Organisational change, identity and coping with stress

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Abstract

This paper investigates the impact of stressful organisational change, identity and coping with stress in the context of employment relations. We conducted 31 interviews in a New Zealand public healthcare provider in a study designed to investigate the causes and consequences of stressful organisational change and the strategies participants used to cope. Identity in different forms (personal, role social and organisational) emerged as a salient factor, particularly when self-efficacy was challenged, roles were changed, relationships deteriorated and the participant's value to the group or organisation was questioned. Participants used problem and emotion-focused strategies to cope with the processes and outcomes of change and with identity issues. Our study provides a nuanced perspective of the centrality of identity in navigating stressful organisational change, and contributes to the employment relations literature, particularly regarding occupational safety and mental health.

Key words Coping; identity; employment relations; narratives; organisational change; qualitative; stress

Introduction

A decade ago, despite arguing that identity was in vogue in organisational studies, Alvesson, Ashcraft and Thomas (2008: 7) suggested that research still had the opportunity "to develop novel and nuanced theoretical accounts." In the context of organisational change, research has shown that change impacts on different forms of identity – personal, role, social and organisational. Identity is central to the wellbeing of people (Dutton, Roberts & Bednar, 2010), and when organisational change fragments identity, the outcome is likely to be stress and resistance to the change (Kalimo, Taris & Schaufeli, 2003). The scholarship of employment relations has seldom explored the relevance of identity in organisational change outside the context of union issues (e.g. Harrison, Roy & Haines, 2011). Literature from other disciplines has paid little attention to how identity is unsettled during *stressful* organisational change or to how coping leads to a reconstituted self-identity.

According to Folkman and Lazarus (1985), stress is an ongoing transaction between a person and the environment where causes, consequences and coping are in constant flux. Disruptions to identity can be stressful as they force one to rethink "who I am" (Alvesson & Wilmott, 2002; Brown, 2015), especially when there is a discrepancy between the ideal and "who I am becoming" (Conroy & O'Leary-Kelly, 2014). The fluidity of these forms of identity becomes evident during and after an organisational change when stressful processes and outcomes can capsize self-perceptions. Therefore, our research questions are: What change-related stressors

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influence employee identity? How do employees cope with stressful change-related identity issues? What impact does coping have on self-identity?

Addressing these questions will provide some guidance to employment relations researchers and practitioners in developing consultative practices about organisational change and mechanisms of support for stressed employees. Given that wellbeing is a key element of employment relations (Lo & Lamm, 2005; Rasmussen & Hannam, 2013), and is embedded in legislative regimes in some countries (e.g. New Zealand's Health and Safety at Work Act 2015), aspects of employment that cause stress should be of great concern to practitioners and researchers. The public healthcare sector of New Zealand has a relatively strong union presence (Ryall & Blumenfeld, 2015) and has been through considerable change over the last two decades (McKenna & Richardson, 2003), much of which has negatively affected the workforce.

Research has shown how identity is moulded by discourse (Brown, 2015) and narrative (Chreim, 2005; Humphreys & Brown, 2002). Since language helps in making meaning of experience (Carlsen, 2016), narrative is one pathway to express how individuals affected by stressful change (re)construct identity. Stress is present to some degree in every job and its level may rise (or fall) as change unfolds. A narrative approach is, thus, well suited to revealing how individuals experience and cope with phases of stressful change (Syrjälä, Takala & Sintone, 2009) and to exploring how evolving events and issues shape identity (Giaever & Smollan, 2015).

This paper contributes to the employment relations literature by explicating the dynamics of the relationships between stress, organisational change and identity through a narrative analysis of interviews in a New Zealand public healthcare provider. The study reveals that a range of change-related stressors impact on different forms of identity and that effective coping with stressful identity issues requires a willingness to adopt a reflexive and flexible approach.

Literature review

Conceptualisations of identity

Stets and Burke (2014: 412) define identity as "a set of *meanings* that defines individuals in terms of the roles they occupy, the social categories or groups they belong to, and the individual characteristics that define them as unique persons." Scholars of organisational studies have categorised identity in different ways, for example, as the personal, role and social (Brown, 2015); the personal, social and organisational (van den Heuvel, Demerouti & Bakker, 2014), the individual, group, organisational and corporate (the last being the "branding" of organisational identity) (Cornelissen, Haslam & Balmer, 2007). The concept of work-related identity has been the focus of Dutton et al. (2010), Conroy and O'Leary-Kelly (2014) and Meister, Jehn and Thatcher (2014), all of whom include the constructs of group, occupational, professional and organisational identity. Managerial identity, a combination of role identity and social identity (Tajfel & Turner, 1979), has also been explored (e.g. Cascón-Pereira & Hallier, 2012; Clarke, Brown & Hope Hailey, 2009; Watson, 2009). According to Järventie-Thesleff and Tienari (2016), role identity (perceived expectations of one's role) has slipped under the research radar but they demonstrated its relevance to organisational change during a major rebranding exercise.

Various forms of identity may be tightly interlinked, for example, difficult tasks may signal threats to role identity; poor task performance lowers self-efficacy, a component of personal identity which, in turn, may undermine relational issues (social identity) and put one's continuing employment at risk (organisational identity). That said, one form may become more salient under different conditions (Meister et al., 2014; Ramarajan, 2014), especially when critical incidents occur.

Identity has periods of stability and fluidity (Brown, 2015; Collinson, 2003). Identity construction is, thus, an ongoing process, evidenced through relationships and experiences; it is both shared and singular. Varying identities may be mutually reinforcing, contradictory or in tension (Ramarajan, 2014) and must be managed thorough the reflexive processes of identity work (Brown, 2015; Clarke et al., 2009; Collinson, 2003). Identity construction is precarious and processual (Alvesson, 2010). For example, a study by Kreiner, Hollensbe and Sheep (2006) reveals the struggles of priests to establish a balance between their personal identities and the social/professional elements of their jobs. Thus, identity is malleable and multifaceted, meshed in a complex web of interacting non-linear processes, as individuals seek to make sense of experience

Studies of identity have penetrated healthcare. Cascón-Pereira and Hallier (2012) show how doctors who become managers cope with the tensions between the clinical and the managerial role, both constructed as aspects of professional identity. Pratt, Rockmann and Kaufmann (2006) lay out the processes of identity construction medical residents undergo through their training and career transitions, particularly through the inter-play between integrity and competence. Desombre, Kelliher, Macfarlane and Ozbilgin's (2006) study of medical staff reveal how new expectations of functional flexibility in work tasks influenced role identity. Dawson, Farmer and Thomson (2011) explore how midwives facing change in their profession and needed to protect their status when dealing with the power of doctors.

