Bigger isn’t always better

A qualitative study on attitudes and experiences of hospital employees during hospital mergers in the Netherlands

Master thesis

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25-03-2024

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March 2024

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Master Communication, Health and Life Sciences

Master thesis
Health and Society
HSO80336

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Preface

Dear reader,

In front of you is the final version of my Master thesis toward completion of my degree in Communication, Health and Life Sciences. This thesis would not have been possible without the help of numerous people who I would like to express gratitude to.

First of all, I want to thank my supervisor Kristina Thompson for her support during the past months. She took the time to assist me, give valuable feedback and support me when necessary. Our meetings were mostly short, but always very helpful. Furthermore, she inspired me to always take a step extra and not give up.

Secondly, I would like to thank all of the participants of this study. They shared their time and some very personal stories. Without them this thesis would not have been possible, so I greatly appreciate their willingness to participate in the interviews for this thesis.

I would also like to thank my family and friends. They did not only support me, but also inspired me with some insights on the healthcare sector. They gave me motivation in times when I had difficulties and encouraged me to keep going, not only during this thesis, but during my whole study period. I would especially like to thank Maurits for supporting me and for taking the time to read through my thesis and provide some needed feedback.

Finally, I would like to thank you for reading this thesis. I hope you enjoy reading this and that it will give you more insights on the experiences of healthcare employees with hospital mergers.

Marieke Willemsen
25-03-2024

Abstract

Over the last years there have been many hospital mergers in the Netherlands to tackle staff shortages in the healthcare sector and to stop the rising healthcare costs. There is very little literature present on the mergers of hospitals and their effects on employees. This study aims to explore the experiences and attitudes of hospital employees with hospital mergers in the Netherlands. A framework was created showing components of job satisfaction and quality of care in relation to hospital mergers. Components for job satisfaction included interaction, organisational policies, autonomy, work location, stress and workload. Quality of care was defined as care that is effective, safe, people centred, timely, equitable, integrated and efficient.

Semi-structured interviews were done with fifteen hospital employees on their personal experiences with hospital mergers and their attitudes towards the merger. Transcripts of the interviews were analysed thematically following the six steps of thematic analysis.

Participants were not always able to identify the reasons for merger, although staff shortages, improvement of quality of care and the financial state of the hospital were mentioned. Participants mentioned changes in social contacts during the merger, both positive and negative. Contact with coworkers was seen as most important, as it first changed negatively, but later the support participants received from coworkers was what got them through the merger. All participants saw mostly negative changes in location, commute and cultural aspects, which caused negative attitudes towards the merger. Changes regarding hospital policies, autonomy, salary and job description were both positive and negative. The communication regarding the merger was seen as mostly insufficient. Participants did not feel informed, while good communication could have positively impacted the attitude towards a merger. All participants coped differently with all changes caused by the merger, some showed a problem based coping mechanism, which positively influenced their attitude. However, most participants showed an avoidance coping mechanism, where panic and stress took over and caused a negative attitude toward the merger.

There were mostly negative attitudes towards hospital mergers. Participants felt like many aspects of the merger could have gone better. More research on hospital mergers, specifically on culture and attitudes would be beneficial to better understand attitudes. Clear communication and a better introduction into a new workplace could improve the process for future mergers.

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1. Introduction

The healthcare sector in the Netherlands is changing. Hospital mergers and hospital closures are seen all across the country. Currently there are 98 general hospitals and 8 academic hospitals (Volksgezondheid en Zorg, 2023). In 1972, there were 199 general hospitals and 9 academic hospitals (CBS, 2008). This means that in the last 50 years over a hundred hospitals have closed down in the Netherlands. At a lot of the locations where a hospital closed down, an outpatient clinic has opened. An outpatient clinic is a clinic where small tests and easy care can be done. However, some members of the public still worry about the healthcare provision in their area. They are afraid that they are not able to get help on time in case of an emergency, like a cardiac arrest (NOS, 2023). Not only the public worries (van der Geest, 2023; Penris 2023), the closure of hospitals has also sparked a political debate (NOS, 2023). In June of 2023, many politicians had questions about the mergers and closures of hospitals and emergency departments to the minister of public health (NOS, 2023). Those questions are not unexpected as in 2023 four different hospital groups in different parts of the Netherlands had to merge or close. In April, the Gelre-hospital has closed the maternity ward completely and the emergency departments in the weekends, two hospitals in the province of Friesland are closing and merging to one bigger hospital. In the province of Drenthe, all hospitals have to work together as the emergency departments are under enormous pressure and in the Hague two hospitals had to merge to save one of the locations (NOS, 2023).

The current changes in the healthcare sector are caused by different factors. Two main factors are staff shortages and rising healthcare costs. In 2022, there was a total shortage of almost 50.000 healthcare employees and it is expected that there is a shortage of 135.000 employees in 2031 (Brief van minister voor Langdurige Zorg en Sport, 2022). In some hospitals the staff shortages are so big, that they cannot guarantee a high quality of care (van Nuland, 2022). When the quality of care is compromised due to staff shortages, hospitals often look to mergers to be able to assure care in their region. Besides the staff shortages, hospital mergers are caused by the rising healthcare costs. In the Netherlands, 29.6 billion euros (based on 2015 prices) was spent on healthcare in 1975. In 2012 it was already 85.4 billion euros. It is expected that that this figure will double to 173.6 billion euros in 2040, also based on 2015 prices (RIVM, 2018). Not only the total cost of healthcare is rising, but it is expected that the costs for households will increase in the upcoming years (Ministerie van Volksgezondheid, Welzijn en Sport, 2023). It is expected that healthcare costs will go down, as mergers will lead to economies of scale, which means money is saved by increasing production (Schmitt, 2017). For a hospital that means that costs become lower, when there are more beds (Van Hulst & Blank, 2017). Besides that, some expect the quality of care to rise when hospitals are bigger, as specialists perform treatments more often and equipment is always on hand. However, current research hasn't shown any of these effects (Batterink et al., 2017).

In the Netherlands, the majority of the research on hospital closures and mergers mentions economic effects and market forces. Van Hulst and Blank (2017) discussed that mergers of Dutch hospitals do not lead to economies of scale anymore. Instead, it was discussed that it is optimal for a hospital to have 200 to 320 beds, as the economic profit is best with this amount of beds. In the Netherlands most hospitals have around 450 beds and so it seems that mergers do not lead to lower costs based on the amount of beds (van Hulst & Blank, 2017). However, having fewer beds in the existing hospitals is not an ideal situation. During the COVID-19 pandemic, it was shown that not enough beds were available, especially in intensive care units, during a crisis (NOS, 2020). Furthermore, hospital consolidation in the Netherlands has caused that some hospitals currently have a regional market share of over 60% (Nederlandse zorgautoriteit, 2016). Having a high market share can have negative effects on patients and insurance companies, as there are fewer hospitals to choose from when care is needed. Besides that, having a high market share can also increase the health care costs in the hospitals as there is fewer need to compete with other hospitals. The

incentive to innovate decreases, which in turn may negatively influence the quality of care. This is one of the criteria that is looked at when hospitals ask for permission for consolidation. When competitive pressure disappears, one hospital can gain a too powerful position, having a potential negative impact on prices and quality of care (Nederlandse Zorgautoriteit, 2016).

Existing research on hospital closures and mergers in other countries examined similar aspects of a merger as those performed in the Netherlands, focussing predominantly on economic effects and the market positions of hospitals. There are some other findings that might be applicable to the Dutch healthcare sector. Rural hospitals are more likely to close down and the closure of a rural hospital seems to have a negative effect on the local economy (Succi et al., 1997; Holmes et al., 2006; Malone et al., 2022). In urban areas it was shown that hospital closures cause care to shift to lower cost facilities, like a general practitioner, but the perceived access of vulnerable patients becomes lower (Buchmueller et al., 2006). Besides that, the closure of a hospital can cause anxiety for patients as they become unsure how their treatment will continue. Vulnerable groups, such as elderly, handicapped or people in lower income groups, were more likely to experience hospital closure negatively, potentially caused by the fact that for this group it is more difficult to travel greater distances (Romero et al., 2012). That anxiety might be justifiable on the short term, as when the travel distance to a hospital becomes longer, the changes to survive an acute health issues, like stroke, are lower. However, long term effects of these differences on the chances of survival remain unchanged (Avdic, 2016; Shen & Hsia, 2012).

Hospital mergers are difficult to compare with mergers in different sectors as the healthcare sector differs from other sectors (Morris et al., 2014). The first difference is that health is important to every individual and every society and healthcare is an important factor of making sure people stay healthy. Next to that the healthcare spendings are very high and a lot of money from the government is used in the healthcare sector. The most important difference is that in the healthcare sector there is a lot of uncertainty, as it cannot be predicted when someone is in need of care and what care is needed. It can also not be predicted whether healthcare will really help with recovery. Furthermore, patients of healthcare cannot be treated as consumers as they do not behave that way. Healthcare cannot be tested by the patient himself and information is often complicated. Healthcare employees are also different from employees in other sectors. As in healthcare the needs of patients are followed and self-interest is likely to be absent, social and ethical factors are determining the behaviour of the employees (Morris et al., 2014). Therefore, it is important to look specifically to mergers in the healthcare sector to be able to understand attitudes and experiences with mergers.

Qualitative research on hospital mergers has not yet been done extensively, neither in the Netherlands nor abroad, only four of these studies were found (O'Hanlon, 2020; Nogues & Tremblay 2023; Petersen, 2019; de Kam et al., 2023). One of the studies, shows that healthcare employees in the United States fear hospital consolidation will change the geographic access to care, the way physicians make referrals and that it will negatively impact the economies of the neighbourhoods where closed down hospitals were located (O'Hanlon, 2020). Nurses in Canada also reported a degradation in working conditions and in perceived quality of care. These nurses struggled in the contact with their supervisors (Nogues & Tremblay, 2023). Positive impacts of hospital consolidation have been reported in the United States, were the public felt that better services became available in a better facility (Petersen, 2019). In the Netherlands de Kam et al. (2020) interviewed employees of the Dutch Health and Youth Care Inspectorate and directors and managers of three merged hospitals. This research showed that both employees of the Inspectorate and the directors of hospitals saw the process of merging as disruptive to care practices. Inspectors focused more on the dangers of merging while the employees of the hospitals reported how the merging stimulated reflection on daily care practices (de Kam et al., 2020).

Most knowledge of hospital mergers is present on economic consequences and market values (van Hulst & Blank, 2017; Nederlandse Zorgautoriteit, 2016; Succi et al., 1997; Holmes et al., 2006; Malone et al., 2022). Qualitative research has been done abroad and qualitative research in the Netherlands focussed on changes within the hospital. Personal experiences and attitudes of hospital employees, including nurses, doctors, administrative personal etc., are not yet explored in the Netherlands. Therefore, this study will focus on these experiences and attitudes. This is important as hospital staff are first to deal with the changes in hospital structures and the role of staff is crucial for implementation of any change (Pomare et al., 2019). Furthermore, it is important to keep healthcare employees motivated to stay in the healthcare sector (Brief van minister voor Langdurige Zorg en Sport, 2022) to be able to stop the increasing staff shortages in the Dutch healthcare sector. Including attitudes and experiences in decision making around mergers or closure might raise understanding of the employees, keep them motivated and will make a possible change easier (Pomare et al., 2019). This research will help to create a better understanding of the opinions of health care employees about mergers of hospitals and might help with decision making. To contribute to this knowledge gap and gain more inside on attitudes of hospital employees this thesis poses the following research question; *"What are the experiences and attitudes of hospital employees with hospital mergers in the Netherlands?*".

2. Theoretical framework

Currently there are no frameworks present for the interaction between hospital mergers and the experiences and attitudes of healthcare workers. Therefore, a new framework has been created for this study. Different factors that impact hospital mergers will be explained and included. These factors are identified by reviewing the present literature on hospital mergers. Factors that might influence the experiences and attitudes of hospital employees were included. Other factors are not taken into account in the framework. This means the healthcare costs, that do have an impact on hospital mergers, but not on attitudes of employees, are not included. To create the framework the quality elements of the WHO (2020) were used. The quality elements of the WHO are used as they are most used as quality measures in the healthcare sector. Furthermore, the six components of job satisfaction based on the research of Stamps and Piedmonte (1986) were used, combined with other factors that influence job satisfaction. The study of Stamps and Piedmonte was used because it focusses on the job satisfaction of specifically healthcare employees and not job satisfaction in the whole work field. However, the quality elements of the WHO (2020) and the six components of job satisfaction of Stamps and Piedmonte (1986) together are not able to draw the whole picture of the impact of hospital mergers on hospital employees. Other factors also have an impact, therefore these factors are included in the framework as well, which will be described in the upcoming paragraphs. These other factors came from literature on specific parts of hospital merger or job satisfaction. In the upcoming chapter it will be explained how this framework is put together and how the elements of the framework of the quality elements of the WHO (2020) and the six components of job satisfaction of Stamps and Piedmonte (1986) are used. To make the different pathways in the framework more clear, different colours are used.

