Coping with stressful organizational change

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Abstract:

The processes and outcomes of organizational change tend to exacerbate pre-existing levels of stress. To cope with the stress of change as it unfolds employees use a variety of strategies. This is a rare qualitative study in which the participants were asked to discuss how they had coped with work stress before, during and after a change. Interviews were conducted in 2012 in a New Zealand healthcare authority which had been through substantial change over a number of years. The findings, categorized under the headings devised by Folkman and Lazarus (1985), problem-focussed strategies, emotion-focussed strategies and support-seeking strategies, showed that the participants employed a combination of ways to manage continuing and emerging stressors.

Key words: Coping; Organizational change; Stress; Strain

Stress is present to some degree in any organizational context as employees grapple with issues relating to tasks, relationships and pressures in their organizational and personal environments. Folkman and Lazarus (1985) emphasize that coping with stress is a dynamic process of adapting to changing circumstances that is often characterized by events occurring over three stages: anticipation, waiting and outcomes. Organizational change is one such event, or series of events, that employees may find stressful in terms of both processes and outcomes. Processes of change are stressful when they are shrouded in ambiguity and uncertainty (Paulsen et al., 2005), are perceived as unfair, designed without consultation and communicated inadequately (Rioli & Savicki, 2006). Stressful outcomes of change may include heavier workloads, more complex responsibilities, marginalized roles and loss of jobs (Greenglass & Burke, 2000; Paulsen et al., 2005). As the change unfolds over time an employee’s stress level tends to rise and fall and different coping strategies may be utilized.

While some of the literature on stressful change has been longitudinal (e.g. Armstrong-Stassen, 2005; Paulsen et al., 2005), few studies have examined stress before, during and after a change. Previous research on occupational stress has also been largely quantitative (Dewe, O’Driscoll & Cooper, 2010; Mazzola, Schonfeld & Spector, 2010), including studies in the context of change. While this method of inquiry has produced important insights into stressor-strain-coping relationships,
it is unable to explicate the many nuances and paradoxes of individual responses to stressful change.
The research questions that drive the current study are therefore: What strategies do individuals use to cope with the stress of organizational change before it starts, through the transition and in the aftermath? Do the strategies used vary over the duration of the change and if so, why?

The paper is structured as follows. The literature review covers the nature of stress, the causes and consequences of occupational stress, in general contexts and specifically when change occurs, and the strategies individuals use to cope with stress. The method section will expand on the benefits of using a qualitative approach and detail the respondents who worked in a variety of roles in a public health body. Healthcare has undergone considerable change in New Zealand (Ashton, Tenbensel, Cummings & Barnett, 2008; Bartlett & Kang, 2004) as it has in other countries (Greenglass & Burke, 2001; Loretto, Platt & Popham, 2010; Paulsen et al., 2055). The findings of this study should shed light on stress within this sector but also provide wider insight into how people cope with change and the role organizations can play in supporting staff through its stressful aspects.

LITERATURE REVIEW

The Nature of Stress

According to Folkman and Lazarus (1985, p. 152) stress is “a relationship between the person and the environment that is appraised by the person as relevant to his or her well-being and in which the person’s resources are taxed or exceeded.” The model of stress developed by Lazarus and his colleagues, known as the transactional model, is one of the best-known scientific models of the stress process. They note that the first stage of stress is one of primary appraisal in which a person detects the potential for challenge, threat or harm/loss. Secondary appraisal involves the consideration (albeit sometimes unconsciously, as Lazarus, 1995, indicates) of strategies of coping with the stressors.