Stress occurs when organisational members perceive misalignments (Kira & Balkin, 2014) between their jobs and their identities, or asymmetries between their self-perceived identities and the way they believe others view them (Meister et al., 2014). When threats in organisational life destabilise patterns of consciousness, elements of negative identity surface (Alvesson & Wilmott, 2002; Petriglieri 2011). When a sense of loss infuses work-related identity, individuals engage in sense-making, sense-breaking and emotional regulation through a period of liminality until a healthy equilibrium can (hopefully) be re-created (Ashforth & Schinoff, 2016; Conroy & O'Leary-Kelly, 2014). Negative work experiences that impinge on identity influence people to rethink their careers (Lysova, Richardson, Khapova & Jansen, 2015), overtly or covertly engage in resistance (Alvesson & Wilmott, 2002), seek a more salubrious workplace elsewhere or cope with what they have (Rothausen, Henderson, Arnold & Malshe, 2017).

Identity, organisational change and stress

Organisational change is a fertile stream to explore the fluidity of identity, by reflecting on change and telling the story to various audiences (Ibarra & Barbulescu, 2010). Individuals can choose to support those aspects of change which support their identities (Chreim, 2005; Desombre et al., 2006). Conversely, when change triggers a negative identity or threats to an established and preferred identity, stress occurs (Clarke et al., 2009; Petriglieri, 2011).

According to Folkman and Lazarus (1985: 52), stress is "a relationship between the person and the environment that is appraised by the person as relevant to her/his well-being and in which the person's resources are taxed or exceeded." Organisational life has many possible sources of stress that lie in the nature of tasks, internal and external relationships, inadequate rewards and resources, poor communication, dysfunctional organisational cultures and job insecurity (Faragher, Cooper & Cartwright, 2004; Karasek, 1979). Identity issues may infuse many of these aspects of organisational life when the employee is embroiled in tasks and contested relationships that bring into question one's value to the group or organisation (Tajfel & Turner, 1979; Gioia, 2008) and the different roles one might be expected to play (Burke & Stets, 2009).

Organisational change is potentially an additional stressor that may exacerbate pre-existing stress levels (Fugate, Kinicki & Prussia, 2008; Greenglass & Burke, 2001). The processes and outcomes of change will be stressful if personal goals are thwarted (Folkman & Lazarus, 1985), or self-esteem and self-efficacy are threatened (Kalimo et al., 2003; Rothausen et al., 2017; Vardaman, Amis, Dyson, Wright, & Randolph, 2010; Wiesenfeld, Brockner, Petzall, Wolf, & Bailey, 2001). Change can increase workloads, require skills an employee may not have, fracture relationships and lead to insecurity and alienation (Wiesenfeld et al., 2001). Processes of change that are poorly communicated and exclude employee participation may lead to perceptions of unfairness and marginalisation (Riolli & Savicki 2006). Stress may be heightened during transition periods fraught with anxiety over the possibilities of redundancy, redeployment and job redesign (Fugate et al., 2008). When change undermines an individual's feelings of worth and sense of belonging, stress and resistance to change are likely to occur.

During change "identity work may move to the front burner of everyday consciousness" (McAdams, 1999: 486), and what adds to the heat is stressful experience (Rothausen et al., 2017; Smollan & Sayers, 2009). Corley and Gioia (2004) and Hakak (2015) suggest that identity ambiguity and confusion are likely to occur in subtractive change, where an attribute of the organisation is permanently and abruptly removed, such as mass layoffs and corporate spin-offs. A positive identity helps one cope with stressful change (Wiesenfeld et al., 2001), particularly when it is buttressed by self-efficacy (Vardaman et al., 2010) and supportive work relationships that underscore the perceived value of the individual to the collective (Lawrence & Callan, 2011).

In a rare study in employment relations scholarship, Harrison et al. (2011) drew on social identity theory and role identity theory to explore the experiences of union officials who were involved in new union-management partnerships. The familiar collegial identity of the union official as a "defender" of worker rights had been destabilised by the new role identity of the "partner" that is, an occasional co-decision-maker, and caused union representatives a certain amount of angst through what the researchers termed a "blurred identity".

Coping with identity threats occasioned by change, thus, becomes a challenge for employees. Folkman and Lazarus (1985) emphasise that coping is an ongoing process in which people use various strategies, which they classify as problem-focused, emotion-focused and seeking social support. While Folkman and Lazarus employ a psychological perspective, from an employment relations angle, unions, over a long time, have provided a support network for health and safety issues to employees both in instrumental/problem-focused ways and by offering emotional support (Bluen & Edelstein, 1993). The solidarity of social identity helps employees cope with stress. In other frameworks of coping strategies, Latack (1986) categorises responses as control, escape and symptom management, while Moos and Holohan (2003) use a matrix of cognitive-

behavioural and approach-avoidance strategies. Identity is potentially an element of the choice of strategies. For example, a person who uses problem-focused strategies may on rely on self-efficacy and a sense of agency while the use of an emotion-focused escape strategy, such as drinking, may be a sign of low self-esteem and helplessness. Tapping support networks, a key feature of social identity, can be an effective strategy for enhancing a sense of community and wellbeing (Lawrence & Callan, 2011).

When negative aspects of work, such as stressful change, evoke identity concerns they trigger a liminal phase (Conroy & O'Leary-Kelly, 2014) where the individual is groping towards a new reality and trying to make sense of its implications (Rothausen et al., 2017). A noxious brew begins to bubble when individuals need to cope, not only with the new work demands, but also with a fragile sense of self and a questionable foundation of social relationships. Lack of control erodes the ability to cope with stress; conversely one may be able to construct (or reconstruct) positive work identities with support, despite difficult circumstances (Conroy & O'Leary-Kelly, 2014; Dutton et al., 2010).

Prior studies of organisational change have shown how individuals attempt to cope with identity issues. For example, Lawrence and Callan (2011) showed the value of social support during large-scale change and downsizing in confirming salient aspects of professional and collegial identity among health professionals. Clarke et al. (2009) reported that managerial identities and perceptions of integrity were challenged during downsizing in an engineering company, with some managers trying to distance themselves emotionally from their subordinates and to act "professionally". In a study of school teachers facing change, Vardaman et al. (2010) found that support networks enhanced self-efficacy, which enabled the participants to cope with stress by believing that they could exert some control over their new conditions. Van den Heuvel et al. (2014) discovered that police force members coped better with change where they had high levels of self-esteem, strengthened by the perceived availability of identity-related resources, including good relationships with their supervisors, and the belief that they were valued by the organisation. Midwives facing change to their service believed that they had far too little influence as opposed to doctors, who, as one respondent put it, "use us like handmaidens" (Dawson et al., 2011: 157). A nurse facing technological change experienced the conflicting roles of patient care and documentation, "I'm afraid there will be so much writing in the end, that there will be less time for the patient, for the social aspect, and care" (Giaever & Smollan, 2015: 116).

