QRBD

QUARTERLY REVIEW OF BUSINESS DISCIPLINES

FROM THE EDITORS

The *QRBD* November issue explores health information used by baby boomers in Taiwan, factors that influence medical tourism, issues in the development of mature employees, and the complexity of succession.

The journal begins with the research of Kaye McKinzie, Alexander Chen, and Joseph Cangelosi Jr. of the University of Central Arkansas and Meng-Feng Li of Shih Chien University, Taiwan. Their paper explores preventive health care information (PHCI) in Taiwan and analyzes a survey of 390 baby boomer respondents. They identify four different types of PHCI available. The second paper written by Louis K. Falk and Thomas J. Prinsen, University of Texas Rio Grande Valley and Dordt College respectively, explores the factors that influence a patient's medical tourism choices. They believe that knowledge in an era of healthcare uncertainty is power. The third paper, written by Tish Matuszek and Diane Bandow of Troy University and Terry B. Self of Auburn University, delves into the issue of mature employees – development, discriminatory practices, and ramifications. Our final paper, written by Gaynor G. Cheokas and Robert H. Bennett III of Georgia Southwestern State University, investigates the succession experiences of second generation family business successors and how their experiences influence the next generation succession process.

Margaret A. Goralski, *Quinnipiac University,* Editor-in Chief
Kaye McKinzie, *University of Central Arkansas*, Associate Editor

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HEALTH INFORMATION MEDIA USED BY BABY BOOMERS IN TAIWAN

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ABSTRACT

Preventive health care information (PHCI) is available from multiple sources both in the United States and internationally. There have been a multitude of studies published about the nature of health seeking behaviors for those in the US. This paper analyzes a survey of 390 baby boomer respondents in Taiwan, a country whose life expectancy is very similar to the US, but one where their health care insurance program has been enacted for a longer period of time. According to this study, four different types of PHCI were identified, printed materials, internet, employer provided information, and mass media, i.e., TV, newspaper, and radio. Six different demographic and socio-economic factors were examined with these four component factor variables (CFV's). Results of this study will provide some policy applications to researchers and government in Taiwan. Some lessons can also be learned for US, especially when we have a comprehensive health insurance plan. The predicted increased demand on medical appointments has been realized in this country and the health seeking behavior of this demographic remains consistent with previous results in the US. One potential to offset the onslaught of demand on our medical system is to increase the health of the US through PHCI but to do this, we must get it in the hands of the consumer. This research focused in Taiwan will provide some insights to both people in Taiwan as well as in the US regarding PHCI.

Keywords: PHCI, Health Information Media, Baby Boomers, Taiwan

INTRODUCTION

There is a plethora of ongoing longitudinal research by the Pew Research Center (Fox, 2011; Fox, 2013; Fox, 2014; Fox & Jones, 2009; Fox & Rainee, 2000) and other sources showing that Americans are taking better care of themselves (Dutta-Bergman, 2005). This wellness movement is also finding its way into corporate America as many employers are supporting their employees taking care of their wellness. This is primarily due to the direct relationship to a cost savings by decreasing absenteeism (being absent) and presenteeism (being present) (Anderko et al., 2012; Jenkins, 2005). Wellness and preventive health care (PHC) can be directly related to each other if one perceives that they have the ability to control their physical well-being (Plank & Gould, 1990), prolong one's healthy life or lessen the effects of illness, disease or ailments (Jayanti & Burns, 1998). If they do not, then they won't act on it. It is this action and intention to control their well-

being which results from both an awareness and the efforts a person undertakes to preserve their physical, mental and emotional health today and into the future which constitutes PHC. It includes everything from healthy activity, avoiding unhealthy behaviors, using over the counter products and medical testing (Cangelosi & Markham, 1994; Cangelosi, Ranelli, & Kim, 2010a).

It is not only an employer driven movement, but society views PHC as an ever increasing need. Consumers' concerns are not only financial (as it can reduce medical expenses and increase wages by decreasing absenteeism) but consumers are increasingly finding more problems obtaining timely appointments with their doctors and limited time with the doctors during these visits. In addition, with the availability of access to an overwhelming volume of new medical literature, consumers are more motivated to research health concerns on their own (Davis, Palda, Drazin, & Rogers, 2006; Tai-Seale, McGuire & Zhang, 2007; Tu, 2008). There also is evidence to support consumers seeking health care information as a solace or a peer-counseling and advice resource (Fox 2014). Seeking PHC does not have to be limited to seeking information for oneself. This desire for well-being can also apply as a change agent in the lives of others (Fox & Rainee, 2000).