Causes and Consequences of Occupational Stress

A number of well-known models of occupational stress reveal that stressors lie in a range of factors relating to job demands, autonomy/control and resources (Bakker & Demerouti, 2007;
Hobfoll, 2001; Karasek, Brisson, Kawakami, Houtman, Bongers, & Amick, 1998). These include the physical, mental, social and emotional aspects of work, freedom to decide on the pace and order of tasks and the absence of resources, including tangible and psychological support. In addition to control, Maslach and Leiter (2008) include workload, reward, community (social factors), fairness and values, while Faragher, Cooper and Cartwright (2004) refer to work relationships, work-life balance, overload, job security, control, resources and communication, pay and benefits. Organizational change is an additional stressor identified by the UK state body, The Health and Safety Executive (http://www.hse.gov.uk), and by a range of major international organizations, e.g. the International Labour Organization (2013), Eurofound (2012) and the World Health Organization (Leka & Jain, 2010).

The individual consequences of stress have been classified by Leka and Jain as physiological (e.g. headaches), behavioural (e.g. venting), emotional (e.g. anxiety) and cognitive (e.g. lack of concentration). The costs of stress are also borne by the organization in terms of increased absenteeism, turnover and poorer productivity (Fugate, Kinicki & Scheck, 2002) and by government and society through rising medical costs and fraught relationships.

**Coping with Stress**

“Coping is defined as the person's constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources” (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986, p. 993). The two main functions of coping are to reduce the causes of stress and to manage its emotional consequences and addressing one may positively influence the other. Researchers (e.g. Dewe et al., 2010; Folkman & Lazarus, 1988) have noted that the strategies people use to cope with stress are partially influenced by personality traits but also by contextual factors that impact on specific stressors.

A number of approaches to coping have been developed, many supported by a set of survey measures. Table 1 lists several key authors, their main constructs and a sample of specific survey items. There are overlaps between the various models but each has some unique categories. Folkman,
Lazarus and colleagues (Folkman & Lazarus, 1985, 1988; Folkman et al., 1986) group their approaches into problem- and emotion-focussed strategies with seeking support regarded as either or even both. Latack (1986; Latack & Havlovic, 1992) identifies three categories: control, escape and symptom management. The first two both have elements of action and cognitive reappraisal. Emerging from the Folkman et al. (1986) coping strategies, Carver (1997; Carver, Schneier & Weintraub, 1989) uses 14 scales without overarching labels. Moos and colleagues (Moos, Brennan, Fondacaro & Moos, 1990; Moos & Schaefer, 1993) use a matrix of approach/avoidance and behavioural/cognitive strategies.

Insert Table 1 about here

Stressful Organizational Change

The focus of this paper is on organizational change and a wide range of studies have shown how stressful change can be in terms of processes and outcomes. The process of change encompasses the anticipatory and waiting phases that Folkman and Lazarus (1985) refer to as elements of stressful events. Indeed, they suggest that an employee who is dealing with a potential layoff may derive comfort from making job-hunting plans. Isabella (1990) identifies four stages of change: anticipation, confirmation, culmination (the implementation stage) and aftermath. Her empirical study revealed the ebb and flow of reactions to a change as it played out. Uncertainty as to outcomes, which is particularly prevalent during the transition, and when the change is highly relevant to the job and wellbeing of the employee, triggers anxiety, frustration and a number of other negative emotions (Armstrong-Stassen, 2005; Ashford, 1988; Paulsen et al., 2005; Rafferty & Griffin, 2006; Robinson & Griffiths, 2005). While outcomes may be positive for many employees, change often produces heavier workloads, unwelcome tasks and responsibilities, fractured social relationships and demanding leadership styles. The emotional consequences may manifest themselves in physiological, behavioural and cognitive problems (Leka & Jain, 2010). Studies of burnout, a condition of diminished self-efficacy, cynicism and emotional exhaustion (Maslach, Schaufeli & Leiter, 2001), have shown that it is a common feature of organizational change (Hu & Schaufeli, 2011), particularly ongoing change (de Cuyper, Rader, van der Heijden & Wittekind, 2012). The metaphors of the grief cycle and
rollercoaster (Elrod & Tippett, 2002; Smollan, 2014) depict a prolonged downward psychological response to change followed by a degree of accommodation and acceptance that occurs through coping.

