

## **Employee Responses to the Implementation of a Smoke Free Workforce Policy: An Interview Study**

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*This study conducted in-depth interviews ( $N = 20$ ) with US American employees who experienced the process of implementing an organizational policy that aimed at creating a smoke-free workforce (i.e., firing smokers or keeping and hiring non-smokers only). The interviewees' reactions to the policy included resistance to change, concern about implications of the policy, and lack of perceived legitimacy of the policy. Of the main concerns expressed by the interviewees, positive responses to the policy pertain to the health-focused values and outcomes of the policy, whereas negative responses to the policy were mostly due to privacy violation implications of the policy. Additionally, the interviewees considered organizational culture to be negatively affected by the severity level of the policy and pointed out the limited usefulness of organizational assistance provided for smokers. Although a smoke-free policy has a direct impact on smokers, non-smokers also expressed their concerns for the implications of the policy. Actions that managements take for an intended purpose can produce unintended or unexpected consequences.*

When organizations adopt a policy or program intended to improve employees' health, health may not be the only outcome of such policy or program. Health-enhancing behaviors are usually considered private, personal choices. When an organizational policy either mandates or recommends that employees adopt healthy behaviors, however, healthy or non-healthy behaviors can be subject to organizational control. Among diverse organizational policies communicated to employees that may influence their health behaviors, this paper addresses the impact of a smoke-free policy on both smoking and non-smoking employees' evaluations of organizations. This paper starts with an overview of smoking regulation at workplaces and discusses the potential implications of a smoke-free policy for employees.

## Health Promotion and Smoking Regulation at Workplaces

Workplace health promotion aims to increase awareness of health risks, motivate behavior change, and foster a healthy work environment through activities such as fitness programs, health risk assessments, screenings and preventive care, weight management programs, work-life balance programs, and smoking control programs. Workplace health promotion literature has shown that these programs have positive effects, such as reduced healthcare and disability costs, reduced turnover, and increased morale and productivity (Heaney & Goetzel, 1997; Mason, 1992). Meta-analyses have reported that participation in workplace health promotion programs was associated with decreased absenteeism and higher job satisfaction (Parks & Steelman, 2008), that workplace health promotion also decreased sickness absences and increases mental well-being (Kuoppala, Lamminpää, & Husman, 2008), and that the programs generally produced a substantial return-on-investment (Chapman, 2005).

Of the many health issues plaguing organizations, smoking is becoming one of the major culprits of increased healthcare costs. Although the percentage of smokers has declined over the last forty years, 20.9% of adults in the United States still continue to smoke as of 2004 (CDC, 2005). Nationally, the smoking-related economic costs were more than \$167 billion dollars per year from 1997 to 2001, of which \$92 billion per year was in the form of lost productivity (CDC, 2005). The consequences of smoking are not limited to individual smokers, but are also relevant to the smoker's employer. Organizations experience direct and indirect costs due to smoking (e.g., health insurance, productivity loss, and recruiting and retaining replacement workers) (Osinubi & Slade, 2002). As a way of dealing with rising costs while also positively impacting the health of employees, organizations may strive to employ healthy, low-risk individuals or to assist high-risk employees in lowering their risk.

A smoking control program is one of the most common types of workplace health promotion programs. Currently, over two-thirds of large companies in the U.S. provide smoking control programs (Linnan et al., 2008). Many of them offer incentives or competition programs for smoking cessation. For example, General Electric rewards employees up to \$750 to quit and stay off cigarettes (Volpp et al., 2009). IBM employees in Europe can collect points as they make progress towards smoking cessation. Participants who surpass a target score are entered into a lottery with wellness-related prizes such as memberships in fitness clubs (IBM, 2009). Some companies assist employees' smoking cessation efforts by covering the cost of group therapy and providing individual counseling, self-help materials, nicotine replacement therapy and social support (Cahill, Moher, & Lancaster, 2008). For example, employees at Novartis Pharmaceuticals Corporation and Johnson & Johnson Health Care Systems Inc. have free access to smoking cessation medication and nicotine-replacement products. The Dow Chemical Company creatively encourages employees by providing quit packs containing educational information, nicotine replacement products, a stress ball and even cold turkey sandwiches to employees who are committed to quitting (National Business Group on Health, 2009).