Knowing who is accessing what resources is important. One of the largest populations in the US is the baby boomer population (born from 1964 and prior to 1946). As this group is quickly moving into the retirement age, their medical care needs are also increasing, and this will have great implications for health care marketers (Thomas, 2005). Since the 1980s the US has seen a drop in hospital occupancy rates with a shift towards an increase in clinic use (Evans, 2015). Similarly, the trend in Taiwan (having had health insurance for 20 years) is to be expected to follow in the US. The impact on our health care system and reliance on clinics will drastically increase (Wu, Majeed & Kuo, 2010). One method to alleviate this is to increase the use of preventive health care by increasing access and use of PHCI. By analyzing what demographic characteristics determine which sources of PHCI are used, we can better target this aging demographic and decrease the load on the healthcare system by increasing PHC and wellness.

There are a multitude of sources that people might use when seeking PHCI. If it is possible to identify what sources are the most prominently used, by which people and for what reasons, then healthcare marketers can leverage these relationships (Quek, 2014; Thomas, 2005; Tully, 1995). This paper analyzes 27 sources of PHCI and seven demographic characteristics of these Taiwanese baby-boomers to determine where we may find predictors of where they seek health care information.

BACKGROUND

There are a variety of healthcare systems around the world. Some of these have no health insurance, others like the US are increasingly moving to a more centralized healthcare system where a significant majority of the populace now has health insurance and health care. In Taiwan essentially everyone has health insurance (WHO, 2010). All Taiwanese are covered by a government medical system but persons living in Taiwan who are not citizens are not covered. As the US changes to a system of health insurance more like Taiwan where almost all people have insurance, the demand on the health care system may also increase as Taiwan's did. Thus, examining PHC in Taiwan will give us more insights of PHC among Taiwanese. Some lessons can be learned for US to limit this load on the health care system.

Although there are many articles on PHC behaviors in both the United States and Taiwan, little research in PHCI could be found in Taiwan. Taiwan has had a national health insurance (NHI) system since 1995. All citizens must join the NHI except prisoners and people who have moved out of Taiwan making the coverage rate around 99%. Their use of the healthcare system is quite frequent with an average rate of 14 outpatient visits per person per year. The increased use has had a negative impact on the quality of outpatient visits with doctors seeing approximately 50 patients every morning (Wu, Majeed, & Kuo, 2010). This also addresses the importance of PHC among Taiwanese. People in Taiwan, healthy or sick, are likely to seek health information before or after they visit doctors.

Life expectancy at birth in Taiwan is very similar to those in the US with the life expectancy for men at 77.1 (US) versus 76.7 (Taiwan) and 81.9 (US) versus 83.2 (Taiwan) for women (Das & Samarasekera, 2012; Taiwan Statistic Bureau, 2016, table 29). This makes Taiwan an appropriate country to compare to what the US might encounter once the Affordable Care Act is established.

The senior population (older than 65 years old) has been growing fast in Taiwan. In 2017, it will be 14% of the total population (NDC, 2016). It is estimated, that by 2025 it will reach 20% implying there is one senior citizen among every five Taiwanese. In addition, there is currently a low birth rate, compounding the impact of the aging of baby boomer generation who are entering their retirement age in Taiwan. In the next two decades, even more of this age group will enter retirement. Examining PHC by focusing on baby boomers, then, has a significant impact on the health quality and financial burden of the health system in Taiwan.

Internet use and connection has increased dramatically for the past ten years. According to the Taiwanese Government (Zhang, Laivi, & Zhuang, 2010), 90% of consumers are able to access the web at home. More than 80% of the population who are 50 years old or older are able to get access online. It is obvious that Taiwanese are able to obtain services, conduct activities and consume goods online. The internet has become one of the important media that people depend upon in Taiwanese daily life. To compare PHC access among traditional printed materials, mass media, and internet will also be part of important goals of this study.

Sources of information used by the previous elder generations and baby boomers are very different (Williamson, et al., 2006.) Even though baby boomers did not grow up with computers, they have had and currently have opportunities to access computers somewhat during their work. Moreover, baby boomers achieve relatively higher educational levels and are able to and willing to learn how to use computers and web technology (Smith & Clurman, 1998; Wicks, 2004; Williamson, et al., 2006). Analyzing sources of prevention health care information and demographic factors associated with them will make substantial impacts to the wellbeing of seniors in Taiwan.