Literature on coping with change tends to focus on the additive effects of stress (Fugate, et al., 2008), or on coping with specific stressors, such as workload, conflict and uncertainty (Greenglass & Burke, 2001; Kalimo et al., 2003) or on coping with limited forms of identity (van den Heuvel et al., 2014). Omitted from examination are the relationships between three targets of coping with stressful change. Coping with identity issues goes beyond the strategies addressed in well-known models of coping (e.g. Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Hobfoll, 2001; Karasek, 1979). From a theoretical point of view, a redesigned job may create stress through difficult tasks and relationships in a different department, anxiety about failure and alienation and an identity of disintegrating self-efficacy and social standing. Attempts at coping with the taxing new work tasks, by asking for instrumental support, may reduce anxiety about failure but undermine self-efficacy. More constructively, when the employee positively re-appraises work tasks as an opportunity to learn from others, perceiving this as a challenge rather than a threat (Folkman et al., 1986; Fugate et

al., 2008), the individual is better able to adapt to the tasks, reduce anxiety and bolster personal and social identity.

There is insufficient knowledge on which forms of identity are evoked when a stressful change occurs, what triggers them and how individuals cope with the specific stressors, with the strain and with threatening identity issues. We sought to bridge this gap by investigating how participants in an organisation undergoing change experienced and coped with these interlocking sources of stress.

Method

Theoretical foundations

Self-identity is a social construction (Alvesson et al., 2008) in several senses. Firstly, the abstract nature of identity means that making sense of it, other than through the intuitive understanding of the self, occurs through language (Carlsen, 2016). Secondly, employees constitute and reconstitute their subjectivity through many discourses (Brown, 2015) and narratives (Ibarra & Barbulescu, 2010; Humphreys & Brown, 2002), as they relate to their surroundings. Thirdly, research about identity generates a different type of discourse about employee identities and fixes labels, such as the personal, social and organisational (e.g. Stets & Burke, 2014).

Narratives of identity are "accounts of events in the world which are organized in a time-related sequence" (Watson (2009: 429) and there is a uniqueness in how a narrative is created thorough the interplay between the individual, others and the environment (Boje, 2001). According to McAdams (2001), narrative creates unity and purpose in life through reflexively constructing stories that are lived through. Narratives represent experience and reveal how identity is negotiated and understood. Furthermore, "it is possible to locate all our actions within stories" (Ramsey, 2005: 226), to have multiple tellings, themes and endings and to shift our focus from what is "true" to what will enable change and a stronger sense of self (Dutton et al., 2010). Thus, narrative can be both creative and descriptive and individual narratives often compete against organisational narratives which are embedded in power relations (Brown, 2015; Dawson et al., 2011). Narrative analysis allows for the simultaneous exploration of multiple identities (Ramarajan, 2014). The diverse nature of the self can reinforce ambiguity and insecurity, particularly within a context of social change, workplace relations and power asymmetries (Alvesson, 2010; Collinson, 2003; Corley & Gioia, 2003; Humphreys & Brown, 2002). Additionally, narratives are sequenced and situated in time and space; they are a way to process information, make meaning of emotions and facilitate our understanding of reality (Dailey & Browning, 2014).

Narratives have "no automatic starting and finishing points" (Squire, Andrews & Tamboukou, 2008: 3) and though diverse and multi-layered, they enable the description, understanding and explanation of specific phenomena. Identity is co-constructed in a research situation where meaning is explored and negotiated (Dawson et al., 2011; Watson, 2009). Narratives are, thus, an important way of revealing the fluidity and precariousness of identity through the phases of a stressful organisational change.

Research site and participants

The site for our study was a District Health Board (DHB) in New Zealand that provides public healthcare services through a range of hospitals, clinics and specialist centres. Reforms in the country's public health sector over many years have been directed at increasing its coverage and quality, while seeking to control its costs (McKenna & Richardson, 2003). The DHB in our study provided access to nearly 200 employees whose departments had recently been through considerable change as part of, or alongside, a series of restructurings that led to the centralisation of some services, the disestablishment and redesign of roles, redundancy and redeployment. Employees were invited to contact the researchers directly.

Semi-structured interviews with 31 participants were conducted by the first author in 2012. There were 22 White participants, three Maori, four Asian and two of Pacific island heritage. Ages ranged from 32 to 65 (mean 40.3) and length of service from four to 27 years (mean 10.7). Nineteen participants were in clinical positions (e.g. nursing and physiotherapy) while the balance had administrative jobs (such as in accounting and training). Twenty-five were managers (two senior, eight middle, 15 supervisory or professional team-leaders) and six were non-managerial employees. Interviews between 35 and 75 minutes were conducted at various DHB sites and the participants were asked to define stress, outline one change and discuss the stress that had occurred before, during and after that change. Questions were asked about the causes and consequences of stress and about coping strategies. Interviews were recorded and verbatim transcripts were made available to the participants, who were coded with letters from the alphabet.

What clearly emerged from this data was the unanticipated impact of identity in experiencing and coping with stressful change. Regarding interviews, researchers note that interviews, "should be treated as a terrain where certain things can be found that are capable of yielding meaning, insights and even pleasure" (Gabriel, 2015: 335). Furthermore, in using inductive research methods, "Insights can appear suddenly or develop incrementally" (Eisenhardt, Graebner & Sonenshein, 2016: 1120), and that "it is important to give time to process and digest the unexpected" (Åkerström, 2013: 11). Since identity had glimmered almost subliminally in the current study, it was then exposed to a focused investigation.

Figure 1 is a map of the terrain to be explored (Miles, Huberman & Saldana, 2014). It indicates that different phases of change affect four forms of identity and that the coping strategies used lead to a reframing of the individual's identity.

