



SCHOOL OF  
ECONOMICS AND  
MANAGEMENT

# The balance of redeployment

*A case study of dental employees' orientation to temporary downward redeployment and its implications*

by

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May, 2021

Master's Programme in Managing People, Knowledge and Change

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# Abstract

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**Title:** The balance of redeployment: A case study of dental employees' orientation to temporary downward redeployment and its implications

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**Submission Date:** 21st of May, 2021

**Keywords:** Redeployment, Downward Redeployment, Temporary Redeployment, Sense of Coherence (SOC), Sweden, Public sector, Resistance

**Purpose:** The purpose of this thesis is to qualitatively examine the phenomenon of temporary downward redeployment, thus gaining a deeper understanding of the subject in order to contribute to an otherwise overlooked part of the redeployment field where the main focus previously has been on upward mobility.

**Methodology:** This thesis has conducted a qualitative research study with an inductive approach. The study is inspired by symbolic interactionism. The empirical material has been collected through semi-structured interviews with openended questions.

**Theoretical Framework:** The theoretical framework of this thesis presents previous research on redeployment, resistance to change, and Sense of Coherence (SOC) and the relevance they possess toward one another.

**Contributions:** The findings illustrate a relation between coping with redeployment, expressing resistance and the key factors: clarity, power, trust, competence and meaningfulness. This study has contributed by providing nuances of how employees cope with temporary downward redeployment and what implications this has for an organization.

# Acknowledgments

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First of all we would like to thank our supervisor Tony Huzzard for his support during the work with this thesis. We are grateful for your opinions, advice and critical comments, which helped us reflect upon our choices and viewpoint when conducting our work.

We would also like to extend our gratitude to all the participants of this study, without you this thesis would not have been possible. We are grateful for you taking the time to participate in order to share your unique perspective and providing us with important insights.

In addition to this we want to thank our contact person at the Region who has been extremely helpful in this study. You have provided us with important context and background and your quick answers through email have been highly appreciated. We would also like to thank you for your valuable assistance in helping us to reach all employees regarding our study.

Lastly, we would like to thank each other for excellent teamwork. A better complementary duo is hard to find and the whole project has been a delight to write together.

We hope that you will enjoy our thesis and find it enjoyable to read!

Julia Carldén & Alice Idéhn

Lund, 21st of May 2021

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# 1. Introduction

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During the COVID-19 pandemic, the public and private sector in Sweden have contributed with their employees to relieve resources in healthcare (Sandholm Hellner, 2020)<sup>1</sup>. This pandemic is regarded as a world spread crisis and as an initial reaction to this many countries mobilized all resources available to go to healthcare in preparation for managing the crisis. This type of mobility and relocation regards both people and materials. Relocating employees to work for a different part of an organization or with other work tasks than they normally do is called redeployment (Ferres, Connell & Travaglione, 2005). The focus on redeployment requires a definition of the concept. Redeployment is an operative process which has the goal to relocate current personnel to another part of the organization (Ferres, Connell & Travaglione, 2005). Redeployment can be implemented in different ways and have a variety of forms, such as lateral transfers, demotion, and job relocation (Min, 1990). In light of this definition, this thesis considers demotion as a type of redeployment. In addition, redeployment can be found to be both forced and voluntary (Min, 1990; Ferres, Connell & Travaglione, 2005). Redeployment of employees is often considered to consist of a downward movement in position compared to their original job. Downward redeployment entails that the employee in question experiences a reduction in responsibilities, tasks, job title, obligations, and/or position in contrast to the job that they are being redeployed from (Hennekam & Ananthram, 2020).

The COVID-19 pandemic has shown us that downward redeployment is becoming a more common and useful resource in crisis management. The pandemic has been declared a global health crisis, human rights crisis, socio-economic crisis, security crisis and humanitarian crisis (United Nations, 2020). From an organizational perspective, a situation becomes a crisis when it is a rare, public and significant situation that inflicts unwanted outcomes for both the firm's stakeholders and the organization itself, requiring the organizational leaders to take immediate action (Sarkar & Osiyevskyy, 2018). With the impact of the pandemic many organizations find themselves in a crisis. However, it is important to remember that this is no "ordinary" crisis and the pandemic has generated uncertainty and strong emotions. As has been stated, the pandemic has resulted in emerging pressure on healthcare and one of the

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<sup>1</sup> Additional sources have been excluded due to anonymity toward the Region.

organizations trying to help relieve this is a dental care organization in one of the Swedish regions. Dental care is interesting in this matter since the education of dental care professionals is somewhat similar to those in healthcare, and both occupations care for patients (Johnston, Archer & Martin, 2020). The dental care organization in this study did an extensive redeployment process where the dental care workforce contributed with resources to hospitals.

The focus on an organization from the public sector in Sweden is of interest because its playing field is different from the private sector due to Swedish law regulations. Most organizations in the public sector are not allowed to use benefits such as short-term layoffs (*swe. korttidspermittering*), which the private sector is (SFS 2013:948). This results in the organizations from the public sector being forced to come up with other ways to handle the effects the pandemic has on workload and other key factors in the organizations. With protective equipment being a scarcity at the time, public dental care in the studied regional organization (hereafter referred to as the Region) has been forced to adjust by limiting their operations to only performing emergency care, making sure that most of the protective equipment would go to healthcare instead. However, this meant that several dental care personnel were left with reduced work tasks with their regular salary intact. The regional management made a strategic decision to use temporary downward redeployment and force dental care to contribute with resources to healthcare instead of having paid employees with reduced work tasks. The redeployment resulted in employees having to leave their chosen profession to relieve resources in healthcare. For some this meant being assigned to perform work tasks that anyone, even without an education, could have done.

The academic literature regarding redeployment, exhibits an unsatisfactory amount of studies concerning temporary downward redeployment. Most literature on the subject of redeployment and career transitions has focused on upward mobility (Sullivan & Ariss, 2021) while downward redeployment mostly has been left out or been approached with a negative connotation (Douglas & Lynn, 1985; Hennekam & Ananthram, 2020). The literature regarding temporary redeployment is almost non-existent with the exception of some literature listing it as a type of redeployment but not addressing it any further (Douglas & Lynn, 1985). An increased interest in the subject of redeployment has been observed in the wake of the COVID-19 pandemic, however, the majority of these new academic articles are conducted from the viewpoint of medical journals and focus on the medical field and not



necessarily on redeployment itself. These limitations make it interesting and worthwhile to conduct a study in this field in order to contribute to, and increase, the available knowledge.

A few of the previous research studies have touched upon the employee experience of redeployment, however, Hennekam and Ananthram (2020) states that this is still an underdeveloped part of the redeployment literature. They state that it is unusual to find cases of involuntary redeployment in general and in their study the participants come from different organizations and were individually, and permanently, demoted. Since there is a limited amount of literature on downward redeployment in general it is interesting to further look into the concept of temporary downward redeployment and how employees orient themselves to it. This is relevant to study further because of the concept's absence in the current literature. In the case with the Region there was a temporary mass redeployment and several redeployees were forced to participate. What is interesting about a mass redeployment is that several employees go through the same process at the same time. Even though the employees may end up in different work locations or have slightly different experiences, they are still part of the same temporary downward redeployment. This thesis will mainly focus on the aspect of the temporary downward redeployment in the case of the Region and not address the aspect of mass redeployment much further. The Region's implemented temporary downward redeployment will hereinafter be referred to as *the redeployment*.

The purpose of this thesis is to qualitatively examine the phenomenon of temporary downward redeployment, thus gaining a deeper understanding of the subject. In the context of a pandemic, the circumstances are extreme. However, examining the outcome of a strategic decision to use downward redeployment in the public sector, during this pandemic, will bring a new perspective to the research field. Even though this case of redeployment is extreme, this study adds values for scientific development and brings something to learn from. Flyvbjerg (2006, p. 229) argues that studying extreme cases can be beneficial since it can reveal more information about a phenomenon as it activates more basic mechanisms and more actors. The aim is to increase the understanding of temporary downward redeployment, contributing to an otherwise overlooked part of the redeployment field where the main focus previously has been on upward mobility. This study will contribute with the perspective of the redeployees by providing nuances of how employees cope with redeployment and what implications that has for an organization. This study will focus on the organizational

implications that are directly related to the redeployees orientation towards the redeployment. To meet this purpose the following research questions will be answered:

1. *How do employees orient themselves to temporary downward redeployment?*
2. *What are the immediate organizational implications of temporary downward redeployment?*

## **1.1. Disposition**

This paper is structured into six different chapters: *introduction*, *literature review*, *methodology*, *empirical findings*, *analytical discussion and theoretical contribution*, and finally ending with *conclusions*. This current chapter has provided background information, the problematization and presented the purpose and research questions for this study. Chapter two will focus on presenting the existing literature that has been found to be relevant for this thesis to further argue for the relevance of the problematization. The literature review is divided into three subsections that will discuss the different aspects of redeployment, which include different strategies, the benefits and issues, and addressing redeployment in relation to the COVID-19 pandemic. The next subsections of chapter two will introduce key concepts that will later be discussed in chapter five in relation to the findings. In chapter three the thesis methodology will be accounted for. This includes reflexivity about the approach to qualitative research and accounts for the empirical data collection and analysis. Chapter four presents the empirical findings, sorted into five different categories: *ambiguity*, *power*, *trust*, *competence*, and *meaningfulness*. The empirical data is presented through excerpt-commentary-units allowing the reader to familiarize themselves with the employees' orientation towards the redeployment process. In chapter five the empirical findings are analysed further in relation to the precious literature presented in chapter two. Based on this analysis the theoretical contribution from this study will then be presented. Chapter six will conclude this thesis and present a summarization of the main findings in relation to the research questions, and reflexively discussing the theoretical contribution. The chapter ends with a section of final thoughts regarding limitations and suggestions for future research.

## 2. Literature Review

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*This chapter will present relevant literature in regard to the phenomenon of temporary downward redeployment. This literature will bring the reader a brief understanding of redeployment and present broader concepts that are relevant for the analysis of the empirical material. The chapter will start by providing an extensive view of redeployment, consisting of the different types of redeployments, what the issues and benefits are, and redeployment in relation to COVID-19. In relation to the circumstances of the pandemic, crisis management literature and the Swedish Work Environment regulations are presented to give the reader an understanding of what may happen internally in an organization during a crisis and the latitude of act that an organization in Sweden has. The chapter continues by presenting literature regarding resistance toward change, a concept that is important to consider in relation to redeployment, since it is a substantial change that affects the employee. In addition to this the chapter addresses the aspect of employee wellbeing by presenting the concept of the Sense of Coherence. The final part of this chapter summarizes the main points from the literature and elaborates on the need for further research.*

### 2.1. Redeployment

This section will cover different aspects about redeployment. The first subsection will present different types of redeployment as well as discussing involuntary and voluntary downward redeployment. The second subsection explains the different benefits and issues with redeployment depending on how the organization chooses to implement and handle the redeployment process. The third part will address redeployment in the light of the COVID-19 pandemic to give the reader insights that are relevant for the context of the study. In this subsection recent literature on redeployment from the medical field is presented together with a brief discussion on crisis management and the Swedish regulations regarding work environment and employee wellbeing.

#### 2.1.1. Different types of redeployment

Douglas and Lynn (1985) shed light upon different types of redeployment and emphasize how downward transitions should be seen as a strategic choice for the individual despite the general negative connotation in society concerning stepping down in an organization and its

association with demotion. The general career moves that can be done within an organization are, upward, lateral and downward transitions. The upward and lateral aspects are interpreted as more desirable compared to downward moves. Douglas and Lynn argue that it is important to take the employee's perception into account when considering whether the redeployment is conducted upward, lateral, or downward. Even though a move is objectively regarded to be lateral by the organization, if the employee still perceives the move to decrease their level of authority and responsibility, then the mobility is considered to be downward. Some of the different types of downward redeployments listed by Douglas and Lynn are the temporary step down, demotion as an alternative to termination, the downward promotion, and the lateral demotion. These different types of redeployment will now be explained further. A temporary step down entails that the employee is moved to a lower position with the knowledge that they will regain their original status after a temporary period. Demotion as an alternative to termination is sometimes used when the organization needs to retain the tacit knowledge of the employees within the organization. The organization offers lateral, or more commonly downward, redeployment as an alternative to termination. A downward promotion means that the employee gains a promotion which will increase their official position in the organization but it is still perceived as a diminishing of their authority and responsibility. This causes the promotion to simultaneously be considered as a downward move. Lateral demotion resembles the previously described concept. In similarity, lateral demotion indicates a perception that the new position will result in less responsibility and authority. However, in contrast it entails that an employee is moved to a different position within the same rank, thus the main focus is on how the move is perceived as a demotion.

Douglas and Lynn (1985) conclude that downward career development is a logical move and should be used more, but it is also something that needs more attention in research. In addition to Douglas and Lynn, a more recent article addressing a similar favoring of the subject is Hennekam and Ananthram (2020). Their article addresses demotion by comparing involuntary and voluntary demotions. The authors emphasize a need for further research on demotions in general and regarding voluntariness in particular. According to Min (1990), demotion is a type of redeployment, as previously stated. The data collection from Hennekam and Ananthram (2020) focuses on individuals from different organizations who either involuntarily or voluntarily had been demoted. The authors emphasize that the feeling of fairness is vital for how the employee reacts to being involuntarily demoted. These reactions can be presented as implications such as decreased motivation, decreased commitment and

evoke turnover intentions. In contrast, voluntary demotion was suggested to be a practical option that could lead to a better individual job fit. As a result the voluntary demotion indicates an improved balance between work life and private life, decreased stress levels and burnout, and increased job satisfaction. The authors explain that it was difficult to find individuals who had been involuntarily demoted as this HR tool is rarely applied in practice (Hennekam & Ananthram, 2020). This indicates a need for further research regarding forced redeployment to add to the understanding of the strategic aspects of redeployment.

### **2.1.2. Benefits and issues with redeployment**

Hannah, Bremner and Eisenhardt (2016) view redeployment as a corporate strategy to make profit. Employees are grouped together with machines and other inventories and seen as resources that could, and should, be redeployed when deemed appropriate by the organization. They point out benefits such as the employees bringing more knowledge to a department when redeployed and being able to use that experience to improve the work. Min (1990) points out benefits from performing redeployment before doing layoffs, such as gaining an improved company brand, retaining employees with valuable knowledge, and avoiding high recruitment and training costs of new recruits. Other authors also view redeployment as a corporate strategy that should be utilized for both growth and profitability of the organization (Anand, Kim & Lu, 2016; Argilés-Bosch, Garcia-Blandon & Martinez-Blasco, 2016). In contrast, problems mentioned by Rees and Porter (2009) include employee expectations, lack of representative structures and lack of procedures and agreements for handling variations such as temporary closures, deductions, and pay reductions.

Rees and Porter (2009) discuss redeployment as the result of redundancy. Redundancy and redeployment can both be very stressful, not only for the ones directly influenced but also to the managers handling the discussions. There may be a need for training of both managers and affected employees to make the transitions less distressing and to prepare employees for their next step (Rees & Porter, 2009). According to London (1996), managing redeployment well is important for many reasons. It minimizes the negative impact on employees and fosters their ability to contribute in new ways. However, if redeployment is mishandled or unexpected it can cause great damage to the individuals as it imposes stress and potentially long-term unemployment and resentment. Redeployment is described as a strategic decision and something the organization plans for long-term, making sure the opportunities for

continuous learning and meaningful jobs are catered for (London, 1996). Min (1990) states that having a redeployment strategy in place before doing layoffs can boost the employees' loyalty, morale and productivity by knowing that the risk of losing their job is small, however, Min also recognizes that redeployment can be stressful for individuals and that productivity can be affected when receiving other assignments.

An example of an organization that has used redeployment as a strategy is IBM (Greenhalgh, McKersie & Gilkey, 1986). Reviewing this case is relevant for this thesis because it highlights a practical example and states important aspects to consider when conducting a redeployment strategy. This case may be considered to be outdated, however, the scarcity of available similar cases makes this case valuable for this thesis. IBM states that redeployment to perform less competent tasks, such as maintenance work, is undesirable. However, it is still better than unemployment. IBM are very committed to their employees and often manage to elicit willing cooperation through open, direct communication both in predicament and in ways the employee can help. This creates a sense of ownership and team spirit. The first-line managers are key actors in this and one of the profound reasons their redeployment program works. One issue they face is explaining that different parts of the workforce will need to make different sacrifices. These issues were addressed by educating workers in the dynamics and economics of the industry and listening to employees' thoughts to make the program adaptive, highlighting the power of communication and knowledge (Greenhalgh, McKersie & Gilkey, 1986). Similar results were found when Ferres, Connell and Travaglione (2005) examined how employees' trust toward an organization was affected by redeployment. They did this by comparing two groups in a public health organization where one group was to be redeployed and one was to be unchanged. They found that HR practitioners and managers played a key part in a successful redeployment by providing the employees affected with increased communication, development and training, resulting in the trust for the organization not to be negatively affected.

### **2.1.3. Redeployment and COVID-19**

In the crossfire of COVID-19 several articles have emerged in medical journals which addresses how redeployment has been handled to keep up with the workload in healthcare (e.g. Mummery & Kipps, 2020; Hourston, 2020; Whitwell et al, 2020; Spivack & Spivack, 2021). These articles are of interest for the study of redeployment since they shed light on both positive and negative aspects of redeployment in the context of an ongoing pandemic.

Beside the extra resources, some of the benefits of redeployment in this pandemic is firstly, restructuring of introductory education for medical students to ease the anxiety of the responsibility and creating a smoother transition into the clinical practices (Adams, Bressington & Baraza, 2020). Secondly, research shows that the redeployment of different medical specialties to help front-line healthcare has been utile (e.g. Forrester, Fisher, Chieng & Rogers, 2021; Faria et al, 2020; Johnston, Archer & Martin, 2020). The amount of articles emerging on the topic since 2020 indicates that the strategic use of redeployment has played an essential part in handling the workforces in healthcare during COVID-19. However, all of these articles are published in medical journals and focus on the medical field, not the redeployment itself.

The COVID-19 pandemic has been a crisis for many organizations and for society at large since the disease induced a fear of being infected by something unknown in everyday situations. According to Nunamaker, Weber, and Chen (1989), during a crisis, or a situation perceived as a crisis, organizations tend to shift their decision making to be centralized at higher levels of the organization. The reason for this is because it gives the organization the advantage of being able to make quick and decisive decisions in a situation where the circumstances might change rapidly. However, in the midst of needing to make quick decisions a centralized group of decision makers might also lead to decreased use of communication channels for both the collection and distribution of information. In regards to organizations operating in Sweden there are regulations to ensure that the employer considers the employees' wellbeing in work related situations. This includes communication and distribution of information which may be decreased during a crisis, as previously stated. According to *the Swedish Work Environment Authority regulations and general recommendations on organizational and social work environment* (AFS 2015:4) the employer is responsible for ensuring that the work environment is healthy for the employees. This is done by objectives for the organizational and social work environment where the employer reviews the resources available in relation to the demands the employee is exposed to.

