley, 2016). Sensations rose up from these perceptions and evolved into ideas about the allocations of supplies.

Further, there was no apparent rationale for why supplies were not accessible, and nurse participants were left to find cause, which created uncertainty. It was not clear whether the supplies were not there because of the merger or because of a larger cooperate objective. One nurse captured the essence of this struggle when she declared, “that’s all we can go by... what we see right in front of us.” This shows how nurses pulled material for meaning making from their sensed experiences and not from legitimate communication.

Emotional or aesthetic responses rose from what nurses painted as an incongruous reality. Word choices emphasized the unrelenting, circular activity that misallocated supplies cause—most notably, “open the doors 5-6-7-8 times,” “7-8 unnecessary conversations,” and “extra steps”—and culminated into “you don’t have what you need, or the patient needs it and you cannot do it...it just pisses you off.” Throughout these most expressive accounts, anger, confusion, and uneasiness/fear were apparent. Participants also conveyed isolation, compounded by perceived defective and dismissive communication.

Allocation of staffing and pay. How participants reacted to staffing and pay was dependent on what they focused their attention. Participants shared an instant disliking for the allocation of staffing resources but an immediate liking for the changes in compensation. The connection between staffing and pay was strong, as participants blended one experience with the other. However, incongruencies between past

experiences and the present created dissonance. Words used by nurse participants alluded to reciprocation such as “[I work] and reap the benefits,” “compensation changes and nurses will apply,” and “[senior leaders] give raises and want something back.” As nurses attempted to integrate memories, previous experiences, and familiarity with staffing and pay, they implied expectations for exchanges and reciprocity. Participant narratives hinted at the search for harmony and balance that Parker (1920/1976) alluded to. As participants sought to gain insight and regain a sense of harmony and balance, uneasiness/fear and confusion surfaced. These sensations evolved into ideas about allocations of staffing and pay.

Expressive accounts emerged as participants shared their attempts at connecting conceptual factors surrounding staffing and pay to their own knowledge, values, and expectations. Participant responses contained references to professional nursing values, money, and work–life balance. As participants attempted to connect concepts, there was a misalignment that highlighted a cost-versus-benefit thinking. That is, nurses were frequently thinking about the sacrifices made in response to both allocations of staffing and pay.

Further, participants were unable to find meaning in the allocation of staffing resource, which implied a nonsensical experience or lack of evolution. Though nurses derived a sense of value with changes in compensation, there was no unity in the experience or clear signs of improvement. Not having adequate staffing resources was

experienced as a sign of devaluing nurses' contributions despite the sense of value that rose up from compensation changes. As a result, there was perceived ugliness and confusion.

Emotional or aesthetic judgements in response to staffing and pay included uneasiness/fear, anger, and sadness. The more expressive accounts portrayed a kind of detachment in response to senior leaders' substantive actions, inactions, and behaviors. Difficulties detoured the aesthetic experience and suppressed emotional judgements. Though senior leaders may have desired the compensation changes to bring positive energy, it led to a near apathetic response because of the allocation of staffing resources. Felt harmony, balance, evolution, proper reduction, and exactness were lacking in nurses' lived experiences (see Parker, 1976).

Restructuring maneuvers. The third symbol that surfaced was restructuring maneuvers, both in the right sizing of the organization and within the ranks of senior leadership. All participants mentioned restructuring maneuvers when asked about what stood out to them as far as metaphors, stories, slogans, or repetitive phrases. Nurses shared what they felt, thought, or experienced. Restructuring and required adaptations were burdensome because the changes impacted clinical care, attitudes, and behaviors, so they were experienced as being misaligned with the caring culture (see Eriksson & Naden, 2018).

Participants focused on both the team members who were separated from the organization and the senior leaders who departed. Words that stood out in narratives were “slashed” and “cut,” implying brutality or experienced tragedy. Participants demonstrated interest in the communication had with those effected and those remaining and often inferred defects or incompleteness. In other words, proper reduction and exactness were not found in the communication that reached participants.

As participants tried to integrate restructuring maneuvers with memories, previous experiences, and familiarities, parallels emerged. One nurse participant compared restructuring maneuvers to an infection: “If you have an infection, in order for you to begin healing you have to remove the infection...And if its causing some sort of difficulty...then it has to go. It’s not personal. It’s business.” In response to restructuring maneuvers, participants generally conveyed perceived ugliness, sadness, confusion, anger, and uneasiness/fear. Participants were captivated and absorbed by the restructuring maneuvers, though most participants did not feel the need for any sort of debridement. Emotions rose up from ideas and images created by restructuring.