An early quantitative study by Ashford (1988) investigated how employees characteristically coped with stressful change but with a specific focus on a major restructuring. Surveys one month before and six months after implementation showed that a number of strategies were used, including seeking information and feedback as problem-focussed approaches. While the beneficial effects appeared to be marginal the most effective was the seeking of social support. Fugate et al. (2002) measured coping strategies over four phases of a merger, labelling them the anticipatory, initial change, final change and aftershock stages. They found that coping strategies varied over time. In particular, wishful thinking declined as the merger gained momentum and was mostly used where perceived control was at its lowest. Problem-focussed coping remained fairly stable. The availability of support (from inside and outside the organization) declined during the first three stages then increased during the aftermath. Armstrong-Stassen (2005) surveyed managers involved in a major public sector downsizing over four points in time and found that the use of control-oriented strategies helped to decrease coping constraints (alienation, perceived lack of future career success and perceived negative effects of downsizing). Where participants perceived low control over change avoidance strategies were commonly used. She also discovered that different coping strategies were employed over the four time periods. For example some participants resorted to more avoidance coping during voluntary redundancy and less during involuntary redundancy and the aftermath.

The value to the employee of support during change has been demonstrated in previous studies (e.g. Armstrong-Stassen; 2005; Ashford, 1988). In researching the role of support in coping, from supervisors, colleagues and non-work networks, Lawrence and Callan (2010) surveyed staff of a hospital during the anticipatory stage of a major series of changes. The findings showed that mobilization of available support provided a buffering effect to the anticipated negative impact of the changes. Collegial support was found to be more helpful than that from other sources. The authors also pointed out that the conventional wisdom that support is always beneficial was not necessarily
accurate. Some employees resent the offer of support because it cannot always be reciprocated and because it undermines their self-esteem (Dewe et al., 2010; Folkman et al., 1986).

There are few qualitative studies of coping with stressful change although some approaches emerge out of literature on responses to change rather than studies explicitly researching coping with stressful change. For example, in a study of bank managers who were responsible for managing layoffs, and who styled themselves as ‘executioners’, Gandolfi (2009, pp. 192) found evidence of humour, a form of emotion-focused coping, normalizing or cognitive reframing (“downsizing is part of corporate life”) and physical distancing (“staying out of sight”). Robinson and Griffiths (2005) researched stress in a government organization while it was undergoing a major restructure and noted two strategies that were used, delegation and seeking or avoiding confrontation, which they asserted did not fit into published models of coping with organizational change. They also found a relationship between the types of stressor and the coping strategy employed. For example, task-centred coping was the only one used when dealing with increased workload, while social support and cognitive coping were primarily used to deal with uncertainty and emotion-focused coping was used to manage unfairness and conflict.

A new qualitative study was therefore initiated to explore how participants coped with stressful change as it happened over time. It answers the calls of Folkman and Lazarus (1985) for studies of stressful encounters where changes in the environment are accompanied by changes in coping strategies. Ashford (1988) and Callan (1993) have suggested that rich insights into coping with change stressors can be gained by qualitative methodologies.

**METHODS**

**Participants and Procedure**

A local public health authority in New Zealand provided access through the human resources department to those staff who had been through significant organizational change, which excluded doctors. The District Health Board (DHB) in question provides a range of services through hospitals, clinics and specialist centres. In keeping with public healthcare reforms in other countries (Simonet,
New Zealand DHBs have been through considerable change in the last 20 years (Ashton et al., 2008; Bartlett & Kang, 2004). The DHB in this study had experienced considerable turbulence in the past few years with a number of major restructures, resulting in centralization of support services, job redesign, redeployment and redundancies and a variety of other changes. Increased board accountability for results is strengthened through reporting on key performance indicators and these are publicly available through the website of the Ministry of Health (www.govt.nz/health) which also takes out full-page advertisements in the major metropolitan newspapers, entitled How is my DHB performing?