There are five key aspects in the definition of organizational environment in the regulation (AFS 2015:4): management and governance; communication; participation and latitude to act; assignment of tasks; and requirements, resources, and responsibilities. In addition to the organizational environment, the employer needs to consider the social work environment which includes social interaction, collaboration and social support from managers and

colleagues. This regulation is specifically focused on workload (sections 9-11), working hours (section 12) and victimization (sections 13-14). The sections about workload obliges the employer to ensure that the work tasks assigned to the employees do not give rise to unhealthy workloads and that the employee has the information needed to perform their tasks. Section 11 also entails that the employer takes measures to counteract and prevent ill health among employees who encounter tasks that entails severe mental stress, which sometimes occurs when for example working for the police or healthcare (ed. Dahlfors & Jonsson, 2016). The section about working hours regards the scheduling of work hours and making sure the employees' health is considered to prevent ill-health. The sections about victimization is about making sure that there are measures and procedures to eliminate conditions that could lead to victimization. Examples of victimization are not being greeted or being ignored, being excluded, being unjustly accused or being called mean things in front of others (ed. Dahlfors & Jonsson, 2016). All of the factors in the Swedish Work Environment regulations (AFS 2015:4) are relevant for this study of redeployment since the process entails a change of work environment. The regulation also states that the immediate supervisors have responsibilities to work with the regulations in practice and enforce them in the workplace. Since the redeployment process in this study includes a temporary new manager for the employees who are redeployed this also shifts some of the responsibilities from dental care to healthcare during the time the employees work there.

## **2.2. Resistance to change**

Redeployment is an organizational change where employees are to be moved from one workplace to another and most likely will receive new work tasks and routines. When faced with this kind of change it is therefore interesting to also bring in the aspect of resistance literature to get insights of what creates and affects it. Palmer, Dunford and Buchanan (2017) emphasize that there exist many causes for resistance and numerous different expressions of it. They exclaim that it is important to remember that resistance in itself is not a bad thing since it can be utilized by the organization in order to prevent bad ideas, or to encourage dialogue between the parties. However, in order for the organizational change agents to be able to pick up on the resistance and become aware of the employees' perception of the change, the resistance needs to be active. The reason for this is because passive resistance is far more invisible and therefore more difficult to pick up on. Examples of active resistance are being critical or finding faults in the change, and expressing this through blaming,



threatening, or sabotaging. Passive resistance could be displayed through acts of agreeing to the change in person but not following through, procrastinating, or faking ignorance.

The reasons behind different expressions of resistance could be many. Potential causes in connection to a redeployment process could be some of the ones listed by Palmer, Dunford and Buchanan (2017), such as: uncertainties of what to expect or a general lack of clarity in relation to the circumstances; disagreements with how things are managed or that it is too much change at once; beliefs that some changes are inappropriate or unnecessary; breach of psychological contract where the employer fail to deliver on informal, or unspoken, obligations. In addition, Alvesson and Sveningsson (2016) states that exaggerating the need for change can in itself cause resistance. Not only in the present and ongoing change process, but also towards future change projects. Cynicism is a quite common reaction by those affected by change. The authors argue that cynicism and other reactions of resistance can create a negative association towards future change processes that are to come thereafter. Palmer, Dunford and Buchanan (2017) further emphasize the importance of diagnosing what has caused the resistance to occur before taking action, and remembering that the reason for resistance could be a combination of different causes.

Fleming and Spicer (2007) argues that resistance corresponds to power and that it acts to try and neutralize the execution of it. They present four different faces of resistance: resistance as creation, escape, voice and refusal. Resistance as refusal is the obstruction of power by denying, or refusing, to comply. Voice represents the aim to obtain recognized representation within the bounds of authorized power relations, by for example using one's manager or a union to affect decisions. Escape is when someone distances themselves from the reality of power by using scepticism, humor, irony, and cynicism. And lastly, creation is fabricating confusion of subjugation by constructing an alternative identity. All four faces of resistance are interesting but in relation to this thesis the focus will be on resistance as refusal, voice and escape, since these correspond in a relevant way to the presented empirical findings.

Van den Heuvel and Schalk (2009, p. 283) connects the concepts of trust, resistance and the psychological contract by exclaiming that “by maintaining good psychological contracts with employees, organizations can build trust, which could prevent resistance to change.”. The psychological contract is based on an individual and what they perceive to be obligations between themselves and their employer. These obligations do not have to be made explicit but are rather founded in the individual employee's perception. It is based on these

perceptions that it can then be determined whether or not the organization has managed to fulfill the psychological contract or not. Van den Heuvel and Schalk explain how an organization's breach, or under-fulfillment, of the psychological contract can make the employee lose trust toward their employer. In connection to this, their article also shows that the decrease of trust results in an increase of affective resistance concerning organizational change.

The concept of affective resistance originates from Piderit (2000) who describes it as being based on the emotions within the individual. Affective resistance is founded on the negative and positive emotions that an individual experiences when confronted with change. If an individual has many negative feelings in connection with it, then they are considered to have a high affective resistance towards it. However, since affective resistance is based on the individual's emotions it does not automatically mean that the individual will share their feelings with other people or act upon them in any way. This means that since affective resistance is happening within the individual it may be difficult to detect by others. Piderit further emphasizes that resistance does not necessarily mean that it comes from bad intentions, but rather that is a way to cope with change. In the process of coping with change the affective resistance can be developed into other types of resistance and be expressed through more active resistance, hence be noticed by others (van den Heuvel & Schalk, 2009).

### **2.3. The Sense of Coherence**

Previous sections have covered literature regarding redeployment where some authors have emphasized the importance of managing the process in a way that minimizes the distress and negative experiences for the employees. This section will therefore cover literature that explains what individuals need in order to maintain good health in relation to change.

Antonovsky (1987) presents the concept of Sense of Coherence (SOC) which exclaims that if a strong SOC is present in the individual then they are in good health, indicating that SOC influences the person's wellbeing. The three cornerstones of SOC are *comprehensibility*, *manageability*, and *meaningfulness*. Comprehensibility is related to whether the individuals' external and internal stimuli, or stressors, make sense to them in regard to being predictable, structured, explicable and clear. Meaning that the individual perceives things to occur in a predictable and orderly way and that they possess a sense of being able to understand events and sensibly anticipate what will take place in the future. Manageability refers to the

resources that are accessible to the individual in order to meet the demands presented by the stimuli that they are exposed to. This means that the individual believes that they have the ability, support, help, resources, or the skills required to take care of the situation, and that the circumstances are manageable and within their control. In addition to this, Muller and Rothmann (2009) highlight the correlation between competence and SOC, with emphasis on the cornerstone of manageability. They argue that the emotions of incompetence can be a sign of decreased SOC. They state that an individual with a strong SOC would not be as influenced by setbacks and neither would regard it as evidence of incompetence. Antonovsky's (1987) final cornerstone for SOC is meaningfulness. This relates to whether an individual can recognize difficulties as challenges that are worthy of their engagement, dedication, and investment of energy, instead of a heavy burden that they want to refrain from. This means that the individual perceives situations to be appealing and a source of gratification when the circumstances are worth the efforts and there exists a purpose or good motive to care about the situations that occur. Meaningfulness is also regarded as the most important component by Antonovsky, since it is what acts as the motivational aspect for the individual.

## **2.4. Research outline**

In this literature review previous research about redeployment has been presented, showing different types of redeployment, and how there are both benefits and issues with it. These sections covered different viewpoints of redeployment, implying that the process can have implications on the employees depending on how the process is managed. The section regarding redeployment and COVID-19 addressed the recent interest for redeployment in the wake of the pandemic. However, these studies are a product of the medical field and do not emphasize redeployment in itself and the organizational change that it brings with it. The section further highlights the relevance of communication and distribution of information during crises in regards to the wellbeing of the employees when going through a change process like redeployment.

To further attend to the employee orientation toward temporary downward redeployment, a section on resistance was presented. This section elaborated on the expressions and causes of resistance during a change process in an attempt to gain an understanding about the

employees' reactions to it. How employees cope with change is of interest to this study since redeployment is a type of change process. To address the connection between how employees cope with change and their well being during the process, the literature review presented Antonovsky's (1987) concept of SOC. This section accounted for what individuals require in order to maintain their wellbeing when confronted with a change.

This literature review has presented previous literature regarding redeployment and broader concepts that are relevant to discuss in relation to redeployment. The literature stated in this chapter has reviewed redeployment as a corporate strategy to manage resources. However, some authors have emphasized that employees are not just resources without expectations, but rather human beings that react to changes. The literature has argued for the importance of considering the employees' experiences and only a few of the previous research studies have done this. This is still an underdeveloped part of the redeployment literature (Hennekam & Ananthram, 2020). Hennekam and Ananthram emphasize the need for further research regarding downward redeployment, in particular cases with involuntary aspects. Douglas and Lynn (1985) are one of the few articles that mention the aspect of doing temporary processes, however they merely mention it and do not address the concept much further. Even though this article is rather outdated, the concept of temporary redeployment does not appear in more recent writing, neither in general nor redeployment that is perceived to be downwards.

Since there is a limited amount of literature on downward redeployment, and temporary downward redeployment in particular, it is interesting to further look into the concept of temporary downward redeployment and how employees orient themselves to it. This is relevant to study further because of the absence of the concept in the current literature. The perspectives of the employees is essential since their experiences from participating in a redeployment process indicates how the process has been handled. Depending on how the redeployment process is managed it affects the employees and as a result this may lead to organizational implications. How employees cope with change and orient themselves toward temporary downward redeployment will further contribute to the research field with new insights. Understanding the employee experience is valuable since they are directly affected by the redeployment process. To address this phenomenon the thesis will aim to gain a deeper understanding of employees' orientation to temporary downward redeployment and the possible immediate organizational implications this may have.

## 3. Methodology

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*In the following sections the methodological approach will be accounted for. The purpose of this chapter is to create transparency and show the reader the research outline. This chapter is divided into three sections that require further addressing to account for the methodological approach. The first section presents this study's approach to qualitative research, which has laid the foundation of this thesis. The second section describes the data collection process, contextual details of the study and accounts for ethical issues. The third section explains the analytical approach to the raw data and how the findings will be accounted for later on.*

### 3.1. Qualitative research

This first part accounts for this study's approach to qualitative research to give the reader insights about what has influenced the study through the research process. This section is divided into three parts. The first part addresses the philosophical grounding of the study and how symbolic interactionism contributes to the approach of the study in a beneficial way. The second part addresses the inductive research method that this study has followed and accounts for the quality of the study based on trustworthiness and authenticity. The third part is a reflexive discussion about general limitations and how this study addresses those.

#### 3.1.1. Philosophical Grounding

To approach the phenomenon, we have conducted a qualitative study. The choice to do a qualitative study is in agreement with Mason (2018) who advocates for qualitative studies when exploring social worlds and everyday lives in the hopes of gaining interpretations, understandings and experiences from the participants. This study is inspired by the interpretive tradition (Prasad, 2018). More specifically, the symbolic interactionist approach, which focuses on individual behavior in social situations. In this study, the focus is to make sense of everyday work experiences in the context of a pandemic. According to Prasad a social interactionist is interested in the meaning of everyday social situations, thus seeking an intimate understanding of it from the participants' point of view. Social interactionists view reality as socially constructed and believe that multiple realities can exist in parallel. The meaning of an action, event or object depends on the individual interpretation and

symbolism. This approach emphasizes the individual's view of themselves and the roles they take in social situations to make sense of, and create, reality (Prasad, 2018).

This study contributes to the research field of redeployment with a deeper understanding of the phenomenon of temporary downward redeployment by interpreting data collected through in-depth interviews with people who have first-hand experiences. The main focus is the context of the temporary redeployment that took place in 2020, based on the employees' storytelling of the events and interpretation of the actions surrounding that situation. Social interactionism has been present through the study, especially when analysing the interviews where the process of storytelling and how multiple realities played an important part in the employees' experience with redeployment. Symbolic interactionism is suitable for the type of organizational analysis that this study conducts since this study highlights multiple realities and the power of social orders.

### **3.1.2. Induction and Quality**

This is an inductive study since the conclusions will result in new empirical generalizations rather than testing already established theories (Bryman & Bell, 2017). According to Prasad (2018), studies in the tradition of social interactionism are invariably inductive since social interactionists often strive to generate theory out of empirical findings. These types of 'theories' are limited in the sense that they are developed from empirical findings in a specific field, related to a specific context (Bryman & Bell, 2017). With this stated it is important to remember that the theoretical contribution from an inductive strategy mainly is empirical generalizations, however, as stated by Flyvbjerg (2006) these empirical findings can still be valuable for both research and practitioners. To establish and assess the quality of a qualitative study Lincoln and Guba (1985) and Guba and Lincoln (1994) present two essential criterias: trustworthiness and authenticity. Guba and Lincoln emphasize that social realities can have several descriptions and explanations. This statement aligns to the philosophical grounding of this study related to the view on social realities and the fundamentality of social contexts. The authenticity criteria refers to whether the study is an accurate picture of the situation and the research questions (Guba & Lincoln, 1994). This is addressed in this thesis by continuously making sure the focus remains on the employee perspective through the study since the research questions are dependent on their social reality.

The criteria of trustworthiness as described by Lincoln and Guba (1985) emphasizes credibility, transferability, dependability and confirmability. To address credibility through this study of redeployment we have tried to continuously contemplate our interpretations, for example through discussions about our shared interpretation and addressing some of the interpretations directly with the interviewees during the interviews. Transferability, according to Lincoln and Guba (1985) relates to the contextual meaning of a social reality and emphasizes elaborate descriptions of the context to give the reader a chance to assess the data and its transferability. To address the transferability we have tried to elaborate on the contexts through the study to give the reader the necessary background details, making it easier for the reader to follow the arguments and findings. The dependability and confirmability refers to the researchers accounting for the research process and to what extent the results are argued for. Confirmability also means that the researchers have not intentionally been influenced by their personal values and their theoretical orientations (Lincoln & Guba, 1985). Through this study we have tried to account for the trustworthiness criteria by thoroughly discussing each of our findings, arguments and conclusions to make sure we have understood and interpreted the contexts in the same way and that the development of our theoretical contribution is true to this context.

### **3.1.3. Reflexivity**

This study takes place in the extreme circumstances of a pandemic which at the time of writing is still ongoing. Through 2020 several redeployment processes have been conducted by the Region and are still in process. This means that the full extent of the implications of the pandemic and the redeployment process can not be concluded yet. To address this, the study focuses on *immediate implication* that has been present through the first redeployment process, which is the main process discussed in this study. Another important part to address is the fact that only one Region is studied. One explanation for this is the unusualness of conducting a redeployment process to this extent in the public sector, which has led to some publicity for this Region. This is how we were first introduced to the case of temporary downward redeployment. A benefit of studying only one organization is that all employees in this study have participated in the same redeployment process. Even though their experiences may differ slightly since they ended up in different workplaces and experiences are subjective, they are still possible to compare since they participated in the same redeployment process.

This study is conducted from the perspective of dental care. This perspective is socially constructed by the people working in dental care and therefore consists of varying perceptions of reality in accordance with the symbolic interactionist tradition (Prasad, 2018). It is therefore important to be reflexive in regards to the different realities and perceptions that dental care and healthcare or employees and management may have in relation to the redeployment. Thus, this study aims to understand the dental employees' orientation to the temporary downward redeployment they have participated in. Since there exists multiple realities (Prasad, 2018) this means that the perception of the employees does not necessarily align with how things were managed according to healthcare, the Regional management team or dental HR. However, as has been stated, the focus for this study is to gain a deeper understanding of the dental employees' orientation and therefore does not address the other perspectives much further.

### **3.2. Data collection method**

In this section the data collection is accounted for to give transparency and argue for the approach. The semi-structured interviews are described together with ethical reflections in relation to the data collection. Further, the interviewees are presented together with the context of the study to give the reader the required information to understand the connections later presented in the findings.

#### **3.2.1. Semi-structured interviews**

The interviews were semi-structured (Kvale & Brinkmann, 2009) with open ended questions, and due to the pandemic we conducted digital interviews. All interviews were done in Swedish as this is the native language of both the researchers and the interviewees. The decision to conduct digital interviews may have impacted the interviewees in both positive and negative ways. One of the advantages we noticed was that the interviewee themselves could decide if they were comfortable having the camera on or just using the audio to communicate. This is not something we brought up during the interviews, thus we let them decide themselves without mentioning it to make sure they were comfortable and not influenced by us. In this study, only one participant decided to not turn their camera on. A disadvantage with this is the inability to analyze body language and facial expressions. However, it was still possible to observe variation in tone, pace and local communicative context through the dialog, which helped with the interpretation of the meaning. To capture



meaning beyond words (such as body language or non verbal reactions) in the interviews with video on, one researcher wrote notes on this during the interview. This non verbal communication amplified the context in which they occurred, for example when an employee started crying, her non verbal communication amplified how difficult her experiences had been. These notes regarding the non verbal communication contributed to the analysis, which is a method addressed by Rennstam and Wästerfors (2018).

The interviews were recorded, with consent from every interviewee, to make sure we could analyse the interviews in depth afterwards when transcribing them. Mason (2018) empathizes with the importance of being reflexive about ethical issues when conducting qualitative interviews and to make sure to have explicit consent from the participants. Before the interviews we explained the concept of *off the record* to make sure the interviewees felt comfortable talking about things that could help us understand the context without us using the information in the study. During the interviews we used an interview guide (Appendix 8.1.) with examples of open ended questions that we beforehand thought may be of interest, making sure we kept the focus on the purpose of the study (Styhre, 2013). The interview guide is based on our previous knowledge from reading related literature as well as material from a survey done by the organization in 2020. This evaluation survey (Appendix 8.2.) is secondary data since it is not conducted by us. However, we only used the information in the survey to get a better understanding of the context and the knowledge contributed to updates in our interview guide. The guide also changed over time since we came across interesting topics during interviews that we wanted to know more about from other interviewees. This also allowed us to be reflexive through the data collection process and our attention to detail contributed to discovering otherwise overlooked angles and narratives.