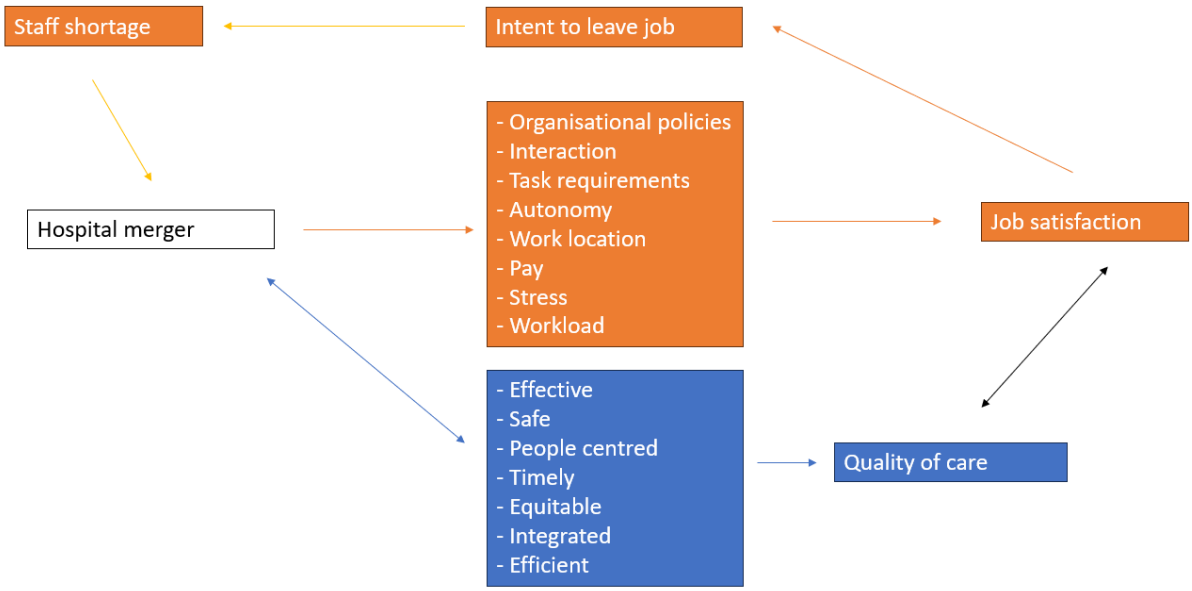

FIGURE 1; RELATIONS OF HOSPITAL MERGERS

2.1 Job satisfaction and staff shortage

One factor that might impact the attitude of healthcare professionals towards hospital mergers is the effect that the merger has on their job satisfaction. Job satisfaction is a combination of psychological, physiological and environmental circumstances that cause a person to say he or she is truly satisfied with their job. It has to do with the way how people feel about their jobs and its various aspects and it represents a combination of positive or negative feelings that employees have towards their work (Aziri, 2011).

Stamps and Piedmonte (1986) identified six components that influence job satisfaction of nurses. These six components are autonomy, professional status, interaction, task requirements, organisational policies and pay. Hereby, autonomy is the independence, and freedom permitted or required in daily work activities. Professional status is the significance and overall importance of work, viewed by the nurse as well as others. Interaction is defined as social and professional contact during working hours. Task requirements mean the tasks that must be done as a regular part of work. Organisational policies mean the management policies and procedures that are put forward by the hospital. Pay is the salary paid to the nursing staff (Stamps and Piedmonte, 1986). Other studies proved that these components all influence job satisfaction of nurses (Finn, 2001; Goodell & Coeling, 1994), therefore these components will be included in the framework. Professional status is not included, as it is hypothesized that it will not be influenced by hospital mergers. What is important to keep in mind while using these components is that whether these components influence job satisfaction is related to whether employees consider the components to be important (Stamps & Piedmonte, 1986). This means that if one component is very important to someone, it has a higher effect on job satisfaction.

Since the research of Stamps and Piedmonte (1986), there has been more research on job satisfaction and more factors have been identified that have an influence on the job satisfaction, specifically for healthcare employees. One of those factors is work location (Ward & Cowman, 2007). It is shown that nurses who have a choice in work location are more satisfied with their job. Another factor that has influence on job satisfaction of nurses is workplace stress (Lu et al., 2004). Jobs in health care can cause a lot of stress as there is a high possibility that stressful events will happen at work. Mistakes can have very high costs in healthcare and current staff shortages place employees under even more pressure. This also affects workplace relations that healthcare employees have, being the contacts that employees have both with co-workers as with supervisors. These relationships are also closely related with job satisfaction (Lu et al., 2004), these relationships are part of the component interaction identified by Stamps and Piedmonte (1986). For general practitioners it was shown that income, recognition and workload had an impact on their job satisfaction (Van Ham et al., 2009), in which income is part of the component pay identified by Stamps and Piedmonte (1986). It was mentioned that too much work in combination with low income and recognition had a negative influence on job satisfaction (Van Ham et al., 2009). All factors taken from both the research of Stamps and Piedmonte (1986) and the other research on job satisfaction (Ward & Cowman, 2007; Lu et al., 2004; Van Ham et al., 2009) is shown in the framework (Figure 1) in the colour orange.

Furthermore, job satisfaction is one of the main drivers for healthcare employees when determining whether to stay or leave a job (Coomber & Barribal, 2006). Turnover of hospital staff can lead to staff shortages, which is seen as one of the main drivers for hospital consolidation and therefore hospital mergers.

2.2 Quality of care and job satisfaction

A factor that is related to both hospital mergers and job satisfaction, is quality of care. In the framework shown in Figure 1 it is marked with blue. According to the WHO (2020), quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Several studies have found a relationship between job satisfaction of healthcare employees and quality of care. When nurses and physicians perceive the quality of care they provide as high quality, they are more likely to be satisfied at their job (Chang, et al., 2009). Thus, when the quality of care provided at a hospital is higher, it can be expected that the job satisfaction of employees of that hospital is higher. Besides, a greater job satisfaction also positively affects the quality of care (Kvist, et al., 2014).

Besides the relation between quality of care on job satisfaction, quality of care is closely linked to hospital mergers. In political debates in the Netherlands quality of care is often mentioned when hospital mergers are discussed (Kamerstukken II, 2023). A hospital has to close departments down or merge when the quality standards are not met. Although specific effects of hospital consolidation, hospital mergers and closures on the quality of care are not clear, they are related, as mergers do affect processes and characteristics that are relevant to quality of care (Roos, 2018).

According to the WHO (2020), there are multiple quality elements to health services. Health services should be effective, safe, people centred, timely, equitable, integrated and efficient. Which means that health services should be evidence-based, provided to the ones who need them, harm should be avoided, care should respond to individual preferences, needs and values, waiting times should be reduced, the same quality of care should be provided to all regardless of age, sex, gender, ethnicity, religion, care should be coordinated across levels and providers and benefits should be maximized (WHO, 2020).

In the Netherlands, quality indicators for hospitals are made by the Inspection of Healthcare. Every year a new set of indicators is made to be able to make quality of healthcare measurable and transparent. These indicators are very specific to certain specialisations of care (Mesman et al., 2013). Relatively new to the quality indicators are the so called volume norms. These norms are specific to certain specialized surgical procedures. A surgeon has to do a minimum number of a certain surgery a year to be allowed to keep doing the surgery. These norms are based on the expectation that the quality of these surgeries will go up as a surgeon performs the surgery more often (Mesman et al., 2013). As a result of these norms, hospitals decide to merge as surgeons in small hospitals cannot meet these minimum amounts of surgery. The minister of public health in the Netherlands expects that hospital mergers positively affects some of these quality indicators (Kamerstukken II, 2023). Efficiency of hospitals is expected to increase most when the size of the hospital increases. However, there might be negative effects too. Gaynor et al. (2012) found that mergers of hospitals negatively impact productivity, waiting lines and clinical quality, and found little evidence that mergers achieved gains.

Staff members sometimes have different ways to view the quality of care than the definition given by the WHO. Furthermore, staff members all have different definitions of quality of care. This is important to take into account, as it often relates to the actual quality of care (Bautista et al., 2019). It is found that the perceived quality of care is linked to the workload and stress levels of staff members.

3. Methodology

This chapter will introduce the methodology. First the study sample and way of recruitment will be introduced, after a description of the research setting is provided, thereafter it will be explained how the data is collected and analysed. Finally, this chapter will include some ethical considerations for the study. This methodology provides a qualitative approach, using semi-structured interviews, to explore the experiences and attitudes of hospital employees with hospital mergers in the Netherlands.

3.1 Study sample & recruitment

The participants were recruited through convenience sampling, by using the personal network of the researcher and through posts on social media (Facebook groups, LinkedIn, etc.). Furthermore, two hospitals created a message to post on an internal communication platform through which seven participants contacted me. Both the recruitment and the interviews took place in November and December of 2023 and January of 2024. Two of the participants were male, seven of the participants were female. These characteristics are shown in Table 1.

15 hospital employees were interviewed in 13 different interviews through Microsoft Teams or through a WhatsApp-video call. There were four participants who felt more comfortable to do the interview together with a colleague or who expected answers would overlap with their direct colleague, so two interviews were conducted with two participants in the meeting. This was for interview 11 and 13, which is shown in Table 1. Initially two more people expressed their willingness to participate in this study, but ended up not participating without giving a clear reason for withdrawal. One of them failed to react while planning the interview, while with the other participant a date was found, but the participant failed to show up in the Microsoft Teams meeting. They did not react to any emails and calls after that.

Inclusion criteria for this study were: being between the age of 30 and 65 years old, the working age in the Netherlands and able to have experienced hospital mergers while having to stay in the workforce; speaking Dutch; and work in a hospital in the Netherlands. The healthcare employees that are interviewed have different professional backgrounds. This study includes specialists, nurses, directors and administrative employees, and the participants work in different hospitals across the country.

Table 1; Characteristics of participants

Interview	Hospital	Sex
Participant 1	Hospital A	Male
Participant 2	Hospital B	Female
Participant 3	Hospital C	Female
Participant 4	Hospital D	Female
Participant 5	Hospital C	Female
Participant 6	Hospital E	Female
Participant 7	Hospital E	Male
Participant 8	Hospital E	Female
Participant 9	Hospital C	Female
Participant 10	Hospital E	Female
Participant 11a & 11b	Hospital E	Female
Participant 12	Hospital B	Female
Participant 13a & 13b	Hospital A	Female

Other characteristics of the participants are; seven of the fifteen participants still worked in the same function at the same hospital as before the merger. One of the participants remained int her function but had just gone into retirement at the moment of the interview. Three participants were able to move up within the organisation to a new function due to the merger. One participant decided to move to a different organisation, not due to the merger, but out of free choice. One participant was laid off during the merger, but was later able to find a new job within the same hospital. One participant decided to not work at a department anymore due to changes related to the merger, so changed to another department. One participant quit her job due to the merger, but found a new job at another hospital. Furthermore, three of the interviewed participants were part of the works council of the hospital. During the interview they did therefore not only discuss personal opinions, but the opinions they had heard in the works council meetings.

3.2 Research setting

Data was collected through interviews of employees of five different hospitals in the Netherlands, which used to be 12 different hospitals ten years ago. This means that some hospitals had merged with more than one hospital. Table 1 shows how the participants are divided over each hospital. Some hospitals completely merged and moved in to a new hospital building at a new location. Other hospitals merged, but all locations stayed open. However, when this was the case at least one of the locations changed to a week hospital, which is closed during the night time and in the weekend. The hospitals varied in number of beds and number of employees.

3.3 Data collection

Data from the semi-structured interviews was gathered from November 2023 to January 2024. An interview guide, which can be found in Appendix 1, based on the framework described in the theoretical framework of this paper was used to structure the interviews. This means that questions on job satisfaction, staff shortages, perceived quality of care and perceived changes in rising healthcare costs were included. The interview questions were tested in a pilot interview with a relative of the researcher. The interviews took between 25 and 43 minutes and were held in Dutch, the native language of both the researcher and all of the participants. Doing an interview in a native language is important to open doors and establish trust (Welch & Piekkari, 2006). The interviews were conducted online with Microsoft Teams or through a WhatsApp videocall. By doing the interviews online, using a tool as Microsoft Teams made it easier to connect with the participants. It gave flexibility in scheduling and made the interviews less time consuming as the burden of travelling was prevented for both the researcher and the participants (Brown, 2022). Furthermore, using Microsoft Teams made both recording and transcribing the interviews easier (Brown, 2022). All interviews started with an introduction of the researcher to make the participants feel more comfortable. The first question of every interview was “Can you introduce yourself?”, for most participants this question already let to telling about the merger that they had experienced in their career. Afterwards, the questions were asked in a random order to make a logical conversation and not limiting the participants in telling their story. In the first interviews a method to create a timeline was tried to be used, but as many of the participants forgot the specific times, dates and order in which some event occurred, this was let go after three interviews. Instead a question was asked about the events that they remembered most about the merger. The interview guide of the study can be found in Appendix 1, this interview guide is in Dutch as the interviews were in Dutch too. Transcripts of the interviews were made verbatim by the researcher. Before analysis the transcripts were first translated from Dutch to English.