In 2012 staff on the email list provided by the human resources department were invited to volunteer for interviews on Stress and Organizational Change. Of the 31 participants 25 were women (a higher proportion than for the DHB as a whole); and there were 22 White, 4 Asian, 3 Maori and 2 Pacific Island participants. Ages ranged from 32 to 65 (mean 40.3) and length of service from 4 to 27 years (mean 10.7). There were 19 in clinical positions, such as nursing and physiotherapy, with the balance in accounting, planning, human resources and information technology. There were 2 senior managers, 8 middle managers, 15 supervisors or professional team-leaders and 6 non-managerial employees.

Semi-structured interviews lasting between 35 and 75 minutes were conducted in their offices or meeting places on several worksites. The participants were first asked to define stress, outline a specific change they had experienced then respond to questions on causes and consequences of stress and how they had coped before, during and after the change. Verbatim transcripts of the recorded interviews were emailed to the participants for feedback and additions or amendments.

Data Analysis

Coping responses were analyzed in terms of the eight strategies devised by Folkman and Lazarus (1985; 1988; Folkman et al., 1986). While other options noted in the literature were available (see Table 1) this approach is widely cited in social psychology and has also been used in quantitative studies of coping with organizational change (e.g. Fugate et al., 2002; Rafferty & Griffin, 2006). The
transcripts were read several times and working tables were made of selected quotes over all three stages that fitted, where possible, into the Folkman and Lazarus categories, and coded as such. While most of the discussion on coping was found in answer to questions on it comments made elsewhere were also noted. Selected quotes are mere illustrations of coping strategies and the value of the words lies in their ability to convey the respondents’ experience of stress and response to it. The participants are coded from A to Z (excluding I) and AA to FF.

**FINDINGS**

The findings are organized as follows: To give some context to the coping strategies a brief overview is given of stressors and strains in the DHB before, during and after change. Then the Folkman and Lazarus concepts (1985) are used as a framework for analysing coping responses during the three stages. The eight strategies are grouped into problem-focussed, emotion-focussed and support. Folkman and Lazarus comment that support can be construed as an element of either – or both – and a separate category therefore appears in the tables of findings. Since this paper is about coping with change it could be argued that coping with stress before a change is of little relevance. However, one of the aims of the study was to see what strategies participants used over the various stages, if they differed and why. Illustrative quotes are captured in the tables.

Several applicants claimed to have experienced no stress before the change but, on probing, did reveal mild levels of stress. For others it was more severe. The causes of stress before the change was announced were largely about responsibilities, a lack of resources and difficult internal and external relationships. In the transition phase additional stress arose from uncertainty, often about redundancies, redeployment and changing job roles and also from lack of consultation, inadequate information, poor management support and the stress of others. After the change had been implemented stress was caused for some participants by heavier workloads complicated by fewer resources, together with poorer relationships and the prospect of further change.

The consequences of stressful change were grouped according to the World Health Organization classification (Leka & Jain, 2010): physiological, behavioural, emotional and cognitive.
While evidence in all categories was found across the phases of change it was the severity of the consequences that varied. For most participants stress was heaviest in the transition phase and for the balance it was the aftermath. Of particular note in these two phases were increases in drinking, anxiety, sleeplessness and physical ailments. One participant needed to be hospitalized.

Coping with stress before the change

When answering questions about how they coped with stress before change the participants referred to both dispositional styles and specific coping strategies (see Table 2). Looking at the transcripts as a whole a full range of coping strategies were used. Respondents appeared to speak of both dispositional approaches to coping with stress in general and strategies used for specific stressors, and it was often not clear which they were referring to. In the former many referred to emotion-focussed distancing strategies, such as seeking better work-life balance, relaxation or exercise and escape strategies that involved, drinking and eating (sometimes to excess) and support strategies of accessing personal networks, inside and outside the organization. Some used similar strategies for specific stressors, such as workload, shortages of resources or difficult work relationships. However, specific stressors were usually addressed with problem-focussed strategies such as putting in more hours or getting more organized (planful problem-solving).