In addition to incentives and competition, another way to implement a smoke-free workforce policy involves not hiring or firing smokers. Although this type of policy can also help encourage healthy behaviors among current and future employees, such steps would have to fall under the realm of behaviors that employers have discretion over in order for a policy not to infringe on the legal rights of employees. As of January 1, 2006, twenty states in the U.S. do not have laws protecting smokers (American Lung Association, 2005). In these states, employers are within their legal rights to make employment decisions based on smoking behavior. For example, Union Pacific Corporation stopped hiring smokers in seven states (Costello, 2005). The Scotts Company LLC in Massachusetts fired an employee for smoking cigarettes during non-work hours (Canavaugh, 2008).

One of the characteristics of the smoke-free workforce policy is that both smoking and non-smoking employees can react to the smoke-free workforce policy implementation. Smokers employed in organizations with a smoke-free policy are more likely to consume fewer cigarettes per day, to consider cessation, and to quit at a higher rate compared with smokers employed in organizations with no policy or a weak policy (Brownson, Hopkins, & Wakefield, 2002; Cahill et al., 2008). Non-smokers can also find reduction in exposure to second-hand smoke (i.e., environmental tobacco smoking [ETS], which can result from being near a smoker-designated area). According to the U.S. Surgeon General's Report, a smoke-free policy is the only effective way to prevent secondhand smoke exposure in the workplace, as the exposures of nonsmokers to secondhand smoke cannot be controlled sufficiently by air cleaning or ventilation only (U.S. Department of Health and Human Services, 2006). On the other hand, if an organization provides highly supportive assistance that is perceived as beneficial to the employees who are targeted by the smoke-free policy, the organization may be able to reduce or avoid undesirable attitudes about its smoke-free policy (e.g., the organization only cares about money and wants to fire smokers to reduce its health care costs) (Dalsey & Park, 2009). Employees who think they receive a greater amount of organizational support tend to have higher organizational commitment, job satisfaction, positive moods at work, and lower turnover intentions (Rhoades & Eisenberger, 2002).

A research question guiding this study pertained to the employees' accounts of their experience with implementation of a smoke-free policy in their workplaces. The authors of this study interviewed 20 employees of companies that implemented a smoke-free workforce policy under which the smoking employees were given one year to quit smoking and non-complying employees had to leave the companies. To protect the anonymity of the interviewees, their companies' names and locations are not revealed here, and their demographic information is reported here as aggregates. Taking a grounded theory approach, axial coding and open coding were conducted on the data to uncover a few themes (Corbin & Strauss, 2008). Authors of this study independently examined all the interview contents and came to an agreement regarding three major themes underlying employees' responses to a smoke-free workforce policy.

## Method

The interviewees were 4 men and 16 women (age  $M = 44$ ), with an average of 8 years of employment in their current workplaces. Among them, 13 identified themselves as non-smokers, 3 had quit smoking, and 3 were casual or social smokers. Each interview took about 45 minutes to one hour. The interview questions included what they thought about the policy when they first heard about it, what they thought about the organization's assistance, how the policy was communicated to employees, what the overall reactions to the policy were, and whether or not their perceptions of their companies had changed. The company names are here indicated as ABC and the owners/CEOs of the companies are here indicated as John Doe.

## Results

### *Initial Reactions*

Employees had varying initial reactions when the smoke-free workforce policy was first implemented. Some employees remembered having positive reactions, while others recalled their negative reactions. There were also some employees who were indifferent to the policy. Interestingly, it was not all non-smokers who had positive reactions: some smokers also indicated that they thought the policy was good. Similarly, smokers were not the only group who viewed the policy negatively; non-smokers also did.

*Positive reactions.* Health benefits associated with the smoke-free workforce policy were the predominant reason for the interviewees' positive reactions. Fourteen of 20 interviewees spoke positively about a healthier lifestyle and the pros associated with not being around smoking in general, regardless of the interviewees being smokers or not. Some of the positive reaction comments were: "Good policy, [I] don't like working where people [are] smoking," "[I was] intrigued by the health benefits to everyone," "Healthier for me, still support it; have positive side to it," "Yes, today a good thing; I like what they are doing, better off for it; more accepting of it; overall good idea," "Good policy, fits in line with strategy for a health organization; see benefit," "Wonderful idea; Beautiful thing, all about being healthy; Glad he [John Doe] went through with it; go for it all the way."