3.4 Data analysis

A thematic analysis was used, following the six steps of thematic analysis described by Braun and Clarke (2006). Thematic analysis is useful for subjective information from large bodies of text as it

helps to divide and categorise data (Braun & Clarke, 2006). In this study, interviews were conducted, giving a large amount of subjective data. Thematic analysis helped with reducing the complexity of the transcripts of the interviews to the most remarkable points. The steps of the thematic analysis of Braun and Clarke (2006) are described here briefly and shown in Table 2. The first step of thematic analysis is familiarization with the data. The interview transcripts were read and notes were made. This was already started during the transcription and translation of the interviews. The second step is coding the data. Coding of the interviews was done in ATLAS.ti. Codes were made with an inductive approach, the codes are made based on the answers given by the participants. The third step is generating themes, this is done by looking over the created codes and by identifying patterns in those codes. Themes are broader than codes, several codes are made into a single theme. The themes were created with both an inductive and deductive approach. The themes were created based on patterns in the codes. Step four is reviewing the created themes to make sure the themes are accurate representations of the data. The researcher checked if the themes were really present in the data by reading back the transcripts and it was determined if anything should be changed to make the themes work better. The fifth step is defining and naming themes, by checking whether the researcher formulated exactly what was meant with every theme. The last step of thematic analysis is writing up an analysis of the data, which can be found in the result section of this study. The result section will contain an explanation of the themes that are used as well as quotations from the interviews. The quotations will be used to give a better understanding of shared attitudes and experiences.

Table 2; Steps of thematic analysis (Braun & Clarke, 2006)

Steps	Description
1. Familiarization with data	Getting to know the data by, reading through the data and writing down notes.
2. Coding the data	Highlighting sections, phrases or sentences and labelling them with codes that describe the content.
3. Generating themes	Identifying patterns among codes and coming up with themes.
4. Reviewing the themes	Checking whether themes are useful and accurate representations of the data by comparing themes against the dataset.
5. Defining and naming the themes	Formulating exactly what each theme means and coming up with an easy name for the theme.
6. Writing up the data	Writing up an analysis of the data, addressing each theme.

3.5 Ethical considerations

The interviews were conducted by the researcher of this study. The researcher is a 24 year old, female from the Netherlands, who is currently a master student in Communication, Health and Life Sciences in Wageningen. She has no relation to a hospital herself, but has created an interest in hospital mergers through stories of family members. Informed consent was given verbally by the participants at the beginning of the recorded interviews. All interviews have been for the purpose of transcribing the interviews afterwards, with approval from all the participants. The transcripts will be sent to the participants to make sure they support what they said and that their narrative was understood correctly by the researcher. Furthermore, names of the participants will only be known to the researcher as the participants were assured anonymity. Names of the hospitals where the participants worked have been changed in the transcripts to assure even more anonymity, as the hospital name and job description of some participants would give away their anonymity. Transcripts of the interviews were sent to participants after the interviews to make sure everything was understood correctly.

4. Results

This chapter presents the findings of this study. The findings of this study will be presented based on the themes that emerged during the interviews. These themes are based on the experiences of the hospital employees with hospital mergers and are; reasons for merger, changes in social contacts due to the merger, location change and difference in commute, cultural change, changes in hospital policies and salary, changes in autonomy, job description and opportunities, communication regarding merger, quitting or changing jobs and coping with a merger. With most of the themes a situation before and after the merger will be described, for some themes there a specific section of the situation during the merger is included. Some themes do not include this division, as the situation before or after the merger was just described as different, more or less, but the participants did not go into detail what was different.

4.1 Reasons for merger

During the interviews most participants discussed why they thought the merger happened. Two participants felt that the staff was not well informed about the reasons why the merger was happening, however other participants were able to identify the reasons for the merger. In the introduction of this study it was already mentioned that drivers for a merger were to improve the quality of care, lower the healthcare costs and respond to existing staff shortages. These three reasons were described by the participants of this study too. This paragraph gives an overview of what the participants saw as a reason for the merger and their attitudes on whether it was truly necessary.

4.1.1 Staff shortages

Seven participants mentioned that there were staff shortages in the hospital they were working at during the interviews. However, they were not sure whether these staff shortages had been impacted by the merger.

Before

Two participants mentioned staffs shortages as a one of the reasons for the merger, as they weren't sure whether the hospital could find new doctors when one would retire.

"Can you still attract new surgeons if you can operate on mothers more? Is that still a complete surgical department? If someone leaves there, can you still find a new person?" (P1)

After

The other participants stated that they felt like that there were more staff shortages after the merger.

"We also have a vacancy now. If I see what's happening now. We have a lot of shortages of staff due to outflow. Due to retirement. But also people who, for example, go to another hospital. It is more difficult to fill vacancies now. While back then, maybe 10 years ago, there were a lot more responses to vacancies. And you really had a choice." (P3)

However, this was not always caused by the process of merging, but by the overall shortages and other possible changes in the healthcare sector. Participants stated that they were not sure whether the merger helped with solving the issues that the hospital had regarding the staff shortages.

4.1.2 Quality of care

The participants of the study also identified quality of care as one of the main reasons for the merger.

Before

One participant specifically mentioned that the quality of care met all standards before the merger.

"I believe that, fundamentally, we met all quality requirements. Just before we merged, we underwent an audit of our quality system, where external evaluators came for three days to assess everything. I won't say everything was perfect, but we certainly met the standards" (P1)

Furthermore, four participants of this study indicated that before the merger not all surgeons were able to meet the volume norms. Before the mergers, surgeons were not able to do enough surgeries. These four participants felt that the volume norms where one of the main drivers for the merger. The smaller hospital organisations were able to provide network care. Which means that they had close ties with other care organisations, like elderly care and revalidation homes. Contacting these organisations and helping patients with the step to care after hospital admissions, was seen as good care by these four participants.

During

Four participants said they experienced concerns about the quality of provided care during the merger, as sometimes they were not sure whether all their colleagues were still able to provide the necessary care or that due to the merger there was so much chaos that they questioned the safety.

"So, you walk around with a notebook, searching everywhere. But everyone is doing that. It was actually chaos. At the same time, you feel very responsible for patient care as a nurse. And sometimes I still wonder, was that safe during those moments? I have my doubts." (P3)

After

The participants of the study had mixed feelings about the change in quality of care that had appeared due to the merger. Five participants said the quality had increased, one participant said it had decreased, three participants said that it had increased at some levels, but decreased at other levels and six participants did not see any change or had no idea about a possible quality change.

"Larger isn't always better. While a bigger hospital can handle more and is better specialized, it can also lead to optimizing routine treatments and surgeries at a higher level, which is an advantage. I find network care in smaller hospitals, including the Hospital1, to be better." (P1)

Reasons for a quality increase that were mentioned were, for example, that more specialised care was delivered, there was more efficiency and an exchange in knowledge between more hospitals. Five participants saw the concentration and specialisation of care in a larger organisation as a big improvement in quality of care. The specialisation of surgeries was specifically mentioned by two participants and one participant also felt that the hospital now offered more treatments than before the merger. Four participants specifically referred to the volume norms and that due to the merger the hospital and its surgeons were able to meet those norms. However, most of the participants that mentioned quality improvement where not sure if the improvement was solely due to the merger or that it was caused by other changes in healthcare. Reasons to believe the quality had decreased were the disappearance of care close to the patient and network care. Due to the merger patients or the family of patients had to travel further to be able to visit a hospital and the staff was not able to spend as much time with the patients as before the merger. Finally, it was stated that the quality of care decreased as the merger caused that staff were no longer holding each other accountable for

certain behaviours due to the disappearance of norms and values. To conclude, the participants had different ideas about the changes in quality of care due to the merger.

4.1.3 Financial state of the hospital

Another important driver, that participants identified for hospital mergers, are the rising healthcare costs. The rise of healthcare costs is closely related to the expenses and financial situation of hospitals. In the interviews seven participants mentioned something about the financial situation of the hospital and whether they felt that the financial status of the hospitals had changed due to the merger. Six participants specifically named finances as one of the main drivers for the merger. With one participant referring to financial problems due to staff shortages.

Before

Four participants stated they had concerns about the financial struggles of the hospital before the merger, with one fearing bankruptcy if the hospital hadn't merged.

"This made everyone realize; we really have to go through this, otherwise, I'll lose much more than I'll lose now." (P1)

They realised that if a merger wouldn't happen there were possible much worse scenario's, like bankruptcy or losing a lot of employees due to financial cuts.

After

Two participants stated that the financial situation had surely improved due to the merger and one participant saw the merger as an financial setback. However, most of the participants were unsure whether the financial situation of the hospital organisations had improved after the merger.

"It seems to be the case, I think, I wouldn't know. On the one hand, apparently, there are very high costs to keep two buildings running with all the facilities and lighting, and so on. Everything has to function. On the other hand, there is a shortage of hospital personnel. And you can't generate enough revenue at one location, and then you have to move staff where they may not want to go. I think the idea was that it would save costs, but I don't know." (P2)

Two of the participants wondered if it was financially beneficial to keep two or three locations open. Two other participants stated that the hospital they are working at still has financial problems and it is still necessary to cut costs. Seeing the financial situation of the hospital as one of the main drivers of a merger, but not knowing whether it had positively changed due to the merger was something that participants felt irritable about.

4.2 Changes of social contacts due to the merger

Social contacts are all contacts that participants have during their work, regarding both social and professional interactions that the hospital employees might have during their work . All fifteen participants named the contact that they had with others in the hospital as a factor that had influenced their experience with a hospital merger. Social contacts in the hospital could be divided between interaction with colleagues, with patients and with a supervisor or manager.

4.2.1 Relation and contact with colleagues

The relation and contact with colleagues or the changes in relationships with colleagues was mentioned by all the participants and all of them said that the relation with coworkers has a big influence on their job satisfaction.

"There are many aspects of job satisfaction. A big thing is, of course, your colleagues. If you have great colleagues, that already makes a lot of difference. If you can laugh with them, that's crucial for your job satisfaction. I think that's genuinely an aspect, and does a merger play a significant role in that? I think more so at the beginning than later." (P13b)

Before

Before a merger, participants mentioned that they worked in small teams. They knew everybody on the team and they knew many others in the hospital like the doctors. This made it easy for the participants to talk to others and ask questions.

During

The relation with colleagues is also mentioned when asked about the biggest changes during the mergers. Getting to know new colleagues was mentioned fourteen times, where meeting new colleagues and getting used to working together are included in this category. During the merger of hospitals many participants suddenly got new colleagues as teams got bigger or they had to rotate between different hospitals. This meant that they met a lot of new colleagues and that participants stated that it is no longer possible to get to know everyone. The participants mentioned that it "didn't feel good" to not know the person you were working with. Eight participants specifically named the cultural differences they encountered with colleagues from different locations. These cultural differences were based on which part of a province colleagues were from, the way they acted, rivalries between different parts of cities and differences that occur due to the size of a hospital. Not all those cultural differences were seen as negative, but some took a positive turn as well.

"It has to do with the type of people working at HOSPITAL2+3. Hospital1 was a bit decadent and they (employees of hospital1) behaved that way too. There's nothing wrong with that, but I prefer a more direct approach. In HOSPITAL2+3, there were many colleagues who were quite direct, and that took some getting used to, but I found it very beneficial because I could relate to that." (P7)

Additionally, the differences in culture lead to having to align different working methods, which for some participants caused frustration. Friction with new colleagues was mentioned by seven different participants, this friction was caused by different reasons including differences in rules, differences in the way of working, problems in communication, rivalry between different locations and duplicated roles.

"It (rivalry) was there when they came to Place2. "You are here with us, not the other way around.""
(P9)

This friction for some even let to yelling colleagues, which was seen as the most memorable event of the merger for one of the participants. Two participants stated that they had coaching with their team to make sure that they were able to solve differences that existed between colleagues. This coaching was not always well received as it felt unfortunate that someone "who knows everything better" came in to the organisation. One participant stated that the friction and discussions only occur as all healthcare employees are extremely driven to be able to provide the best care to the patients. She described healthcare professionals to be a specific and unique group of people, who care a lot about others. When they are in doubt about whether something is safe or not right, they will say so to make sure a patient gets the best care possible.

After

After the merger, the participants mentioned that they now work in bigger teams. Four participants stated that they found it nice to have more colleagues as there were more people to discuss problems with, more people to support you and just have fun with at work. Having more colleagues was described as making the job more enjoyable.

"Yes, we help each other; we try to support each other. We also swap shifts if it's not possible to go to another location. Then I just ask: can you swap with me? We take that into account, so you can arrange a lot among yourselves now. That makes the work more enjoyable" (P11b)

Having more colleagues let to more flexibility at the hospital as well. This was named as one of the advantages of the merger as it became easier for colleagues to trade shifts. For some however, the contact and support that they felt before the disappeared after the merger. This was caused by the fact that many people left the hospital due to the merger. For most of the participants the friction that occurred during the merger disappeared after a few years. Almost all participants were able to find their place again at a new hospital because of the nice colleagues they had and the support they got from their colleagues.