Figure 1: Model of organisational change, identity and stress
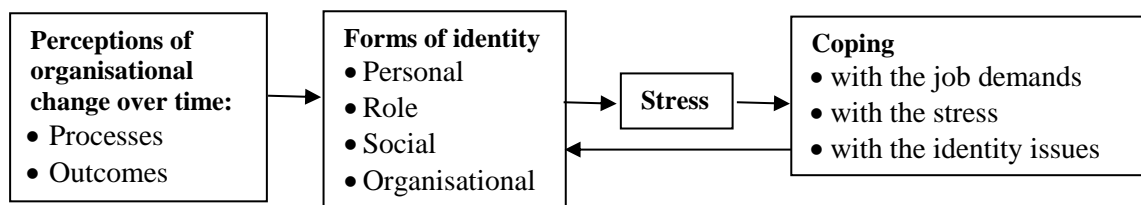
Data analysis

Our data analysis involved two phases. The first involved thematic analysis. According to Braun and Clarke (2006), there are six steps to be followed: becoming familiar with the data through repeated readings of transcripts, generating initial codes and collating the codes into these, reviewing and consolidating these themes, defining them and writing up the analysis. Given that the interviews were not designed to explore identity, we were not "trying to fit into a pre-existing coding frame, or the researchers" analytical preconceptions" (Braun & Clarke 2006: 83). We read the transcripts several times, looking for comments reflecting identity. While authors have categorised identity in various ways, our codes developed out of four separate but inter-twined forms of work-related identity described in the literature (e.g. Alvesson, 2010; Burke & Stets, 2009; Collinson, 2003; Conroy & O'Leary-Kelly, 2014). These forms are the personal (relating to self-concept), role (perceptions of the expectations of work roles), social (including occupational, professional, collegial, managerial and ethnic identity) and organisational (a more diffuse extension of social identity). We, then, looked for triggers of identity construction and grouped them into seven themes, such as changing roles or groups, lack of participation in decision-making and the stress of others. Some of these causes (i.e. the stressors) had emerged in an earlier phase of the wider project on stress and organisational change, but while identity was certainly not a latent feature of the majority of comments, those we found were sufficiently representative to coalesce into a coherent theme. Representative quotes of seven participants highlight stressful identity issues but it should be emphasised that the responses of other participants also fitted into these themes.

Next, we searched for ways in which the same participants had coped with identity threats. Here again we selected a representative quote, related it to different forms of identity and analysed the stressor-identity-coping relationships. We particularly looked for evidence of how coping strategies resulted in a reconfiguration or self-verification of identity (Meister et al., 2014). While we used the same coding framework as in Table 1 (forms of identity), we needed to re-code the identity in terms of how the participant had coped with the identity issue, not simply with the stressor.

Given that the tables provide isolated snapshots of identity, we then sought to present greater depth of experience in the second phase of our analysis by selecting the narratives of three participants whose rich descriptions illustrate how their identities were re-examined through different phases of change. Trajectory, according to Rothausen et al. (2017: 2368) – "the sense of past, current, and future coherence in growth and development over time" – is a key pillar of identity. Narrative analysis works well, according to Dailey and Browning (2014), when the story is presented in sufficient detail with, if possible, an identifiable, beginning (before change in our study), middle (during change) and end (after change), "complete with a moral and with an agreed plot" (Boje, 2001: 3). Yet, as Dawson et al. (2011) and Squire et al. (2008) point out, narrative plots do not necessarily roll out in a neat, linear fashion.

Findings

All 31 participants acknowledged that varying levels of stress had been present in their jobs before the change. The causes differed, but included challenging workloads, goals and deadlines, and difficult relationships with other staff, patients and their families. The announcement of change, which signalled an uncertain future, especially regarding their own

roles, became a significant source of stress. Processes of change were seen by some participants as damaging to their wellbeing, particularly when there was a lack of participation in decision-making and inadequate or insensitive forms of communication which undermined their perceived value to the organisation. After the change, many participants found that workloads had increased and resources had shrunk. Facing new roles, expectations and relationships (for example, clinicians taking on part-time team leader roles), added stress, but for some also provided the excitement of challenge.

Identity threats from stressful change

Different forms of identity were threatened in a number of ways (see Table 1). Struggles to cope with heavier workloads triggered feelings of incompetence. Awkward moments and hostile comments greeted some of those who transferred to other departments or took on new roles. Participants interpreted cursory explanations of change by senior managers as signs that they and their colleagues were not valued. Stressors affected different aspects of identity. For example, participant EE experienced a heavier workload after the change (role identity), feelings of incompetence as he struggled with this workload (personal identity), and the embarrassment of being relocated to a desk in a hospital corridor (which damaged his personal, social and organisational identities). Well-intentioned offers of psychological support from his colleagues, which could have reinforced his social identity, were unwelcome because he felt his colleagues believed that he was not coping, a perception that further eroded his self-esteem.

Table 1: Change stressors and identity

Identity stressor	Participant comment on cause of stress	Main form(s) of identity	Analysis of change-stressor-identity relationships
Poor communication and lack of participation in decision-making Management unilaterally changed the length, timing and frequency of shifts for a group of clinical professionals. (S – clinical manager)	It was done really badly…there was no discussion, it was just dumped on us…They came into a meeting and then it was just BOOM - this is what we're going to do, there was no discussion, there was no reason why, other than it was going to be cost saving for the organisation. And it caused a huge amount of stress for myself and my colleagues…we would have to be here a lot more.	Personal: self-worth Social: subordinate, colleague, family member Organisational: employee	Lack of consultation marginalises employees who begin to doubt their self-worth. Exclusion from decision-making leads to a questioning of one's organisational membership but may strengthen one's collegial identification.
Changing job roles that increase workload and job complexity Following a restructure, clinical team leader positions were created that combined clinical work with the oversight of professional development for colleagues. (K – clinical team leader)	You get treated like you don't manage your caseload properly…it is because you're incompetent…Trying to still maintain my little bit of overtime for the clinical role but [the team leader role] in the last month was roughly 20 hours, but it's only eight hours a week, designated.	Personal: self-efficacy Role: workload Social: occupation/ profession Organisational: employee	Employees who have two or more roles have to deal with greater identity and task complexity. When organisational change creates raised expectations of the quantity and quality of work of an employee, stress results from reduced self-efficacy and resentment towards the manager and organisation that have initiated new role expectations.
Changing work groups After a redundancy and job resign process the participant was moved to a specialised role in another hospital where an existing staff member had been laid off. (L – clinical educator)	If you're working at a hospital, where they don't know you, they don't know your clinical expertise…they're much harder to engage in a programme which they think doesn't make any difference for them…I was expecting a bit of a welcome, and I was in tears within five minutes. [One person] was very angry about what had happened to [a colleague] and had seen her distress. Everybody loves her. I'm the new jumped-up upstart who got the job which she decided not to apply for.	Personal: self-worth Social: profession/ colleague	Stress occurs when an organisational change means a hostile new work group is entered.
Lack of support Following a restructure the participant was moved to another department where managerial support was absent. (X – educator)	She didn't have any understanding of our roles. She was busy but she'd said that she would make the time, which didn't happen…That made us feel really undervalued and more of a nuisance than being part of a team.	Personal: self-worth Social: profession	Lacking support from the manager undermines self-worth and threatens social identity.
Threat of redundancy	For all the staff it was pretty ruthless, what was happening...We were told we'd probably lose	Personal: self-worth Social: colleague	The threat of redundancy rupture personal social and organisational identity.