The reflexiveness made us aware of our participation in the interviews and how the way we presented questions affected the reactions of the interviewees and their interpretation of the question. This awareness is important to make sure the researchers stay true to the purpose of the study and collects data that is relevant for the purpose. Guba and Lincoln (1994) argues that the authenticity of a qualitative study is particularly important to make sure the method in the study illuminates the presented concepts. During the interviews, several interviewees touched upon similar metaphors to express their feelings about certain situations and experiences without us influencing them, which indicates similar associations and local communicative contexts (Prasad, 2018). Lincoln and Guba (1985) argues that trustworthiness of a study is based on how accurate and precise the method is in the sense that the researchers

interpretations of the social context have credibility and stay true to the research field. An argument for this study’s trustworthiness is that the interviews in this study resulted in kindred reflections from the participants, albeit varied perceptions of reality.

### 3.2.1.1. The interviewees

This study contains data from a total of ten interviews (*see Table 1.*), approximately one hour each with a total of 10 hours and 49 minutes. The interviews were divided as follows: two from dental HR, three dentistry unit managers and five temporary redeployed employees. The five employees in this study are either dental hygienists or dental nurses. The dental HR team (specifically these two people) managed the administrations and contact with healthcare, consisting of constant negotiations about how many employees could be spared from dental care and what was a reasonable time frame for rapid changes. In short, the dental HR team executed the process and was responsible for information about the redeployment to their employees and managers. The dentistry unit managers were involved partly as an intermediary of information and partly as a contact for the receiving manager in healthcare to make sure relevant information about specific employees were forwarded. The dental hygienists and dental nurses ended up being forcibly redeployed based on a list that the managers had made with employees that could not be spared to healthcare. However, there were some volunteers among the temporary redeployed as well. To maintain anonymity, gender neutral names and the pronoun of she/her will be used when presenting the data, even though three interviewees were male. The gender neutral names are extracted from a website suggesting unisex names (Emma’s diary, n.d.).

**Table 1. The interviewees**

<b>Pseudonym</b>	<b>Job title</b>	<b>Position in healthcare</b>	<b>Length of redeployment</b>	<b>Voluntariness</b>
Avery	Dental hygienist	Assistant nurse	4 weeks + 1 month	Involuntary
Jo	Dental hygienist	General factotum	5 weeks	Voluntary
Jessie	Dental nurse	Assistant nurse	5-6 weeks	Involuntary
Taylor	Dental nurse	General factotum	5 weeks	Voluntary

Harper	Dental nurse	Assistant nurse/ general factotum	5 months	Voluntary
Bailey	Dentistry unit manager	-	-	-
Cameron	Dentistry unit manager	-	-	-
Drew	Dentistry unit manager	-	-	-
Alex	HR (dental care)	-	-	-
Blake	HR (dental care)	-	-	-

### 3.2.2. Context of the study

According to Bryman and Bell (2017) the context of a study is essential for qualitative research to ensure that the reader has all required background information, hence this is part of the transferability criteria of the trustworthiness of the study. This study takes place in the public sector, specifically in dental care in one of the regions in Sweden. The dental care organization was assigned by the Region crisis management team to contribute with resources (both work forces and protective equipment) to healthcare once the pandemic escalated in March 2020. As a dental worker one is employed by the Region, the same concerns healthcare workers. This means that they are working for the same employer and this is what made the redeployment possible without changing the employment contracts. When we entered the research field the organization's first, and most extensive, redeployment efforts had been concluded. The process could therefore be reviewed retrospectively.

The first redeployment period lasted from April 1st to August 31st, 2020. However, the most extensive redeployment was during April and May, and only five employees were redeployed through August. Approximately 50-60 employees in total were redeployed from dental care to a variety of healthcare wards in the main hospital in the Region. The majority of the redeployees were dental hygienists, dental nurses and some dental technicians. After this first period of redeployment everyone from dental care was allowed back at their original job in dental care. In december 2020, another demand occurred due to the escalating pandemic and

some employees were once again redeployed, to new locations in healthcare. Some of these employees are still, at the time of writing this, working part-time in healthcare to relieve resources. This is planned to proceed until the end of May 2021. The focus of this study is mainly on the first redeployment period. However, the interviewees make some interesting distinctions between the two periods that play an essential part to their overall perspective on the temporary redeployment, which is why we have decided to include their experience with the second period as well.

According to HR, the main reason for implementing this redeployment process was due to two factors in connection to the ongoing pandemic. The first was limited access to protective equipment and the second was a decision from the Regional management team about not pursuing dental operations to the full extent. During this first redeployment period, the redeployment was first said to be voluntary but this quickly changed once the resources became a scarce commodity. Some employees remained volunteers whereas others began to dispute and had to be forcibly redeployed. Since this study takes place during a pandemic, the circumstances are extreme with drastic actions and we emphasize keeping this in mind going forward. Through the redeployment information was constantly changing, both in the organization and in society at large, making the experience filled with uncertainties. Several employees were very close to having to go on sick leave, however, “only” five ended up actually going on sick leave. In addition to this, two employees resigned in connection with the redeployment process being initiated, according to the dentistry unit managers. One of the HR interviewees states that the redeployment was not the main reason for the resignations but that it may have added to the urgency of the decision.

During the redeployment there were three main positions that the dental employees helped with in healthcare: assistant nurse, entrance host, and general factotum. As an assistant nurse the employee did customary assistant nurse tasks, which varied slightly depending on which type of ward the employees were assigned to. The work tasks included helping patients to the bathroom, checking their status and bed lifts, to name a few of their customary tasks. The entrance hosts were assigned to greet the patients in the entrance to collect information about any COVID-19 related symptoms and also distribute information about safety precautions during their visit. The general factotums were assigned tasks to help the healthcare workers. This included tasks such as running errands, submitting samples to the lab, preparing meals and coffee, and cleaning and disinfecting surfaces. The main task was to relieve the

healthcare workers, making sure they could stay with the patients and keep their protective equipment on instead of having to change it every time they had to go get something. The interviewees in this study were assigned tasks as assistant nurses or general factotum.

The selection of who to redeploy was based on instructions regarding the expected demand in healthcare. The first instructions to dental HR was information that there was a need for employees who were educated assistant nurses and that resulted in an inventory list of all assistant nurses in the dental organization. Dental HR mainly tried to redeploy those who lived closest to the hospital. Soon thereafter, the information changed and dental HR were told to save the resources who were assistant nurses because they would be needed at a later stage. At this stage other employees, mainly those who had some type of care work experience, were redeployed. HR had a dialogue with the dentistry unit managers regarding what was required from their unit. Sometimes the managers chose who were most appropriate to redeploy and other times the managers asked HR to just pick names because it was too difficult to choose. Some managers had volunteers to send at this stage but others had to be forcibly redeployed. In general two to three employees were redeployed from each unit.

### **3.2.2.1. Details about the redeployees**

Following is background information about each of the redeployees interviewed to give the reader context to associate the names with. The subsections include information about whether the redeployee has previous experience from working in healthcare and other essential background details. The information includes the redeployees overall impression of working for healthcare, not to be confused with their overall impression of the redeployment which will be further discussed in the findings. Whether an employee was a volunteer or not is based on the redeployees' own statements when asked if they volunteered. These redeployees come from three different dental clinics, however, this will not be discussed further since it may affect the anonymity of the interviewees.

#### ***Avery***

A dental hygienist who has previous experience working as an assistant nurse with elderly patients. She was redeployed involuntarily two times to different wards, the second period was in a COVID-ward. Both times she worked as an assistant nurse. During the first period in spring of 2020 her overall impression of working for healthcare was negative. The second

period in December of 2020 was a positive experience and Avery decided to stay and work part-time for healthcare two days a week after her predetermined month of redeployment was finished.

### ***Jo***

A dental hygienist who was redeployed as a general factotum. She has previous experience working as a care assistant but has no experience as an assistant nurse or from healthcare. Jo has an overall positive experience from working in healthcare after the redeployment. She wanted to learn and help out more and therefore did more tasks than some of the other general factotums. Jo volunteered for the first redeployment period, but declined the second period and did not have to be redeployed a second time.

### ***Jessie***

A dental nurse who has previous experience working as an assistant nurse. She was involuntarily redeployed to a COVID-ward as an assistant nurse. Jessie has an overall negative experience working in the COVID-ward and had to cancel the redeployment prematurely because she eventually ended up on sick leave. She was forced to stay in healthcare even though she expressed it was too much for her to handle at the time, and this resulted in her having to go on sick leave.

### ***Taylor***

A dental nurse with no experience working in healthcare. She was voluntarily redeployed to work as a general factotum. Taylor has an overall neutral to positive impression of working in healthcare. She did not volunteer for the second period and remained in dental care.

### ***Harper***

A dental nurse who has previous experience working as an assistant nurse. She was voluntarily redeployed as an assistant nurse, however, due to the low patient turnover she mainly worked as a general factotum. She was one of the few who were redeployed the entire first period, until the end of August. Harper's overall impression of working in this healthcare ward was negative. She did not volunteer for the second period and did not have to be redeployed the second time.

### **3.3. Analysis method**

The following sections present the analytical approach to give the reader the necessary information to understand the development of the arguments that later led to the conclusions of this study. This first part covers the procedure of transcribing and coding the raw data. Reflections on categories and generalizability are addressed as well. Finally the section accounts for how the findings will be presented through excerpts-commentary-units as part of the argumentation process later on.

#### **3.3.1. Transcription and coding**

To make sense of the empirical data (Rennstam & Wästerfors, 2018), the interviews are transcribed, sorted and reduced. Making sense of the collected data is a subjective approach where the researchers interpret the raw data and what was encountered during the fieldwork (Styhre, 2013). After transcribing an interview we made sure to make comments about recurring topics and interesting perspectives that contributed to the individual's construction of their reality. The comments were based partly on the interviewee's own perspective and explicit interpretation and partly on our observations and interpretations from the separate interview notes. After this we translated the recurring topics and themes into English. These themes became categories in which we present our findings with the use of quotations to present the data and its utility. This type of categorization is addressed by Rennstam and Wästerfors (2018) as a way to structure the raw data by interpreting themes, both after the interview and beforehand by reading previous literature and formulating themes based on that knowledge. In our case the latter refers to the example questions in our interview guide, addressed in the previous section.

The coding done after the interviews contributed to the five themes we divide our findings into, which are: *Ambiguity*, *Power*, *Trust*, *Competence* and *Meaningfulness*. We believe these themes are relevant to other cases of downward redeployment despite the fact that the pandemic makes this study an extreme case. According to Flyvbjerg (2006) a single case study can be generalizable and contribute to scientific development. The author argues that the use of examples from a case study are underestimated and that extreme cases often reveal more information. In our study the pandemic plays an important part, however, the composed categories are not limited to only focus on the extreme case. This will be further argued for in the chapter with the analytical discussion.

### 3.3.2. Theorizing

Arguing for the findings is referred to as theorizing, which means that the researchers argue for the findings to create theory on the basis of the collected data (Rennstam & Wästerfors, 2018). In this study excerpts-commentary-units (Emerson, Fretz & Shaw, 2011) are used to present and argue for our findings. This method uses excerpts from the interviews to show how different connections to the composed categories can be made. In addition to this, the excerpts presented in our findings were selected based on how they contributed to the analysis and then narrowed down to contain the most essential information without having meaning in itself. The excerpts often contain brackets with contextual information to help the reader follow the researchers' argumentation and give meaning to the quotes. According to Rennstam and Wästerfors (2018), the brackets are used in a way to facilitate the analysis. Emerson, Fretz and Shaw (2011) argues that the excerpts alone should not declare its meaning and how connections are made, thus the focus is on *showing* the reader how the connections can be made. It is the comments from the researchers that give the excerpts meaning and argues for the connections to the categories which the findings are divided into.

Based on the empirical generalizations from this study, a theoretical contribution will be presented in the analytical discussion to further explain the findings. In relation to this, two figures are presented in an attempt to make it easier for practitioners to understand the relationship, or balance, between the key factors in the findings. These figures are presented in section 5.6.2. Illustrating the contribution (see *figure 1 & figure 2*). One of Guba and Lincoln's (1994) arguments for the authenticity of a study is that the findings contribute to helping the participants to get a better understanding of others' experiences. By simplifying the theoretical contribution it becomes easier for the participants to grasp and understand how their experience is related to others. Presenting this type of theory picture is addressed by Styhre (2013) as something to be reflexive about, both as a reader and especially as a researcher. Lynch (1991) argues that researchers should be careful with using theory pictures, like the figures presented in this thesis. The author states that theory pictures can be counterproductive since they often trivialize the relationship between key concepts and attempts to sum up the theoretical contribution rather than having a purpose in itself. This will be further reflected on and addressed in the conclusions in relation to the discussion about the figures to ensure reflexivity (see section 6.2. *The balance of redeployment*).



## 4. Empirical Findings

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*The following chapter presents the empirical findings of the study and argues for the relevance of the themes they are divided into. The five themes are: Ambiguity, Power, Trust, Competence, and Meaningfulness. Each of these themes has shown to be relevant in relation to the findings. In the end of the chapter a summary of the key findings will be presented to keep them fresh in mind going into the next chapter with the analytical discussion.*

### 4.1. Ambiguity

This section addresses the ambiguity that has been present during the redeployment process in the Region. Ambiguity has shown to be an essential part of the employees' experience of the process as will be shown in this section and argued for with excerpts from the interviews. Ambiguity in this process is mostly related to distribution of information and communication.

#### 4.1.1. Unclear information

The announcements of the redeployment were ambiguous and the information was fast changing. This caused the employees to suffer unnecessary worry in anticipation for what was to come. A statement that strengthens this argument is from the dental nurse Jessie when she explains how fast the decisions changed. Before going home from work on a Friday in March, Jessie's unit in dental care was told that they would be redeployed on Monday.

“Everyone went home from work that day with a worry and thought ‘what happens next week?’. But then it was canceled, so it was a quick throw. Everyone was worried about what would happen next.” (Jessie, Dental nurse)

Jessie refers to the rapid changes as a quick throw and explains how this made her and everyone else in her unit feel worried about what was to come. They received the announcement that everyone in their unit was about to be redeployed after the weekend, without any further information or instructions. This ambiguity affected the employees' weekend, which is meant for recovery but instead was filled with anxiety. The redeployment has been perceived as reckless and hasty by the employees. Everything happened very quickly and no one seemed to have any information about what would happen next. This has

caused the employees unnecessary worry and frustration. Several employees have mentioned similar stories, about information being ambiguous and changing rapidly. The dental nurse Taylor gives some examples of absence of essential information that would have made her feel more at ease going into the redeployment.

“What I felt I did not get any information about was the schedule I would work on and for how long. There was really no information at all about it [the time frame], whether it would be a week or a year.” (Taylor, Dental nurse)

Taylor explains the absence of information that she found important. Dental care and healthcare have different systems in regards to employment rate, work hours and vacations, which is why the absence of information about the conditions for the redeployment especially generated confusion and worry. Not knowing the conditions beforehand created anxiety and inconvenience since it was difficult for the employees to plan their life outside of work during this period. The redeployees did not know how long they would be redeployed for, if they would get the accurate payment and hours according to their employment rate, or if they would get any vacation during the summer. Even the employees who were not redeployed had similar uncertainties about their vacation since the Region wanted everyone to be on standby and therefore did not approve vacations as usual. This caused inconveniences for the employees’ personal life due to the ambiguous information. In addition to these inconveniences, several employees’ mention other effects the redeployment process has had on them and how it has made them feel. The dental nurse Harper for one addresses the effects of not knowing when someone would be redeployed and how this made her and her colleagues feel.

“Some I know have felt very, very bad and have been on sick leave because of it. I got help from a wise person who listens to me [therapist]. It [the redeployment] caused worry and it caused stress ... and anxiety for some. Sadness. Depression. Burnout. It has affected us.” (Harper, Dental nurse)

Harper shares how she had to get help from a therapist to process her experiences with the redeployment to find her way back to herself. She highlights that several of her colleagues have experienced similar difficulties and some even had to go on sick leave. A few went on sick leave before the redeployment because the change was too much to handle. Others went

on sick leave as a result of the work they did in healthcare and how the redeployment was managed. Harper did not have to go on sick leave, nevertheless, she was deeply affected by the redeployment and the ambiguity of the information. In addition to the effects Harper mentions, the dental hygienist Avery adds trouble sleeping as an outcome from how the redeployment was managed because of all the worry it caused. Another example is the dental nurse Jessie who eventually had to go on sick leave since it became unbearable to keep holding on without knowing how long she would have to keep it up. Another consequence that several employees have mentioned is how the atmosphere in the dental workplace has been negatively affected. Some workplaces became filled with ostracism, questioning each other's experiences, and generally an unpleasant environment. The employees are upset as a result of the absence of clear information, uncertainties of how the virus spreads and the effects the redeployment has had on people. They feel that the redeployment process was disorganized and lacked reflexivity from the management team.

#### **4.1.2. Withheld information**

The rapid changes and the hasty decisions has made several employees' question the Region's credibility. The employees' felt the decisions lacked reflexivity. In addition to feeling that the information was ambiguous, some thought the Region was keeping information from the employees. The dental hygienist Jo is someone who accuses the Region of withholding information. According to Jo, some decisions felt like they came out of nowhere without any warning or indications about what was about to happen. Jo has an example of when rapid decisions made her upset. The rapid decision regards closing down all operations except the emergency procedures. How this was communicated to her dental unit made Jo upset.

““You [the Region] should have known earlier than Thursday night that from Friday we are not allowed to have patients’. I can’t even imagine that decisions are made so quickly, they must have had some indications earlier.” (Jo, Dental hygienist)

This rapid change is unacceptable to Jo and it makes her question whether the Region has withheld information about the situation in the hopes that they would not have to go through with this decision. If this is the case it is ignorant, according to Jo. She continues to explain that this decision caused emotional stress, partly in the sense that they were worried for what

was to come but also for the wellbeing of their patients. Jo mentioned that several of her colleagues were worried for their patients since some of the patients that visit the dental hygienists on a regular basis are dependent on the hygienist's help to keep their mouth healthy. Jo believes this emotional stress could be eased if they would have had time to prepare themselves for the changes. Instead this was forced upon them and it created concern and rebellious questioning of the Region's decision making.