4.2.2 Relation and contact with supervisors

The relation with a supervisor or manager was named by seven of the participants. Two of which named this relation as not that important for their job and job satisfaction as it was not every day contact. The other five participants named the relationship with their supervisor as important. Trust of their supervisor and an open communication with a supervisor were named as important aspects of this relationship.

"Additionally, you deal with changing leadership, and a leader has a significant impact on you, on me as a person and my work" (P12)

Before

Five participants mentioned a nice relationship with their supervisor before the merger. This relationship was seen as good, as there was open communication, it was easy to come in contact with the supervisor and they received trust of their supervisor. Two participants described the location of the office of the director of the hospital, which was close to the front door, as nice to see. They felt like that showed the openness of the organisation.

After

After the merger for some of these participants the open communication disappeared. The distances to the supervisors and managers became larger, both physically and socially. Furthermore, there were different supervisors appointed to the participants. This was difficult as they lost the person they trusted and new supervisors were not aware of the past of the employees and all changes during the merger. This caused that the participants felt unheard or not taken seriously. Other participants gained trust from their supervisor after the merger.

"I worked there for two years and enjoyed it, and I was able to collaborate well with the board. They also gave me the trust by assigning me a significant portion of Hospital2 Hospital under my responsibility." (P1)

This trust given by the supervisor made it easier to adapt to the new situation and improved the job satisfaction. That a supervisor sees the qualities that the participant had made them feel more valued, which has a positive impact on the attitude towards the merger.

4.2.3 Relation and contact with patients

The relation or contact with the patients of the hospital was named by four participants, these changes describe the change between before and after. Three of which named the contact with a patient as something enjoyable about their job.

"We don't have much to do with the people above, but if things go well internally with the doctors, patients, and colleagues, then your day goes by quickly; it's just nice working. We have that at the moment." (P11a)

For three of the participants that named patient contact, nothing changed regarding the relation with patients. One of the participants stated that nowadays hospital staff cannot stay with patients as long as they used to. This change did not only occur due to a merger, but also because hospital care has changed.

4.3 Location change and differences in commute

All fifteen participants named factors related to location and commuting during the interviews.

Before

Before the merger all participants worked at one location. Furthermore, the hospital was located at a convenient place for them to travel to. The participants felt that the hospital was easily accessible, as it was for example located in the city centre. The participants were able to travel to work by bike or public transport. Besides, it was mentioned that they chose their place to live based on the location of the hospital.

After

After the merger participants often mentioned negative changes regarding the location change of the hospital and working at more than one location. Working at more than one location often came with several problems, such as accidently travelling to the wrong location, different equipment at the different locations and working with different colleagues every day.

"But the same goes for the doctors; they are also at the wrong location. It's just every time; you are here today and somewhere else tomorrow." (P11b)

The change of location was mentioned mostly as a negative change, as participants felt that the hospital became less accessible or as they would have rather stayed at their old workspace. Besides that, three participants felt forced to change locations, while they had expressed that they wanted to stay at a different location, which was described as not pleasant and caused the participants to feel upset. However, there were also participants who felt like getting a more modern and newer building was a positive change. Three of them described the move between hospitals as a beautiful moment. Words to describe a new location were for example, more modern, more clinical and more privacy.

Nine participants mentioned an increase in commuting time compared to before the merger, where four participants mentioned travel between different locations during working hours. An increase of travel time felt for some as they had to give up some of their private time. The change in transportation methods, from bike or walking to car, was mentioned by three participants, with two participants mentioning parking problems that came with traveling by car.

"I used to bike to work; it was about 7 kilometres to Hospital 1. If the weather was bad, I would take the car, but 75% of the time, I would go by bike. I found that very enjoyable. In the car, you can clear your mind as well, but it's different on a bike. Now, I have to sit in the car for three-quarters of an hour, assuming there are no issues on the road. Then, you still have to park the car far away from the hospital; you can simply lock a bike to a fence. Now, I have to walk for another 10 minutes from the car. When it's raining, as it has been in recent weeks, you walk through that. I don't have work clothes; I walk in my neat clothes, and when I arrive, I have to change because I need to be presentable. " (P2)

The influence of the location change on patients was mentioned by four participants. This was mostly because the participants felt bad that patients (but employees as well) were often present at a wrong location. However, two participants also mentioned that the change of location gave them a more modern and newer hospital, which was described as a positive change.

4.4 Cultural change

All fifteen participants mentioned that they noticed differences in cultures between the merging hospitals during or after the merger. These cultural differences where seen in the patient population, between colleagues and between the hospitals in general. The cultural differences that colleagues felt, that was mentioned by eight participants, was described earlier in the part about social contacts. These differences that the participants felt also had effect on the months after the merger, where five participants felt that they had to put energy into creating a new culture or integrate the two existing cultures together with coworkers. Besides the differences with colleagues, some other cultural differences were mentioned by the participants. Some of these cultural differences were closely linked to the familial feeling of the hospital, other changes were caused by the change in location and population.

4.4.1 Family feeling

The most mentioned change in culture was caused by the difference in size and the familial feeling of the hospital.

<u>Before</u>

Before the merger the participants described a family feeling in the hospital. The hospital was small and everybody knew each other. Four participants said that before the merger the hospital felt like a home or that they felt at their place.

"I feel good when I come here, see my colleagues at the reception, walk further, meet the logistics people, and go upstairs, and then I feel completely at home again, so I find that nice." (P8)

Furthermore, a smaller hospital gave a feeling of coziness for the patients. One of the participants described the holiday season, where patients in the smaller hospital would come together to celebrate together with the patients they shared a room with.

<u>After</u>

Due to the merger, five participants stated they lost the familial feeling of the smaller hospital. In the bigger organisation it was more difficult to get to know the colleagues and the patients.

"It was a small hospital, a protected hospital, a safe hospital. I now come to a very large city hospital where people hardly say hello to each other." (P6)

The four participants that described that they felt at home before the merger said they had lost that feeling after the merger. Furthermore, the coziness for patients that present before the merger was lost due to the merger, as in the new hospitals there were only private rooms.

4.4.2 Different patient population

Besides the cultural differences that were created by the differences in size and they cozy feeling of a hospital, participants also noticed cultural differences for the patients of the hospital.

Before

Before the merger, the participants described that there was a homogenous patient population in the hospital. Patients were able to visit a hospital close to their home, which meant they would only come in contact with other who lived close to them.

After

Hospital employees and patients have to travel to a different city, a different province or a different part of the city. In the hospital they now have to work at or visit there is a difference in for example the background of patients. The participants discussed it was hard to adjust to the culture at a different location. Words used to describe these differences are "in the city" or "on the other side of the highway".

"Then came Hospital3, a completely different hospital with different patients and a different staff, different ways of thinking, a different way of working. There were a lot of tears shed in Hospital3 because they had to work with us, people from the city." (P11a)

The participants had to adapt to the new patient population. Also as they were not always from the same part of a city as the patients they had to care for.

4.5 Changes in hospital policies and salary

Six participants named subjects related to policies of the hospital as a factor that had impacted their attitudes and emotions on the merger. Codes related to this theme include long term vision and structural changes. Furthermore, three participants talked about changes in salary they experienced due to the merger. Changes in salary are closely related to hospital policies, as salary scales are part of policies.

Before

Before the merger policies were applied that the participants were used to. Not many participants described the policies that applied before the merger. One participant described that before the merger, employees felt that they were taken into account by the supervisors and the management of the hospital. Employees of hospitals had to work weekend, evening or night shifts at the hospital and they got compensation for working irregular hours. One participant stated that the night shifts were not nice, but another participant said that working in the evening and weekend was more enjoyable and the extra pay was definitely worth it. The participants described that they knew what their co-workers earned and that everybody at their workspace had an equal education and equal pay.

After

The frequent changes in board members and therefore the frequent changes in long term vision were named by three participants as something they found remarkable during the merger.

"But that changes every time a new board of directors takes over, so it could be different in a year or two." (P7)

Furthermore, some other structural changes were mentioned by the participants. One of them said the structure of the hospital had improved due to the merger, as there were less bureaucratic layers in the new organisation. Another participants said that the policies had changed negatively since the merger as she felt employees where not taken into account in the larger organisation. Another participant felt that the changes to the structure and the policies was simply necessary to maintain a larger organisation. Two participants wondered whether there was political involvement in the decisions that were made regarding the merging process and one participant found that the management should had done things differently.

Besides, eight participants described the decision to make a week hospital at one of the locations, where there is only care that can be planned and is close in the weekend and at night, as an important change during the merger process and that this was something that brought up emotions. Some of these eight participants were very happy that the hospital location stayed open most of the time, others found it painful to see a location stripped down from how it used to be. All eight participants saw the decisions to change one location to a week hospital to have a high impact on the employees at that location.

"They stripped down the entire location; it affects patients, colleagues, and the neighbourhood where Hospital1 is located." (P7)

The decision to become a week-hospital affected the salary of some of the participants. One specifically described the lost compensation for irregular hours. One participant described the unfair feeling of people from other hospitals who got a same amount of salary while they did not have a diploma and were unable to perform the same tasks. Furthermore, three participants wondered why the board had not made the decision to merge with another hospital. For example a hospital that was closer to them or a hospital that they already had close ties with. Five participants also indicated that they felt like the merger was more of an acquisition. They felt that it would have been better if the board would just call it was it was. This resulted in frustration.

4.6 Changes in autonomy

Three participants named freedom in their job as an important factor for their job satisfaction and for some it had changed during the merger.

Before

One participant described that the merger had no impact on the autonomy. However, another participant described that before the merger there was more freedom in the job. One other participant mentioned that before the merger there was less freedom.

"Previously, I had more freedom of choice, could determine things myself, and there were short lines of communication." (P12)

After

After the merger, one participant described there was more space for initiatives.

"I have the space to take initiatives myself, that I have the freedom and can take it to do that" (P2)

While another participant described that due to changes in supervisors and therefor loss in trust there was less freedom in the job. The trust of a supervisor to take this freedom was named as an important factor in autonomy, as a supervisor is often the one giving you space and freedom.

4.7 Communication regarding merger

Regarding communication on the merger, five participants felt that there were communication issues with the management of the hospital and the employees before, during or after the merger.

Before

Before the merger some participants felt that they were not informed properly about the merger and the changes that would happen. This lack of communication was described as unpleasant and made the whole process frustrating. Two participants indicated that when they asked about their choices at the hospital phrases like “we don’t want you here" and “you can resign” were used. This was difficult to hear for the participants and negatively affected the way they felt about the merger.

“I remember very well saying, 'we have no choice,' and they said, 'yes, you do,' and when I asked what choice that was, they said, 'you can also resign, you can quit.' I will never forget that” (P2)

Hearing from your manager to just resign, was for the participants something that was hurtful and therefore something they will never forget.

During

During the merger some participants felt that the way their managers and supervisor communicated with them was not adequate. For example, they were informed through emails, but as the workload was so high, there was no time to read all the emails. Five participants mentioned they wanted a better introduction at the new location and with the new colleagues, most felt like this was part of the tasks of a supervisor or the management. Participants stated that some colleagues were not informed of their arrival and they had to explain themselves that they would join a team.

“It didn't go smoothly at all; colleagues working there had no idea that I would be joining, so it was all difficult and disappointing” (P4)

It was described that during the merger they had the unfortunate feeling of “putting your feet under a desk of someone else”. However, there were also three participants who did feel well informed during the merger. One of these participants was a manager of a hospital and the other two were part of a works council of the hospital. They stated that creating a burning platform, a shared feeling of urgency, and communication within the workforce were important during the time of the merger.

After

After the merger participants stated that they felt like their managers were not informed about how they were affected by the merger and what path had let them to their current role within the hospital organisation. One participant mentioned that after the merger there was a feeling of being unheard by management.

“Those kinds of things, suddenly you have nothing to say anymore. It's as simple as that, and it still happens.” (P12)

As there were many changes occurring during the merger, there was less time available to listen to and communicate about the needs of employees of a hospital. Not only because the management did not want to talk about these needs, but because there were many different managers.

4.8 Job description and new opportunities

For some of the participants the merger had quite an impact on their job description and workload. As their job description and workload just becomes more or different, in this paragraph there is no use of before and after subheadings. Six participants said that they got a higher workload caused by

the merger. This was, for example, mainly as the amount of patients or the amount of staff had increased in the organisation causing a higher administrative workload. Eight participants gained responsibilities due to the merger and one participants lost responsibilities due to the merger. Gained responsibilities consisted of taking over tasks of colleagues who did not have the same educational background or taking over tasks as a new manager had not arrived yet. Taking on more responsibilities was seen as an opportunity by some, but others felt overwhelmed and felt less appreciated. Five participants got more tasks due to the merger. Extra tasks were for example planning for more than one hospital and helping out with problems at other locations. One participant described that as the organisation go bigger, the administrative duties became nearly impossible to do.