The announcement of restructuring and possible redundancies was a source of stress to a manager and his team. (N – administrative manager)	our jobs…It became like the big sword of Damocles hanging over you all the time. That started to wind up the stress.	Organisational: employee	
Stress of others Although not in scope for redundancy the participant was keenly aware of others' stressful responses to the announcement. (V – clinical manager)	What I found stressful was the distress of the staff who had been informed that they may lose their jobs. They'd be at my door worried about the partner might've been out of work, or how are they going to feed the kids.	Personal: self-authenticity Social: colleague/ subordinate	The stress of others facing stressful change elicits the support of colleagues (and managers) who feel the need to act with self-authenticity.
Inadequate office location The participant was moved from an office to an open corridor in a hospital. (EE – administrative professional)	It was demeaning where they placed me… basically in a passageway with a desk and a computer. I've got confidential stuff on my computer and I've got people walking past the back of me…It was crap. I had cardboard boxes with my files in them, next to my desk, I didn't even have a filing cabinet.	Personal: self-worth Social: professional, subordinate Organisational: employee	Inappropriate office space has a symbolic dimension that lowers self-worth and undermines relationships with immediate supervisors or other decision-makers.

Coping with identity threats

To cope, participants utilised various strategies, some of which were aimed at minimising the specific stressors, others at dealing with negative emotions and/or identity issues. While some participants relied on their resilience, confidence and optimism, others sought support (tangible and psychological) from people inside and outside the organisation. Some were in clinical professions whose governing bodies required professional supervision, the opportunity to discuss client-oriented matters with a competent peer (see for example the *Supervision Guidelines* of the New Zealand Psychologists Board, 2010). These participants tended to report how much beneficial support they had received from these quarters. Table 2 presents the complexity of coping responses and their influence on self-identity.

Table 2. Identity and coping with stressful change

Identity stressor	Participant comment on coping	Form of identity	Analysis of change-stressor-identity-coping relationships
Poor communication and lack of participation in decision-making Management unilaterally changed the length, timing and frequency of shifts for a group of clinical professionals. (S – clinical manager)	I thought, I wonder if there's a way that I can roster it so that the organisation is still gaining back money, but we can have what we want. And that's often my response to any kind of thing that's quite stressful. Is there a way that I can make it work so that it's a win-win for everybody? And so that's partly what I did and so I came up with the solution that was eventually adopted.	Personal: self-worth Social: subordinate, colleague, family member Organisational: employee	A practical solution devised by an employee can enhance perceptions of worth and authenticity while enhancing social and organisational identity.
Changing job roles that increase workload and job complexity Following a restructure clinical team leader positions were created that combined clinical work with the oversight of professional development for colleagues. (K – clinical team leader)	It got to the point where I felt like I had to have the one glass of wine and if I'd run out I'd have to go and buy a bottle…I put my head down and worked harder and harder…Then I completely blew my stack and said it how it was. And that actually felt quite good! ...I basically said, either the job needs to be expanded to have more hours or we need to trim the job.	Personal: self-efficacy Role: workload Social: occupation/ profession Organisational: employee	Maladaptive coping was replaced by a confrontational then collegial approach. Venting about workload to colleagues and the manager, accompanied by a practical solution, would enhance self-efficacy and role identity.
Changing work groups After a redundancy and job resign process the participant was moved to a specialised role in another hospital where an existing staff member had been laid off. (L – clinical educator)	Just kept my head down, tied myself in the office, did the job. Always say hello to her. Just nicely…don't stand up to her. I just let it go.	Personal: self-worth Social: profession/ colleague	Avoidance coping may be chosen when self-worth and social identity cannot be protected.
Lack of support Following a restructure the participant was moved to another department where managerial support was absent. (X – educator)	We would have our new team meetings, so that was a good opportunity to be chatting I felt really supported by my colleagues in the office, who were still part of the original team that we were in…I've got a very supportive husband.	Personal: self-worth Social: profession, colleague, spouse	When managerial support is absent, social identity drives employees to look for support from their colleagues and others in their personal networks.
Threat of redundancy	As a team we sat down and discussed it…Because I just didn't know how it was going to affect my team. Obviously I knew	Personal: self-worth, self-authenticity Social: supervisor, colleagues Organisational: employee	Dealing with the stress of their own possible redundancy and feeling responsible for the wellbeing of a team

The announcement of restructuring and possible redundancies was a source of stress to a manager and his team. (N – administrative manager)	I had to reapply for my job...They're my blokes...you can't just leave everyone in the lurch. It's bad enough I got left in the lurch but I'm not going to do the same for them...I would work maybe a little bit longer hours, I would do a bit of research, I would actually ask more questions, I would get information.		may lead managers to focus on supporting subordinates and looking after themselves. The first is a manifestation of self-authenticity and enhances collegial and subordinate relationships, the second aims to stabilise self-worth.
Stress of others Although not in scope for redundancy the participant was keenly aware of others' stressful responses to the announcement. (V – clinical manager)	They'd come to the office, stand at the door, talk about…I'm looking for a job here, and what do you think about that? It was actually okay. It wasn't creating additional work. I like to be supportive of my colleagues.	Personal: self-authenticity Social: colleague	When one has limited power and self-efficacy to address the stress of others, supporting them enhances self-authenticity and is a coping mechanism to deal with one's own stress.
Inadequate office location The participant was moved from an office to an open corridor in a hospital. (EE – administrative professional)	I kept saying to them, I can't work like this... I [also] started trying to walk more and that sort of thing to just sort of ease myself – I realised what I had to do – I had to look after myself, survival instincts, I realised I had to cope.	Personal: self-worth Social: occupation, subordinate, colleague Organisational: employee	When requests for tangible supervisory and organisational support do not work, employees need to cope with lowered self-worth.

Examples are provided by the same participants found in Table 1, that indicate that some of the coping strategies they used helped them maintain a positive identity while others used maladaptive approaches, such as drinking and over-eating, that exacerbated negative identities. An identity-based stressor may have resulted in the deployment of a specific coping strategy but parallel strategies were also evident. For example, K used an assertive, even confrontational form of coping, in venting about workload in the roles of practitioner and team leader, but also used escape coping through higher levels of alcohol consumption, thereby undermining the self-esteem aspect of personal identity. In the context of restructuring and possible redundancy, the role of support could help participants cope by reinforcing their identities. In this regard, N and V revealed the self-authenticity element of personal identity by showing concern for the wellbeing of others, both colleagues and subordinates. While this support may have bolstered the identity of the others, it had the simultaneous impact of helping the participants cope with their own stress by strengthening their identities.