#### **4.1.3. Redeployment in a pandemic**

Since the redeployment was enforced due to the pandemic, many employees understood the need for the process. However, the way information was handled contributed to making already worried people even more worried. This caused some uproar and resentment from the employees. The pandemic is an extreme circumstance and the action of the redeployment process was a response to the crisis. Despite the worry in regards to the pandemic, all the redeployees see the handling of the redeployment as the main reason for their worry. Some are more worried than others regarding the pandemic, however, the way the redeployment was managed has caused them more harm than the concern about the pandemic. Several redeployees have expressed a contrast between the fear before being redeployed and the reality once working in healthcare. Taylor expressed that it was not as bad as she had anticipated. With this stated, the findings also show that when the level of anxiety in regards to the pandemic is high it is more essential with accurate and clear information in regards to the redeployment since there is an already established level of anxiety. This is something Alex from HR experienced when she received a call from redeployees who due to miscommunication had not been informed they were redeployed to a COVID-ward. They were under the impression that they would not have to work close to the contagion.

"There was a specific occasion when they [the employees] came to this corona ward in the morning and had been forcibly redeployed from the day before. They called in pure panic: 'no, I will not go into this ward, do you understand that? I'm not going to risk my life for this, absolutely not.'" (Alex, HR)

The employees Alex are referring to were scared for their life and afraid they might bring the virus home to their families. They had not been prepared for being redeployed to a COVID-ward and they had no time to adjust or get reassured by the safety equipment that would protect them in their work. Since this was a forced redeployment the resentment and

feelings of being taken advantage of was already sprouting. Adding a miscommunication with false reassurance of not working with COVID-patients led to the employees refusing to enter the ward. This behavior is equated with refusal to work, which means a breach of employment contract. Alex explained, in relation to a similar situation, how HR had to threaten with termination as this type of neglect of work is a breach of the employment contract. This type of conflict resulted in an unstable trust relationship between several key actors in the organization. The employees' reacted to the way they were treated and the minimal preparation they got before they forcibly were redeployed. In response to this reaction of fear and anxiety, HR had to do their job and inform of the consequences of the employees' behaviors for refusing work.

Ambiguity may not be the answer to all of these issues, however, in this case it caused the employees unnecessary worry in an already strained situation due to the pandemic. HR later learned that things did not always have to be as hasty as they were persuaded to believe. The second redeployment period showed a bit more consideration of adjustment time since HR had learned two important things from the first period. First, the redeployment did not have to move as quickly as healthcare made it seem at first, because there were several times when healthcare was not ready for the redeployees once they arrived. Second, people need more time to adjust to changes of this magnitude and to do so they need transparency and clear information. These two aspects are something the dentistry unit managers have fought for when they were defending their employees. Bailey for one uses the employee's level of worry and the ambiguous information to justify why some of his employees acted out through complaints and threats of resignation or sick leave. Bailey believes there was a need for further reflexivity about the Swedish Work Environment regulations, the managers Cameron and Drew agree with this statement. Due to the circumstances with the pandemic being unfamiliar for everyone the interpretation of what is most important to focus on may have caused the employees' unnecessary harm. The managers believe the ambiguous information is a key factor to the employees' worries.

## **4.2. Power**

The following section addresses power and the sense of being powerless. This is a recurring subject from the interviews and the section will argue for the relevance of power in relation to

being part of a redeployment process and the immediate implication it may have on the redeployees and the organization.

#### **4.2.1. A pawn in a game**

After conducting the interviews it became clear that all employees and managers felt like the Region had an authoritarian approach during the redeployment. Several interviewees have used the metaphor of being a pawn in a game to illustrate this. Harper used this expression in relation to discussing her perception of how the redeployees were treated.

“The way they treat humans [shakes her head], I do not get it. It is really sad to see how human lives are devalued. I feel like I am being a pawn in a game. [...] you [the Region] will get a lot further with the free will of people than you will by ordering someone to do something.” (Harper, Dental nurse)

Harper expressed a frustration toward the Region in not being considered as an individual person and felt like the organization only saw her as a strategic resource that they could move around as if the whole redeployment process was a game. Harper expresses that she feels like she is a pawn in a game which refers to her feeling powerless and taken advantage of. The Region controlled Harper and the other redeployees in a sense that made them feel powerless. Harper points out the value in contributing voluntarily and how the strategy should focus on that rather than trying to control everyone. According to her, volunteering would be better in the long run rather than force. Another analogy that was used to express the Regions authoritarianism was the statement of not being regarded as a human being. This is something that the dental hygienist Avery stresses in regards to when she got the announcement about returning to dental care.

“Then I was supposed to return to my workplace in dental care and I felt pretty indifferent about that, because it felt like I was just thrown back and forth. I was not a human in this but instead I was just someone that [the Region] could do pretty much anything they wanted with. No one asked me what I thought, what I wanted, what I felt, or anything like that.” (Avery, Dental hygienist)

When it was time for Avery to return from healthcare to dental care she was supposed to be happy about it, but the constant short notice and the Regions lack of care instead made her feel

indifferent about the decision that was supposed to make her happy. Avery did not see the decision as a joyful message but instead re-experienced the feeling of being redeployed without her opinion being considered. Harper and Avery's experiences are examples of the employees' perception of the Region's dominance. It is important to highlight that all of the interviewed employees shared this feeling of not being treated as an individual. They expressed that the Region had failed to take into consideration the individual situation and compatibility to be redeployed. One factor that should be considered according to several employees is the ability to work night shifts and weekends as a lone parent. Neglecting the individual employees' expectations and feelings is something that Jo addressed when she spoke about the Region's authoritarianism.

“You [the Region] have to understand that we have feelings. We have thoughts, we have expectations. But it was as if they could move us however they liked since we work for the Region. It is like they really control us and I want to say: ‘yes, you control us, but you still have to understand that the actions you take affect people's lives, not just at work but also personally’.” (Jo, Dental hygienist)

Jo describes aspects the Region has failed to consider. She also expresses a belief that the Region redeployed dental workers because it was convenient, instead of acquiring manpower in other ways. Jo acknowledges that the Region is entitled to control the employees since they are hired by the Region and not by a specific dental care clinic. However, she expresses that the organization still has an obligation to follow the Swedish Work Environment regulations and to make sure that their employees' well being is considered. These criticisms about the lack of consideration were re-occurring with all employees. Both the employees and their managers used the same, or similar, metaphors and analogies to describe their powerlessness. In addition, the managers were stressing their disappointment since they deem that the Region has failed to recognize the individual needs. The managers' complaints were dismissed even though they came from a place of good will, trying to fulfill their responsibilities as managers to ensure a healthy work environment for their employees. An example of this is from the manager Bailey who is sceptical of the latitude of act given to the crisis management team.

“[...] when you [the Region] institute a specific crisis management team they become, as I understand it, completely prevailing and there is nothing to oppose.

And then, when they in their great wisdom have decided something that's just how it is.” (Bailey, Dentistry unit manager)

While describing the Region as controlling Bailey had a sarcastic and condescending tone in order to convey her disagreement toward the lack of flexibility and consideration in the decision making. From Bailey's point of view it was seen as absurd that the Region had centralized their decision making regarding something as vital as the work environment. She emphasizes how invasive it is to move one employee from their familiar work environment into a completely new workplace where they would get completely new tasks and colleagues. The feeling of the Region not taking the individual into consideration was also shared by dental HR. Blake from dental HR describes how personal situations, such as being a lone parent, should have been considered when handing out schedules and managing work hours. Blake describes how she received calls from dentistry unit managers bringing up concerns regarding their employees' needs not being attended enough by the healthcare unit managers.

“Sometimes you [the healthcare unit managers] have to say ‘that’s the way it is’, but even though they don’t always have a choice they should still check in [with the employee] and at times reconsider: ‘nah, maybe I have to order somebody else, or order someone to do double shifts instead’. I think that it was mostly those kinds of interventions, affecting the personal life, that didn't work.”  
(Blake, HR)

Blake reflects about what she has heard from dissatisfied redeployees regarding the immediate supervisors not considering the employees’ individual situation enough when managing the work schedules. During the redeployment the dental employees were confronted with a new workplace, with new routines and work hours, which at times were difficult to quickly adapt to since the work schedule also affected the employees’ personal life and family. Blake acknowledges that it was legitimate of the Region to be firm in their decisions, but that the decision makers in the management teams and the immediate supervisors should have taken a step back and reconsidered the suitability of each individual before sending them to healthcare or assigning them a specific schedule that may be difficult for them to handle in relation to other commitments in their personal life. According to Blake, most situations where the ordering of redeployment was met with resistance was due to the decisions intruding too much on the personal life of the individual. More flexibility



from the Region would have been preferred since it affected so many people and their personal life.

#### **4.2.2. Being powerless**

This authoritarian leadership made the employees and managers feel powerless since their opinion and wellbeing was not taken into consideration. The citation below is from Jessie who had a tough time while being redeployed. Because of private circumstances she was not really fit to be redeployed, so during her redeployment period her mental health started to deteriorate. She pushed her limits when she was not allowed back to dental care and tried to avoid going on long-term sick leave.

“They wanted me to continue [being redeployed] anyway, and my manager had to defend me and file a formal request to get me back. She had to formulate herself very thoroughly to even have a chance to get me back. Me feeling horrible wasn’t enough, so my manager tried to plead [to the Region] for me: ‘if you don’t let her come back now then it’s going to be a long-term sick leave’.”  
(Jessie, Dental nurse)

Jessie wanted to return to the dental clinic because the redeployment was tearing at her mental health. However, her feeling horrible and having a bad experience was not a good enough reason for the Region to allow her back and her wishes were denied. In the excerpt Jessie expresses that her manager had to do a formal request consisting of thorough details about Jessie's current mental health, but even this was not enough to get her back to dental care. Both Jessie and her manager Cameron did everything in their power to get Jessie back and avoid sick leave, without success. Jessie took the help she could from her manager to try to return and her manager Cameron confirms this in the interview with her.

“My mandate to take her back didn't exist anymore. She [Jessie] felt horrible and I said [to HR] ‘if she gets to return now maybe we can avoid sick leave’. I had to file a formal request to the Region in order to get her back and it was denied the very same day. When my appeal was denied as well I said [to Jessie] ‘I support you if you go on sick leave’.” (Cameron, Dentistry unit manager)

This excerpt confirms what Jessie described previously about the situation. Cameron describes how the process was very formal. She had to file an official request in order to try to get Jessie back, however this request was denied the very same day and when Cameron filed an appeal this also got denied. During the interview Cameron uses humor to hide her feelings about the appeals not being considered in a serious manner since they were denied immediately. When all formal options were depleted only one solution remained for Jessie, threatening to go on sick leave. Cameron forwarded this threat to the Region in an attempt to make them let Jessie return, however, even this was ignored and Jessie ended up acting on her threat with the support from Cameron.

“[...] I went on long-term sick leave, I did. I think that those perspectives also need to be put forth, that you [the Region should] give some more options and don't just force. I told my manager what was going on and she had to fight to get me back to avoid a more extensive sick leave, so it was a tough spring.” (Jessie, Dental nurse)

This excerpt highlights that Jessie acted on her threat about her going on sick leave, as it was her last resort. Her mental health was affected and when the combined efforts from her and Cameron did not show any results, Jessie had to go on sick leave. Jessie felt trapped and when she could not bear it anymore she only had one option left, going on sick leave. The excerpt highlights that Jessie did everything in her power to avoid going on sick leave but her efforts were dismissed by the Region and she had no other choice. Even when Jessie went on sick leave that was not enough to ensure that she would be spared from being redeployed, depending on the duration of her sick leave her redeployment period might still be in progress when she got back. Her manager Cameron had to continue the battle to ensure that Jessie was not redeployed again. In the end Jessie was able to end her sick leave after about one month when her, and the majority of the other employees, redeployment period concluded.

Cameron ended up acting as an extension of Jessie, forwarding her voice and trying to fight her battle against the Region to the best of her ability, and even stepped outside the formal way of impacting decisions by forwarding a threat. Another example of how a manager stood up for their employees is Drew. As the dentistry unit manager for her clinic she is responsible for her employees' work environment and when the Region wanted another two redeployees from her clinic she did not immediately agree. The reason for this is because the two

employees were terrified and refused to be redeployed, so Drew wanted to make sure that their new tasks and work environment would be adequate. Drew argued that she needed to talk to the receiving manager in healthcare who was supposed to take over the responsibility of her employees. Not only to assure that Drew was satisfied with the new work environment for her employees, but also because she hoped to set up a meeting with the new manager and the two employees in an attempt to calm them down and create a more positive outlook on the redeployment.

“Higher management tried to tell me that I wasn’t allowed to do that, that it was wrong of me, but then I just continuously pointed out that it is written in my work description that it is I who am responsible for the work environment at my dental clinic.” (Drew, Dentistry unit manager)

Drew stood her ground against the regional management team when they tried to force the redeployment. She resisted by arguing that as long as these employees have not left her clinic then it is her responsibility to make sure that she knows what place she is sending them to. Drew’s decision to not comply and instead argue resulted in the regional management team deciding not to redeploy the two employees and they were allowed to stay at the dental clinic. However, Drew herself thinks that the reason for this probably is because they managed to find employees at other clinics to redeploy instead.

#### **4.4.3. Threats as a last resort**

Some examples of threats and other ways of resisting against the Region have already been presented, but to nuance that this was not an uncommon phenomenon more empiric data will be put forth. Harper is another employee that wanted to return to the dental clinic but was not allowed back. She ended up being one of the people that was redeployed the longest consecutive period, about five months. Harper expresses powerlessness in relation to her situation where she wanted to quit working for healthcare but not quit her job in dental care.

“To then not be able to influence in any other way than to resign from my original job that I love so much, that made me question: ‘should I persevere? How long do I have to persevere?’. The date for returning to the dental clinic kept being pushed forward, and forward, and forward, and I had no say in it.” (Harper, Dental nurse)

Harper and her manager had been struggling for a long time trying to return her to the dental clinic and when all the formal ways of influencing had failed Harper felt that the only way for her to leave healthcare was to resign. Resignation was also expressed by Harper to be the only way for an employee to take control over their situation since the Region did not allow other ways for the individual to impact their situation. Harper's threat in combination with the Director of Dentistry appealing for Harper's return resulted in her finally being allowed back to her dental clinic. Several employees have expressed similar feelings of powerlessness and that resignation is the only resort, however none of the interviewees actually resigned. Avery is another employee who shares Harper's view regarding the feeling of not being allowed to have an opinion in decisions that affected themselves and their own work. Avery expresses dissatisfaction in connection to getting the announcement of being moved back to dental care.

“I just felt that I don't want to remain working here [for the Region]. I want to do something else. This experience, that someone else can decide over me. Where I should be and what I should do, without even asking me. That's probably what was most difficult.” (Avery, Dental hygienist)

Avery also wanted to return to her dental clinic but was not allowed to by the Region, this made Avery consider resigning from her original work to be able to regain the control over herself. However, eventually the redeployment was terminated and Avery returned, resulting in her not vocalizing her threats to the Region or her manager. This could indicate that several redeployees never expressed their resistance towards the Region, which means that the Region is unaware of the extent of dissatisfaction some redeployees experienced.

### **4.3. Trust**

The theme of Trust will argue for some of the immediate implications that the redeployment has had on the organization in regards to trust. Parallels are drawn to the previous two themes as this section addresses the employees' experiences of how they were treated and how this affected their trust towards their employer.

#### **4.3.1. Taken advantage of**

The ambiguous information about the redeployment together with the way the employees were dominated as subordinates has led to some consequences. One of these consequences is decreased trust towards the Region as an employer and the crisis management team since they made the decisions. Harper, one of the dental nurses, was very disappointed in how the Region treated their employees and executed their authority.

“My trust in the Region has decreased. How they treat people and use the resources they are offered and how they view power. Power and [sighs] the symbolism of who is worth what and who makes the decisions.” (Harper, Dental nurse)

Harper explicitly expresses that her trust in her employer has decreased because of how they treat their employees. Harper is one of the dental nurses who claims to be a volunteer in the redeployment process, however, while interviewing her it became clear that she did not really have a choice. She most likely would have been redeployed even if she did not volunteer, but she wanted to contribute. Knowing this in relation to how she talks about the misuse of power indicates that she experiences feelings of being taken advantage of. Jo, the dental hygienist who also volunteered, expressed similar disappointment over how she was treated, especially in relation to being a volunteer and how this made her question the Region’s intentions.

“ [...]To then be seen more as a, well not a game piece, but someone that they can move around as they please because they need to fill a staffing shortage. No, I have lost... I have actually lost confidence in the management team.” (Jo, Dental hygienist)

Jo feels she has been mistreated by her employer. She volunteered to help, and did not need to be forced, yet she did not have any control over her own situation. The Region decided when she should be redeployed, to where, and for how long and the already ambiguous information was constantly changing. Jo experienced feelings of being devalued for her efforts and even began to question how the Region valued her profession.

“I have seen what my profession [dental hygienist] is worth according to the Region. That my particular profession is perhaps not as highly valued as it should be. Why did they not redeploy dentists for example? I got to see how

they value us [dental hygienists] in a slightly clearer way and it is very sad.” (Jo, Dental hygienist)

From Jo’s perspective the powerplay through the redeployment process indicates how the Region values different professions. The excerpt highlights that Jo believes her profession is being devalued due to so many dental hygienists being redeployed instead of other professions. Why some professions were redeployed but not others was a recurring topic through several interviews. However, the interpretation of why dental hygienists and dental nurses were redeployed instead of dentists has varied. Some agree with the way Jo expresses it and believes the Region values other professions more. Some believe the reason for choosing dental nurses and dental hygienists is based on the preconception that some people, or professions, have a tendency to be more caring and therefore are more likely to contribute more and be easier to take advantage of. Others believe money to be a key factor and argue that it would be too expensive to match the dentists’ salaries in healthcare. HR, however, explains that the dentists were planned to be redeployed as well in the beginning and the only reason for this not being the case in the end was due to the dentists being needed to perform emergency dental care, which was the only patient group prioritized by dentalcare at the time. The other professions simply did not have any patients to attend to in dentalcare. These variations in perception of reality or speculations on the situation indicate that there has been unclear and ambiguous information as to why some have been redeployed and not others. Even though redeployees understand why the dentists had to attend the emergency dental patients, they still feel devalued and do not fully legitimize why they specifically have been redeployed before other people and other professions. Because of this ambiguity, the aftermath is decreased trust in the Region as an employer which is an organizational implication.

#### **4.3.2. Feelings of betrayal**

Through the redeployment process several interviewees expressed feelings of being betrayed and let down by their employer. Avery even went as far as to accuse the Region for using toxic positivity to portray a successful image of the redeployment. According to Avery, one redeployee wrote a diary about their experience from the redeployment and this was published on an internal communication platform. Avery did not recognize herself in what was presented. She felt mocked by the way this text portrayed the redeployment as a positive

experience and the fact that this employee had time to write a diary when Avery was overwhelmed with work.