Some studies have shown that the consumption of health services increases with age (Thomas, 2009). As the baby boomer generation (born from 1964 to 1946) grows closer and closer towards retirement their health costs will continue to increase. One of the areas of increased attention in reducing health costs that can be implemented in a wide spread fashion for this generation is the use of health information to lower health care spending (Jamal, 2009). Understanding the concerns and practices of this age group can allow the healthcare industry to better influence them and potentially drive health care costs and health care risks down.

Sources

There are numerous sources of PHCI. Which of these sources are the most effective in promoting PHC behaviors and how these vary by different demographics have been studied in the US by many researchers (Redmond et al., 2010; Tully, 1995). This research is relatively new in Taiwan (Yen, Kung, & Tsai, 2014).

Traditionally, researchers study PHC sources from two different perspectives. The first one is the source of the PHC information. Most people will seek information from such medical professionals as physicians, nurses, dentists, and pharmacists. Some seek information from experts that could be dietitians, nutritionists, trainers, counselors, or other advisory professionals. Sometimes, parents, children, spouses, friends, neighbors or co-workers can also be good sources of PHC. Additionally, the government, employers, or hospitals, provide good PHC to people. For more discussion, please review Baker et al., 2003; Cangelosi et al., 2010a; Fox, 2014; Redmond et al., 2010.

The second perspective focuses on the channels. A variety of channels of PHC are discussed in different research papers. For instance, PHC could be in printed materials (brochures and pamphlets); via mass media (newspaper, radio, and TV); audio-video disks, tapes, or online; face-to-face communication; internet and social media; or currently via mobile devices. In this research, we try to cover a wide range of PHC channels that deliver PHCI to Taiwanese.

The internet is often a prime source of PHCI (Baker, Wagner, Singer, & Bundorf, 2003), although Fox and Rainie (1999) report that it is more so used for a tool for the sick than for prevention. A new phrase (e-patient) has been coined for the adult who seeks health information online. People who are looking for information for themselves will seek this out prior to (and not in lieu of) a doctor's visit. When seeking information for a loved one, others are likely to go online after a doctor's visit to gain additional information than to seek this before the doctor's visit (Fox, 2009).

Other sources include obtaining advice from peers (Fox, 2011). This can be in the form of social media outlets (Direct Marketing News, 2011), blogs or peer support groups. The type of information sought out from these sources are quite different than that sought from other sources. As one might think social outlets are sought out for emotional support, changing needs for the chronic health concerns and living with long-term management of illnesses (Fox, 2014).

In addition to these sources, consumers are also still relying on a variety of both formal or informal sources, such as shopping malls, supermarkets and health fairs (Mueller, 1989). They also rely on both personal contact with friends, family, neighbors and work associates. Equally important, people get access to PHCI from professional contact with physicians or other health professionals (Dutta-Bergman, 2005; Satcher & Higginbotham, 2008). This does not exclude more traditional sources of information such as newspapers, magazines and print media. Not to be overlooked are sources such as television and radio (Thomas, 2005).

In this study, we consider 27 sources of PHCI which include the internet, peers, social media outlets, seminars, hospitals, wellness centers, a variety of print media and publications as well as radio, TV and newspapers.

Factors

In the literature, many researchers consider background factors from the following perspectives: demographics (mostly, age, gender, marital status, and education), socio-economic status (income and employment), health status and history of family health, and environment factor (mostly rural or urban) (Baker et al., 2003; Cheah, 2012; Yen, et al., 2014). In this research, we will consider gender, age, marital status, education, employment, and income. We did not include the environment factor (rural or urban) as all respondants come from Taiwan which is an urban center. We also did not include health status or family history as papers that contain those demographics predominately focus on health whereas we wanted to focus on the sources of PHCI.

Many of the recent studies consider different demographics in not only their use but also trust of different sources of PHCI (Clayman, Manganello, Viswanath, Hesse & Arora, 2010). In addition, the promotion of PHC is deemed to also eliminate disparities in health among racial, ethnic, disability and socioeconomic groups (Satcher & Higginbotham, 2008; and Yen, Kung, & Tsai, 2014). Not only are we interested in knowing if their relationships are consistent in Taiwan as are findings in the US, but if they remain true when limited to the baby-boomer population. The following six factors are considered in this study.