Stories of identity through phases of organisational change

The power of the narrative approach lies in its potential to tell a coherent story of idiosyncratic recollections of experience over time. The next section, therefore, features the stories of three participants, providing rich, in-depth accounts that reveal how identity is constituted and reconstituted before, during and after stressful organisational change. D's story focuses on her inadequacy as a manager and colleague in alleviating the stress of others, illustrating the impact of powerlessness on identity construction. O's story highlights how cognitively reframing change led to a sense of responsibility for her own emotional state and a strengthening of personal and professional identity. In the third story, FF presents a saga of stress over a long period of personal and organisational change. While the absence of organisational support was particularly stressful, the presence of social support, through the ethnic dimension of social identity, helped him cope.

D's Story

Before change

As a senior clinical manager, D's role subjected her to what she termed "normal, everyday stressful things", such as difficult staff and accountability for decisions. She coped with this partially through peer supervision, maintaining that it was not "healthy to try and do the job without it." There had been changes at a local level of the DHB but rumours began to circulate that a major organisational restructuring was taking place. What disturbed her were the disempowering leadership styles of two members of the executive team (one replacing the other) who had been instrumental in a series of restructurings.

> *The first one didn't describe himself to us...he had an agenda which he didn't share with us at all. The second one was very clear. I'm an iron fist in a velvet glove, so I'm really clear about my expectations, what I want and I will come down on you hard if you don't meet them.*

The impact on D as a senior health professional and manager was profound. Lack of information and consultation was taken as a sign of disrespect for her and her colleagues.

> *There was actually a plan, but they didn't tell us that there was a plan and for me, that would be my first milestone in terms of being a stress factor. I think the DHB employees mainly are fairly intelligent, clear-thinking people and…it's very stressful when you feel like people are treating you like you're stupid and you know there's something going on but they won't tell you.*

During change

D's job was not directly affected by the restructuring but she was stressed by the pain experienced by her colleagues and her inability to do much about it. Acknowledging a sense of "survivor guilt", what bothered her immensely was that she felt "helpless to be able to do anything about what felt like a rollercoaster out of control for the people who were going through that." During the transition phase her identity was shaken by being unable to forestall or substantially mitigate these effects. "I'm in a senior role where helplessness and powerlessness are not my usual lived experience, so to suddenly find myself in that place was very uncomfortable and that was stressful…and quite devastating." She acknowledged that at times providing psychological support to colleagues and subordinates was beyond her capability and undermined her authenticity and her identity as a caring manager and colleague.

> It was quite challenging at times…to not swear at people and tell them to pull their heads in and not be so self-serving and entitled, and be thankful they've got a job and just get on with it…I'm trying to keep my face and my body language and my tone in a way that is engaged with this person, but it's at some degree of dissonance with what's actually going on for me…I like to be honest and transparent but for some time there I could not do that.

D considered the support of her immediate superior to be unquestionable and of great comfort. In addition, discussing matters with colleagues was very helpful. "Knowing that the other person is in the same place as you makes you feel less alone and isolated and all of those sorts of things, so certainly peer support is really important." To cope with her own stress she also continued to access valued professional supervision, a formal requirement in certain health-related disciplines that allows professionals to discuss work issues with another professional.

After change

D was painfully aware that further changes could take place at any time. The combination of lack of job security, lack of consultation and the perception that the organisation did not care for its staff, had undermined her trust in the organisation and her affective commitment to it. The dynamics of the restructuring had:

> made me question my psychological contract to the organisation and I think probably damaged it to a point where some things have been lost. They'd already decided what they were going to do before they put the document out. What we say won't change things.

She believed that the array of coping strategies she used were largely effective in bolstering her compromised sense of wellbeing. Of particular help was the continued support from her manager, colleagues, peer supervisor and also from some people outside the organisation.

O's Story

Before change

Possessing a professional qualification, O was in a supervisory administrative role that provided support to a section of the organisation. Her first source of stress was acclimatising to a new organisation, followed by dealing with the conflicting demands of servicing two departments and problematic staff matters. Advice from the human resources department helped her deal with these relationship issues.

During change

Prior to the centralisation of many of the administrative services in the DHB, staff were invited to make submissions. O initially believed that consultation was genuine. "My team and I gave feedback in good faith, thinking that because we worked in the area, some of our ideas may be adopted for the good of the organisation." However, as the lengthy process unspooled her optimism vanished and was replaced with negative emotions. O's role was disestablished and she was unsuccessful in obtaining one of the new positions. She was given the choice of taking redundancy or a contract role and opted for the latter. This impacted on her personal, role, social and organisational identities.

> *The restructure went as what the proposed document stated. So in the end, you really don't know whether giving feedback is just a process that they had to follow…I felt angry because I did put 110 percent into my job to make it successful. I felt out of control, which is really new because I'm the one that always makes the decision to move, not someone to dump you. I felt sad as well. I felt betrayed…I'm used to change because I migrated…to New Zealand…and I've always been in control of the change. This is the first one that I've lost control.*

She benefitted from the emotional support of her manager, who also coached her in applying for new roles and in using interview techniques. However, O relied largely on her own psychological resources and remembered being:

> *Angry and helpless...but once you get past that then I think then I'm back in charge, but in control. You can't go and stay in a helpless state for long, otherwise I'm the person that's suffering from that. It's recognising my emotion and getting on top of it.*

After change

For O, matters worsened in the initial stages of the aftermath. Not only had she lost her managerial role and permanent status, she had to move offices in a demeaning way.

> *I was asked to vacate the room that I used for two years...to go into an open plan office. I was told not to attend group meetings because that's no longer in my role. I feel that I was packed to one side…that is the most emotional thing…it's like being discarded.*

Over time she adapted to her new role and status and was confident of finding a professional role elsewhere, but with a lingering sense of resentment, believing that she been "victimised". In response, she no longer put in the extra time she had done previously, took the odd day off when stressed and reframed how she viewed her contract position. Her organisational identification declined. "I joined the organisation because I admired its values, but the things that are going on are not reflective of those published values anymore…For a health organisation it can be ruthless."

FF's Story

Before change

With a professional clinical qualification, FF had graduated in time to a managerial role, catering to an ethnic sector of the population. His initial stress centred on learning to deliver in a new environment but with a supervisor who "was a person of wonderful substance really, a person of excellent credibility and very, very supportive. Otherwise I don't think I could have made it."

During change

Rumours of change in many sections of the DHB surfaced in FF's network following a major restructuring in the organisation. In time, the DHB transferred responsibility for some services for this ethnic community to a department that dealt with funding a wide range of programmes and services. As a result, some jobs in this department were disestablished, new ones were created and some were left unchanged. While FF's role did not change, he disliked both the process ("people felt uninformed in terms of the restructuring") and the outcome of the new system.