"A large organization can also be very business-oriented, especially in my role because I served 6000 end-users, so that's quite substantial." (P12)

However, two participants mentioned that they had less tasks after the merger, as the function they had was stripped down and tasks were divided. One participant stated that she found her job more attractive after the merger, but another participant said that the job became less exciting.

"It was just sitting behind the computer, doing simple things, which made it less exciting for me." (P7)

Eight participants stated that the merger of the hospital gave them new (job) opportunities. These opportunities where for example going up a position or getting a new position that was created during the merger. In most cases these opportunities were only available due to the merger or as they had shown during or directly after the merger that they were capable of doing more tasks.

"No, I couldn't have taken those steps. I might have left the organization" (P7)

Other participants felt held back due to the merger as they had to postpone career steps, had to reapply for their own position and others quit their job due to the merger. One person even had to get her BIG-registry (Wet op de Beroepen in de Individuele Gezondheidszorg) renewed due to losing her job and finding a new one. Reapplying for your own position was seen as unpleasant by the participants.

4.9 Quitting or changing jobs

Five participants indicate that the merger led to a big turnover of staff. Nine participants admitted that they noticed other staff quitting or quit working in the function they had before the merger themselves due to the merger.

"I had colleagues my age or slightly older who just quit working. I find that quite intense in hindsight. Why would you do that? Because everyone is working towards their retirement." (P9)

An example of a reason to quit was the disappearance of positions during the merger and that there were suddenly duplicated roles. Three participants indicated that due to the duplicated roles employees in their hospital had to reapply for their own positions. One person was laid off during the merger as her position disappeared, this was a traumatising moment in which much sadness occurred. Another participant indicated that a lot of staff was laid off before the merger. Finally, one participant decided to change jobs within the hospital, as she was no longer satisfied with her position. She did describe a loss of salary due to that choice. Furthermore, three participants stated that during the merger process they thought about changing jobs or reducing their work hours, as they felt that their job suddenly cost more energy. However, most participants found the pleasure (back) in their job, within their job or after changing jobs.

4.10 Coping with a merger

There was a big difference in how the participants coped with the news of the merger. Seven participants were immediately concerned about losing their job or showed concerns about other parts of the merger. Concerns were based on rumours or things the participants had heard from other mergers. Four other participants felt like there was no choice. They just accepted the merger and they just had to roll with the changes. For four participants the merger brought up excitement about what it would bring to the organisation and their own career. These participants were often the ones that ended up being satisfied with the merger and looked back on the merging process with satisfaction. They did mention that they saw that the merger brought up resistance and uncertainty for most of their colleagues.

"There were three types of colleagues: those who said, "fantastic, a new hospital," those who said, "I'll wait and see," and those who completely panicked." (P9)

The participants who expressed concerns about the merger and expressed that there was a lot of uncertainty, often described emotions that were brought up. In the previous paragraphs the attitudes of the participants towards certain aspects of the merger was described. Altogether all participants mentioned negative feelings towards one or more aspects of the merger. These negative feelings were described with emotions like sadness, anger, fear, panic, pain and some were naming the merger as a traumatizing event. The last way of coping with the merger that was mentioned by the participants, was that some saw that colleagues completely panicked on what would happen.

5. Discussion

This study aimed to explore the attitudes and experiences of hospital employees on hospital merger in the Netherlands. Personal experiences of hospital employees with hospital mergers were not yet explored and therefore this study aimed to fill this knowledge gap. Personal experiences and attitudes were explored by doing 13 semi-structured interviews in which 15 participants were included. In these interviews, questions regarding experiences with the merger were included. Throughout these interviews, a thematic analysis identified ten different themes, which described the experiences or influenced the attitudes of the participants. Overall, the results showed that most of the participants had a negative attitude towards the merger, which was caused by many different factors. There were also some participants who had a positive attitude towards the merger or felt indifferent about the whole process. However, they still described negative effects of the merger. In this chapter the main findings of this study will be described and will be put in a broader perspective using the theoretical framework and other literature. Furthermore, this chapter will describe the strengths and limitations of this study. Finally, recommendations will be made regarding future research on this topic and recommendations will be made that could be used in future mergers.

5.1 Interpretation of results

The interpretation of results will be based on the reasons for merger, changes during the merger and coping with the merger.

5.1.1 Reasons for merger

Previously, the main drivers for hospital mergers were identified, namely staff shortages in healthcare, which led to uncertainty on the quality of care, and the increasing healthcare costs (Roos, 2018; Dranove & Lindrooth, 2003). These three drivers correspond well to the drivers that the participants of this study identified, namely the staff shortages, keeping a good quality of care and improving the financial state of the hospital.

The fear of not being able to find new personnel was noticed by the participants. This is in line with the existing reporting on hospital mergers in the media, as staff shortages are often seen as one of the main drivers for hospitals mergers (van Nuland, 2022). The participants were unsure whether the staff shortages were decreasing after the merger, as the participants noticed that the merger itself did seem to cause a turnover in staff. For some of the participants, the merger had such a negative impact that they no longer wanted to do the work they had done for years. This might possibly mean that a merger leads to higher staff shortages and an even higher shortage of healthcare personnel. Previous research showed that hospital mergers are often driven by the fear of not being able to find enough staff to keep up a good quality of care (van Nuland, 2022). The participants however did not mention a decline in quality of care that was caused by staff shortages. One participant did see that the staff shortages led to financial problems.

The participants of this study were not always sure whether the financial situation of the hospital had truly improved and therefore, the participants were not sure whether the financial state of the hospital, the merger and cost-cutting within the hospital had influence on the healthcare costs. Which is in line with what is currently known about hospital mergers and healthcare costs, as literature is still inconclusive about whether mergers in general help with reducing healthcare costs (Dranove & Lindrooth, 2003; Spang et al. 2001). Not knowing whether the merger would have helped addressing the staff shortage or the financial state of the hospital might negatively affect the attitude towards a merger. The participants who felt that the merger truly saved the hospital from bankruptcy all had more positive attitudes towards the merger. Possibly as they felt informed and were happy that the hospital was still open.

Elements related to quality of care were identified during this study. One of these elements was that surgeons were able to reach volume norms after the merger, where before the merger they weren't able to. This was named as a reason for the merger. The participants of the study were inconclusive about the improvement of quality of care due to the merger. This is in line with the current literature on hospital consolidation and quality of care (Roos, 2018). The study of Roos (2018) showed that it is currently not yet known whether hospital mergers always lead to a better quality of care. The WHO (2020) identified seven quality elements, according to them healthcare should be effective, safe, people centred, timely, equitable, integrated and efficient. Participants mentioned that they felt more specialized care was delivered, the delivery of care was more efficient and the quality had increased due to an exchange in knowledge between the different locations. This means that they saw the care as more efficient and effective. These quality improvements are in line with the research of Gaynor et al. (2012). In this research they showed that with hospital mergers it is expected that more specialized care is delivered and that this will specifically show in surgeries. Furthermore, the participants who did see an improvement in quality of care had a more positive attitude towards the merger. This could be explained by the fact that they have a higher job satisfaction caused by feeling good about the care they deliver. When a higher quality of care is delivered to patients, hospital employees are more likely to be satisfied with their job (Chang et al., 2009). Hospital mergers might negatively impact productivity, waiting lines and clinical quality (Gaynor et al., 2012). Participants of this study did not identify these specific negative impacts. However, they did identify some other negative effects on the quality of care. These negative effects were related to the loss of network care in larger hospitals and the further distances to relatives and friends of the patients, this means that care is less patient-centred and less integrated. Safety was mentioned by one participant, as during the merger it felt like it wasn't safe as employees were not able to find and use all the new equipment. This was not a long term change in safety. From the quality elements of the WHO (2020) equitable and timely were not mentioned by the participants.

Even though the participants were able to identify some reasons for the merger, they did not feel informed about these reasons as they felt that the communication during the merger was not sufficient. Literature shows that communication during a merging is seen as one of the key components to a successful merger (Rodríguez-Sanchez et al., 2019). The priority of having good communication is the to ensure employee commitment and loyalty. Frequent problems with mergers are rumours before the merger about job loss, changes in location and loss of opportunities. Formal, internal communication can reduce the shock of a merger and increase confidence of employees in the process. It is important to provide constant and honest communication (Rodríguez-Sánchez, et al., 2019). Managers must be able to make the first steps in the integration of the two organisations. Therefore, effective communication with employees and works councils is important. Trust is very important in mergers, as it promotes organisational learning in times of uncertainty (Solstad & Petterson, 2019). The way of providing information within their organisation was not seen as sufficient by the participants and that might cause them to lose trust in the management. It was also seen that the participants who did feel informed showed a more positive attitude towards the merger, especially when the felt the merger had made an difference.

5.1.2 Changes during the merger

In this study, many changes that the participants noticed during the merger were identified. The change in social contacts during the merger was seen as one of the most important changes during the merger, as all participants had mentioned this change. This includes changes regarding contact with a supervisor and patients, but contact with colleagues was seen as most important. The importance of social contact is in line with the research of Stamps and Piedmonte (1986) that was used in the theoretical framework of this study. They have identified interaction as one of the components that influences job satisfaction. Furthermore, the study of Finn (2001) showed interaction as the second most important component of job satisfaction, only after professional

status which is a factor not influenced by a merger. The friction with colleagues that was caused by the merger, might have had a negative influence on job satisfaction of the participants as the support of coworkers disappeared. This could mean that these participants had a more negative attitude toward the merger as well. Connectedness with others is related to lower levels of stress during uncertain times (Nitschke et al., 2020). During uncertain times the contact with others is important to be able to adapt to the new situation. This was shown during the interviews of this study as well, as the participants viewed some changes in the relationship with their colleagues as positive. After the merger they had more colleagues and were able to build a new support system. Almost all participants mentioned they were able to find their place again, both at the same job or at a different job. The reason for finding their place again was for almost all of the participants their colleagues and the team they were working with. These new social contacts helped to create a more positive attitude towards the merger for some of the participants. The findings of this study therefore seem to support the research of Morgeson and Humprey (2006) who stated that job satisfaction is not just about the work that you do, but also the people you do it with. To avoid friction and improve support, the hospitals should focus on bonding and communication for the employees during the process of the merger, with for example lunches or team building activities for the staff (Olie, 1990). Participants indicated that they would have loved such activities as multiple participants stated that they were not introduced properly at their new workplace and that they wanted to do teambuilding activities to get to know their new colleagues.

Another important change that all participants had experienced was a change in work location due to the merger. In previous research work location, especially the choice in work location, was shown as an important factor of job satisfaction (Ward & Cowman, 2007). The participants of this study were forced to change locations during the merger. This made the participants frustrated and upset, they described it as unpleasant. Therefore, it seems like the job satisfaction of the participants had gone down and this might negatively impact the attitude towards mergers. Due to the location change there were also some changes regarding the culture in the workspace. At a personal level this becomes visible as people experience a culture shock due to the merger. Cultural differences are often mentioned as the source of hostility after a merger (Olie, 1990), which was seen by the participants as the change in locations sometimes caused friction with coworkers. Some participants did not want to work together with people from the city or people from the other side of the highway. The participants had to get to know their new colleagues and create a new culture together.

Furthermore, the change of location often led to an increase in travel distance. That made it for some of the participants impossible to go to work by bicycle. Cycling is an important part of Dutch culture and is the preferred way of transport by many Dutch citizens (Heinen et al. 2012). This meant they had to go by car, which gave some of the participants problems with parking. In earlier research it was proven that cycling as a mode of transportation is better for the environment, improves public health and prevents obesity. Cycling to work is encouraged by the Dutch government and many Dutch citizens have a positive attitude toward cycling (Heinen et al., 2012). Therefore, it is not surprising that the participants viewed the change to car as a transportation as a negative change.

In other fields aside from healthcare, mergers and acquisitions also lead to cultural change. Mergers are broadly used to achieve organisational growth, but are not always successful (Olie, 1990). In this study it was seen that the merger often led to changes in hospital policies as two hospital had to integrate their policies. The integration phase of a merger might have a big impact on the lack of success of mergers (Olie, 1990). It is estimated that one third of all mergers fail because of unsuccessful integration. Financial issues often cause mergers, but after the merger personal and cultural problems occur. Each organisation has its own personality, style and beliefs. This means it has to change within a merger and the new culture cannot be achieved by simply combining the previous cultures of the two organisations (Giffords & Dina, 2008). In this study the participants felt

that there was no introduction at the new workspace, this means that the integration phase started roughly, which might be the reason that some participants still felt the differences between the two original hospital. Each group within a merger has its own perceived image or expectations on how the new organisation should function. Therefore many researchers belief that a culture fit is what makes or breaks a merger. When employees feel like they are "taken over" by the others this results in anger (Giffords & Dina, 2008). This was also seen with the participants in this study. As the feeling that it was more of an acquisition then a merger resulted in anger with some of the participants. So even though it is difficult to compare a healthcare organisation with organisations in other sectors (Morris et al., 2014), this study showed that regarding organisational culture during a merger there might be some comparable aspects.