Nurses attempted to connect conceptual factors surrounding restructuring maneuvers with their own existing knowledge, values, and expectations. Participants described their attempts as speculation, processing, or finding perspective as they conveyed defective and dismissive communication. Values and expectations were tested,

and again, the importance of self, or the individual nurse, surfaced as well as ugliness, confusion, anger, and sadness that emerged from narratives.

Participants attempted to find meaning in restructuring maneuvers, but these attempts roused more questions than answers like “What does this mean for me? What does this mean for the organization?” Participants conveyed feeling tones of nostalgia, confusion, anger, surprise, uneasiness/fear, and sadness. Without solid communication as to why these changes had to occur, meaning could not be discovered.

Several participants shared emotional or aesthetic judgements in response to restructuring maneuvers. Word choices that stood out were “pain,” “painful,” “horrible,” “scary,” and “anxiety.” These words illustrate an emotional response to restructuring maneuvers as empathy for others and concern for themselves. Participants conveyed a sense of being there. Uneasiness/fear and sadness surfaced, intertwined with a general sense of uncertainty. Once again, nurses seemed to seek harmony, balance, evolution, proper reduction, and exactness in the identified symbol, but these attributes were not wholly present in their sensed experience. Most notably, participants did not see movement toward something better, simplicity, or order in perceived chaos.

The leader connection. Many participants shared experiences with senior leaders themselves. Meaning, they identified and at times missed certain connections or felt presence with senior leaders. Brieber et al. (2014) asserted that people found artworks in a museum more interesting and pleasing than reproductions in a lab. Similarly,

participants found leaders more interesting and pleasing in person, more than words conveyed second hand or through other mediums.

Immediate reactions to the absence and less visibility of senior leaders was disliking/displeasure. Lack of genuine behavior and distance were at the core of responses and this generated concern. Hambrick and Lovelace (2018) suggested that senior leaders that were well thought of, would elicit better reactions to their symbolic actions than less-respected leaders. This assertion appeared to hold true, as lack of in person presence with mostly unfamiliar leaders curtailed positive reactions.

As participants provided evidence of attempting to integrate memories, previous experiences and familiarity with senior leaders, their felt attachment to previous senior leaders surfaced. Participant narratives exposed feelings of nostalgia, liking/attraction, being moved, and captivation while in the presence of previous leaders, underscoring the importance of personal relationships. When participants discussed the present, the most prominent feeling tone conveyed was sadness. This sadness was directly tied to the absence of personal relationships, the kind of interactions in which leaders knew your name, listened, and demonstrated caring behaviors. Lack of connection and unfamiliarity with senior leaders perpetuated feelings of insecurity.

Several participants attempted to connect conceptual factors surrounding senior leaders with their own existing knowledge, values, and expectations. One participant referenced the past, and recalled, "*We would see them, so they knew we were here. It was*

good.” Relevant, as senior leaders’ comfort with people and processes influenced how the merger was perceived by nurses (see Bradley, 2016). Others supported this notion, as they revealed the perceived intensity and felt anxiety in current leaders, contrasted to what they sensed in the past while in the presence of senior leaders. Felt differences between the past and present strengthened perceptions of a disconnect between senior leaders and nurse participants.

Perceptions of leaders, surfaced by participant narratives, revealed uneasiness/fear and sadness. As participants tried to find meaning in their experiences with senior leaders, they interpreted the leaders’ felt presence. One described current leaders as tense, stressed, and unable to make eye contact; while another referenced previous leaders as caring. Once again, felt presence surfaced as a weighty influencer. Uneasiness, fear, and sadness emerged in the absence of in person contact with leaders.

Participants shared emotional or aesthetic judgements in response to senior leaders. Vivid words and phrases were used by participants when they discussed the departure of one particular senior leader, such as “like a dagger through my heart”, “I just felt distraught”, and “I was shocked.” Most prominent was the leader’s felt presence, evident as he was viewed as sharing time and space with participants. Participants recalled specific face to face encounters with this leader and others and conveyed a sense of *being there*. Nostalgia, sadness, being moved, captivation, absorption, and surprise surfaced from these narratives. It is noted that felt harmony, balance, evolution, proper

reduction, and exactness were evidenced during face to face encounters with previous leaders, and these encounters captured esteeming connections. Thus, it was here that the aesthetic experience was complete.