“It was like a mockery [despair in the voice], it upset me. [...] One day I wrote down what my day looked like at my workplace and it was like 'when I get to work no one knows I'm coming because I'm not included on the whiteboard [the schedule] and no one sees me'.” (Avery, Dental hygienist)

Avery felt that she was not seen at her workplace in healthcare because she was not included in the schedule. Avery never submitted her story to the Region. Publishing the diary story on the internal communication platform probably came with good intentions and since the Region did not know about Avery's story they can hardly be blamed for doing propaganda. However, this is how Avery felt about the situation. A more nuanced story showing the negative experiences in relation to the positive would have portrayed the variations in the experiences more accurately. Avery states that the employee who wrote the published material was the exception of someone who had an overall pleasant redeployment when most others were unsatisfied with how it was managed. Some of the interviewees had a positive experience working for healthcare, though even those with a positive experience felt that the overall impression of how the Region treated them was negative. Several even went as far as considering applying for a new job. On this note, Harper expresses feelings of betrayal and the implications the redeployment period had on her.

“I felt incredibly let down by the Region. [...] I am no longer proud to be a regional employee. I would prefer not to be. [...] I have had to convince myself that it is not for the Region that I do this job. I love my colleagues, I love my job and I do not want to leave them even though I do not agree with the way the Region treats its staff.” (Harper, Dental nurse)

In contrast to Harper's feelings of being let down by her employer, she also expresses loyalty towards her manager and colleagues. This loyalty appears to be stronger than the newly developed distrust for the Region, thus Harper is still working for them. However, the implication of no longer being proud to be a regional employee is something that could grow

into even more resentment, which can manifest itself later on if the Region does not acknowledge the trust they have lost and tries to mend it.

#### **4.3.3. Not one of the team**

Changing workplace temporarily takes some time to adapt to. The redeployed left a workplace that they were comfortable with, they left colleagues who have mutual consideration for each other, and they left their profession to do something that they had not purposely chosen to work with. This is an extensive change even if it is only temporary. This is related to trust towards the employer since it is their responsibility to make the transition as smooth as possible by giving the dental employees an overall introduction to the workplace and making sure they feel welcomed. Several of the redeployees have addressed not feeling included or welcomed to their temporary workplace in healthcare and that they lacked a proper introduction to the work they were meant to do. They were not considered as one of the team, but rather a temporary resource that could be utilized. As mentioned in the previous section in the quote from Avery, she was not included on the schedule and this made her feel left out of the team and unseen, yet she was there to do a good deed. The feeling of not being included was addressed by Taylor as well when she shared her experiences about socializing at work.

“I felt very lonely because here [dental care] I have all my coworkers. I'm a pretty social person, I don't have a hard time talking to people I don't know, but I felt very lonely anyway because they [healthcare workers] had their groups when it was breaks. I felt lonely, a bit excluded.” (Taylor, Dental nurse)

Taylor felt excluded when she worked in healthcare since the healthcare workers already had established friend groups and Taylor did not feel included in any of them. However, Taylor later justified the new colleagues' behaviour since she was there temporarily, which everyone was aware of. Even though Taylor understands why she was not included it seems counterproductive when she was there to help relieve the health workers. All of the redeployees expected to be welcomed and included in the new workplaces since they were a contributing resource of work relief. Instead, several felt invisible and at times like a burden.

The redeployment was a new experience for the dental employees and some ended up working in the crossfire of COVID-wards where they got to see things they had never



encountered in their work life before. Patients were dying, or close to dying, every day. When someone is working under such stressful conditions in addition to being new at work it amplifies the feeling of stress and loneliness. Jessie shares a story of what she experienced during her redeployment and how much this affected her. She was going through a ruff time during the redeployment and the stress from work became unbearable. In the story she explains how she had no one to turn to to process her feelings and experiences, which still affects her a year after the redeployment.

“Almost as soon as I turned my back on someone, the tears came [the interviewee starts crying]. And as you [the researchers] can see, it still affects me. [...] I had no one to turn to. One wants to trust people before sharing such things [personal experiences]. I could not trust anyone since I didn’t know them, so I could not talk to anyone there.” (Jessie, Dental nurse)

Not having someone to turn to on site at work was just one of the factors affecting Jessie’s overall experience with redeployment, however this excerpt highlights the importance of feeling included in the work team. It is clear from the interview that this has had a long-term effect on Jessie and that she still feels strongly about her experiences. Even if the redeployment was temporary, some of the issues had a long-term effect on the redeployees' mental health. Another example of this is from Avery who felt mistreated by her manager in healthcare. According to Avery, the manager ignored her through her time working in healthcare and this affected Avery more than she thought it would. Avery shares a story of when she thought she saw this manager at a store a month after her redeployment and in the following quote is Avery’s reaction:

“She made me feel worthless. [...] When I thought I saw her it felt like I was having a panic attack. My heart was pounding and I thought ‘God, how this person has affected me!’. Just because she ignored me for four weeks. This is not how you should behave towards another human being, or if you care about your staff.” (Avery, Dental hygienist)

Avery was taken by surprise by her reaction when she thought she saw the manager and felt conflicted about the behaviour she had experienced during the time of the redeployment. This indicates the importance of feeling welcomed at the workplace and how much it affects a

human being when this does not happen. The Region is responsible for their employees' work environment and well being at work. In the light of the stories from Avery, Taylor and Jessie the employees' well being and work environment may not have been given its rightful attention through the redeployment process. These are contributing factors that have affected the employees' trust towards the Region after the redeployment.

#### **4.4. Competence**

During the redeployment the employees left the security of their chosen profession to relieve resources in healthcare. Even though some of the employees had previous knowledge with care related professions, most went from doing something they knew and excelled at, to working with something unfamiliar or something they purposefully had left in favour of working in dental care instead. In this section the findings will show the importance of the redeployees feeling competent and getting the prerequisite required to excel at their new job.

##### **4.4.1. Feeling competent**

Many employees were surprised that the possibility of the redeployment was part of their employment contracts. Performing the profession they had chosen is what the employees expected when they were hired by the Region. They never thought they could be forced to do other work tasks outside of their expertise or customary dental work duties. As a result this has led to the employees' questioning the structure of their employment and feelings of shock and outrage. An example of this is Harper who questions how redeployment to a different profession could be included in her employment contract for dental care. Harper has previously worked as an assistant nurse in healthcare and wanted to contribute during the crisis since she had the necessary knowledge to do so. However, she purposely left that occupation several years ago and therefore is questioning the structure of her employment and the commitments it includes.

“One applies for a specific job at a workplace where one expects to work. If it is not clearly specified that one can be commanded to work anywhere in the Region, with completely different tasks, then it will be a bit shocking. I signed up to do the customary dental nurse duties, not to work in healthcare.” (Harper, Dental nurse)

Harper is questioning the employment she agreed to when she applied to work for dental care. She feels shocked about the commitments it entails, since this had never been brought up before. As stated in the previous section, Harper feels betrayed by her employer and during the interview it is clear that talking about these commitments in her employment contract makes her angry. She goes on to highlight the differences between her customary work duties in dental care compared to the duties she had to do in healthcare once redeployed. In dental care there are tasks where the work team is dependent on Harper's knowledge and competence regarding the routines for serving the machines, and these work tasks make Harper feel like she excels. In contrast, when working for healthcare during the redeployment, she was assigned to debacterize surfaces, clean, make coffee and occasionally help a patient to the bathroom. According to Harper, her ward was overstaffed in relation to the low stream of patients. This made her work duties feel below her competence level since she felt that anyone could have done those tasks. Because of the latter Harper did not feel competent doing these tasks since she knew she could offer so much more with her skills. This negatively influenced Harper's overall experience of her time in healthcare.

Having work tasks that are stimulating seems to be important for the employee to feel competent. In addition to this, the employee needs to feel comfortable performing the tasks. The findings indicate that there has to be a balance between the employee feeling capable and feeling skilled when performing a task with the knowledge and competence the employee possesses. This means that since some redeployees did not have the knowledge of working in healthcare like Harper did, they therefore expected to do simple tasks that they felt capable of. To illustrate this argument a statement from Taylor will be highlighted.

“I knew it would be simple tasks that I would be able to do without education and that's how it turned out. Although the tasks were perhaps a bit tedious, at least that meant the others [healthcare workers] could focus on something else.”

(Taylor, Dental nurse)

Taylor experienced the simple tasks as something positive since she was capable of doing them and it meant that the healthcare workers could focus on more important tasks. Taylor did feel that the tasks were a bit tedious which could indicate that they were not stimulating enough, however, since Taylor felt capable and comfortable executing the tasks it made her feel at ease with her new temporary job. Since the redeployment was temporary that may

have influenced her positive spirit towards doing understimulating tasks. The volunteering dental hygienist, Jo, agrees with Taylor's statement. Jo adds that she felt comfortable to work in healthcare since she felt she had control over her work tasks. Jo experienced an understanding from colleagues in healthcare regarding her limited knowledge and she was happy to learn more in addition to not being afraid to let them know if she felt insecure about certain tasks. Jo felt that she was listened to and her opinions about what she was capable of doing were taken seriously. This positively influenced Jo's overall experience of working in healthcare.

#### **4.4.2. Getting the required prerequisite**

In addition to the employees' feeling that their insecurities were taken seriously, the findings show the necessity of a proper introduction in order to get the required prerequisites to be able to feel like they are capable of doing a good job. The introductory training before entering into healthcare and the introduction on their first day is something that all employees felt were lacking important information. Some employees felt a shortcoming in the basic information about how to navigate and find materials in the new workplace, since the hospital is quite big and confusing for someone who never worked there. Others mention key skills and coping mechanisms they felt untutored in. Jessie and Avery are two of the redeployees who felt that the expectations on the redeployees were too high. This is highlighted by a statement from Avery in relation to her first redeployment period:

“No one [introduced me to the workplace]... I was expected to already know things.” (Avery, Dental hygienist)

In contrast to Jo who felt that her lack of knowledge was taken seriously as described in the previous section, Avery felt that she was expected to know as much and be as skilled as the healthcare workers, the same goes for Jessie. Both Jessie and Avery had previous experiences working as assistant nurses, however, this was several years ago and having worked in one unit does not make someone an all around expert in all healthcare units and specialties. Avery mentioned considering going on sick leave if she would have had to endure the redeployment over the summer. The shortcomings in their introduction made them feel insecure and anxious about their work tasks. Jessie even expressed that she sometimes felt like a burden towards her colleagues when she pleaded not to perform certain tasks she was uncomfortable with.

In the light of the pandemic some contrasts between healthcare and dental care became protruding. Even though both occupations work with patients, there is an extensive difference in the severity in the patients health and possible bad outcomes. The pandemic is deadly and patients die in the hospitals because of it. Dental workers rarely, most likely never, experience a patient dying on their watch and therefore are not educated on how to cope with such experiences. This is quite a severe clash between the roles as a dental worker versus a healthcare worker, thus the redeployees were not prepared for what to expect going into healthcare during this pandemic. This is something that has upset Jo since she feels it should have been included in their introductory training before being redeployed into a healthcare ward, especially for those who ended up in a COVID-ward.

“It is not part of our education in dentistry that someone will die. They [the Region] should have prepared the people who were thrown into this for the tough climate, especially during this pandemic. People are dying and we should have learned coping mechanisms to cope with people dying during our work shifts.” (Jo, Dental hygienist)

Since Jo herself did not get redeployed to a COVID-ward her feelings are more connected to general injustice and compassion for colleagues rather than feeling that she lacked the required prerequisites for her redeployment. However, Jo’s statement is still meaningful since it more coherently summarizes other redeployees’ experiences from their time in a COVID-ward and how the work climate was from a dental worker’s perspective. Jo’s statement also highlights the differences between dental workers education and healthcare workers education when it comes to coping mechanisms in regards to patients dying. Even though Jo was not in a COVID-ward, the coping mechanisms are something Jo wanted to learn anyway. She wanted to learn this just in case she would have had to cope with dying patients, since she heard how horrible the experience was from other redeployees who were unprepared. This highlights the necessity of making sure the redeployees get the required prerequisites to feel comfortable and prepared for their work tasks and what will be expected of them.

#### 4.4.3. Utilizing competence

In addition to feeling prepared for the new work tasks, another factor that has affected the employees' overall perception of being redeployed to healthcare was the feeling of utilizing their competence. Harper had a bad experience in relation to this and did not feel her competence was valued. Working in dental care, hygiene is a central part of the everyday routines and something a dental care worker like Harper is very familiar with. Harper tried to implement some of the hygiene routines while working for healthcare since she felt it was essential during the pandemic, however it did not work out the way she thought.

“The healthcare workers are experts in their ward, although I might know more about a particular topic. As a result, the skills I have were mocked rather than appreciated. Not by everyone, some thought it was good. [...] But it made me question how important I was and I lost my confidence. My self-esteem.”  
(Harper, Dental nurse)

Harper expresses how she was affected by her competence not being validated by her new colleagues. The colleagues' demeaning view on Harper's competence clashed with her own view of herself and how she identified with the importance of hygiene routines. This identity clash between Harper's knowledge from dental care and the healthcare colleagues' perception of what needed to be cleaned eventually led to Harper questioning her self worth. Harper did not feel her competence was utilized in healthcare and this has contributed to her resentment towards the redeployment process overall. Harper was dissatisfied with how she was treated in her new workplace since she did not feel listened to. This dissatisfaction is something she expressed to the ward manager, however, there were minimal improvements and most of all Harper just wanted to get back to dental care again. Harper does not regret volunteering to help, however, she regrets the way she was taken advantage of and how it affected her well being.

In contrast to Harper's experience of not utilizing her competence, Avery experienced the opposite during her second redeployment period when she was in a COVID-ward.

“It is always good to seize other people's competences. We utilize each other's skills very well where we are now [a COVID-ward], with people from different

specialties. It is like a bank of knowledge that one can choose from.” (Avery, Dental hygienist)

Avery uses the metaphor of a *bank of knowledge* when she refers to her colleagues’ competences while working together in the COVID-ward. By this she means that the work team benefited from their different backgrounds and specialties as they, with their shared competences, could manage the ward more efficiently. She continues to exemplify the bank of knowledge with a situation where a patient was in need of a consultation from an eye specialist. A nurse specialized in eyes happened to work that day and she could do the consultation for the COVID-patient on the spot, without having the patient go through the process of a remittance to the eye specialist. This made the care for the patient more convenient and the nurse felt competent at the same time. Avery expressed how amazing she thought this was. Both in regards to the patient's care and in regards to making the work easier for everyone in the work team. If it was difficult to take blood samples from a patient they asked the anesthesia nurse, who is an expert on inserting needles. If a patient needed their mouth status checked they asked Avery and the list goes on. By utilizing everyone's competence the team could approach every issue with a sense of confidence. Avery was so happy with her experience from the second redeployment period that she decided to stay and work part-time for that specific ward even after she was allowed back to dental care. This is something both of her managers, in dental care and healthcare, agreed on and Avery's suggestion was approved. This highlights how well redeployment works if the employee is listened to and feels like their competence is being utilized properly.

#### **4.5. Meaningfulness**

The feeling of contributing to healthcare in a meaningful way was very important for the employees both before, and during the redeployment. The reason for this being so important is partly because it legitimized why they were redeployed to begin with, but also because it acted as an important motivator regarding the willingness to remain at the healthcare wards until they were allowed back at the dental clinics. This section will argue for how meaningfulness is a key factor in a redeployment process.

#### 4.5.1. Legitimizing

Before the redeployment began, there was a feeling of emergency emerging due to the pandemic. There was a perception of healthcare being in need of immediate help to receive extra manpower. This feeling of emergency is something that Cameron describes as being influenced by the media coverage in Italy during the early stages of the pandemic.

“They [media] broadcasted pictures of patients laying on the floor in the hospital, there weren't enough beds so patients were laying on the floor, dying. It wasn't exactly intimidation propaganda, the events were real, but my employees didn't know what to expect going into healthcare. Would it be like this? I think that if it would have ended up being that miserable then no one would question why we were being redeployed to help.” (Cameron, Dentistry unit manager)

Cameron describes how her employees did not know what to expect if they were redeployed and in the beginning of the pandemic there was a lot of media coverage about the dire situation in Italy, making people worried that the same situation would be replicated in Sweden. The excerpt highlights how the media coverage evoked fear among the employees' regarding what situations they would encounter in healthcare. This sense of emergency and depiction of a desperate need for more employees in healthcare created a feeling of necessity. The employees' experienced feelings of needing to help and the redeployment was in turn legitimized because of this. Taylor is one of the employees who discusses this.

“I felt that I could contribute to healthcare, because it was written in the newspapers everyday, and on the TV, that they were walking on their knees. So then I thought that instead of sitting here and doing nothing it would be great if I could help them [healthcare].” (Taylor, Dental nurse)

Taylor wanted to help out by being redeployed and is one of the employees who volunteered. She speaks of healthcare as 'walking on their knees', indicating that they were in desperate need for more resources and help. For Taylor the emergency that was portrayed in the media made her feel needed. This was a way for her to legitimize the redeployment and she volunteered to contribute. However, when she arrived in healthcare she realized that her expectations had been exaggerated and the emergent need for help was not noticeable in the ward she worked in. Several employees had similar experiences when they arrived at their



designated wards which changed their view of the urgency of the redeployment. They began to question their contribution to healthcare and how meaningful their presence was. This will be further addressed in the next parts.

#### **4.5.2. The consequence of worthlessness**

When employees' arrived at their intended healthcare ward some realized that their view and expectations did not correspond with reality. While being prepared for chaos, stress and to contribute with meaningful manpower, they were instead presented with a lack of work tasks and mentally fulfilling duties. Harper describes the anticlimax of believing that she would make a difference but instead being met with the restlessness of not doing any proper work.

“I was prepared to experience stuff, experience very sick patients. That I would end up in very stressful situations where I would [...] be part of the care that was life changing. But instead I ended up on a couch, and cleaning refrigerators. In between that I got to help patients to the bathroom, or brush their teeth. It was such a contrast to what I was expecting.” (Harper, Dental nurse)

Harper was mentally prepared to work in healthcare that was portrayed in the media, something that had played a part in legitimizing the redeployment for many employees. However, when the redeployment was executed there was an anticlimax where Harper felt her efforts were unnecessary. Harper elaborates on this by explaining how she started to question why she was not allowed to do anything useful even though she knew there was a need for resources elsewhere.