Another change that the participants of this study reported, was that they saw a decrease in salary due to the loss of irregular hours caused by the merger. A decrease in pay may lead to lower job satisfaction (Stamps & Piedmonte, 1986). In other studies on mergers in different sectors it is however more common that an increase in pay occurs when organisations grow or merge (Girma et al., 2006; Amewu & Alagidede, 2019). Furthermore, after a merger two companies with a different view on salary have to come together and figure out a new pay system (Kansal & Chandani, 2014). When trying to merge two hospitals, there are many differences on multiple levels, for example in the organisational cultures and in pay scales. During a merger, it can happen that information or problems are not passed down and management of each side do not communicate with each other (Olie, 1990). Communication between the two hospitals is important to get to a shared vision. In this study it might be possible that some of the hospitals the participants worked at had not overlooked the policies of the hospital they were merging with. Together with the higher workload caused by the merger, that was also reported by the participants of this study, the lower salaries paid to hospital employees cause unfair feelings and cause a negative attitude towards the merger. Especially when it is expected that higher ranking employees like managers, might get a higher salary after the merger. Furthermore, the salary of some healthcare employees includes a higher pay for making irregular hours, working in weekends and doing night shifts. When a hospital becomes a week hospital, there is a significant difference in pay, as the higher pay for irregular hours disappears. Although the interviews showed that some participants disliked the night shift, other enjoyed the evening and weekend shifts and the extra salary that came with it.

A change that caused a positive attitude towards the merger, was that some participants felt that the merger brought them opportunities, as they got a new job description of were able to move to a different position within the organisation. Feeling that the merger might bring opportunities tend to increase motivation, promote involvement and reduce anxiety of employees (Zhou et al., 2008). Therefore, hospital employees who got new opportunities or saw the merger as a way to get new opportunities are more likely to have a positive attitude towards the merger.

To summarize, changes in contact with colleagues, location change and change in culture are viewed as the most important changes during the merger. These changes mostly cause negative attitudes towards a merger, but the support of colleagues is what gets people through the merger and helps employees find pleasure back in their work. Location change might cause a forced change in culture in the hospital, which might cause friction between colleagues which negatively impacts the attitude towards a merger. Other changes were less important, but still affected the attitude of participants.

5.1.3 Coping with changes during the merger

In this study all participants handled the changes that occurred during the merger differently. There were differences in the reaction that they had when they heard about the merger and there were differences in how they handled the changes that were caused by the merger. The way of coping with a merger is where many of the previous mentioned changes come together. The way of coping

with a merger is closely related to the employees perception of the effectiveness of leadership and the policies they pursue, if leaders are able to show a clear vision of the merger employees tend to show less stress (Amiot et al., 2006). Furthermore, when employees feel that the details of a merger are clearly communicated, there is a higher sense of prediction and understanding for change which helps employees to deal with these changes.

Generally, the way people cope with changes are distinguished between problem-focused and avoidance coping strategies (Amiot et al., 2006). Problem focused strategies are directed towards to managing the problem, where avoidance strategies do not face to problem, but deal with the emotional distress instead. In this study, the participants tend to react to the merger with either acceptance or with panic. The people who accepted the change were trying to figure out what impact it would have on their work and how to make the best of these changes, this is a problem focused coping strategy (Amiot et al., 2006). However, most of the participants described a reaction of panic and uncertainty, which is an avoidance coping strategy. People using an avoidance coping strategy focus more on the stress that a problem brings, rather than focussing on finding a solution. Using this coping strategy is linked to having more difficulties with adjusting to high-stress situations, like a merger. A problem focused coping strategy often leads to a higher job satisfaction, where an avoidance coping strategy lowers the job satisfaction.

A good communication and trust in leadership may lead to a higher sense of self-efficacy in a merger and higher senses to self-efficacy often lead to a problem focused coping strategy. Therefore, problem focused coping strategies are linked to the perception of employees that the merger had been implemented in a positive manner and on the long term more identification with the new organisation (Amiot et al., 2006) and might therefore lead to a more positive attitude towards the merger. In this study there were only a few participants who showed a problem focused coping strategy. The other participants reacted to the merger with panic. They showed avoidance coping strategies, they felt that during the merger there was a lack of communication and a lot of uncertainty. This probably caused them to feel that the merger was implemented in a negative manner and they could identify less with the new hospital, that might have caused a more negative attitude towards the merger.

Besides that panic might lead to an avoidance coping strategy, panic might also mean that participants view the merger as a threat. When employees view a merger as a threat they are less focussed on work tasks and they will not process information that is provided to them (Zhou et al., 2008). This might be the reason that the participants feel uninformed about the merger and this leads to a negative attitude. Coping strategies influence the way people perceive different changes, therefore the way people cope with changes is an important factor when looking at attitudes.

5.2 Revision of theoretical framework

Based on the findings of this study, the framework that was created in the theoretical framework should be revised. First, cultural changes or cultural differences should be added. The participants of the study all mentioned changes related to cultural differences as one of the main things they noticed during the merger. Based on the findings of this study, it can be concluded that this has impact on more mergers and therefore it should be added.

Secondly, a factor regarding coping mechanisms with the merger should therefore be added to the framework. The coping mechanisms of hospital employees have a lot of influence on job satisfaction and on the attitude towards a merger.

Finally, not all the quality elements that the WHO (2020) use were mentioned by the participants and therefore not all these elements need to be included in the framework. Two of the elements were

not mentioned during any of the interviews, namely equitable and timely. Again this does not necessarily mean that those elements are not related to mergers, but it cannot be proven with this study. With these revisions the framework would end up looking like Figure 2, with the added factors in red.

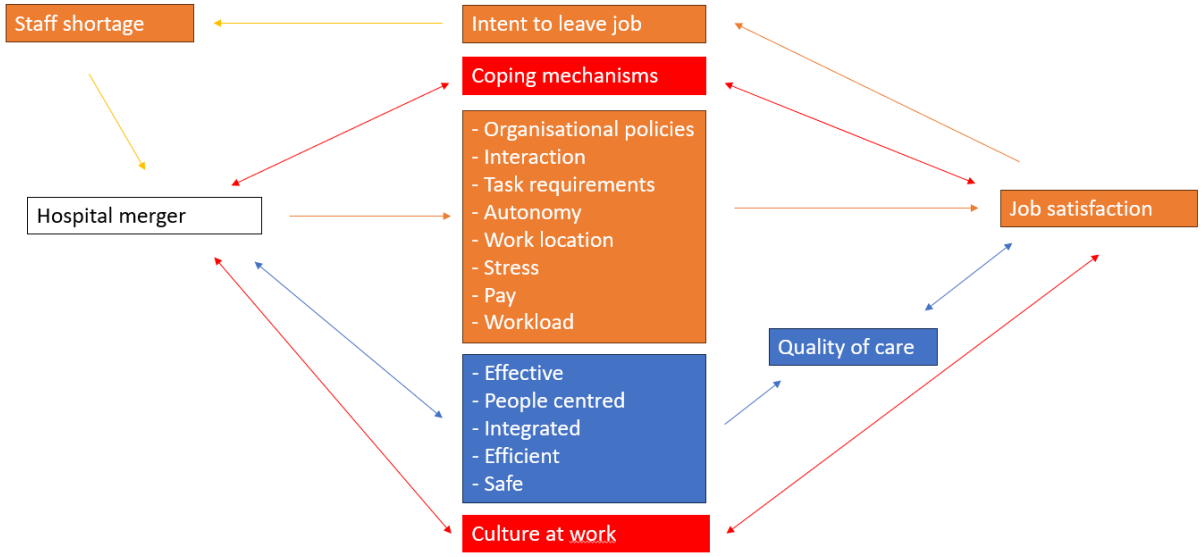

FIGURE 1; RELATIONS OF HOSPITAL MERGERS REVISED

5.3 Strengths and limitations

There are some limitations of this study that should be considered. A selection bias might have occurred in this study due to the sampling in this research. The participants had to react to messages of the researcher themselves. This might mean that the participants are more likely to have strong opinions about the subject of the research and their shared stories were not representable for the whole population of hospital employees, this is called a self-selection bias. However, the participants that reacted all had different opinions and views and putting both the negative and positive views together, might still provide a representable view for hospital employees. Furthermore, there was a lack of variety in the participants as most of them worked on administrative departments of the hospitals. Only one specialist was interviewed and none of the participants was working as a nurse during the time of the interviews. This is not representable for the population of all hospital employees as in the Netherlands 50% of hospital employees works as a nurse (Volksgezondheid en Zorg, 2023). The fact that nurses, doctors and specialists were less likely to react might be caused by the higher workload of this group or by the fact that they are less active on the communication platforms of the hospital.

Another limitation of the study is the fact that not all topics were discussed in all interviews and that made it difficult to compare interviews. Some participants were sharing stories that took up so much time that there was no time to ask all questions that were in the interview guide. The flexibility of the interviews might have made it more difficult to compare all the data and it gives challenges for the replicability of the study (Knott et al., 2022). This flexibility also has a positive effect, and can thus be considered as a strength. The flexibility made sure that the participants were able to share their stories and new opinions on the merging process were found. This meant that unexpected topics could be explored to form a more complete picture of the merging process.

The last limitation of this study, is that only one researcher translated and analysed the transcripts of the interviews, studies with multiple researcher coding and analysing the transcripts are proven to be more accurate (Knott et al., 2022). In this study it was not possible as the researcher performed the

study as her Master's thesis, were there are no other researchers available to analyse the transcripts. As only one researcher coded and analysed the interview, there is a higher chance on for biases to occur. For example a confirmation bias, where the researcher coded based on assumptions.

Besides the limitations of this study, the strength of this study is the large amount of qualitative data that was collected. A total of thirteen interviews was conducted in which fifteen participants participated. It is believed that data saturation has occurred in this study, as in the last two interviews no new themes were identified and all information was already mentioned in an earlier interview.

5.4 Recommendations

Based on the findings of this study, a few recommendations can be made regarding hospital mergers. First, recommendations will be made regarding future research on hospital mergers and after recommendations will be made for hospital management during future mergers.

5.4.1 Future research

Based on this study a few suggestions for future research can be made. There is currently little scientific literature present on hospital mergers. This means that a lot can be done in this field.

First, it can be recommended to do quantitative research on job satisfaction of hospital employees, with data that is collected before and after a merger. To my knowledge, this kind of research would be first of its kind. A quantitative research saves time compared to a qualitative research and allows to include more employees. Furthermore, some of the participants said that their job was very time consuming, therefore it could be possible that employees of the hospital cannot find time to do an interview. A questionnaire might be easier for them to fill out as it is less time consuming (Seale, 2012). It is important that this kind of research is done, as many participants indicated that they did not felt heard by anyone during the merger. With a research like this it is easier for them to feel heard.

Furthermore, this study showed the importance of culture in a hospital and that there are a lot of changes related to culture during a hospital merger. In the patient population, the way hospitals handle the same problems and the feeling inside a hospital. Where smaller hospitals often felt more like a home, this feeling tend to be lost in a bigger organisation. In previous research it was already shown that organisations in different sectors the cultural changes in the organisation are important to make the merger a success (Olie, 1990; Giffords & Dina, 2008). It could be interesting to take a look at what the culture in a hospital is and the effects that the culture has on employees and patients. More specifically research can be done on the cultures in a hospital, how they change during a merger and how a new culture can be created in the new organisation. As in this study the culture in hospitals was only a small part, a more extensive research would add even more knowledge.

Finally, mergers often happen because of staff shortages, to improve the quality of care and decrease costs. However, the research done on this topics is still inconclusive whether these factors really change because of a merger (Roos, 2018; Gaynor et al., 2012; Dranove & Lindrooth, 2003; Spang et al., 2001). The job satisfaction and therefore the attitude towards a merger of hospital employees might improve when they know the benefits of a merger. It caused irritation for some participants, as they felt that the merger did not make any difference and everything would have been the same without it. Three participants who stated that a burning platform was created had a positive attitude towards the merger. Therefore, research on the information employees receive and how this impacts their opinion might provide more insight on this specific part of hospital mergers.

5.4.2 Recommendations for hospital management during future mergers

For future mergers it would be recommended to have good communication to employees of the hospital. This could be done for example by including a work council, middle managers or something similar. Supervisors and management have a big role in this communication and should make sure all employees understand why the merger is happening. Furthermore, it is important for management of hospitals to take a look at the needs of their employees during a merger. Examples include looking at parking options, how to meet needs regarding additional travelling times and other needs regarding changes during the merger. Opening discussions about these topics might make employees feel more included which will positively affect the outcome of the merger.