Discussion of these four symbols reveals that the leader's intention does not necessarily translate into a desired interpretation, mostly because participants will make inferential leaps based on their own experiences and autonomous processes (see Hambrick and Lovelace, 2018). Moreover, the value of these four symbols was found in the sensed experience. Not all participants had the same experience, as their experience was framed by their own processes. And it is important to note, that participants were often led away from potentially positive perspectives by felt misalignment, at times compounded by dismissive or defective communication. With intention, it may be possible to put across a more unified and balanced experience by understanding the critical attributes of aesthetic experience, and by focusing on how symbols are delivered to and perceived by nurses. It is also clear, through this discussion, that symbols need to be managed if organizations and the senior leaders who lead them are to sustain (see Cosar et al., 2019).

Contextual Fabric

Contextual fabric surrounding the merger is important because symbols, like works of art, are experienced in particular circumstances. The contextual fabric that rose

up from participant narratives and enveloped executive symbols are discussed in the following paragraphs.

Lost voices. Nurses shared thoughts and feelings across a broad array of corporate decisions, from benefits to uniform colors to mandated removal of badge buddies. Participants acknowledge that some decisions seemed small but were large in their day to day experiences. More than half of participants referenced their lack of influence on decisions made during the merger, small and large. When this “lost voice” sentiment surfaced from participant narratives, it was accompanied by tension and frustration (see Kelly & Porr, 2018). “*What we do, what we say, what we feel doesn’t matter...*”, as remarked by one nurse participant painted the picture. In participants’ minds, receptiveness to input evidenced the value placed on nursing. Perception proved critical in narratives, and others have suggested that a positive work environment and ethical nursing care can only exist in a cost contained environment if nurses are heard (Kelly & Porr, 2018).

Loss of standing. Almost all participants referenced the other organization’s perceived upper hand during the merger. Nurses shared thoughts and feelings they had in response to changes that occurred, and clearly indicated they felt they were doing more of the changing. Participants did not perceive or experience that objective evaluation guided adoption of best practices and processes. This contextual fabric seemingly limited the ability to feel positive emotions, and potentiated negative aesthetic emotions such as

perceived ugliness, disliking/displeasure, boredom, confusion, anger, uneasiness/fear, and sadness. Emotions underscored the importance that perceived mutual respect for each organization possessed (see Bradley, 2016).

In the trenches. More than half of participants referenced their position as an acute care nurse during the merger, often using phrases like “*I am just a nurse.*” Potentially detrimental, as perceived status can cause a nurse to be silent. This silence can further exacerbate stress, frustration, dissatisfaction, and cynicism, which in turn has serious consequences for nurses and their relationship with senior leaders and the organization (Kelly & Porr, 2018). When complete communication did not sufficiently reach the frontlines, it failed to mitigate the perceived negative impact of the merger. Dismissive and defective communication allowed the rumor mill to strengthen and potentiated the perceived devaluing of nursing.

Vague versus transparent. Nearly half of participants referenced leaders’ lack of communication with acute care nurses. Lack of definitive information coupled with unfamiliarity of leaders hindered trust (see Bradley, 2016). Vague communication led some participants to wonder if senior leaders had hidden agendas or concealed motives. Others simply thought communication methods demonstrated a disconnect between leaders and nurses and suggested if senior leaders understood their work, information would not be disseminated in lengthy emails just prior to something happening. Ineffective communication methods strengthened negative aesthetic emotions. What’s

more when nurses could not find the meaning behind changes, they made inferential leaps. These leaps were often made in response to myths, rumors, and biases and not legitimate communication.

A few participants shared past experiences with senior leaders as they communicated in what used to be called all-team meetings. Conveyed feeling tones included captivation, being moved, nostalgia, energy, vitality/arousal, interest, and flow/absorption. Narratives suggested that participants connected to leaders when they were present, even when that presence was on stage and in front of a larger group. The essential components of aesthetic responses: *I see, I experience, and then I feel*, or *I hear, I experience, and then I feel* surfaced with this remembered context. Participants recalled all-team meetings as the time and space, where the destination was made clear and the impression of a common goal was felt. These recollections shared the attributes of harmony, balance, evolution, proper reduction, and exactness with only one executive symbol, leader connection. Nurses conveyed that they heard, experienced, and felt something in these exchanges.

The Aesthetic Experience

Each participant experienced executive symbols in their own way, shaped by their own psychological processes and lived experiences. The attention participants placed on particular symbols and the contextual fabric surrounding those symbols, influenced emotional judgements. Findings were consistent with Beardley (1969), in that

participants possessed *a priori* expectations, and felt more satisfied when those expectations were met. The aesthetic experience, in this context, encompassed sensory, felt, embodied, relational, and knowledge components that aided understanding of the drama, emotions, and crises rising up from the merger.