Insert Table 2 about here

Coping with stress during the change

In this phase of change, the most stressful for the bulk of participants, the coping strategies tended to be problem-focussed where a difference could possibly be made and emotion-focussed strategies where either the matter was out of their hands or when stress was originating from several sources (see Table 3). The transition phase of change, particularly for those faced with redundancies and redeployment, was often characterized by considerable uncertainty. Some tried to meet this challenge by updating their curricula vitae, preparing for interviews or looking for alternative employment. A few confronted their supervisors or other staff about vexing issues. Others observed that they tried not to think about the outcomes, aimed to think positively or resorted to drinking,
eating, exercise and relaxation. Many engaged their support networks. It was notable that some identified professional supervision as a particularly helpful approach. A number of practitioners in the New Zealand healthcare field are encouraged or even required to discuss client-focussed work issues with peer supervisors (e.g. New Zealand Psychologists Board, 2010) and for DHB staff these services are provided in-house or the costs of external supervisors are borne, with permission, by the relevant department. Very few participants took advantages of the resources offered by the DHB’s employee assistance programme (EAP) for a variety of reasons: they were unsure of the services offered, sceptical of the benefits, cynical about the nature of the support offered, or simply more comfortable with support from supervisors (for instrumental and emotional reasons), colleagues, supervisors, friends and families.

**Insert Table 3 about here**

**Coping with stress after the change**

In the aftermath of change, which for most participants was when the interview took place, they tended to refer to emotion-focussed strategies for dealing with stress in general, such as looking for the positive aspects of work, resorting to humour, religion and alcohol and by tapping into their support networks (see Table 4). Dispositional coping styles appeared to be more common than strategies utilized to cope with specific stressors. Some thought effective action would help alleviate stress, such as confronting others, sometimes accompanied by venting, or by organizing meetings with colleagues and or supervisors to manage specific outcomes, such as heavier workloads and longer hours. Given that one change had recently occurred for some the prospect of further change was seen as inevitable, some had adopted coping strategies for work stress that needed to deal with ongoing uncertainty.

**Insert Table 4 about here**

**Different strategies through the three phases**

The interviews indicated that each individual used a range of coping strategies, continually or sequentially, as aspects of the change materialized. Many of the stressors before change continued at least through the transition and some coping strategies, partly influenced by disposition, were
employed throughout. The anxiety triggered by the uncertainty of outcomes often demanded new strategies. For example, those who had to apply (or re-apply) for jobs used the problem-focussed strategies of updating their curricula vitae and preparing for interviews, the emotion-focussed strategies of positive reappraisal and wishful thinking, and a variety of support-seeking strategies. When the realities of the aftermath began to sink in, such as heavier workloads, uneasy if not contested relationships and the possibility of further change, newer coping strategies were used together with some of the older ones. Participants tended to use the same support networks throughout and it was noticeable that those from ethnic minorities tended to rely on colleagues and others in their own communities.

DISCUSSION

A number of key points emerge from the findings. Firstly, all eight of the Folkman and Lazarus (1985, 1986, 1988) strategies were used at all three stages of change and, secondly, there were differences within and between individuals as to which strategies were used and when. Thirdly, some coping strategies were used to deal with work stress in general while others were used for specific stressors, including those related to the change. Fourthly, some responses could be interpreted as dispositional styles while others seemed to be coping strategies for dealing with what Folkman and Lazarus term an encounter, in other words, a stressful event or series of events occurring over time.

The findings thus confirm the insights from many previous empirical studies, that change can be stressful regarding both processes and outcomes and that a variety of coping strategies are used during and after change to cope with its challenges. Folkman and Lazarus (1985) emphasize that coping is an ongoing process since changing circumstances magnify or reduce existing stressors and strains. The participants in the current study revealed an intricate web of factors that led them to explore different coping responses as work life was embroiled in change. Whereas dispositional styles of coping were sometimes used, the stress of change often demanded new strategies, which some struggled to consider if not embrace. Folkman and Lazarus (1985) emphatically maintained that
dispositional coping is a poor predictor of encounter-oriented coping but Ashford (1988) took a different angle in researching how dispositional coping styles were used over a transitional period.