Furthermore, it is important to help employees during the first weeks after a merger. Showing them to a new workplace and helping with the introduction to new coworkers where mentioned by multiple participants in this study as things that they would have liked to see during a merger. After an introduction with their new colleagues teambuilding activities are desirable, an example of such an activity can be an escape room where new coworkers have to work together to meet a shared goal. In research on mergers at other companies these activities were seen as beneficial for the merging process (Giffords & Dina, 2008). These activities are necessary to create a new culture and avoid friction. However, this must yield to a more agency-wide dialogue on desired outcomes and results to make sure the merger will possibly result in a higher quality of care and a better financial status.

Finally, during the interviews it was mentioned by several of the participants that the researcher was the first person to truly ask about their experiences and feelings. It can be beneficial for hospitals to ask their managers or a human resources department to check in with employees after a merger to make sure employees are able to talk about some of the frustrations they had experienced.

6. Conclusion

This study aimed to explore the attitudes and experiences of hospital employees regarding hospital mergers in the Netherlands. This was done by performing a qualitative research in which 15 hospital employees were interviewed on their experience with a hospital merger. The participants worked in different hospitals across the Netherlands. Most of the participants had negative experiences towards the merger and the merging process, but there were also some participants who looked back at the merger with satisfaction.

The negative experiences during the merger were caused by different factors. Participants found it hard to identify the main drivers of the merger and felt frustrated about it. The participants felt that the relation they had with their coworkers had changed during the merger and the merger had caused friction with new coworkers. They still needed the connection with colleagues to find the joy in their work back. Participants felt forced to change locations, which caused their job satisfaction to go down. Besides that, their way of commute had to change which also led to a negative attitude towards the merger. The culture in the hospital that the participants were accustomed to also changed, this caused a culture shock and it led to hostility among colleagues after the merger. Losing salary and autonomy, while getting a higher workload also caused unfair feelings. However, the main cause of a negative attitude towards the merger was the communication that was used by the board of the merger. Participants mainly felt that they were not informed well on the merger and they felt that they were not introduced well to the colleagues in the new workplace.

Feelings of satisfaction with the merger were caused by the feeling that the merger had saved the hospital. Participants who felt satisfied about the merger, felt that they were informed about the necessity of the merger. The feeling that the merger brought up new opportunities that participants would not have had without the merger, also brought satisfaction. Some participants gained more responsibilities and more autonomy. Furthermore, the problem-focused coping strategy that some participants showed, led to a more positive attitude to the merger.

To conclude, the participants of this study experienced the merger as a change that brought up negative emotions. Most of the participants had a negative attitude towards the merger. However, some of the participants felt the necessity of the merger and saw improvements in various places in the hospital and that caused a more positive attitude towards the merger. Most participants still felt that the process of merging could have been improved and that a bigger hospital organisation isn't always better. In the end it seems like almost all participants still felt a sour aftertaste of the merger, caused by a variety of factors, but ended up finding the joy back in their work. More research is necessary to further understand the impact of hospital mergers on hospital employees and in future hospital mergers it is important to take these attitudes into account. Hospital employees take care of us when we need it most, therefore it is important to make sure that in future hospital mergers hospital employees are well taken care of as well.

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Appendix 1: Interview guide

Introductie
Bedankt dat ik u mag interviewen voor mijn masterthesis. Dit interview zal tussen een half uur en een uur duren. U mag het interview uiteraard op elk moment afbreken indien gewenst.

Ik ben Marieke Willemsen, student Communication, health and life sciences (Gezondheid en maatschappij) aan de universiteit in Wageningen. Ik ben op dit moment bezig met mijn masterscriptie over de fusies(sluitingen en samenwerkingen) van ziekenhuizen en ben hierin vooral geïnteresseerd in de mening van personeel van ziekenhuizen. Dit is ook waar het interview over zal gaan. De hoofdvraag van mijn onderzoek is; Wat zijn ervaringen en houding van ziekenhuispersoneel met ziekenhuisfusies in Nederland?

Ethiek

- U mag het interview op ieder moment beëindigen
- Mag ik het interview opnemen?
- Data wordt met niemand gedeeld.
- Uw naam zal niet genoemd worden in het onderzoek. Als u er geen bezwaar tegen hebt, zou ik wel graag de ziekenhuisorganisatie waarbij u werkt noemen.
- Na het uitwerken van het interview, zal ik het naar u opsturen zodat u het door kunt lezen. Als u dan aanpassingen heeft of er dingen in staan die niet kloppen zal ik dat aanpassen
- Als u het interessant vind kan ik mijn scriptie met u delen zodra hij af is. Dat zal naar verwachting in maart 2024 zijn.

Interviewvragen

Vragen om gesprek te starten	Follow-up vragen
Kun je jezelf voorstellen?	- Wat voor werk doet u? - Hoelang doet u dit werk al? - Wat deed u daarvoor?
Wat zijn de grootste veranderingen die u merkte tijdens en na de fusie?	- Wat merkte u in uw dagelijkse werk? - Hoe merkte u deze veranderingen? - Denkt u dat collega's hetzelfde merkten? - Had dit invloed op de patiënten?
Welke gebeurtenissen uit de fusie zijn u bij gebleven?	- Waarom deze gebeurtenis? - Wat voor impact had dat op u? - Hoe voelde u zich bij deze gebeurtenis?
Wist u destijds waarom de fusie plaatsvond?	- Hoe voelde u zich daarbij? - Was u het ermee eens?
Heeft u het idee dat de fusie een positief effect heeft gehad op de kwaliteit en de zorgkosten?	- Wat is uw definitie van kwaliteit? - Wat is er verbeterd/verslechterd? - Hoe staat het er nu voor?
Heeft u nog plezier op uw werk?	- Wat maakt dat u plezier heeft? - Is dat veranderd ten opzichte van voor de fusie?

Eindvragen

- Wilt u zelf nog iets kwijt over dit onderwerp waar ik niet naar gevraagd heb?
- Wilt u mijn scriptie ontvangen als hij af is?

Appendix 2: Translation of transcripts of interviews P2 & P7

In this appendix the translations of the transcripts of the interviews with participant 2 & 7 are shown. These translations were used for coding the interviews, names of the hospital and cities are changes into numbers.

Interview participant 2
MW: Thank you very much for taking the time to have a call with me. It helps me a lot with my graduation at the end of this year.

P2: Of course, I also have children who are studying.

MW: Yes, it always feels strange to have to ask this of people, but then it's extra nice when you find someone willing to participate.

P2: I'm happy to help.

MW: So, I'm currently working on my thesis about the merger of hospitals, and if I understood correctly, you work at the hospital.

P2: Yes.

MW: And which location specifically?

P2: Let me give you a brief overview of what I've done. After completing high school (HAVO), I pursued the general nursing training, known as "service A." I completed the training there entirely, and then, due to love, I moved here and ended up in Place1 in 1990. Meanwhile, I had children but always continued working. Because you can work irregular hours, it's possible. Juggling with weekends, evening shifts, and night shifts. I did that until 12 years ago. Then, I started working at the admission desk. That involves ensuring that people who need surgery or those who need to be admitted for examinations are properly guided. It's a job from 8 to 4:30, so I found it quite delightful, especially with teenagers at home. So, that was an office job, and I haven't been at the bedside for 12 years. This was at the Hospital 1 Hospital in Place1, which was independent at that time, just like in Hospital3 and, of course, hospital 2. Then the merger happened, and we became Healthcare Group.

MW: But you are still working in Place1 now?

P2: No, no, now I work in Place 2, and I was really upset about it. The merger brought along many unpleasant things. We used to plan for Hospital 1, and Hospital2 was the largest hospital. Then, around June 1, about 5.5 years ago, they decided that the admission desk had to operate from a central location. So, after the merger, it went unpleasantly because I was forced to travel to Place 2. So, I've been working in Place 2 for 5 years since June 1. It's not pleasant.

MW: And the merger is now 5 or 6 years ago. Besides the travel time, what else has changed for you?

P2: I used to bike to work; it was about 7 kilometres to Hospital 1. If the weather was bad, I would take the car, but 75% of the time, I would go by bike. I found that very enjoyable. In the car, you can clear your mind as well, but it's different on a bike. Now, I have to sit in the car for three-quarters of an hour, assuming there are no issues on the road. Then, you still have to park the car far away from

the hospital; you can simply lock a bike to a fence. Now, I have to walk for another 10 minutes from the car. When it's raining, as it has been in recent weeks, you walk through that. I don't have work clothes; I walk in my neat clothes, and when I arrive, I have to change because I need to be presentable. That already doesn't give a nice feeling.

MW: Were you aware during that time why the hospital was merging?

P2: Yes, financial reasons. The financial aspect and The Hague, you must have heard something about it too. The Hague didn't want all surgeries to take place in every hospital. From The Hague, there was a strong emphasis on the idea that small hospitals needed to merge because of financial considerations. For example, in Hospital 1, we had cases where major colon surgeries and large vascular surgeries were transferred to Place 2. People still came to the outpatient clinic in Hospital 1 because the doctor still conducted the clinic there, but then you had to explain that it was better to have a dedicated team, and you had to be positive towards the patient. But it was mainly about the financial aspect. We also had to convince the patient that it was better with the merger.

MW: You mentioned changes, like the travel time and not being able to bike anymore. Were there any other changes?

P2: Well, initially, I don't know exactly where you live or if you're familiar with the province I live in?

MW: I am somewhat familiar with the province.

P2: In Place 2, there is what you might call the "peat people"; they are a bit more reserved, and maybe I shouldn't say this, but they say that the level is somewhat lower there compared to the region where you come from and also Place1. I always say 'on the other side of the highway,' so where Place 2 is located, that people there have a different mentality or a different level of thinking. So, I found that very challenging.

And if you look at the experience of the staff, those who continued working in Place1; the hospital also closed on weekends. Place1 is still a week clinic. Both Place 3 and Hospital 1 closed on weekends. So, with a merger, you also get that you no longer work on weekends. I also found it very nice to work on weekends; then you can go to the market, shop, on a weekday when it's quieter. I've always enjoyed weekend work. It's also a financial loss for people in Place 3 and Place1 because you no longer receive irregularity allowances. On Sundays, you used to get 1.5 times more. Night shifts may be unhealthy, but working on weekends is not unhealthy at all.

MW: Yes, I can relate to that. My mother works at a hospital, so she also had irregular shifts and weekends. There's often someone at home during the weekdays.

P2: Yes, yes, I didn't mind working in the evenings either. Then you could take the kids to school in the morning, do some things around the house, make sure there was food ready. The kids would sometimes say, "Mom is not here in the evenings," but that had many advantages. And if you wanted to go to the amusement park with your children, for example, you could do that on a Monday or Tuesday when it was quieter, and we had the day off.

MW: And when you now think back to the merger itself, what events around the merger do you remember, what was characteristic? For example, the process beforehand, what do you recall?

P2: I remember very well saying, 'we have no choice,' and they said, 'yes, you do,' and when I asked what choice that was, they said, 'you can also resign, you can quit.' I will never forget that.

MW: Oh, that's unpleasant to hear.

P2: Yes, I will never forget that. I had been working in that hospital since 1990. Well, do the math, that's over 33 years now. So, I worked in Hospital 1 for 28 years; it becomes a bit like your own hospital, you know?

MW: Yes, I completely understand.

P2: That really touched me. After that, there were people in Hospital 1 who said, because I'm from Brabant, "I hope you can get used to it there in Place 2." I remember very well that they said that because people in Place 2 are more reserved, a people I would have to get used to. Fortunately, I'm very social, and it turned out much better than I expected. But that people said, "you're going to face quite a challenge there," I also remember that well. It turned out much better than expected, but that's also my own approach.

MW: And how is it now, in Place 2? Have you been able to find your place?

P2: Yes, I really feel at home, I find it very enjoyable. I have good relationships with my colleagues, so I have to be honest, I feel very comfortable.

MW: Did you expect that beforehand?

P2: No, everyone said, "that's going to be something for you." Yes, that scared me; I thought, "well, I hope I can find my way there again." And it sticks with you, you know, when they casually say, "well, then you can just find another job." After working there for 28 years.

MW: Did you ever think that you couldn't go to Place 2?

P2: No, luckily, I had the option of having a car. But there are also many people who, simply because of transportation issues (as public transportation to Place 2 is very poor), had to quit their jobs. It's often suggested to carpool, but then it's expected that you also take turns driving. So carpooling is difficult for people without a car.

MW: How did you feel during the merger?

P2: I was angry, I was disappointed. In hindsight, what we call "care in the region" turns out to be important. If you look now at the bed occupancy, in my role, I fill the beds, the operating rooms, and what you see now is that we simply have too few beds. I think there was just a miscalculation.

MW: That's often the consideration made in mergers, balancing quality and accessible care. To use that as a bridge, what do you see as the quality of care? When do you think the quality of care in a hospital is high?

P2: When someone has to go to a hospital, it already has a significant impact on a person. So, as I mentioned, if you live in Place1 and you can visit the outpatient clinic there, but you have to go to Place 2 for the surgery itself, I already consider that a big setback. Because the family has to come all the way to Place 2, and that might not always be feasible. People are often older, so not everyone can independently make that visit. I don't consider it high-quality care when you can go to the outpatient clinic but then have the surgery three-quarters of an hour away. That is already a stress factor for a patient.