Additional positive attributions were made about the companies in general and the owners and CEOs of the companies. Overall, more than half of the interviewees had an optimistic viewpoint about the smoke-free workforce policy. Positivity toward the policy itself, toward the companies, and toward key players in the companies were clearly evident. "Good image for the company; validity, money spent on healthcare," "Love [ABC], [John Doe], everyone; everyone put it into perspective," "Dedication to health, concerned about their health; no one regrets, very pleased; great company," "Today a good thing; like what they are doing, better off for it," "I truly believe [John Doe] cares."

*Negative reactions.* Fourteen of 20 interviewees responded to the policy negatively, making some reference to a violation of their personal privacy. Many interviewees made some sort of a statement about their privacy being an issue because of the smoke-

free workforce policy. Some of the negative reaction comments were: “What about me drinking on the beach? Not fair, violated personal rights,” “[It] doesn’t feel it is the right thing, legal. In their home, [people] should be able to do it [smoking]; is it legal? [People have] privacy in their own home,” “[I was] a little weary because of the privacy issue; [my] primary concern [was] privacy issue,” “[It] crossed boundary between work and not work; more intrusive; main objection is the privacy, kind of affects me; [my] main concern [is] with privacy,” “Employer has no right outside work; I don’t think I need to be directed outside of work.”

Another aspect of the negative reaction was emotions that interviewees experience. Seven interviewees said that they experienced surprise or shock when they first heard about the policy. Other interviewees used more dramatic expressions such as “What?!” or “Wow!” (in a seriously negative tone). Interestingly, interviewees’ emotional experience of surprise seemed to be associated with negative attitudes toward the smoke-free workforce policy because their comments about surprise were more or less followed by negative perceptions of the policy. For example, some of the comments were: “[I was] angry [and] felt like he [John Doe] was abusing his power. Shocked, it was the last thing on the agenda,” “[I was] surprised that it would extend to personal lives, even extended to spouses, a bit extreme,” “[I was] upset because company started stepping on toes.”

Another reason for negative reactions involved concerns over future policies and the company’s control over private lifestyles. Interviewees commented, “[The policy] cause [me] to wonder what would be next?” “What is going to be next, what else?” “What other [things] were they going to pick?” “People fear what is next? Cake?” “[People were] concerned about what is the next step, weight?”

*Neutral reactions or indifference.* Not all of the interviewees had positive and/or negative reactions to the smoke-free workforce policy in their workplaces. Especially only among some of the non-smokers, neutral reactions or indifference were represented by comments such as: “[it] doesn’t bother me,” “Me personally, the policy didn’t affect me.”

#### *Perceived Effects of the Policy on the Organization*

One aspect of the perceived effects of the policy was employees being divided into different camps, depending on their smoking status and personal perspectives on the issue (e.g., whether they are positive or negative about the policy). “[The policy] divided the organization, half of the organization [reacted] ‘yes, awesome’, [while] the other half ‘you got to be kidding me, they can’t do this,’” “Divided. Both extremes... a group [was] very happy, a [nother] group [was] very sad,” “Nonsmokers [’s reaction was] ‘whatever’, smokers ‘unfair and discrimination’.”

Additionally, interviewees felt their companies had changed. Nine interviewees indicated that the policy changed their perception of the organization in a negative way. One interviewee commented that the organization had been a family environment with a heart in the past, but became concerned with money and was throwing out employees. Another interviewee said that everyone loved the company and had the feeling of “all

for one” before the policy was introduced, but that the company turned into dictatorship since. Another interviewee also echoed similar sentiments, describing the company as less friendly and more of a business after the implementation of the policy. In addition, six other interviewees reported that their perception about the organization had changed in a negative way. They expressed phrases such as: “communist community,” “one bedroom apartment,” and “a first step in disillusionment” in describing their perception of the organization.”

Lastly, one interviewee changed his or her perception of the organization as a result of the policy in a positive way. Initially, he or she felt uncertainty about effectiveness of the policy, wondering, “How could they get away with it?” However, the interviewee had a more positive perception of the policy and the organization at the time of the interview, saying, “The policy is a good thing,” “I like what they are doing,” and “The organization is better off for it.”