“We sat four people on a couch for several hours every night shift. While I knew that there was a shortage of staff in other wards. Why am I not allowed to do anything useful? [...] I just wanted to work... and do some good” (Harper, Dental nurse)

Harper acknowledges that other wards did have a shortage of resources in their workforce which heightened her feeling of not being useful. This feeling of wanting to contribute in a meaningful way, but not being able to, brought with it a sense of frustration and worthlessness. Her legitimization of the redeployment process in relation to her expectations and the motivation regarding the meaningfulness of contributing had been diminished. Harper

later describes in her interview how the healthcare personnel were praised as heroes, but she herself felt the opposite. She described how she felt worthless, wasted, pushed away, and disregarded. All because she did not find fulfillment and meaningfulness in her tasks. Harper's feeling of not contributing in a meaningful way made her want to return to her dental clinic, a place where she felt that her work made a difference, however, as mentioned in previous sections this was not allowed to return. This holdback of her being unable to return to her original workplace, where she could regain her sense of meaningfulness, made her consider other ways out of the situation. Harper mentioned threats of resignation and being prepared to potentially act on it. However, Harper was allowed to return before she took the initiative to resign. Taylor is another employee who also questioned her presence in healthcare.

“Sometimes I wished I had a bit more to do, some days there was a lot to do and it could even be a bit stressful, but most days there was barely anything. I felt like ‘oh my god, I could just as well have gone home. What am I even supposed to do here?’.” (Taylor, Dental nurse)

As described in previous sections Taylor herself did not express a frustration in the tasks themselves, she instead expected them to be simple and even a bit boring. However, in this excerpt she explains that she did not find her presence meaningful. That she did not contribute by relieving the other employees, which was the mere reason for the redeployment. Taylor started to question her redeployment. The reason she volunteered to be redeployed was because she wanted to contribute. At the dental clinic this was not possible either since all operations related to her work were canceled. When Taylor arrived at the healthcare ward and she still did not feel like she was contributing in a meaningful way, she started to question her presence there. This example has highlighted that the feeling of contributing in a meaningful way was important for the employees to legitimize their presence in healthcare.

#### **4.5.3. The weight of meaningfulness**

In addition to the feeling of being worthless affecting the employees' willingness to stay in healthcare, the feeling of contributing in a meaningful way affected the willingness too. Even though Jo was redeployed to the same ward as Taylor, she experienced feelings of

meaningfulness and that she contributed during her time there. This became apparent when Jo described how she felt when she was ordered to return to her dental clinic.

“I felt a bit heavy-hearted. I wanted to continue to help those who needed help, because their needs still hadn’t decreased, rather the opposite. They started to rely on my presence and that I was available to help them with certain tasks so that they could focus on the more important stuff.” (Jo, Dental hygienist)

Jo describes how she felt melancholy when she got the order that she was to return to her original workplace at the dental clinic. She felt that her presence in healthcare was both necessary and wanted, giving her a strong sense of meaningfulness. This made her experience emotions of sadness regarding her departure. In addition to this excerpt, Jo also described how she willingly took upon herself to carry out tasks in healthcare that she was not required of her as a general factotum. Both Jo and Taylor were promised that they would not have to work close to patients unless they wanted to. Jo actively decided to work close to patients in order to maximize her ability to help and contribute in a meaningful way. Jo had built up a strong feeling of meaningfulness during her time at the healthcare ward and while she admits that it still was nice to return to the dental clinic, she also felt like it was too early to leave. In addition to this, Avery is another employee who felt like she was not ready to leave when it was time for her to return to her dental clinic after her second redeployment period.

“But then that month passed and I just liked it [working in the COVID-ward] so much. I felt that there was a huge need there, so I thought to myself that maybe I could stay a bit longer? Because it felt important.” (Avery, Dental hygienist)

The second time Avery was redeployed she was hesitant to do it again, but after being promised that she only had to be away for one month, she reluctantly agreed and after one month had passed the promise was kept and she was allowed back to the dental clinic. However, unlike after her first redeployment period, Avery felt like she wanted to stay and continue to help. In contrast to her first experience Avery now felt like she was needed and that she contributed in a meaningful way. In addition to this, she also liked working there together with her new colleagues. This resulted in her staying at the healthcare ward coming in two days a week while spending the rest of the time at her dental clinic. This example has highlighted the importance of meaningfulness in regards to the new work tasks and

workplace during a redeployment process. The sense of meaningfulness among the employees affected how they felt about being redeployed, ultimately affecting them regarding their resistance or willingness to stay in healthcare.

#### **4.6. Summary of the empirical data**

The presented empirical material has provided a detailed view of the interviewees experiences through five recurring categories. These categories have been shown to be an important part of the redeployment process. Throughout this chapter the findings have argued for the relevance of the categories: *ambiguity*, *power*, *trust*, *competence*, and *meaningfulness*. Ambiguity showed its relevance when it emerged that unnecessary worry and stress had been experienced among the employees. The reason for these feelings of worry and stress was because of the unclear information, ultimately affecting employees' experience in an essential way. The category of power argued for its importance when the interviewees exclaimed that they had felt powerless in the wake of the Region using their authority to enforce the redeployment without consideration to the individual's needs. This evoked a variation of resistance among the employees. The category of trust was at first not as distinct as power and ambiguity, but when these previous categories were made more explicit it became clear that trust was an important aspect in the employee's experience. This theme portrayed how the employees' trust toward the Region had been damaged because of the way the employees perceives they were treated during the redeployment. The fourth category, competence, argues for the importance of getting the required prerequisite in order for the employees to feel competent and excel at their new job. The final category, meaningfulness, is considered to be a very important aspect. The employee's feeling of contributing in a meaningful way was a strong motivator in both legitimizing the redeployment before it occurred, and motivating some employees to contribute more during the redeployment. The sense of meaningfulness was essential for the employees' orientation to the redeployment process and affected their wellbeing. The collected data portrays how these five categories, both individually, and collectively have affected the employees in how they orient themselves toward the redeployment process. This relationship between the individual categories and the employees' orientation to the redeployment will be further elaborated in the next chapter.

## 5. Analytical discussion

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*The following chapter further develops the arguments and discusses the findings in relation to previous research to strengthen the arguments. To make it easier for the reader to follow the discussion the five themes from the findings are represented as sections in this chapter as well. All sections address the employees' orientation to the redeployment process and how this has led to organizational implications. This chapter will end with the theoretical contribution of this study with some final arguments and an illustration to make it easier for the reader to grasp the balance between the key factors.*

### 5.1. Ambiguity

As has been argued for in the findings, ambiguity has affected the employees and caused them unnecessary worry. In the following sections this will be addressed in connection to previous research and the Swedish Work Environment regulations. In addition to this, the extreme circumstances will be discussed.

#### 5.1.1. Effects of ambiguity

Ambiguity regarding the redeployment has caused worry and frustration among the employees. Reflecting on what Greenhalgh, McKersie and Gilkey (1986) has stated about redeployment and the importance of communication, it is clear that the Region has failed to minimize the ambiguity to a level where the employees feel they understand what is happening. The authors emphasize communication, both regarding predicament and how the employee can contribute through the redeployment. The findings show how the lack of communication about the institutional differences between working in healthcare and dental care has caused the employees' inconvenience. In accordance with Piderit (2000) the employees can be argued to have experienced affective resistance since they felt negative emotions in connection with the inconvenience. This inconvenience eventually grew into resentment and even contributed to some becoming ill.

According to the concept, SOC (Antonovsky, 1987), comprehensibility is a cornerstone for health, meaning that transparency and clear information is essential to maintain good health during change. This strengthens the argument that ambiguity can cause stress and ill health

and therefore is important to minimize in redeployment processes. In addition, London (1996) and Min (1990) both argue for how stressful a redeployment process can be for the individuals and emphasize minimizing the negative impacts on the employees. The Region has not considered this enough since several employees express how they and their colleagues have been affected. The information to the employees usually changed several times and often with short notice. This started to wear on the employees, especially when they had no idea of when they would be allowed back to dental care.

Hasty and changing decisions is a way of managing a crisis addressed by Nunamaker, Weber and Chen (1989). They conclude that communication can be negatively affected during a crisis if the decision making is centralized, which was the case for the Region. Being able to make fast decisions often entails less communication with the ones most affected. This did not go unnoticed by the employees in the Region. The ambiguity was met with refusal, scepticism and worry. Some employees distanced themselves by refusing to work, others by becoming cynical and using it as a mental escape where the employees chose to follow orders but still criticised and questioned the way it was communicated and handled. These aspects correlate to Fleming and Spicer (2007) who described faces of resistance as refusal and escape. The latter was mainly a reaction from the employees when decisions came with short notice. The short notice contributed to the employees having a hard time justifying the decisions and understanding why the Region had not presented the information earlier.

Palmer, Dunford and Buchanan (2017) emphasize that the causes for resistance should be diagnosed before taking action. This is something that the Region did not pay enough attention to beforehand, thus they were not prepared when they encountered that extent of resistance during the redeployment. There are several situations and actions through the process that have caused resistance, some more noticeable than others. The ambiguity contributed to the uncertainties which made employees complain about the process. The atmosphere became negative overall, filled with dissatisfaction.

Since several employees complained to their dentistry unit managers, the managers questioned the way the process was managed. This complies with the way Fleming and Spicer (2007) emphasizes resistance as voice to gain access to power. The managers argued by pointing out their responsibility towards the Swedish Work Environment regulation (AFS 2015:4) to assure the employees have a healthy work environment. This is an example of the

managers channeling the employees' voice by questioning the regional management team in the hopes of gaining more power to improve the employees' situation. Another example of the Region's responsibility in relation to the Swedish Work Environment regulation (AFS 2015:4) can be related to the example regarding the negative workplace atmosphere. This could indicate a need for further evaluation of their work environment, which is something the Region's evaluation survey (Appendix 8.2) did not include. With this stated, this study neither can nor have the intention to estimate whether a breach from the Swedish Work Environment regulations (AFS 2015:4) has been made. However, it was brought up by all managers and several of the employees during the interviews. Therefore the argument can be made that the employees feel that they lacked the safety net of the system that is supposed to protect them from being harmed the way they have been. The resistance of this was displayed through arguments from the managers.

The managers point out that the preparations for the redeployment were not enough and as a result their employees were harmed and caused unnecessary worry. These types of problems are addressed by Rees and Porter (2009) who emphasises some key factors before executing a redeployment process. They emphasize taking employee expectations into account to make sure they understand and are prepared for what is to come. The authors continue to highlight the importance of creating representative structures and aligning procedures for handling administrative variations. This is something the Region overlooked, or did not have time for, and therefore it created a stressful environment for the employees who did not get schedules or accurate payment. According to the Swedish Work Environment regulations (2015:4) it is the employers responsibility to ensure that the employee gets the resources required to manage the demands of the work. This could for example be clear information about the work tasks. The findings have shown that these resources often were missing when the redeployees entered healthcare.

### **5.1.2. The extreme circumstances**

In addition to the worry and frustration connected to the redeployment, society at large experienced similar sufferings because of the ambiguity regarding the pandemic. These circumstances contributed to the uncertainties and even spread a sense of fear in the workplaces. These extreme uncertainties both in society at large and in regards to the redeployment caused the employees to react. Some employees were so scared they refused to be redeployed, some became cynical but accepted their fate, and others volunteered to

contribute in the crisis. Even though there is a variation in how the employees coped with or reacted to the changes, most of the redeployees changed their perspective once they were in healthcare and realized they were safe with their safety equipment.

The fear of the pandemic was not the main issue for any of the employees interviewed once redeployed. The anxious anticipation of what was to come was far more extensive than the reality of working for healthcare, especially for those who did not work close to the infected patients. According to Alvesson and Sveningsson (2016), exaggerating the need for change can cause resistance both in the current change process, but more importantly cause a negative association for the change processes to come. Now that the employees have seen how this change was managed, they are likely to question future changes if the Region does not show more consideration to transparency and comprehensibility.

Since the pandemic is an extreme circumstance that adds to the uncertainties. This case was the first time redeployment like this was conducted in the Region. In addition to testing an unexplored process, the uncertainties of how the coronavirus operated contributed to perceptions of urgency. This may have contributed to the lack of preparation for the redeployment, since everything was so unfamiliar. All interviewees have expressed some type of understanding for how the pandemic may have affected the redeployment process negatively since it was an action in correspondence to crisis management. Nevertheless, the employees were the ones suffering the most from the miscommunications, changing decisions and ambiguity. This contributed to some changing their initial understanding of the actions once their expectations were disproved by a reality where the need was not as urgent as anticipated. At least for those not working in a COVID-ward.

## **5.2. Power**

The findings show that power is a key factor to be aware of when being a part of a redeployment process. The power struggle has resulted in several examples of resistance due to feelings of being taken advantage of. In the following sections the findings regarding power will be discussed in relation to previous research about equating employees with resources and the implications of this treatment.



### **5.2.1. Regarded as a resource**

Several employees and managers used the metaphor of being pawns in a game, or other analogies with the same meaning, illustrating their feeling of being powerless. To further illustrate this the employees explained how the individual opinion, situation or eligibility to be redeployed was not considered. In healthcare employees could be liable to work inconvenient hours, compared to their normal office hours at the dental clinic. The individual circumstances and commitments that every employee had in their private life was ignored. This puts the employees in a tough situation trying to make everyday life function after suddenly having to work odd hours. This depiction of the Region's action regarding the redeployment resembles the view of Hannah, Bremner and Eisenhardt (2016) where redeployment is a corporate strategy. According to this perspective, employees are regarded as a resource similar to machines that could, and should, be relocated when appropriate. However, this strategy failed to consider the more human aspects of the employees, and as mentioned by Rees and Porter (2009), redeployment is something that can be very stressful. The authors emphasize that the process would benefit from including training to prepare the employees for the change to minimize distress. This is also further discussed by London (1996) who describes how it is important to manage redeployment properly in order to minimize the negative impact on the employees. However, all interviewees have experienced some kind of distress or worry regarding the redeployment, indicating that the Region has failed to address this enough.

As stated by London (1996), redeployment is a strategy that an organization has to plan for long-term. In contrast to this, the Region seems to have undertaken the strategy as a response to their crisis management, indicating that they may not have had a thoroughly organized plan on how to implement it. At least not structured enough for a mass redeployment like this since it failed to consider the impact it would have on the individual employees. This decision to regard the employees as resources and not individuals is the most extensive way they have used their power, resulting in employees' feeling powerless.

### **5.2.2. Resistance**

The interviewees felt powerless and unheard. In the example of Jessie, who was not mentally fit to continue her redeployment, the Region ignored the pleas from both Jessie and her manager. This led to Cameron utilizing all the formal ways of getting Jessie back to the dental clinic, however, when this did not succeed Cameron ended up threatening the regional

management team on behalf of Jessie regarding implications of sick leave in an attempt to influence the decision makers. They ignored this threat and Jessie ended up having to act on her treath, since the only option left was to go on sick leave. This was a decision that her manager supported. These are examples of resistance as refusal and voice, presented by Fleming and Spicer (2007). Jessie could not manage to stay in healthcare any longer due to her health and refused to accept that her time of redeployment would be prolonged. When her wishes to return were not considered she threatened to go on sick leave. Both the threats and the refusal are merely based on the ill health that Jessie experienced, neither is an act of spite but rather a plea for help. In connection to this, Cameron also acted on Jessie's behalf. This represents resistance as voice (Fleming & Spicer, 2007). Even though Cameron no longer had a mandate over Jessie, she could act as an extension of Jessie's voice towards the decision makers.

The dentistry manager Drew was another example of a manager who acted as a voice for his employees. The employees in question first resisted by refusing to be redeployed, Drew then used his power of being responsible for the work environment at her clinic in order to voice concerns regarding the redeployment. Even though Drew did not forward the employees' resistance as refusal, she still did not blindly follow the orders of forcing redeployment. Instead she made sure to use her voice in an attempt to affect the people in control, trying to at least reach a compromise. These efforts eventually resulted in the employees not being redeployed at all, implying that resistance could have an effect in the outcome in some cases.

In addition to Jessie, Harper is another redeployee that wanted to return to her dental clinic but was denied. This eventually led Harper to reach a crossroad where she thought that she would never be allowed to return to the clinic, unless she took some kind of measures. Harper decided to threaten with resignation unless she was allowed to return to dental care. In combination with this, the Director of Dentistry appealed for Harper to be returned to dental care and ordered them to let her come back. When the Director of Dentistry objected to Harper having to stay in healthcare any further after five months, it was approved. This indicates a power struggle since Harper was not initially listened to, until the Director of Dentistry used her power. This again relates to Fleming and Spicer (2007) regarding resistance by refusal and voice, where Harper refuses to stay in healthcare and was prepared to resign from the Region unless she was allowed back. The Director of Dentistry acted as Harper's voice by using her authority to demand Harper back to the dental clinic.

There were other employees who were on the brink to utter their own threats but they ended up not expressing them. Avery is one of the employees who felt that she no longer wanted to work for the Region because of the feeling of not being in control of her own situation. She had started to formulate her threats in her mind, indicating that she was preparing to express them in an attempt to affect the Region to let her return. As stated in the findings this could indicate that several redeployees never expressed their resistance. This resembles affective resistance (Piderit, 2000) where the individual experiences negative emotions toward a change but does not necessarily express it. The resistance is present even though they may not share their thoughts or progress to other kinds of resistance. Since passive resistance is difficult to detect (Palmer, Dunford & Buchanan, 2017) this means that the Region may be unaware of the extent of the dissatisfaction some redeployees experienced. Being aware of the resistance is important since it could affect future change processes (Alvesson & Sveningsson, 2016).

### **5.3. Trust**

The findings show that the employees' trust towards the Region has been damaged. This will be discussed further in relation to employees' perception of a breach of a psychological contract and affective resistance. Trust is a key factor in a redeployment process and this will be argued for further through these sections.

#### **5.3.1. The psychological contract**

As has been stated in the findings, the redeployment can be argued to have been mishandled on several levels. This has led to decreased trust towards the Region as an employer. As a result of the clear ascendancy from the Region, the employees' experienced feelings of being taken advantage of which made them question their trust in the organization. Some employees even accuse them of withholding information and knowing more than they portray. This reflects on the findings of Ferres, Connell and Travaglione (2005) who found that the provision of increased communication and training played a key role in conducting redeployment without the trust toward the organization being damaged. The ambiguity of the information, and the lack of knowledge of what the employees were going to work with contributed to them losing trust toward the Region.