The transcripts reveal that perceptions of the likelihood of influencing change processes and outcomes affected the choice of the participants’ coping strategies. Lack of control and more so, loss of control, are stressful situations for many organizational actors (Bakker & Demerouti, 2007; Karasek et al., 1998) and have been shown in previous studies to be acutely felt during organizational change (Fugate, 2002; Paulsen et., 2005; Smollan, 2014). Coping strategies are problem-focussed if actors believe they can gain (or regain) control but emotion-focussed and support-oriented strategies emerge when actors do not believe that they can influence processes or outcomes (Folkman & Lazarus, 1985). Armstrong-Stassen (2005) and Fugate et al. (2002) found that participants who felt they were powerless to influence processes or outcomes at some stages of the change tended to engage in escape coping but when they perceived they had control in other stages they tended to use problem-focussed strategies. Fugate et al. recommend that management give staff input into decision-making to increase perceptions of control and thereby mitigate stress. However, in the current study many of the changes the participants described were mandated by the executive team which itself was following the policies of the governance board of the DHB and of the Ministry of Health. Accordingly, even those participants who were senior managers, rued their lack of control.

LIMITATIONS AND FURTHER RESEARCH DIRECTIONS

The study is based on only 31 interviews in a single unit of a government ministry in one country and there was a preponderance of female participants. A greater range of participants in different industries and countries would naturally add to the store of knowledge on coping with stressful organizational change. The accuracy of self-reports is widely considered to be limited by the vagaries of memory, weak self-knowledge and social desirability bias (Dewe et al., 2010; Folkman & Lazarus, 1985). Despite these limitations there was a sufficiently wide divergence of coping strategies that this study’s participants used to signal how complex and dynamic the coping phenomenon is.
The extent to which strategies for coping with change diverged from dispositional coping was unclear in this study and has been the source of earnest debate among stress scholars (e.g. Ashford, 1988; Dewe et al., 2010; Folkman & Lazarus, 1985; 1988; Moss & Holohan, 2003). Self-efficacy, optimism, resilience and tolerance for ambiguity have been found to be effective resources for coping with change (e.g. Greenglass & Burke, 2000; Jimmieson, Terry & Callan, 2004). The findings of this study confirm that the stressor-strain-coping relationship alters over a period of time as Folkman and Lazarus (1985) noted and longitudinal studies of change have confirmed (e.g. Fugate et al., 2002; Greenglass & Burke, 2000). Another limitation is that it may be difficult to detect a clear line between the stages of a change. Diary studies have been used in prior studies of change (e.g. Schreurs, van Emmerik, Günter & Gernmeys, 2012) but have seldom documented coping with stressful change. To some extent this research approach can reduce the problem of memory recall and also provide a clearer picture of coping through different phases of change.

In conclusion, this study has contributed to the literature by presenting a rare examination of coping with the stresses of work life as the participants were caught up in the tumult of organizational change and sought to maintain their psychological wellbeing over a period of time.

References


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Robinson, O., & Griffiths, A. (2005). Coping with the stress of transformational change in a