Aesthetic responses. *I see or I hear* provided the substance of symbols that elicited immediate reaction. Often times, it was this initial response that marked the symbol noteworthy, meaning it attracted the participant's full attention. Legitimate communication, often received via lengthy emails, did not provide such substance. Participants noticed leaders' actions, inactions, and behaviors they observed or heard about through illegitimate sources. Initial reactions or responses were most often described as disliking or liking, and this stage surfaced only fleeting feeling tones. In many cases, immediate reactions were deemed a matter of instinct or personal taste. That is, the participant's orientation toward the symbol was most important (see Evans, 2016).

Assigned meaning. *I experience.* Sensemaking was demonstrated as a process of social construction, where the participant integrated memories, previous experience, and familiarity; connected conceptual and artistic factors; and then assigned meaning. As others have described, these processes were where participants interpreted information they received during their experiences with executive symbols and assigned meaning (see Gioia & Chiltipedi, 1991; Lockett et al., 2014; Sandberg & Tsoukas, 2014; Weick, 1995). Participants supported the realization that psychological processes allowed the

opportunity to ponder what effect particular symbols would have on them, their future role, and the organization as a whole (see Gioia & Chiltipedi, 1991; Lockett et al., 2014; Sandberg & Tsoukas, 2014; Xenakis & Arnellos, 2015). These processes were meticulously outlined in Chapter 4, and it was there that the uniqueness of each individual's interpretation was made clear.

To say all of this more succinctly, assigned meaning arose from participants' search for harmony, balance, evolution, proper reduction, and exactness. Surfacing from narratives, the ideal circumstance for assigning meaning emerged. Ideally, harmony would be experienced as alignment, balance as reciprocity, evolution as moving forward, proper reduction as simplicity in purpose, and exactness by way of clear messaging. Without these attributes, emotions were more negative, and nurses felt less engaged. Conversely, when these attributes were present as was the case with leader connection, emotions were positive.

Emotional judgement. *I feel.* Emotional judgement, thought to be the culmination of the aesthetic experience, was a product of what was felt while being and experiencing different executive symbols (see Jovanović, 2015). Important, as emotional judgements were perceptions (Santayana, 1896/2010). Emotional judgments then, could not be viewed as right or wrong, but simply a part of the individual that was concerned with the development of events and how events would progress (see Dewey, 1934/2005).

In many ways, emotional judgements aided participants in assigning meaning to their experience (see Xenakis & Arnellos, 2015).

It is important to note, that emotional judgements were frequently shared with others. That is, as Wohl (2015) found, emotional judgements were conveyed to others as participants sought to validate their emotions. As a result, emotional judgements either positive or negative, could prove contagious.

Theoretical Foundation

Nurses' experiences with senior leaders' executive symbolism were examined as aesthetic theory allowed this phenomenon to be moved past cognition to the realm of emotional experience. I chose aesthetic theory as the theoretical foundation for this study, as I recognized that nurses were confronted with all sorts of messaging, and that senior leaders hoped to convey the importance and urgency of significant organizational change through symbols. If leaders were to do that successfully, then nurses should feel something in response to those attempts. That is to say, I hoped to identify how senior leaders made nurses feel.

If every nurse needed to feel the desired rhythm of the merger, aesthetic theory permitted executive symbolism to be viewed as an art form that produced emotional cadence (see Hambrick & Lovelace, 2018; Koivunen & Wennes, 2011). Emotion impacted cognitive processes, and a nurse's eagerness to support change. When nurses

had an emotional response to an executive symbol, they tended to ascribe similar meaning to everything else.

By using aesthetic theory as the foundation of the study, I identified what transpired between senior leaders and nurses when executive symbolism was used to convey personal, direct, and sensed experiences. Parker's (1920/1976) aesthetic experience included the foundational values of harmony, balance, evolution, proper reduction, and exactness in any presented details of an object. These values seemingly culminated into a general sense of rightness. Parker applied these principles to painting, prose, music, literature, and architecture. Here, I applied Parker's work on aesthetic theory to executive symbolism.

Additionally, aesthetic theory helped to interpret the experiences nurses had in response to their senior leaders' symbolism during a hospital merger. Every nurse was able to express sensed experiences and emotional judgements in response to senior leaders' use of executive symbolism, and decided whether the action, inaction, or behavior was pretty, ugly, beautiful, grotesque, or painful (see Koivunen & Wennes, 2011).

Two additional principles from Parker's (1920/1976) work proved relevant as this work progressed. Most notably, the mind delighted in order and the chaotic and disorganized were not readily understood. Without logic, existence seemed meaningless. Second, ideas and images were dependent on the education and life experiences of the

participants. Meaning, communication was critical and positioning relevant. In the end, an aesthetic approach allowed exploration into how nurses assigned meaning through their senses, as it was hoped that aesthetic understanding would help senior leaders better fashion symbols in the future.