The realization that the Region can redeploy employees from their area of expertise to something outside of their customary duties made them feel powerless and used. This corresponds to the work of van den Heuvel and Schalk (2009) who explains how an under-fulfilment of the psychological contract can decrease and undermine the trust toward the organization. When the redeployed individuals became an employee of the Region a psychological contract was formed in which the individual perceived that their obligation was to perform dental care. This would normally be considered standard in most hires, for example, if a nurse receives a job in a hospital at the Region she would most likely assume that she is going to work continuously with healthcare and not be transferred to another occupation. It can therefore be argued that the dental employees' interpretation of the psychological contract is reasonable regarding the expectation of work tasks, even though they are hired by the Region and not a specific dental clinic. When the Region proceeds to redeploy employees from dental care it can be seen as a breach of the psychological contract. Dental employees were now expected to perform healthcare work, something that they had not agreed upon when they were originally hired. As seen in the empirical material this disturbance of the psychological contract has resulted in decreased trust in their employer. The employees describe how they feel betrayed by the Region, how they are not proud of working for them anymore, and how some even considered resigning.

In connection with employees being redeployed it can be argued that a new, temporary psychological contract was created in the mind of the individual. If they were to be redeployed, then surely the Region would organize it in a thorough way. Making sure that all the details were catered for and that healthcare would welcome the employees properly. However, several redeployees have highlighted an issue with the onboarding process and it appears to be a structural problem rather than a few exceptions since several of the employees and managers have given examples of this. The Region as the employer is responsible for providing a structure for onboarding new employees and in regards to the redeployment this failed when onboarding the dental employees into healthcare. Taylor, Jessie and Avery all express how they felt unwelcomed and not part of the team, creating a feeling of loneliness and inability to rely on their new colleagues for mental support.

The example regarding Avery's reaction when she thought she saw her previous healthcare ward manager indicates that Avery may perceive the way she has been treated as victimization. According to the Swedish Work Environment regulation (AFS 2015:4)

sections 13 and 14 the employer is required to work for preventing victimization and to have clear routines for handling victimization. General recommendations in relation to these sections of the regulations state that the employee should be made aware of where to turn if they experience victimization and that it should be clear that there are others to turn to if the closest managers are part of the issue. Avery's experience is the most vigorous example since it clearly shows psychological harm in the situation where Avery experienced an anxiety attack just by the thought of encountering the manager who ignored her during her redeployment. In this relatively small data collection Avery's experience is not the only example of a manager who has ignored the redeployee during their time working in healthcare. Several redeployees have expressed not feeling welcomed and a few, like Avery, expressed that they got ignored during general social interactions with the manager. This could indicate a need to evaluate the onboarding process for redeployees to ensure that they feel welcomed.

According to the redeployees in the first redeployment period, the Region failed to give the rightful attention to the employees' onboarding, well being, and work environment. All of this resulted in the Region also under-fulfilling the temporary psychological contract that was created in connection to the implemented redeployment. This contributes further to their decreasing trustworthiness.

### **5.3.2. Affective resistance**

As previously mentioned it can be argued that the Region has lost trust from their employees and that they now need to repair it, including re-establishing the psychological contracts toward their employees. However, van den Heuvel and Schalk (2009) also argue that the decrease of trust results in an increase of affective resistance concerning organizational change. In the empirical material it has been highlighted that many of the interviewees express affective resistance by having strong feelings of sadness, disappointment, and betrayal. These emotions can be argued to be symptoms of the damaged trust.

Harper's experience regarding how ambiguity has affected her and her colleagues describes several emotions and even mental illness that can be related to affective resistance. Avery expressed feeling mocked by the Region when they tried to portray the redeployment in a positive light by publishing the diary of a redeployee with a positive experience. All of these different negative emotions are an effect of the redeployment, indicating that the affective

resistance toward the change have been extensive. Affective resistance is based on the emotions that the individual employee experiences in relation to a change (Piderit, 2000). It does not mean that they actually express their negativity or act upon it, however, they are experiencing emotions within themselves. It can be argued that all of the employees experienced some kind of affective resistance because of the redeployment. This also includes the employees who expressed a positive experience regarding working in healthcare. Even though the experience was positive they still expressed feelings of frustration, worry and confusion. It can be reasoned that if they would have maintained a high level of trust among their employees, then maybe they could have avoided some of the negative emotions that the employee has experienced.

## **5.4. Competence**

The findings have shown that employees' competence is a key factor to consider through a redeployment process to increase the chances of the employees' perception of the process being positive. In addition to this, feelings of competence have been shown to be important for the employees' mental health. In this section the findings from the theme competence will be discussed further in relation to previous research.

### **5.4.1. Being redeployed downwards**

The findings show the importance of taking competence levels into account during a redeployment process downwards. The work tasks need to be dignified and something the employees feel comfortable performing in relation to the actual need for the work task. Being redeployed downwards creates expectations on what will be expected of the redeployees. Even when these expectations are met they can create unexpected consequences that the employees did not anticipate. Most of the employees agree that they initially expected to help relieve resources by performing simple tasks or at least to be treated as novices. For those who felt that these expectations were met they still did not anticipate the effect this under-stimulating work would have on them and that it would make them feel incompetent and devalued. For others the issue was that they were not seen as novices and were expected to do more than they were comfortable with. Since the Region failed to attend to these expectations beforehand, and the outcome made the employees suffer, this indicates the importance of considering competence and clarifying everyone's expectations (Rees and

Porter, 2009) going into the redeployment process and considering potential affects it will have on the redeployees. This way, the process can be adapted to reality rather than focus on the theory of how this should work out and prevent unnecessary misconceptions.

The findings show that a balance between feeling capable and feeling skilled is important for the employees to be comfortable and satisfied at work. For Harper, Avery and Jessie who experienced a misalignment between these two factors, the redeployment eventually affected their wellbeing. In Harper's case she felt under-stimulated and that her competence was not utilized to its full potential. This made her frustrated and feelings of worthlessness grew. In Jessie's case she felt that she was given too much responsibility in relation to her competence. She became insecure to perform certain tasks and this was met with impatience and incomprehension from her manager in healthcare. The combination of not being listened to about her insecurities and the work environment she was not used to affected Jessie's well being to the extent that she had to go on sick leave and discontinue her redeployment prematurely. In Avery's case she had two very different experiences with her two redeployment periods. In the first period she experienced a lack of information and insufficient introduction to her new workplace. She was not included as one in the team but was expected to be able to work as if she had been there before. Avery had not worked as an assistant nurse for several years and had left that occupation purposefully. This in combination with not being able to excel at work due to lacking prerequisites made Avery consider going on sick leave if she would have had to endure the redeployment any further. The second redeployment period changed Avery's perspective and she felt more competent and as a part of the team. This made Avery feel happy to have experienced the redeployment because she gained valuable experiences from working with a diverse team in a COVID-ward.

To varying extent, Harper, Jessie and Avery experienced negative effects on their well being because of the redeployment. Parallels from this can be made with the concept of SOC where Antonovsky (1987) states manageability to be a cornerstone for wellbeing and coping with stress. Manageability according to Antonovsky refers to having resources available for the employee to be able to meet the demands that stress entails. In this study the employees' stress originates from a variety of sources, some being connected to feelings of not being capable or not utilizing the full potential of their competence at work.

Antonovsky's concept of manageability is compatible with the findings in this study where getting the required prerequisites to excel at work is important for the employees to manage the stress with the new workplace. The findings showed that employees who were not properly introduced to their new workplace and tasks have experienced stress, insecurities and feelings of incompetence. The employees did not get the resources they required to cope with the change. The findings also show that not getting stimulating work tasks in relation to their level of competence became stressful for the employees. Not getting stimulating work tasks made some employees question how the Region decided where the dental workers should relieve resources since they did not feel their competences were utilized to their full potential and did not see the need for their presence in healthcare since anyone could have done the tasks they were assigned. Not getting competent work tasks is addressed by both London (1996) and Greenhalgh, McKersie and Gilkey (1986). They argue that it is undesirable to redeploy employees to tasks that are extensively below their level of expertise and that it can be harmful if the employees do not feel that the job is dignified and meaningful. This strengthens the argument that the work tasks need to be stimulating and meaningful in regards to the employees' competence during a downward redeployment even if the process is temporary.

As a result of not meeting the employees need of feeling competent it has contributed to resistance. As stated by Piderit (2000) resistance does not have to come from a bad intention thus rather is a way of coping with change. Piderit introduces affective resistance, something that is noticed in this study and has been accounted for through several of the themes in this chapter. The affective resistance is connected to the negative and positive feelings towards the change once confronted with it. In the case with Harper she began to feel worthless as a consequence of not having her competence validated in the new workplace. These negative thoughts of worthlessness are connected to affective resistance and do not necessarily get expressed towards the decision makers in the Region. For Harper this affective resistance later grew into active resistance such as complaints and later threats of refusal to continue work. Misalignment regarding competence and expectations is not the only factor contributing to Harper's resistance, however, it is one of them. The same goes for Jessie and Avery who experienced negative feelings of being a burden towards colleagues and feeling insecure about certain work tasks. These are all examples of affective resistance and the root of what later became more active actions with Avery's threats of sick leave and eventually Jessie's actual sick leave.



Since the affective resistance happens inside of the individual and seldom is expressed to its full extent it is difficult for managers and change agents to respond to or even be aware of it. Palmer, Dunford and Buchanan (2017) emphasizes the value of active resistance since that means the change agent becomes aware of the employees' perception of the change. There are some examples of employees that do not show resistance as clearly as others. Taylor and Jo were overall happy with their experience working for healthcare but they are still frustrated with parts of the redeployment process. This is information they communicated during the interviews, however, they have not expressed as much of their frustration towards any key actors in the Region directly. This implies that the Region is missing part of the employees' unmitigated perception of the change process and several employees are most likely suffering in silence to some extent.

#### **5.4.2. Seizing the opportunities**

Redeployment has potential to create a versatile team consisting of several expertises and the shared competence can create a so-called bank of knowledge. As presented from the findings with Avery's experience from a COVID-ward, this gave the team several advantages and made them forceful in a variety of situations. During this time the ward had the expertises of a dental nurse, an eye specialist, an anesthesia nurse and several other areas of expertise. This made it possible for them to address more of the patients' needs and therefore offer them more versatile care during their visit. This made Avery feel competent and valuable to the team since she brought a competence no one else had in the team. Avery's experience is an example similar to the utopian case by Johnston, Archer and Martin (2020). Their case mainly focuses on the benefits of the redeployment and how dental workers and healthcare workers are similar. In contrast to this, the case with the Region highlights a variation between individual experiences of the process with both benefits and drawbacks.

In contrast to Avery's experience of utilizing competences and skills, the example of Harper highlights the contrary. Harper tried to use her expertise with hygiene routines from dental care when she worked in healthcare. However, Harper was mocked for this rather than being praised for contributing with knowledge during a time when hygiene was more essential than ever. Eventually this contributed to Harper questioning her competence and even evoked a feeling of worthlessness. This identity clash, where Harper did not recognize herself in her competences being invalidated, contributed to Harper's resentment towards the

redeployment. To be mocked for a competence Harper was used to being praised for, had an enormous effect on her. As presented in one of the excerpts from the Ambiguity theme, Harper needed to process her overall experiences from the redeployment together with a therapist to find her way back to feeling valuable and competent. As a consequence of this, Harper is not likely to volunteer again. She does not regret volunteering, nevertheless, she regrets how she has been treated and the effect it had on her.

The wellbeing of an individual is argued to be influenced by the SOC (Antonovsky, 1987) and the case with Harper indicates that her experience has affected her SOC. Muller and Rothmann (2009) advocates for the correlation between competence and SOC and states that feelings of incompetence can be an indication of reduced SOC. According to the authors, someone with a strong SOC would not be as affected by setbacks and not think of it as an indication for incompetence. In Harper's case this could indicate that her SOC has been negatively affected, making her question her own competence as a consequence of several setbacks and perception of mistreatments. Comparing Harper and Avery, the latter regained control, feelings of competence and feelings of meaningfulness through her experience with the second redeployment period. All of these factors can be related to a strong SOC. These factors also contributed to Avery being happy about getting to experience the second period of redeployment since it changed her perspective and made her willing to stay in healthcare part-time. There seems to be a relation between feeling competent and the perception of the redeployment process hence several examples from the redeployees indicates the importance of feeling capable and perceptions of utilizing their skills.

## **5.5. Meaningfulness**

The theme of Meaningfulness has indicated the importance of how employees perceive their contribution when doing work tasks and that they feel it is meaningful. In the following sections this will be argued for further and strengthened by previous research in general and by Antonovsky's SOC in particular. The discussion is focussed on meaningfulness before the employees entered healthcare and during their time working there.

### **5.5.1. Before the redeployment**

The feeling of contributing in a meaningful way was not only important to the redeployees in order to make them feel useful and needed in healthcare, but also in order to legitimize the

decision that they were redeployed. Before the redeployment was commenced, the media was in full swing of reporting about the harsh conditions in hospitals in Italy which were overflowing with COVID-patients. This created a feeling among the employees that the Swedish healthcare was in dire need of reinforcement. In connection to this, all of the dental clinics in the region had been ordered to cancel their operations which caused the employees to be understimulated in dental care. Dental care is patient oriented, which indicates that when all of the patients disappear, the sense of meaningfulness decreases as well. When the employees then were presented with the alternative of being redeployed to healthcare many understood why this was needed. The decision was accepted by many in the sense that it would mean that they once again could perform meaningful work, compared to being understimulated in dental care. According to Antonovsky (1987), meaningfulness is an important element that needs to be present for someone to feel motivated to manage and comprehend an event. Meaningfulness is an origin of satisfaction and it could be argued that the lack of meaningfulness made employees feel like their dental work had lost its purpose. When redeployment to healthcare was presented some employees experienced that this could act as a way to regain the sense of meaning. Meaningfulness acted as a powerful element that legitimized the redeployment before they were to be redeployed.

### **5.5.2. During the redeployment**

During the actual redeployment period the feeling of meaningfulness would vary among the interviewed employees. Even though all of the redeployees contributed with their workpower at the healthcare ward, some employees would still feel like they did not contribute with something meaningful. As previously stated, there was a sense of emergency before the redeployment was commenced, that healthcare was in desperate need for reinforcement. However, when Harper and Taylor arrived at their healthcare ward and did not experience the chaos they had anticipated, they felt like they did not contribute in a meaningful way and started to question why they were there. When the element of meaningfulness is not present a person might not see any reason to persist in a tough situation or try to tackle challenges that occur (Antonovsky, 1987). The element of meaningfulness was vital to legitimize why the employees were redeployed. However, when that feeling was decreased, Harper and Taylor started to question why they were redeployed. They felt that they would be of more use at the dental clinic.

The feeling of being needed back in dental care and not being allowed to go back could indicate an imbalance between the demands and resources available to the employee to manage the work situation that the redeployment entails. Not being able or allowed to perform the work that the employee feels is needed in a certain situation can create emotional stress, which affects the wellbeing of the employee negatively. This is addressed by the Swedis Work Environment Act (AFS 2015:4) which emphasizes taking emotional stress into account when assessing the work environment. The absence of feeling meaningfulness contributed to several employees' experiencing effects on their wellbeing. The most clear example is Harper's feelings of worthlessness and having to consult a therapist to cope with this experience.

The absence of feeling meaningfulness emerged due to several reasons. One reason being the decreased feeling of emergency. Another reason is the sometimes lacking amount of meaningful tasks. The situations where there would be redundancy of personnel and few patients this contributed to the decreased feeling of meaningfulness. Examples of these situations were addressed in relation to Harper and Taylors' experiences of having to wait for tasks to do. Harper and Taylor expressed that this created a feeling of being redundant, reinforcing their questioning of why they were still redeployed. These feelings made Harper feel worthless and eventually created resistance when she was not allowed back to the dental clinic. Harper had legitimized and indirectly agreed upon being redeployed on the premise of doing meaningful work. When this mental contract was breached she no longer had an interest in being redeployed. This evoked Harper's resistance to the redeployment which was expressed as threats about resignation. This situation connects back to Palmer, Dunford and Buchanan (2017) where they describe different causes and symptoms of resistance. Perceived breach of psychological contract, as has been addressed in the category Trust, is one of the causes that reflects the situation in which Harper did not get to do the meaningful work that she perceived as an important part in agreeing to her redeployment. A symptom of Harper's resistance was expressed as refusal when she openly threatened the regional management team with her resignation. Other employees such as Taylor also questioned why she was redeployed when she felt like she was not contributing, indicating that the same kind of breach of the psychological contract had occurred to her as well. However, Taylor did not act on her resistance the same way Harper did. Instead Taylor would display cynicism by being critical and questioning the decision to redeploy her. Taylor's experiences of feeling cynical could remain and be more damaging during future change processes. It affects future change

processes since cynicism affects associations to change (Alvesson & Sveningsson, 2016). The lack of meaningfulness in these cases affected the employees' willingness towards the redeployment, evoking symptoms of resistance.

In contrast to how the lack of meaningfulness can lead to someone not wanting to tackle a problem or persist in a tough situation, the opposite can be argued for when meaningfulness is present. The presence of meaningfulness can indicate that people perceive change as worthwhile and challenging (Antonovsky, 1987). This is what happened to Jo, and Avery during her second redeployment. During their redeployment period their experience corresponded to their expectations which legitimized the redeployment. They felt like there was a need for their help in healthcare and they also felt like they contributed in a meaningful way. When the time came for Jo and Avery to return they both felt that they were still needed in healthcare and that the work they did was meaningful. This resulted in Avery requesting to stay part-time in healthcare and working part-time at her regular job at the dental clinic. This could indicate that Avery found her work, both at the dental clinic and at the healthcare ward, to be meaningful. However, while Jo did express that she was not ready to leave healthcare at the time, she still acknowledged that it was going to be nice to return to the dental clinic, suggesting that she felt a stronger meaningfulness toward her dental work, or that other factors made the return more appealing than staying in healthcare. The element of meaningfulness acted as an important part in Jo and Avery actually enjoying their redeployment period. This is an important contrast to Harper and Taylors' experiences which lacked the aspect of meaningfulness and was perceived as a negative experience.

## **5.6. Theoretical contribution**

This section will elaborate on the contributions to the theoretical field. First there will be a summary of the main arguments from the five themes. These will then culminate in a figure that illustrates a balance between the five categories and resistance to demonstrate the importance of considering the individual's needs in a redeployment process.

### **5.6.1. Final arguments**

The wellbeing of the employees has clearly been affected and this has been argued for through all categories in the analysis. Through the analysis the themes of ambiguity, competence and meaningfulness have been explicitly related to Antonovsky's (1987)

concepts of comprehensibility, manageability and meaningfulness. Ambiguity has been a key factor for the unnecessary stress and worry the redeployees experienced. The positive opposite of ambiguity is clarity, and it is clear that the need for clarity is an essential part to balance resistance. The same goes for feelings of incompetence and not feeling that the work is meaningful enough. These categories have shown a correlation between the employees' orientation towards the redeployment and a low SOC. The employees' tolerance of stress and change negatively escalated through the process which resulted in more active resistance since clarity, competence and meaningfulness were not considered enough by the Region. This could indicate a decrease of the employees' SOC through the process.