Table 1: Coping Strategies with Sample Items

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<tbody>
<tr>
<td><strong>Problem-focused</strong></td>
<td><strong>Control – actions</strong></td>
<td><strong>Active coping</strong></td>
<td><strong>Behavioural approach</strong></td>
</tr>
<tr>
<td>Confrontive coping (Let my feelings out)</td>
<td>(Work faster and more efficiently)</td>
<td>(Taking action)</td>
<td>Seeking guidance and support</td>
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<tr>
<td>Planful problem-solving (Made a plan)</td>
<td>(Seek advice)</td>
<td>Planning (Thinking about what steps to take)</td>
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<tr>
<td><strong>Control – reappraisals</strong></td>
<td>(Think about challenges)</td>
<td>Positive reframing (Seeing it in a different light)</td>
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<td>(See situation as opportunity to learn)</td>
<td>(Acceptance (Learning to live with it)</td>
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<tr>
<td><strong>Escape – action</strong></td>
<td>(Humour (Making jokes about it)</td>
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<tr>
<td>(Get out of situation)</td>
<td>(Religion (Finding comfort in religion)</td>
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<tr>
<td>(Avoid being in this situation)</td>
<td>(Using emotional support (Getting emotional support from others)</td>
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<tr>
<td><strong>Escape – reappraisals</strong></td>
<td>(Using instrumental support (Getting advice or help)</td>
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<tr>
<td>(Try not to get concerned about it)</td>
<td>(Self-distractive (Thinking it about it less)</td>
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<tr>
<td>(Accept the situation)</td>
<td>(Denial (Refusing believe this has happened)</td>
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<tr>
<td><strong>Symptom management</strong></td>
<td>(Venting (Expressing my negative feelings)</td>
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<td>(Sleep, relax)</td>
<td>(Substance use (Using alcohol or drugs)</td>
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<td>(Food, exercise)</td>
<td>(Behavioural disengagement (Giving up trying to deal with it)</td>
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<td>(Seek company of friends/family)</td>
<td>(Self-blame (Criticizing myself)</td>
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<td></td>
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<tr>
<td>(Drink, take drugs)</td>
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<tr>
<td>(Daydream)</td>
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<tr>
<td>(Pray) (Take it out on others)</td>
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<tr>
<td><strong>Emotion-focused</strong></td>
<td><strong>Control – actions</strong></td>
<td></td>
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<tr>
<td>Distancing (Tried to forget the whole thing)</td>
<td>(Working faster and more efficiently)</td>
<td></td>
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<tr>
<td>Self-control (Tried to keep my feelings to myself)</td>
<td>(Seek advice)</td>
<td></td>
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<tr>
<td>Accepting responsibility (Criticized myself)</td>
<td>(Positive reframing (Seeing it in a different light)</td>
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<tr>
<td>Positive reappraisal (Changed something about myself)</td>
<td>(Acceptance (Learning to live with it)</td>
<td></td>
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</tr>
<tr>
<td>Escape/avoidance (Drinking, eating)</td>
<td>(Humour (Making jokes about it)</td>
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<tr>
<td><strong>Combined</strong></td>
<td>(Religion (Finding comfort in religion)</td>
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<tr>
<td>Seeking social support (Talked to someone about how I was feeling)</td>
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**Behavioural approach**
- Seeking guidance and support (Talked with a friend about the problem)
- Problem-solving (Made a plan of action)

**Cognitive approach**
- Logical analysis (Anticipated how things might work out)
- Positive appraisal (Reminded myself how much worse things could be)

**Behavioural avoidance**
- Seeking alternative rewards (Turned to other activities)
- Emotional discharge (Shouted to let off steam)

**Cognitive avoidance**
- Cognitive avoidance (Tried to forget the whole thing)
- Resigned acceptance (I accepted it; nothing could be done)
Table 2: Coping with Stress before the Change