Psychological model. Aesthetic theory provided the framework that guided the development of my research question, while Leder and Nadal's (2014) model served as the basis for my data analysis and the discussion of findings. By using the model proposed by Leder and Nadal as a framework to discover how participants described their aesthetic experience of executive symbolism during an acute care merger, analysis rested on psychological processing just as Parker's philosophical work on aesthetic theory did. The value of Leder and Nadal's model was demonstrated, as I examined the aesthetic experiences of nurses via the five stages proposed by the authors.

The first stage began when the symbol was perceived and analyzed, and a gut or instinctual reaction was elicited. In the case of the branding for the new organization, reactions were direct and based on personal taste. With the allocation of resources, participants had an immediate and negative response to unwanted supplies, inability to get supplies, and having no supplies. When it came to the allocation of staffing and pay, combined because they were entangled in participant narratives, immediate reactions were dependent on what participants focused their attention. If they chose staffing, responses were immediate disliking; whereas, if they chose to focus on pay they had an

immediate liking and appreciation. The immediate response to restructuring maneuvers was in most all cases intensely downbeat. Lastly, immediate reactions to the absence or less visibility of senior leaders was displeasure.

The second stage occurred as participants processed the symbol with the influence of their previous experiences, feelings, expertise, and familiarity. As participants shared their attempts of reconciling the new branding, they related a sense of loss for what had been their previous identity. Branding was viewed by most as a break away from previous experiences and deemed unfamiliar. Allocations of resources were misaligned with the past and prevented positive feelings and sensations. As well, staffing and pay could not be reconciled with each other or what was felt or known in the past. Harmony and balance in the experience of nurses were found lacking and created emotional dissonance. Attempts at integrating restructuring maneuvers yielded the best example of pulling forward nursing experience and familiarity, when one participant shared an infection metaphor. Concerning the connection with senior leaders, narratives painted comparisons between past and present senior leaders while underscoring the importance of personal relationships. Felt differences in all cases perpetuated feelings of insecurity.

Next, the third stage allowed nurse participants to incorporate their existing knowledge and taste, while they pondered conceptual factors. Here, branding proved to be the most straightforward example. Participants connected abstract and conceptual factors of the new branding, and used phrases indicative of personal taste, preferences,

and ideas. When nurse participants did the same with allocations of supplies, nursing knowledge and professional values surfaced. Similarly, values surrounding professional nursing, money, and work/life balance surfaced in response to staffing and pay. As a result, participant thinking centered on self-sacrifice and raised the question, doing at what cost? While lack of effective communication played at least a partial role here, the impact of defective and dismissive communication was clear when nurses attempted this stage of psychological processing with restructuring maneuvers. Heartstrings and values were tested as participants placed themselves, in mind, as undergoing restructuring. When communication from senior leaders did not provide ample information or knowledge on which to base associations, mental leaps were made and strengthened negative feelings. Lack of connection with senior leaders curtailed positive perception, as felt differences between past and present leaders intensified accounts of disconnects between senior leaders and nurse participants.

Meaning making, the fourth stage, was a symbol-specific and self-related interpretation based on feelings, personal memories, and experiences. Time was needed to find meaning in the new branding and the change it signified for nurses and the organization. No meaning, or rather no apparent rationale could be found for allocation of resources though this fact did not prevent participants from trying. Allocation of staffing and resources conveyed devaluing of nurses' contributions when nurses sought meaning in what was perceived as a nonsensical experience. When this stage of psychological

processing was applied to restructuring maneuvers, it roused more questions than answers, What does this mean for me? What does this mean for the organization? As participants tried to find meaning in their experience with senior leaders, they relied upon leaders' felt presence. Defective and dismissive communication surfaced throughout narratives. Meaning making then rose up from participants' sensed experience and inferential leaps made in response to illegitimate sources, such as myths, rumors, and biases.

The fifth and final stage was evaluative and culminated into aesthetic and emotional judgements. Branding culminated into diverse aesthetic and emotional judgements, as external factors failed to derail personal tastes and interpretations. Aesthetic and emotional responses, surfaced during narratives and having to do with the allocation of supplies, were much more expressive. Expressiveness dissipated into apathy in response to allocations of pay, as it was muted by the allocation of staffing resources. Vivid aesthetic and emotional judgements surfaced with restructuring maneuvers and leader connection, as participants conveyed a strong sense of being there in response to both symbols.