MW: Do you think that perhaps other factors of quality have increased due to the merger?

P2: Well, it's always a plus that you have a smaller team, for example, performing the colon surgeries. Before the merger, you had three teams, now with one team, yes, that's an advantage.

MW: So, that an doctor performs the same surgery more often?

P2: Yes, you do become more specialized; you simply have to perform a certain number of surgeries per year, as The Hague has stated. So, you have to meet that minimum, ensuring you still have enough quality and knowledge. I agree with that. We are sparsely populated here in the north compared to Rotterdam or the western part of the country, where you can reach that number of surgeries more easily.

MW: Let me check if there are other things I wanted to ask; we've covered many aspects already. Did all your colleagues move to Place 2, or did some stay in Place1?

P2: All members of my team moved to Place 2. I do know that in the Place 3 team, from the admission desk, two didn't move with us. We came from Place1 with six members, and everyone from Place 2 was, of course, allowed to stay. So, my team did move, but it's different for many other teams. Some people didn't move for various reasons.
For example, in the pediatric department, initially, it stayed, but the maternity ward closed. The maternity ward was then in the Scheper Hospital, so you could no longer give birth in Hospital 1. So, if you had your stork (baby), as I did, well, then you had to go elsewhere. Many went to a hospital nearby, which was closer than Place 2. Also, a friend of mine in the pediatric department, when it closed, went to another hospital. So, not everyone moved to Place 2.

MW: So, there are plenty of people who sought and found another job after the merger?

P2: They found work in another hospital, in the same role. Because healthcare professionals tend to stay in healthcare; that's a certain type of people. You might experience that with your mother; she stays in the hospital. It's a specific type of profession. Accountants or people in insurance are more likely to change jobs.

MW: You mentioned that the merger mainly happened due to financial reasons. Do you also think that the hospital is in a better financial position now?

P2: Hospital 1 always stood in a good financial position; Place 2 was often in the red. So, overall, it's better now, yes.

MW: So, that has improved, at least?

P2: Yes, but if you see what we had to go through for it. When I started as a nurse 40 years ago, I'm almost 60 now, we had it easier 40 years ago than those who are at the bedside now. It's much tougher now. It also has to do with the fact that people now spend much less time in the hospital. In the past, after surgery, you would stay for 10 days, now it's one or two. So, the people in the hospital now also need more care.
I also notice now that it's getting tougher; the merger takes a lot of energy, including for me, as I get older. I'm curious about how long I want to keep doing this until I work less, for example, because I find it quite tough now.

MW: Because of the travel?

P2: Yes, that's also due to the travel; I find that really challenging. So, looking back, I'm not sure if the merger was such a good idea. Hospital1 could have been merged with a hospital in the area because then you would still have had a hospital nearby. Place 2 is in a completely different corner of the province. What if someone in my village has to give birth now? There's no maternity ward here anymore, so you have to go to Place 2 or further away. I have my own stork (baby), so when my daughter-in-law was giving birth, I demanded it. Because it's simply not responsible to give birth here if something goes wrong.
Regarding a merger, yes, for planned care, a merger is definitely not wrong. For the surgery itself. But it's about the unplanned, when you have to go to the hospital urgently, for acute care. Then the distance is too far, and they easily say it should be within fifteen minutes, but from here, it takes three-quarters of an hour to Place 2 or 35 minutes to the nearest hospital, well, you might not make it. It sounds strange, but it's true.

MW: I believe I've asked all my questions. Thank you very much again for allowing me to interview you!

P2: But I'm really glad that you're doing this research because it has had a huge impact. Also for the people in Place1 and the surrounding areas. Hey, you probably know that there were many demonstrations, right? There were really a lot of demonstrations in Place1, so for the people who actually know too little about healthcare. I just keep saying it should have been different in this province. So, I hope you take that into account. Thank you!

MW: I will take it into account, thank you very much!

Interview participant 7
Interview 7

MW: Short introduction + Can you also tell me something about yourself?

P7: Yes, certainly. I am 44 years old, and I work at the HOSPITAL4. I started in 2010 in the healthcare administration. Then, as -old function- in what was then Hospital1, before the merger. When we merged, I continued as a -old function- at HOSPITAL4. Now, I work -new function- at HOSPITAL4. So, quite diverse, I've had all sorts of tasks. It started at the registration desk, for example, in the central hall of the hospital to register patients. As I worked longer in the hospital, they noticed that my skills were better suited elsewhere, so I was placed in different departments. So yes, that's me.

MW: And do you still mainly work at the Hospital1 location or at different locations?

P7: Indeed, we work at different locations. I mainly work at Hospital3 because that's where our cluster is concentrated. But if users need me at Hospital1 or Hospital2, it doesn't matter; I'll be there.

MW: How long ago was it that you merged?

P7: Hmm, it's hard to say exactly. In 2014, we merged at the administrative level, having a single board of directors. Then we, or the hospital, were instructed to merge departments, which took place in 2014. Especially for the administrative and support departments, it was a relatively simple task since our activities directly matched. However, each hospital had organized its departments differently, so some had more people, and the tasks were more defined. That was the main challenge during the merger, particularly in administration.

MW: What do you remember from the moment you heard about the hospital merging?

P7: Well, it was kind of expected. We were in the healthcare administration department, in close contact with the sales department, dealing with laws and regulations. Two years prior, the government had indicated the need to concentrate healthcare. So, we had to move away from each hospital having its own emergency department, for example. That was the starting point, figuring out how to become an expert centre. It was a significant task for us in the region, given that we had six hospitals in this region alone. A merger had already taken place between Hospital3 and Hospital2 many years before. We had some idea of how it went, so it wasn't an uncertain time, but there was concern about what was coming. In terms of size, the Hospital2 was much larger than Hospital1.

MW: What did you learn from the merger or acquisition with Hospital3?

P7: Well, indeed, we call it a merger, but especially the Hospital2 hospital was already so large at that time that they couldn't adapt their processes to a smaller hospital. Also, the patient population was different, leading to the delivery of care in a different way that Hospital3 had to align with. The most significant change for Hospital3 was the transition to a different hospital information system, already embedded with many processes from Hospital2. So, Hospital3 was essentially forced to adopt it.

MW: You say we call it a merger, was it really a merger?

P7: Yes, officially, we have to call it a merger, but unofficially it was simply an acquisition.

MW: What were the major changes you noticed when Hospital1 merged with Hospital2 and Hospital3?

P7: I was in the financial department, responsible for accounts receivable and preparing the annual report related to receivables. The biggest difference was how they viewed our figures. During the audits, it quickly became clear what their intention was, to influence the merger in their direction. We had a strong position in finance. We may not have had a large patient population compared to the large HOSPITAL2+3, but we held our ground. However, in the early phase of the merger, it became clear that HOSPITAL2+3 wanted to undermine us and quickly take the required step mandated by politics. Well, if that's how it is. So yes, it was quite intense at times.

MW: That was very specific to your department, do you know what was happening in the rest of the hospital, for other colleagues, what changes occurred for them?

P7: The biggest change for colleagues was that many left because there was no place for them in the new organization, especially in management. HOSPITAL2+3 heavily relied on their management layers, and from Hospital1, only two remained, or they were assigned different roles. On the other hand, I must say that when it came to hospital information systems, HOSPITAL2+3 was far ahead of us, and we were still working in an outdated system. Regarding patient care, I think we, as Hospital1, took a significant step in the right direction by adopting their hospital information system, which is Hicks ChipSoft. It's a big improvement, and I believe patients ultimately benefit from it. However, in terms of logistics, even after this long merger, a patient still has to move from A to B, which they don't want, but that's what you get with such a large organization.

MW: Have you remained in the same role after the merger, or has there been any change?

P7: Well, my job description has remained the same. Only my tasks have been greatly reduced. I used to be a relationship manager with major health insurers. That meant going there regularly to review the quality of our claims, see where we could improve, and ensure that when we submitted a bill, we wouldn't face questions, but it would be paid at once. I no longer had such tasks in the new

organization. It was just sitting behind the computer, doing simple things, which made it less exciting for me.

MW: But you stayed in that role?

P7: No, no, I waited a bit. In the year of the merger, I was supposed to undergo training, and the new manager asked me to postpone it. From postponement, it almost became cancellation because, in the end, it took two years before I could attend the training. At that point, I thought, "Okay, I'm going to take a different step within the organization." I still liked the organization, and now I'm in the ICT department, a completely different field, but I can still contribute to the organization, which I find enjoyable.

MW: That's good to hear. So, the organization hasn't changed to the extent that you'd say you don't want to work there anymore?

P7: It has changed both positively and negatively, but I'm a positive person. I prefer to focus on the positive aspects rather than the negative ones. In the hospital, our core business is to make people better. If we are doing that better now than we were 10 years ago, I consider it a good step.

MW: The steps you have taken within HOSPITAL4 now, could you have taken them even if there had been no merger?

P7: No, I couldn't have taken those steps. I might have left the organization, especially Hospital1.

MW: Why would that have been?

P7: Because it wasn't big enough. In a large organization, you have a bit more flexibility to advance within your organization compared to a small one. Hospital1 had around 100 specialists and 1500 employees. Now, we have grown to 4500 employees and a doubling of the number of medical specialists.

MW: So, the merger also brought many new opportunities?

P7: Yes, you need some patience, but yes.

MW: But there were also many people who had to leave during the merger?

P7: Yes, especially in the management layer. Having two managers in one department wouldn't work. So, they looked at the last in, first out principle. I must say, at HOSPITAL2+3, there were people who had been there for 20 years or even more, so they didn't leave quickly. Hospital1 had just undergone a reorganization, also on our department, there were quite new managers, and none of them remained; they all left.

MW: Have you ever feared for your job?

P7: No, from the beginning of the merger, they assured us that our jobs were not at risk.

MW: It's good to hear that right from the start. Do you feel that you have improved in terms of job satisfaction?

P7: Yes, definitely. Odd, isn't it?

MW: What does that mainly have to do with?
P7: It has to do with the type of people working at HOSPITAL2+3. Hospital1 was a bit decadent, and they behaved that way too. There's nothing wrong with that, but I prefer a more direct approach. In HOSPITAL2+3, there were many colleagues who were quite direct, and that took some getting used to, but I found it very beneficial because I could relate to that. That's good.

MW: From the merger process, are there significant things that you think have really stayed with you or are characteristic of the merger when you look back?

P7: It had an impact after the merger, with constant criticism directed at Hospital1. Hospital1 had an annual turnover of 150 million euros, and ten years later, we're looking at a hospital that's closed on weekends and only provides care from 9 to 5 and scheduled care. They stripped down the entire location; it affects patients, colleagues, and the neighbourhood where Hospital1 is located. Just the location. Yes, it's just very unfortunate, and they now see it more as a burden, not something they can benefit from. But that changes every time a new board of directors takes over, so it could be different in a year or two.

MW: Usually, when a merger is initiated, it also has financial reasons to keep healthcare affordable, but the quality of care is often mentioned. Do you think that financially, HOSPITAL4 is now in a better position than when it was three separate hospitals? Would it bring down healthcare costs now?

P7: That's a good question, it's difficult. Let me think, I think in terms of costs... I believe you might be more expensive now. We still have three locations to maintain. We've grown in the number of staff, but on the other hand, we provide better care. But I don't know if you follow the current situation in the Haaglanden region?

MW: Not entirely, I heard that there were a lot of vacancies there

P7: Yes, indeed, and it's public information; we currently have a deficit of 18 million. Our major competitor, has a deficit of 20 million, mainly caused by a shortage of personnel. So, we simply cannot provide the care that people in this region need. That's a shocking conclusion. As you mentioned, so many open job positions that simply cannot be filled. The turnover of personnel is quite high. Even when you see people coming from outside the healthcare sector, thinking it's great to work in healthcare and make a difference, once they are here, it's a bit different. It's quite challenging, especially when you're at the bedside. So, those are the major challenges we face in Place1, finding well-qualified personnel.

MW: I have heard that being a nationwide issue. What do you think can still be done, perhaps even within a merger process, to make it attractive for personnel?

P7: I can say you should offer a higher salary, but that won't solve it; the workload remains the same. So, I would say motivate people, especially young people, students who can still be motivated to take a nice job in the hospital, provide training, offer educational opportunities. Recruit young people to then bind them to the organization, but also let them see how important it is to care for others and make them better. I think that's the most crucial thing for people working in the hospital. Yes, you can see that it's changing in the job market; people find it more enjoyable to sit in the office from 9 to 5 and go home early, and remote work is also essential. Those are the things that make it difficult for a hospital to find good personnel. You really lose people; it's very demanding, especially night shifts, and you wouldn't believe what they experience here in the emergency room; they have to deal with a lot. It's a big challenge for politicians to do something about it, or at least make it more attractive. Perhaps paying a net higher salary, less tax, something creative...
MW: Thank you very much for your time!