<table>
<thead>
<tr>
<th>Coping strategy</th>
<th>Select quotes</th>
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<tbody>
<tr>
<td><strong>Problem-focussed</strong></td>
<td></td>
</tr>
<tr>
<td>1. Confrontive coping</td>
<td>When it comes to a situation where I can express it or try, then I will bring it up. (Y) I'm pretty open and blunt. (Z)</td>
</tr>
<tr>
<td>2. Planful problem-solving</td>
<td>What I tend to do is really organize what I can extremely well. (G) I would try to stay late, so that I could work in peace and quiet to get more done. (K)</td>
</tr>
<tr>
<td><strong>Emotion-focussed</strong></td>
<td></td>
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<tr>
<td>3. Distancing</td>
<td>If there were stresses at work I would not take that home. I would just relax at home and shut off. (B) I think having a positive attitude towards it and looking upon it as a sense of achievement. (F)</td>
</tr>
<tr>
<td>4. Self-controlling</td>
<td>Negative thoughts don’t help you so you’ve just got to block them off. (E) When [patients] insult you they like to get personal. But I tolerate it and I ignore it…I’ve got to act professional. (DD)</td>
</tr>
<tr>
<td>5. Accepting responsibility</td>
<td>I used to put in more hours than I needed to. (C)</td>
</tr>
<tr>
<td>6. Positive re-appraisal</td>
<td>I think having a positive attitude towards it and looking upon it as a sense of achievement. (F) I always do try and take it on board and try and be positive about it and I mean it’s never been that I couldn’t cope or it affected me so much that I had to leave my position. (M)</td>
</tr>
<tr>
<td>7. Escape/avoidance</td>
<td>I was probably overeating... it got to the point where I felt like I had to have the one glass of wine and if I’d run out I’d have to go and buy a bottle. (J) I’m the sort of person that hopes that the issue will disappear. (V)</td>
</tr>
<tr>
<td><strong>Combined</strong></td>
<td></td>
</tr>
<tr>
<td>8. Seeking social support</td>
<td>If I started to feel overwhelmed, would be to talk to my manager, and say, look, I’ve got this, this and this going on. Can we talk about perhaps reprioritising or doing something in a different way? (J) If I was really stressed about something, I would talk with one of my colleagues about it. (S)</td>
</tr>
<tr>
<td>Coping strategy</td>
<td>Select quotes</td>
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<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Problem-focussed</strong></td>
<td></td>
</tr>
<tr>
<td>Confrontive coping</td>
<td>We fought to not lose people from our division but...some battles we won and some we lost. (D) I haven’t got enough hours to do it. I told them that at interview. I told them that in the submission. (L)</td>
</tr>
<tr>
<td>Planful problem-solving</td>
<td>I prepared for the interview. I practised the interview, did all the things that I could. (A) I came up with the solution that was eventually adopted….We had meetings, we emailed, we did some research on what was the best thing for employees around work/life balance. (S)</td>
</tr>
<tr>
<td><strong>Emotion-focussed</strong></td>
<td></td>
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<tr>
<td>Distancing</td>
<td>In the end I just learnt not to take it personally. Just let it go over my head. (B) I think I should be more stressed than I am now but I’m not, and I think how I’m coping with it is that I’m probably denying it. (Y)</td>
</tr>
<tr>
<td>Self-controlling</td>
<td>There was no point worrying about it until I knew the next step. (Y) I was shutting down emotionally with people as well, talking less to people because I was keeping my thoughts to myself. (EE)</td>
</tr>
<tr>
<td>Accepting responsibility</td>
<td>You can’t go and stay in a helpless state for long, otherwise I’m the person that’s suffering from that. (O) You feel like it’s a train heading towards a crash and you see it’s going to come and I was taking too much responsibility. (T)</td>
</tr>
<tr>
<td>Positive re-appraisal</td>
<td>We had many challenges but I saw opportunities for us to achieve something, by not just accepting the status quo. (F)</td>
</tr>
<tr>
<td>Escape/avoidance</td>
<td>When I’m really stressed I stop exercising, I eat more, I then put on weight...I go home and watch a lot of inane TV. (H) It got to the point where I felt like I had to have the one glass of wine and if I’d run out I’d have to go and buy a bottle. (K)</td>
</tr>
<tr>
<td>Combined</td>
<td></td>
</tr>
<tr>
<td>Seeking social support</td>
<td>If I felt I needed something else I could approach my manager and she would be open to providing the resources to do that. (J) She [supervisor] did the absolute best she could in the circumstances. (U)</td>
</tr>
</tbody>
</table>
Table 4: Coping with Stress after the Change