Throughout the analysis of data and discussion of findings, the connections between both Parker's aesthetic theory and Leder and Nadal's psychological processing model to this phenomenon grew stronger. Senior leaders' could make nurses feel something when they employed executive symbols. When critical attributes were lacking,

more negative emotions surfaced. Conversely, positive feelings outgrew from harmony, balance, evolution, proper reduction, and exactness in experience. This work's most valuable expansion of knowledge came by understanding perception influences emotional judgements and eagerness to support change, all of which were highly dependent on harmony, balance, evolution, proper reduction, and exactness in experience just as Parker (1920/1976) argued to be true of art.

Limitations of the Study

While this study has significant contributions, it was not possible to conduct the study without limitations. Hopefully, these limitations will encourage future researchers to take on additional pursuits as they keep these contributions top of mind. First, this study was conducted in one acute care organization and led to the emergence of findings dependent on a small sample of nurses employed by the organization. Admittedly, this was a significant limitation. Future researchers may consider other organizations and increased sample size, as these findings may not represent the perceptions and beliefs of nurses in other organizations undergoing other types of change. Second, another limitation could be its qualitative design, which disallowed analysis of any statistical relationships between variables. This research was also dependent on participant narratives, leaving the door open for recall bias or misrepresentation of facts. Third, I worked through the entirety of this study as a nursing director, opening the door for

conscious and unconscious bias, specifically relating to certain beliefs or expectations of both senior leaders and nurses.

Recommendations

The findings of this study contribute to understanding of acute care nurses aesthetic experiences and emotional judgements in response to executive symbolism during a hospital merger. This study was by nature an introductory look into the lived experiences of acute care nurses as senior leaders convey messages through executive symbolism during a merger.

Branding, allocation of resources, restructuring maneuvers, and leader connection may play a role in any acute care system merger. Communication emerged as an essential dimension of each executive symbolism, as psychological processing rested on the information possessed by each participant. In absence of complete information, nurses were apt to make inferential leaps and assumptions. Recognizing this, leader connection may offer one of the easiest manners in which to influence nurses and avoid this pitfall. Findings from this study suggest that a key element of facilitating the acute care nurse's aesthetic experience is being present, so the nurse can feel and sense the leader's intention. A recommendation for moving forward then, is to increase leader presence in both one on one and group encounters.

In drawing out acute care nurses' perspectives, I hope to have highlighted the feelings of being marginalized. All of the contextual fabrics mentioned here could be

woven into a general sense of devaluing. Senior leaders might consider ways in which these feelings can be diminished, and feelings of relevance abound. An atmosphere that allows the nurse to voice concerns, while maintaining professionalism and accountability, proved critical. As noted earlier in this work, there is likely a connection between how a nurse experiences an executive symbol and the behaviors nurses choose.

While it is difficult to assert generalizability of my findings to all merging healthcare systems, it is reasonable, based on these findings, that aesthetic experiences and emotional judgements are present in other organizations during periods of intense change. Therefore, it is recommended that senior leaders design and convey executive symbols with creativity and intention (see Hambrick & Lovelace, 2018). Executive symbols must be part of a coherent stream of actions (Hambrick & Lovelace, 2018); and exhibit harmony, balance, evolution, proper reduction, and exactness as Parker (1910/1976) promoted for art. These critical attributes must be present and conveyed in a way that reaches the acute care nurse. If substantive actions, inactions, and behaviors can be viewed as positive and part of the larger whole, then those symbols will serve as an impetus for positive social change.

Additionally, the demands for high-quality and safe care in rapid-changing practice environments create lack of depth and reflection, meaning nurses do not have time to think about or seek the good in changes (see Dasgupta, 2016; Dyrbye et al., 2016; Eriksson & Naden, 2018; WHO, 2019). For many participants, it was evident that the

qualitative interview was the first opportunity to think through their sensed experiences. A successful merger will require support from all team members, but particularly nurses as primary care providers. In this way, it is recommended that senior leaders' provide pronounced opportunities for nurses to identify positive change. Increasing awareness of positive changes might help nurses understand their roles in a successful merger and transform their experience into one of engagement.

My last and final recommendation is continued research with acute care nurses, exploring their responses to executive symbolism during periods of intense change. The findings from this study offers numerous areas for continued research in various aspects of acute care nurse's lived experience. Moreover, research is needed regarding the impact that aesthetic experiences and emotional judgements have on patient outcomes and quality of care. More research is needed to fully understand nurses' aesthetic experience and how it is carried forth to other domains. In the end, I hope further interrogating, challenging and refining this work in other contexts will be pursued by future researchers, qualitative and quantitative, at the individual, organization, and societal level. It seems plausible to state that the aesthetic experience is connected to the sustainability of organizations and those that lead them.