> *Because we are the Maori, we were Maori Health at that time and we had clear understandings through consultation with our people in the community, about where the needs were best met within those contracts. Planning and Funding had no idea about that, they were never involved in it...So what I saw was the whole dismantling, really, of Maori Health...it was a constant point of contention and discussion in the team and it brought about a lot of stress in the team, it brought about a lot of worry, a lot of fear.*

After change

For FF, the consequences of change were a growing workload, the lack of tangible and psychological support to manage it, the marginalisation of the ethnic group of which he was a member and whose unit served it, and threats to the job security of its staff. The pressures on him multiplied rapidly as the staffing resources in his team diminished. As part of the changes, a new senior manager in Planning and Funding took over and made a number of key decisions without consulting FF's boss, who "in despair, resigned". Losing a key source of support reinforced FF's own sense of dislocation and dismay at what he saw happening. His role expanded significantly but his title and remuneration remained the same and he had to manage his responsibilities with minimal administrative staff. He reported, "I didn't have the [administrative] skills to do it...I asked for support, the budget was there to pay for it, but I wasn't allowed to use the budget." A new manager to whom he was expected to report admitted to knowing nothing about Maori Health. "I was left on my own and that's where all those stresses came from."

The consequences for FF were severe. He claimed, "I wish to God that I had never, ever taken that job on. It was the most horrendous thing that's ever happened to me in my life…It was an absolute nightmare." To cope he withdrew to the comfort of his community.

> *I went home, I went back to where my ancestors come from…I have a home up there and it looks out over the sea…My ancestors, my mum, my brothers and all that are all buried up there and I just felt some solace in going back there and rejuvenating my spirit.*

He was scathing about the lack of support of the chief executives during this period.

> *With all their korero [discussion] around values and champions and this, that and everything, [they] had a bloody cheek to talk about…how we should be supporting each other…and they didn't even look after their own managers; they couldn't give a rat's arse about us.*

When asked if he had sought support from the organisation's employee assistance programme he replied:

> *They've always offered all that, yeah. But quite honestly, to a Maori, it doesn't mean a damn thing. We don't need that. Because it's our cultural needs, our spiritual needs and our values, that these things the hospital don't even recognise and have no understanding of those needs whatsoever. So we have a tendency to go to each other,*

or we go back to our families, or we go back to our turanga waiwai, to our homesteads…that's where we get our assistance from.

In reviewing the long period of restructuring, including ongoing initiatives, he lamented:
What's happening is Maori Health has found its services being shrunk, being minimalised…If I was to compare Maori Health to every other service in this organisation, we would definitely be the poor cousins, in every way…I don't think you would find one Maori person that would say the DHB was honest, in terms of what it was setting out to do, it was actually ripping apart Maori Health to achieve another end. I mean this is a process that's done at a very high level, through mainstream understanding that totally alienates Maori and we were never really truly involved.

Overwork, anger and marginalisation stoked his stress levels to dangerous levels, eventuating in his hospitalisation. He was aware that he had not coped well with the prolonged stress of the various changes. Together with seeking social support, his escape-driven tactics allowed him some respite until he chose to take another role in the organisation. His self-efficacy floundered as he struggled without tangible support, and while his (ethnic) social identity was a solace, the perceived threat to this group undermined his organisational identity.

Discussion

Evidence from our study extends previous research into the undermining of identity and wellbeing by stressful organisational change (Hakak, 2015; van den Heuvel et al., 2014), but also reveals that participants who believed that they could cope with the stressful change maintained or enhanced a positive work-related identity. We first analyse the identity-related stressors, then the strategies used to cope with them. While the comments in the tables isolate certain stressors and how the participants coped, the three in-depth narratives point to the dynamic nature of the model in Figure 1 and how various forms of identity are reconstructed as the change unfurls.

Change stressors and identity

Our findings indicate that issues from all four forms of identity (personal, role, social and organisational) emerged from the interview data. Work life for many people is characterised by a plethora of issues, events and relationships, some of which can become particularly meaningful for their identities. Events trigger what authors have referred to as identity construction (Alvesson, 2010), identity work ("efforts to craft the self" (Conroy & O'Leary-Kelly, 2014: 69) or identification (the aligning of self- and social identity) (Ashforth & Schinoff, 2016; Kreiner et al., 2006). The participants in our study spoke of stressors that appear in other empirical studies of organisational change, such as increased workloads and role expectations that lower self-efficacy, of negative relationships that compromise social identity, and of poor leadership and communication practices that wreak havoc at the interface between personal and organisational identity (Clarke et al., 2009; Riolli & Savicki, 2006; Wiesenfeld et al., 2001).

While it is unsurprising that negative emotions surface during stressful change, it is notable how they infused the identities of participants in the current study. For example, O's bitterness over being "betrayed" and "victimised" reveals the fractures caused by change to social and organisational identity. D's despondency over her inadequacy in alleviating the stress for her subordinates and colleagues, despite her senior management position, undermined her managerial

identity and self-efficacy. Her "survivor guilt" further destabilised her social identity and self-authenticity (which Burke and Stets, 2009, label as an element of personal identity). The importance of FF's ethnic identity, underscored by his occasional use of Maori language in the interview, was reflected in his dismay at the impact he saw of organisational restructuring on Maori staff and led to the loosening of his organisational identity. The part played by emotion in the construction and destruction of identity has been emphasised by researchers (e.g. Ashforth & Schinoff, 2016; Cascón-Pereira & Hallier, 2012, Kira & Balkin, 2014).

In traversing through change, the temporal nature of identity becomes salient. According to Rothausen et al. (2017), trajectory is a sense of identity through the past, present and future. Our interviews tracked experience before, during and after an organisational change and clearly revealed how lack of consultation, job insecurity and inadequate support led to a reframing of identity. D's comment that "I'm in a senior role where helplessness and powerlessness is not my usual lived experience" is a particularly poignant reminder of the fragility of identity in fluid organisational settings. Uncertainty is characteristic of liminal identity during transitions (Conroy & O'Leary-Kelly, 2014). It is heightened by a lack of perceived control (Wiesenfeld et al., 2001) and a sense of loss (actual or impending), when individuals struggle to release the old (and preferred) identity and assume a new one (Conroy & O'Leary, 2014; Kira & Balkin, 2014).

Coping with identity stressors through organisational change

Coping with stress involves confronting the stressor with a problem-focused (Folkman et al., 1986), action (Latack, 1986) or approach strategy (Moos & Holahan, 2003). These are generally used when the individual believes that something can be done about a stressor (Folkman et al., 1986), such as influencing a change process or outcome (Fugate et al., 2008). The current study showed how participants sought to achieve beneficial outcomes for themselves and others by confronting those who undermined them, using their initiative, cobbling together coalitions or asking for tangible support, such as the reduction in unmanageable workloads. Emotion-focused (Folkman et al., 1986), escape/symptom management (Latack, 1986) or avoidance strategies (Moos & Holahan, 2003) were used when the participants found it best to wait for events to unfold or when they had little prospect of influencing them.