The main argument from the theme Power is that the Region has failed to consider the individual needs during this mass-redeployment. All employees, both volunteers and forced redeployees, experienced a negative sense of being controlled. The Region's focus on the employees as resources has left the employees feeling powerless and taken advantage of. The findings show that this mass-redeployment has failed to consider the individual's needs which has led to implications. In the crisis of the pandemic the perception of urgency has contributed to shifting the focus from the individual needs to the scarce resources. The result of this has been several examples of different types of resistance. The close connection between power and resistance (Fleming & Spicer, 2007) has been displayed from the redeployees perspective through the analysis. The examples, such as the employees' perceptions of being pawns in a game, further strengthen the argument that power has been a cornerstone to the employees negative perception and the effect on their wellbeing through the process.

The main argument from the theme Trust is that the Region has repeatedly breached the psychological contracts resulting in the employees losing their trust for their employer. Through several examples from the empirical material it becomes clear that the psychological contracts (van den Heuvel & Schalk, 2009) have been breached both before fully executing the redeployment and during the time the redeployees were in healthcare. A combination of ambiguous information and feeling powerless and wrongfully used has contributed to the employees' distrust in the Region. Redeployment is a rather uncertain and unfamiliar process in this case since it involves so many employees being affected at the same time as the circumstances are extreme due to the pandemic. This makes trust a key factor to consider when managing redeployment to ensure that employees' wellbeing are attended through the

process and that the employees are able to handle the change. It is possible to intertwine Antonovsky's (1987) concept of SOC with the need for trust by focusing on facilitating how change is received after employees are confronted with it. The findings show that once a psychological contract is breached it becomes more difficult to see change as a challenge rather than a threat, hence it requires trust in the implementation process and in the organization's intentions. This indicates that perceptions of decreasing trust can affect both ongoing and future changes and generate resistance as a response to the employees not feeling that their wellbeing is considered or attended to.

Through all categories, resistance is a present factor and consequence of how the redeployment has been managed. The findings have shown different types of resistance which has been further argued for in the analysis. The resistance has been both explicit and tacit which has contributed to both individual and organizational implication. The tacit, or affective resistance (Piderit, 2000), is especially interesting since this has not been expressed to its full extent and therefore further contributes to the gap between the Region and its employees. This gap makes it difficult for them to address the dissatisfactions among the employees since they are simply not aware of everything that the employees experience. This contributes to the employees' perception of the Region not considering their individual needs and it breeds the distrust. Even though some of the affective resistance remains tacit, there have been several cases where the affective resistance has grown into actions such as refusal, complaints and expressed cynicism. The connection between the five themes and resistance indicates the need for a balance between them to maintain the employees' wellbeing through a redeployment process.

### **5.6.2. Illustrating the contribution**

Through all categories arguments have been made of how the employees' wellbeing has been affected through this process. Since wellbeing is a central part of Antonovsky's (1987) concept SOC, our analysis contributes with nuances of how resistance is related to the wellbeing of the employees and their perception of a change as an adversity. It is important to acknowledge that resistance in itself is not a bad thing, it can develop processes and be very helpful from the organizational point of view (Palmer, Dunford & Buchanan, 2017). However, in regards to the individual the resistance indicates some type of dissatisfaction or adversity equivalent to an implication on the employees well being. When conducting a redeployment process, one must take into account the balance so that the individual does not

perceive the change as an adversity that provokes resistance. To illustrate this balance in an attempt to make it easier to understand, a seesaw will be used (see figure 1). One side of the seesaw is resistance (the part one wants to keep in check) and the other side consists of the parts that this study has shown are important to consider to minimize resistance and maintain balance.

Figure 1. Balance of Redeployment

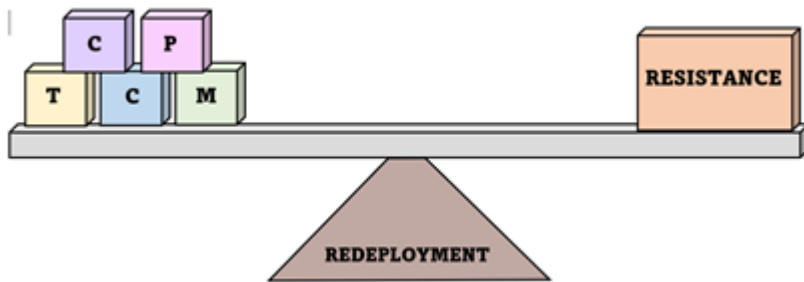
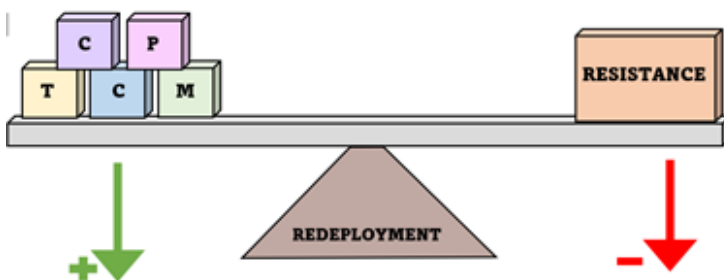


Figure 1 illustrates how the redeployment process needs to balance the employee’s resistance and key prerequisites for managing changes that provoke resistance if they are missing or if the process is mishandled. As has been stated, the five categories of *clarity (C)*, *power (P)*, *trust (T)*, *competence (C)* and *meaningfulness (M)* need to be taken into account to ensure the employees’ wellbeing through the process. Taking these factors into account gives the employees the prerequisites required to see change as a challenge rather than a threat once confronted with it. If the resistance weighs heavier than the key factors the imbalance will indicate that the employee perceives the redeployment as an adversity and something negative. If the key factors are balanced with or weigh heavier than the resistance this indicates that the employee manages to cope with the change without suffering significantly. This relationship is illustrated with the green and red arrow in figure 2.

Figure 2. Imbalance of Redeployment





## 6. Conclusion

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*This chapter will summarize and highlight the conclusions of the findings. The first section will conclude the findings in relation to the research questions. This is followed by a part that summarizes and reflects on the theoretical contribution as presented in the previous chapter. This chapter will then elaborate on some reflective thoughts regarding this study and suggestions for future research.*

### 6.1. Revisiting the research questions

The first and primary research question aims to find how the employees orient themselves toward the phenomena of temporary downward redeployment. The second research question concerns what immediate implication the Region has experienced, related to the employees' orientation to the implemented temporary downward redeployment. From the empirical data we can conclude that the redeployees have experienced a great amount of negative emotions. Unnecessary emotions that often were generated due to ambiguity regarding the redeployment. This orientation regarding ambiguity would sometimes manifest itself as cynicism among some employees which has implications for the Region since it has been shown that cynicism can make employees become less susceptible for future change initiatives (Alvesson & Sveningsson, 2016). Another implication is the negative atmosphere that has been created at some clinics and if this is not repaired they will become less of an attractive employer, potentially losing employees to more appealing organizations.

The employees have also experienced the feeling of being powerless and treated as a resource. Not being seen as an individual, created dissatisfaction. This orientation of discontent resulted in some employees threatening with sick leave or resignation. Others resisted by using their manager's voice to affect the decision makers. These threats were in some cases put into action, creating immediate implication for the Region who lost manpower and the employees' tacit knowledge. Another consequence of how the redeployment was handled is a perceived under-fulfillment of the psychological contract (van den Heuvel & Schalk, 2009) which has resulted in the employees' experiencing a sense of betrayal. This has evolved affective resistance (Piderit, 2000) toward being redeployed. An implication of this is that the Region's trustworthiness has decreased.

In the beginning, employees were content in being redeployed downward since they knew that their knowledge in dental care differed from that in healthcare. However, if employees experienced low manageability and a misalignment between the feeling of being capable and being skilled, this would evoke emotions of worthlessness and insecurity. This is another example of increased affective resistance (Piderit, 2000). In connection to this it can be concluded that before the redeployment was implemented the employees legitimized being redeployed with the feeling of contributing to the healthcare in a meaningful way. This positive orientation toward the redeployment would then change during the actual redeployment period depending on the feeling of meaningfulness. The employees who had a strong sense of meaningfulness had a more positive orientation toward the redeployment. The individuals who were missing the feeling would experience emotions of worthlessness, redundancy, and make them feel resentful toward their own redeployment.

Even though most employees had a relatively negative experience, all the employees justified the decision of being redeployed because of the pandemic. The employees' orientation toward the temporary downward redeployment could be summarized as them accepting the concept of redeployment because it was temporary, their own original work being canceled, and also because of the critical situation with the pandemic. However, the employees would simultaneously disagree and resent several aspects of the redeployment. The employees' orientation toward the temporary downward redeployment varied, showing the complexity of implementing redeployment and attending to individual needs. However, while the employees' individual experiences have been diverse, the immediate implications for the Region have been relatively limited. The immediate implications for the Region are: employees less susceptible to future changes; potentially being perceived as an unattractive employer; decreased internal trustworthiness; increased risk of sick leaves or resignations, diminishing their available manpower. When comparing the Region's implication with the experiences of the redeployees it shows that it is the individual employee who has experienced the most consequences. The empirical findings are based on the individual perspective. With this stated, from the collected data it can be concluded that the Region has failed on several levels according to the employees.

## **6.2. The balance of redeployment**

The seesaw model presented in the analysis shows key factors that the individual employee requires to be able to cope with redeployment. The key factors of clarity, power, trust, competence and meaningfulness should balance the resistance towards the redeployment. Through the empirical material it has been shown that there has been a disruption to the balance of the employees' individual seesaws. When the initiative of the redeployment was presented and implemented an imbalance occurred and tipped the seesaw toward the negative side where resistance outweighs the resources to handle the change. The lack of clarity, feelings of powerlessness, distrust, feelings of incompetence and not contributing with meaningful tasks resulted in the employees' experiencing feelings of worry and anxiety. This contributed to affective resistance (Piderit, 2000) that later grew into explicit reactions.

As has been stated previously, resistance is not bad for an organization since the organization can learn from it and develop the processes further. However, from the redeployees' perspective the resistance indicates dissatisfaction and adversity. This means that the redeployee perceives the change as a threat rather than a challenge since they are not offered the essential resources to cope with redeployment in general and this downward redeployment in particular. This study has shown that during the redeployment process there was an insufficient consideration of the five key factors presented. As a result the employees' wellbeing was affected and the resistance towards the redeployment escalated. This study has addressed that in a redeployment process during a crisis the organization's sense of urgency to make decisions and react to new demands may make it difficult to consider individual needs through the redeployment process. However, by making sure that the factors preserving the balance of the seesaw are considered through the process the chances of maintaining the balance for the individual employee increases. Maintaining this balance should be of interest for the organization since this study has presented several outcomes the imbalance entails. It is important to note that the figures of the seesaw do simplify the relationship between the key factors, as previously discussed in the methodology chapter. However, this is intentional to make sure the partitioners and the decision makers in regards to a redeployment process understands how employees may experience the process if the key factors of this study are not considered. The purpose of using the figures in this thesis is to give an overview of the balance between the key factors from the findings to make it easier to grasp for both

participants of the study and practitioners that may conduct redeployment processes as a strategic tool in the future.

This study has focused on the immediate implications for the organization in relation to the employees' negative perception and reaction of the redeployment process. With these findings, illustrated through the seesaw model, we have contributed to the research field of redeployment and the purpose of this study has been fulfilled. The purpose of this study was to qualitatively examine the phenomenon of temporary downward redeployment, thus gaining a deeper understanding of the subject and contributing to an otherwise overlooked part of the redeployment field. This study has contributed by providing nuances of how employees cope with redeployment and what implications that has for an organization.

### **6.3. Final thoughts and future research**

This study has gathered data in the context of an extreme circumstance, the COVID-19 pandemic, and is therefore a product of a unique situation. This means that the findings may not portray organizations during normal conditions. However, the study is still beneficial since this extreme case highlights and provides insight into aspects that might have been difficult to discover during normal circumstances. In relation to this it is also important to highlight that this is a relatively small study based on a limited number of employees and their personal experiences regarding a very unique situation. However, this study has still been relevant by providing valuable implications to the scientific field and hopefully also in encouraging future research to conduct similar and more extensive studies.

As was presented in the introduction to this study, the research regarding downward redeployment has been scanty and even the field of redeployment in general could benefit from more research. The COVID-19 pandemic has broadened the perspectives and shown the useful role that redeployment can have in a crisis situation, when manpower can be relocated without any new hires required. This study has hopefully ignited an interest in further research studying the phenomena of redeployment and trying to expand on the knowledge of how organizations can perform redeployment with minimal friction. Interesting aspects for future research to explore is the relationship between the five key factors presented in this study and whether some are more essential for maintaining the balance with resistance. Other interesting angles is the perspective of the receiving organization or unit in a redeployment

process and what implications the process entails for them. This study has indicated a need for further research regarding long-term implications for the organizations involved in the redeployment process and whether the employees can be more involved in the process to minimize resistance.

## 7. References

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## 8. Appendix

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### 8.1. Interview guide

The interview guide contains example questions that were asked to the redeployees. The order of the questions varied and so did the follow-up questions. The interviews with HR and the dentistry unit managers contained questions regarding the same subjects, however, they were formulated to suit their role in the redeployment process. The interview guide was updated simultaneously as new knowledge developed and below is a summary of the final example questions.

#### *Example questions:*

- Tell us about who you are and what role you have in dental care.
- We would like to talk about the temporary redeployment that you have experienced. Would you like to tell us what transpired?
- Elaborate on what you felt regarding your experience.
- How did the redeployment affect you? (Rutins, work joy, etc.)
- How did your colleagues react to the decision regarding redeployment?
- Tell us about how the communication regarding the redeployment was handled.
- Tell us about the training you received before you started working in healthcare.
- In what way did you and your colleagues get to partake in the decision about the redeployment?
- What was it like coming back to dental care?
- Tell us about the support and feedback you received through the redeployment process.
- Tell us about your confidence in the Region as an employer and your managers. Is this something that was affected by the redeployment?
- In retrospect, how would you have preferred things to be handled?
- Do you feel that your experience of the redeployment has made you reflect on your career choice?
- What are your thoughts regarding that most redeployees have been in your particular occupation compared to other professions in dentistry?

- Redeployment in general can be a useful resource for regions and other organizations. What are your thoughts on that?
- How do you think the redeployment notice would have been received if there had not been a pandemic at the same time?
- Do you think your experience represents what most redeployees have experienced through this process?

## 8.2. Evaluation survey

The evaluation survey was conducted by the Region in connection with the first redeployment period. The survey was in Swedish and below is a translation of the questions with the original question in parentheses. There were 19 surveys completed by 20 employees which represent approximately 36 % of the redeployees in total. As stated in the methodology chapter the evaluation survey only served as contextual information for this study in the continuous development of the interview guide.

Questions	Yes	No
1. The employee feels that s/he has received enough information <i>(Upplever medarbetaren att den fått tillräckligt med information)</i>	35% (7 st)	65% (13 st)
2. Has it been clear which tasks are to be performed <i>(Har det varit tydligt vilka arbetsuppgifter som ska utföras)</i>	70% (14 st)	30% (6 st)
3. Has it been clear which tasks are to be prioritized at the temporary reception <i>(Har det varit tydligt vilka arbetsuppgifter som ska prioriteras på den tillfälliga mottagningen)</i>	70% (14 st)	30% (6 st)
4. Has the employee had good contact with the dentistry unit manager during the redeployment period <i>(Har medarbetaren haft god kontakt med ordinarie chef under utlåningstiden)</i>	70% (14 st)	30% (6 st)
5. Has the employee had good contact with the temporary manager <i>(Har medarbetaren haft god kontakt med tillfälliga chefen)</i>	80% (16 st)	20% (4 st)

<p>6. Has the employee been introduced to the work at the temporary reception</p> <p><i>(Har medarbetaren fått introduktion i arbetet på den tillfälliga mottagningen)</i></p>	75% (15 st)	25% (5 st)
<p>7. Has it been clear to the employee which routines and guidelines are to be followed at the temporary reception</p> <p><i>(Har det varit tydligt för medarbetaren vilka rutiner och riktlinjer som ska följas på den tillfälliga mottagningen)</i></p>	70% (14 st)	30% (6 st)
<p>8. Has the employee received regular feedback and information</p> <p><i>(Har medarbetaren fått regelbunden återkoppling och information)</i></p>	25% (5 st)	70% (14 st) 1 blank answer
<p>9. Has it been clear what, when and how often information and communication should take place between the employee and the manager? (applies to both regular manager and temporary)</p> <p><i>(Har det varit tydligt vad, när och hur ofta information och kommunikation ska ske mellan medarbetaren och chef? (gäller både ordinarie chef och tillfällig))</i></p>	10% (2 st)	85% (17 st) 1 blank answer
<p>10. Has the communication been perceived as clear by management and the immediate superior? (applies to both regular and temporary manager)</p> <p><i>(Har kommunikationen upplevts tydlig från ledning och närmsta chef? (gäller både ordinarie och tillfällig chef))</i></p>	20% (4 st)	70% (14 st) 2 blank answer
<p>11. Has the employee been given the opportunity to participate in his/her work at the temporary placement</p>	45% (9 st)	45% (9 st) 2 blank answer

<i>(Har medarbetaren fått möjlighet till delaktighet i sitt arbete på den tillfälliga placeringen)</i>		
12. Has the employee experienced social support from colleagues and managers at the temporary placement (eg felt welcome and included)  <i>(Har medarbetaren upplevt socialt stöd av kollegor och chefer på den tillfälliga placeringen (ex. känt sig välkommen och inkluderad))</i>	80% (16 st)	15% (3 st) 1 blank answer
13. Has there been an opportunity for a break and a break from work  <i>(Har det funnits möjlighet till paus och rast i arbetet)</i>	90% (18 st)	5% (1 st) 1 blank answer
14. The work has been very psychologically stressful  <i>(Har arbetet varit starkt psykiskt påfrestande)</i>	30% (6 st)	65% (13 st) 1 blank answer
15. Has it been clear to who / where the employee can turn if s/he does not feel well, feels anxious or needs support  <i>(Har det varit tydligt vem/vart medarbetaren kan vända sig om den inte mår bra, känner oro eller behövt stöd)</i>	40% (8 st)	55% (11 st) 1 blank answer