Implications for Social Change

One contribution of this study is that it provides senior leaders with evidence-based and theory driven knowledge about the aesthetic experiences of acute care nurses

undergoing an acute care system merger. Through the use of personal narratives, the perspectives of acute care nurses were compared and contrasted in a unique way.

Consequently, findings of this study have the potential to create positive social change for organizations and the senior leaders who lead them as it brings the lived experiences of acute nurses forward.

Findings encourage analysis and constant attention to the possible connection between senior leaders and nurses derived through executive symbols. Understanding garnered from this study can be used to influence leaders towards designing more creative and intentional symbols, with aesthetic experience and emotional judgements in mind.

Communication was demonstrated to be incomplete at best. As a consequence, a tenuous relationship between senior leaders and acute care nurses existed because it was perceived that the nurse's perspectives and attitudes were dismissed. Ideally then, knowledge gleaned from this effort may be extended to further evaluate symbols, contextual fabric, and the communication placed before acute care nurses. Because this study emphasized experience and its meanings, the interpretative method suggested that the efficacy of the senior leaders' symbolism must be judged by those directly affected. In this case, nurses were the unit of interest as the uniqueness of each nurse held up the individual as the best measure for exploring executive symbolism.

Plans for dissemination include multiple venues, such as presentations and professional conferences. I also plan to share results of this study with the organization's senior leaders and the nurses that participated in this study. Additionally, I will share the results of this study with the nursing leaders that signed letters of cooperation. Last but not least, I hope to distribute results via publication in a peer-reviewed journal. By disseminating the findings of this study to a broad audience, I hope to bring greater awareness to executive symbolism, and impact the lived experiences of nurses.

Researcher's Experience

I must first convey my experience as one of the four patterns of knowing presented by Carper (1978). Carper supposed that the more creative mode of empirical discovery was best described as aesthetic knowing. Thus, it was the interaction with participants, and reflexive journaling that allowed me to perceive harmony, balance, evolution, proper reduction, and exactness in both the experiences of participants and myself as the researcher. In an effort to fine tune my perceptions, I journaled about my thoughts, perceptions, opinions, and feelings after each interview and throughout interpretation. These actions allowed me to capture conveyed feeling tones and the essence of participant responses. In the end, reflection proved the most powerful tool as it forced me to reconcile biases and led to new perspectives and self-understanding. Guided by Carper's assertions then, I found that real knowledge and genuine understanding required examination of more than spoken words.

It is impossible to exit this journey unchanged. Looking back, the character of this experience was given by its end. I understand what Beardsley (1969) meant when he spoke of the aesthetic experience and elaborated, “It does not matter what sort of reaction a work of art evokes in us; the important thing is that it evokes some reaction, and as intense a reaction as possible”.

Parker argued that it is through the communication of expression that ideas and thoughts gain coherence, and both the mind who thinks them and the mind who receives them can incorporate them into an aesthetic experience. To this end, I attempted to raise up the feelings of acute care nurses to the level of understanding and by so doing I experienced them aesthetically. I traveled the lived experience of nurses by way of their stories, while they were in the presence of executive symbols wrapped in contextual fabrics, during an acute care system merger. As this journey comes to a close, I hope I have conveyed an intelligent appreciation of executive symbolism for senior leaders.

Summary

Understanding how nurses, who are critical care providers in acute care organizations, experience senior leaders’ use of symbolism during an acute care merger proved critical if an acute care organization and the senior leaders that lead are to survive in today’s healthcare environment. In the pursuit of understanding, executive symbols were considered an artistic expression. This consideration was based on Parker’s (1920/1976) definition of art. For something to be seen and experienced aesthetically,

Parker claimed that it had to be interpreted as an object, have to the ability to receive attention, arouse emotion, and cause the mind to linger in an effort to take in its purpose. Additionally, he elaborated and added that the object must have human significance and *move the heart*. These criteria were met as acute care nurses recounted their lived experiences of executive symbols through narratives.

Executive symbols consisted of substantive actions, inactions, and behaviors sensed by acute care nurses. Based on findings, four identified symbols surfaced: branding, allocation of resources, restructuring maneuvers, and leader connection. These symbols stood out in the mind and participants shared an aesthetic experience, which culminated into emotional judgements. It was observed that experiences were enveloped in contextual fabrics. It was also observed that nurses' sensed experiences became infused with feeling tones and drew out meaningful associations.