### *Communication*

Communication is considered one of the key factors in a change process. In the implementation of the smoke-free workforce policy, on the surface, interviewees perceived that the communication regarding the reason of policy enforcement was sufficient, explicitly or implicitly. “Yes, [communication of the policy] was included in the interview, [it is] part of [ABC], being healthy in general,” “Emails, formally, at the employee meeting,” “[Communication of the reason] couldn’t have been clearer...,” “Just at the company meeting,” “I think we knew how [John Doe] felt, and why he was doing it. Whether people were listening, he was very clear,” “You had to really listen, not close-minded.”

However, such communication was carried out in a one-way direction from top-down. Therefore, even though employees agreed that the policy was about health, they also attributed the actual motive for carrying out the policy to the management’s hidden agenda. From the interviews, it was obvious that prior communication between the management and employees regarding the policy was absent, as shown by employees’ initial reactions of shock and surprise. Employees’ own understanding of the policy, therefore, affected how they interpreted the rationale as well as how they speculated about the different motives behind the policy. “My interpretation is that this is a control issue,” “The company is trying to set an example for other companies. The personal goal is to be the leader, [and say] ‘look at me, look at what I made my people do’. [He] tries to make a name to them, glorify the individual, which is another agenda,” “Money as primary concern...concern for employees’ health [was] not primary,” “Avoid having to cost for high risk people, [which] leading to decreased profit,” “Initially, people did not understand correctly. [There was] misconception, [which was that] people heard what they wanted to hear.”

When asked if there was any recommendation in regards to the policy, some interviewees emphasized communication: “Have all information available...,” “Huge blow, more communication,” “Better communication regarding turnover.”

*Organizational Assistance*

All of the twenty interviewees reported that their companies provided tangible assistance to help employees quit smoking as required by the policy, such as smoking cessation classes, acupuncture, hypnosis, forming internal self-help groups, inviting outside psychiatrists, and reimbursing employees for the cost of smoking replacements (e.g., gums and patches). Interviewees commented about the comprehensiveness of the organizational level assistance for employees to quit smoking: "Help was provided the entire year; anything," "[ABC] gave them [the employees who smoke] everything, whatever help they [ABC] could," "Don't know if he [John Doe] could have done more," "Don't know what more they could have done..."

However, the perceived effectiveness of the organizational level of assistance was different across the interviewees. Five out of the six interviewees who were either casual smokers or had a smoking history perceived the assistance provided by the organization as effective: "Yes, helpful, yes, a few people actually quit," "Yes, helpful and supportive" Some non-smoking interviewees also reported that the support was effective from their own observations: "[I] heard some positive feedback from people who have joined the group," "Quite a few people actually quit [smoking]," "[I] thought it would be helpful, utilize company resources. Smokers who used it found it helpful."

One interviewee who smoked and a few non-smoking interviewees did not consider the organizational assistance effective. These interviewees believed that the assistance would only be effective if the smokers were willing to change their habits, or if they were willing to sacrifice their own habits for job security in the first place. In other words, it is the smokers' own determination that played the key role in making the change, instead of the organizational assistance: "People who were willing [to change found it useful and helpful], [people who are] not willing [to change], [the support] did not make a difference, [they] wouldn't quit smoking," "Some people weren't going to change," "[For] smokers, [it is] probably not [helpful]. Three employees quit right away," "Few people actually quit [smoking], [because they] valued their job," "[Reality is], you have a job over your head."

Overall, the employees were able to recognize the available physical support and help provided by the organization, and the majority believed that the organizational assistance contributed to the smoking employees' quitting. Yet, the organizational level of assistance was not considered the fundamental cause for smokers to change. Some interviewees emphasized the importance of the smokers' internal psychological factors, such as the willingness to change their lifestyle, and determination to keep their job.

**Discussion**

Overall, the interviewees, both smokers and non-smokers, had positive and negative initial reactions to the policy. Those interviewees who stressed the healthy outcome of the policy tended to have positive initial reactions to the policy. It seems that the policy was perceived as consistent with those individuals' underlying values about health and a healthy lifestyle. Therefore, it was reasonable to infer that employees' positive initial



reactions were a result of their focus on the content, outcome, and endorsed values of the policy.