What emerged from our study is the complexity of coping strategies when identity is salient. Firstly, role identity, according to Stets and Burke (2014), relates to expectations, and in organisational settings, particularly those involving change, not completing new tasks or achieving new goals or standards, lowers the self-efficacy component of self-esteem. Thus, participants like K and FF, who were struggling with heavy workloads, laboured to meet new task expectations, the former by trying to reduce her workload, the latter by trying (unsuccessfully) to acquire administrative support.

Dealing with new relationships, during and after restructuring, triggered negative social identity issues for some participants, particularly when they were held accountable by colleagues for their own redundancies or those of others. To cope, some used cognitive strategies, such as reframing the conflict as not being personal but rather a manifestation of others negative emotions or destructive personalities. Many mobilised social support from various quarters inside and outside the organisation. Particularly relevant to many was collegial support, since it reinforces bonds when group identity is threatened. When change occurs and stress radiates, colleagues within and across departments and professions converse about their jobs in multiple forums. As Clarke et al. (2009) argue in their empirical study, there are many competing discourses on which employees

can draw in redefining social identity. They may result in a reaffirming sense of the collective experience, the "antagonistic" discourse of individual or group marginalisation and the often discounted official discourse. However, some participants in the current study found that group sessions could exacerbate rather than mitigate stress, and therefore avoided them.

Organisational identity is eroded when employees feel that they or their group are under-valued by their organisations. Gioia (2008: 63) argues that, "Identity is about us as individuals – and as organisation members – and it enquires into the deepest level of our sensemaking and understanding." Remarks by participants O and N that the DHB was ruthless, and by FF that it did not care for its Maori staff, are sober reminders of how stressful change may be detrimental to organisational identity.

The fourth type of identity, personal identity, relates to self-conceptualised personality and values, and is a foundation stone of self-esteem (Stets & Burke 2014). Thus change participants may not only have to cope with the identity issues sewn up in new role expectations and social groups, they also have to grapple with their own self-esteem, particularly low self-efficacy. In this vein, some participants did not want to be seen as being unable to cope with stress. For example, although he was struggling with a heavy workload and his relocation to a hospital corridor, EE remarked that he was uncomfortable with collegial support, because it revealed to others how stressed he was, an image that undermined his self-esteem. The perceived stigma of stress can result in silenced voices. Thunman and Persson (2015) report that this may dissuade individuals from asking for support even when they need it. Harkness Long, Bermbach, Patterson, Jordan and Kahn (2005: 128) found that, while many of their participants believed work stress was normal, they strongly felt that "being unable to cope with stress was seen as abnormal, or unacceptable, indicating the presence of a personal weakness or flaw." Maladaptive coping strategies used in the current study, such as over-reliance on alcohol or food, may have provided short-term relief, but further frayed the edges of self-esteem. More positively, some participants gave considerable support to others, leading to feelings of self-authenticity (Stets & Burke, 2014) and the opportunity, as Clarke et al. (2009: 323) claimed about their own participants, "to (re)-author their selves as moral beings."

Our study has shown that being able to cope with the identity challenges wrought by change, by accepting or safely resisting it, is predicated on a sense of agency (Alvesson, 2010; Brown, 2015) that relies on a strong self-concept, within a social and organisational context of support, indifference or opposition (Alvesson & Wilmott, 2002; Collinson, 2003). Since a key aspect of the employment relationship is employee wellbeing (Lo & Lamm, 2005), our view on identity is one lens though which the challenges of change can be more meaningfully negotiated.

Limitations and conclusions

First, our paper has explored the nexus between stressful organisational change, coping and identity through exploring the experiences of 31 participants in one section of the New Zealand public healthcare system. Given the limited scope of our investigation, we are conscious of the need for a range of studies in wider contexts. Second, we did not ask questions about identity; therefore, a study specifically designed to investigate identity during stressful change may extend the depth and breadth of responses. That said, a third limitation is that identity is a concept that seldom enters the lexicon of workplace discourse and its tacit elements, as Carlsen (2016) notes, "challenge the receptive and analytical repertoire of researchers" (p. 107), in dealing with "that

which may be deeply internalized, taken-for-granted, ineffable or otherwise beyond words" (p. 108). Scholarly interpretations of interview statements (or survey items), as indicative of certain types of identity formulations, may be constructed in an entirely different way by the interviewees. As Allard-Poesi and Hollet-Haudeber (2017) assert, the assumed insight and reflexivity of research subjects must be questioned. Additionally, recall of experience is not necessarily accurate (Schreurs, van Emmerik, Günter, & Germeys, 2012) and the psychological wellbeing of an individual at the time of the interview may influence the reconstruction of identity issues that surfaced when the organisational changes took place.

Several key factors need further exploration. For example, how do different coping strategies influence the different forms of identity and self-esteem? Coping with stress has seldom been related to change self-efficacy and there is a difference between coping with stressful work issues and coping with low self-esteem. Additionally, while the ability of people to regulate emotions by hiding their stress has been considered as a helpful coping strategy, there is evidence, from our study and others (e.g. Harkness et al., 2014; Lawrence & Callan, 2011), that for some employees emotional regulation may add to work stress. Further research can elucidate whether escape or avoidance strategies (Folkman et al., 1986; Latack, 1986; Moos & Holahan, 2003) are necessarily counter-productive in terms of maintaining or repairing identity and explore which type of strategies are more likely to restore psychological equilibrium. Finally, given that people have multiple identities (Burke & Stets, 2009; Ramarajan, 2014), the relationships between various forms of identity, personal, role, social and organisational, need further exploration in the context of stressful organisational change.

In organisational practice, the concept of identity may be abstract and arcane from the perspective of the average employee and manager. While the concepts of social and organisational identity may penetrate discussions of teamwork, mergers and organisational culture, the elusive nature of self-identity is not easily reducible to concrete terms in a possible call for greater understanding of its impact on organisational life – and organisational change.

In conclusion, we have contributed to the literatures on employment relations, organisational change, identity and stress by analysing the searing narratives of our participants. We have shown that different forms of identity become salient at different stages of change and that those people facing stressful change need to cope with new expectations, new relationships and threats to identity. The relatively sparse focus on identity in the employment relations literature (e.g. Bluen & Edelstein, 1993; Harrison et al., 2013) opens the way for further research. As stressful change is likely to be an ongoing feature of organisational life, the challenge for employers and union officials is to take into account the complexities of identity to enhance the likelihood of coping effectiveness and positive outcomes for employee wellbeing and commitment to change.

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