Certain critical attributes were found to be imperative if executive symbols were to move the heart. These attributes were harmony, balance, evolution, proper reduction, and exactness; and culminated into a general sense of *rightness*. Harmony was alignment, when the experience met with expectations and values. Balance was reciprocity, when equal measures of give and take were perceived. Evolution was experienced as movement forward. Proper reduction was simplicity in purpose. Exactness was contained in clear messaging. When these attributes were not evident in the symbol,

emotions were more negative, and nurses felt less engaged. In this way, it became clear that executive symbols had impact on nurses' emotions and affects.

In general, it was observed that much of what senior leaders do is symbolic. One participant summed up the essence of this realization, "*what you are doing is so loud, I cannot hear what you are saying.*" Acute care nurses demonstrated attempts to understand senior leaders' intention, but clues proved scarce. In the absence of complete communication, meaning making rose up from participants' sensed experience and inferential leaps made in response to illegitimate sources, such as myths, rumors, and biases. In order for senior leaders' intention to be carried forth, legitimate communication needed to reach the acute care nurse. Findings suggested the best way to accomplish this aim was through leader presence, either face to face or on stage.

In conclusion, based on the data analysis, I was able to determine that senior leaders do make nurses feel something. That determination proved valuable. If senior leaders can impact nurses' emotions through executive symbolism, they may also help nurses engage with meaning.

By using aesthetic theory as the foundation of the study, I identified what transpired between senior leaders and nurses when executive symbolism conveyed messages. Aesthetic theory, as a theoretical framework and guide for this research, helped interpret the experiences nurses had in response to their senior leaders' symbolism

during a hospital merger. Parker's work, specifically, assisted in the discovery of the beforementioned critical attributes in participant narratives.

Additionally, Leder and Nadal's (2014) psychological model served as the basis for data analysis and discussion. Using the model this way, allowed the construction of meaning by way of the aesthetic experience, to be opened and faced up for analysis. That is, both psychological mechanisms and contextual dimensions allowed nurses' lived experiences to be teased apart in the search for understanding.

Lastly, Chapter 5 discussed recommendations for future research, provided numerous implications for social change, and recounted my aesthetic experience as the researcher. The findings of this study contribute to the understanding of how nurses describe their emotional judgments derived from aesthetic experiences with senior leaders' symbolism during intense organizational change. Additionally, the results can be used to influence senior leaders as they employ executive symbols in their attempts to convey an unquestionable sense of rightness.

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Appendix A: Interview Protocol

Thank you in advance for your willingness to participate in this study. During this interview, I would like you to tell me about being a nurse and your experiences with your senior leaders during this merger. I am interested in your experiences with senior leaders and the words, slogans, metaphors, and stories they have shared during this time. There are no right or wrong answers so please be as honest as you can in helping me understand how you have experienced your senior leaders' use of symbolism. This interview will last about an hour. I will be recording our conversation, just because it will be difficult for me to write down everything you are saying while we are talking. I want to give you my full attention. I will remind you that all of the information you share with me today is confidential. I will not use your information for any purpose outside of this study.

- How did you come to be a nurse in this organization during this hospital merger?

Think back to when you first heard about the merger. Tell me, from that moment to this moment...

- How did you come to experience the merger, as senior leaders began to convey information?

The only questions that will be asked during the participants' narrative will be "What happened then?" Or "How did that make you feel?"

After participants have finished their narratives, these probing questions will be asked as a way of building upon the participants' narrative:

- Share a symbol (metaphor, story, slogan, repetitive phrase) , used by senior leaders, that was significant or meaningful for you. How would you describe what you felt, thought, or experienced?
- Thinking about [the selected symbol], how would you describe its "fit" in the organization's culture? And how does it align with what you have experienced during this merger?
- How would you describe your initial and most prominent thought in response to [the selected symbol]?

- How would you describe your initial and most prominent emotion in response to [the selected symbol]?
- How would you describe your personal experiences, feelings, expertise and/or familiarity that play a part in what you feel in response to [the selected symbol]?
- When you first heard of the merger, what was your gut reaction? Your attitude towards it? How did you feel at that time?
- Reflecting back on your experience, how have you been impacted by the symbolism used by your senior leader(s) during this merger?
- Is there anything I have not asked you about your experience that you would like to share with me?

Thank you for your time and for sharing your personal story. You have been very helpful. Do you have any questions for me? Do you have any thoughts about the interview? I do appreciate you and hope you have a great day/evening.

Appendix B: Confidential Participant Demographic Form

Please select gender

- Female
- Male
- Decline to answer

Current Age Range

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- >65

Highest Nursing Degree

- Associates
- Bachelors
- Masters
- Doctorate

Please indicate number of years of experience you have in nursing

- <2
- 2-5
- 6-10
- 11-15
- 16-20
- Over 20