For those interviewees who had negative reactions to the policy, their negativity was mainly focused on the potential implications of the policy, such as privacy issue. Despite beneficial outcomes of the policy, therefore, the smoke-free workforce policy was interpreted as an intrusion upon private life, and thus was resented by those who highly valued having a choice in their personal life. The employees who showed negative reactions were more concerned with the symbolic meanings of the policy. Although some of the employees who had negative reactions to the policy agreed to the health benefits of the policy, they were concerned with similar policies that would have implications for their privacy.

As for the change of perception of the organization, some interviewees changed their perception of the organization from a friendly environment to an impersonal dictatorship. Although some of the interviewees still exhibited loyalty to their organization, others commented that their favorable views of the organization decreased as a result of both the policy and the scope of the policy. This perceived change in the organizational culture was closely related to the severity of the policy. Of the employees who could not or did not want to quit smoking after the first fifteen months, some left the company. Among those, some had worked for the company for a considerable period of time. The outcome can be interpreted by the employees that complying with rules was more important than anything else, regardless of the employee's competence at work or past contribution to the job.

Organizational assistance was perceived to have limited usefulness in its goals. The organizations offered comprehensive assistance programs that were free of charge to help employees who wanted to quit smoking. However, the assistance was not considered as a major factor in determining the employee's reactions towards the policy. The employees did not perceive the assistance program as the fundamental cause of those smokers quitting. Some employees believed that smokers quit smoking not because the assistance program was useful, but because they did not want to lose their jobs. Although some interviewees, especially some smokers, viewed the program as effective, others were suspicious of its usefulness.

The current finding implies that sufficient communication is needed prior to the change. Although employees commented positively when asked if the reason of the policy was sufficiently communicated, several interviewees said more communication was needed when asked if they had any recommendation for the policy. Examination of the communication channels during policy implementation revealed that the management of the organization used employee meetings, emails and memos to inform the start of the policy. That is, communication was one-way, and top to bottom. Employees' opinions on the policy were not consulted before the policy was implemented. Although the content of the policy was for the health of the employees, employees interpreted it as an imposed change, and therefore demonstrated resistance. For management to prevent resistance,



sufficient two-way communication about the policy between management and employees is needed. Participatory decision-making might be applied in this case.

Although employees who consider their organization's policy distasteful can leave the organization, and it may be possible for organizations to keep only those who agree with the organization's policy, there can be other factors that affect current employees' turnover intentions and attraction toward their organizations. In addition, as long as organizations want to attract qualified job applicants, it would be informative for organizations to know how their policies can be perceived by individuals who are not affiliated with the organization and may consider the organization as future employer. It would be interesting to examine how young adults who are soon to be job seekers and/or future employees understand the implementation of a smoke-free workforce policy and evaluate their future employers.

### **Limitations and Directions for Future Studies**

A first limitation of the current study is that the sample might not be representative of the employees of those companies that introduced the smoke-free policy. Some interviewees reported that their colleagues quit their job after the smoke-free policy was introduced. Thus, it is possible that those who had negative attitudes toward the smoke-free policy had already left the organization before the interview was conducted and were not included in the current sample. If so, the smoke-free policy might have generated more negative attitudes when the organizations adopted it than when the current study was conducted.

A second limitation is that the findings were based on the recalled information of the interviewees. Some bias might have existed in the interviewees' recall of their initial reactions to the policy and changes during and after the policy had been implemented. While six interviewees expressed positive initial reactions to the smoke-free policy and five interviewees exhibited negative initial reactions, the intensity of those initial reactions was not known. The issue of intensity of initial reactions becomes more complicated when interviewees reported both positive and negative initial reactions. It might have been that those interviewees who reported both positive and negative initial reactions had neutral attitudes toward the policy, or overall positive attitudes as the intensity of their negative initial reactions was weak, or vice versa. Thus, future research should be able to further examine the intensity of employees' attitudes.

### **Conclusion**

Individuals and the public are paying greater attention to health issues, and employees' healthy and non-healthy behaviors are also a concern of employers. As individuals' health matters become organizational matters, it is necessary to better understand how employees and employers can inform one another more effectively about each other's concerns and needs.

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