Gender. Women are more likely to use or seek PHCI than are men (Cangelosi, Ranelli, & Voss, 2009; Fox & Rainie, 1999; Macias, Lewis, & Shankar, 2004). They are also more likely to seek information for others. In addition to simply seeking out PHCI, women are also more likely to look for information about treatment of an illness/disease than are men (Fox & Rainie, 1999; Tu & Cohen, 2008). It is argued that women are more likely to seek and use PHCI than their counterparts.

Age. This research is focused on baby boomers - a group of the 50 or older generation. The research shows that older people are relatively less likely to seek PHCI themselves due to many reasons, including physical and mental ability, educational background, as well as computer illiteracy the studies are conflicted over the seeking behavior compared to other age groups. It is not clear if as age increases so does the likelihood to seek PHCI. Some research shows this is true (Cangelosi, Ranelli, & Markham, 2009; Cangelosi & Markham, 1994). Some researches show that age and PHCI seeking behavior is a non-linear relationship. For instance, Weaver et al. (2010) found that aged 35-54 are the group most likely to seeking online health information regarding of their illness or wellness. However, other research (Tu & Cohen, 2008) shows that seeking PHCI is growing (2001 to 2007), but older Americans still fall behind younger Americans – especially with the 65+ consumers. Thus, it is logical to predict that age will have an impact on PHCI seeking behaviors among baby boomers in Taiwan but predicting a negative or positive impact is questionable.

Marital Status. It has been consistently found that being married increases the likelihood of using PHC. Those who are married also have better health habits and experience that result in less illness and stress (Cangelosi & Markham, 1994; Cheah, 2013; Thomas, 2005). We believe this phenomenon also applies to Taiwan and many other countries and thus, being married is hypothesized to have a positive impact on usage of PHCI.

Educational attainment. Both Thomas (2005) and Cangelosi and Markham (1994) showed that those with higher educational attainment have an increased tendency to seek PHCI. The higher educated also tend to use the internet more for PHCI (Cheah, 2013; Diaz et al., 2002). On the other end of the educational spectrum, having a low educational background is inversely related to the probability of using preventive medical care (Cheah 2013; Tu, 2008). By using this logic and related references, we predict that education has a positive impact on PHCI among Taiwanese.

Employment. In the US, employment is often tied to an increased availability of health care insurance policies or at least employment often provides for a reduced co-payment when seeking health care. However, the availability of health care has also shown a decrease in use of PHC which has a direct impact on the increased use of health care (Anderko et al, 2012; Benjamin, 2011). Employment for Taiwanese has more meaning from a socio-economic status viewpoint. For those who are currently employed, they are more likely to have better education and better financial resources. People with employment are more likely to be proactive in PHCI seeking in Taiwan.

Income. Cangelosi and Markham (1994) found that those with higher incomes were more likely to use PHCI. They also tended to use the internet more for PHCI (Diaz et al., 2002). Those with higher incomes also had an increased likelihood of using preventive medical care (Cheah, 2013; Tu, 2008). In addition, Nayga (2000) found that those with higher income were more likely to apply nutritional labeling information. This reasoning from US studies should also apply for Taiwanese. We predict that income has a positive impact on PHCI seeking in this study.

METHODOLOGY

This survey was conducted in late 2014 and 2015. The purpose of the research was to examine health information needs of baby boomers (aged 50 or older) in Taiwan. A total of 390 people completed the survey in Taipei City or New Taipei City, Taiwan. However, not all people answered all questions leaving us with 368 listwise responses (where every response was answered).

In this study we asked our 390 participants to identify themselves using all six of these demographic characteristics. Since most studies consider a wider array of ages than were in our study (50 to 68) we thought this may not show a significant impact, but we chose to include it.
This survey is a follow-up survey from a similar survey conducted in the United States. The original survey was written in English and translated to Chinese (Mandarin) for survey implementation and then back into English for analysis. Before we conducted the survey in Taiwan, a small scale (about 25 cases) pilot survey was conducted among some professionals and some baby boomers. A few questions were modified to adjust to the lifestyle of Taiwanese. Data was double entrered and compared. To ensure reliability, this study relied on a previous survey and translated this into Chinese and back into English. Two different persons reviewed this translation process to ensure accuracy of the instrument and results. To ensure validity, we combined some categorical groups to prevent small sample sizes in these groups. The details of how we did this are explained in the analysis.

The six demographic characteristics (gender, age, marital status, education, employment and income) of the survey respondents were summarized and analyzed first. Necessary grouping were made to avoid too few cases in certain categories. This was followed by an analysis of the 27 absolute responses to the survey questions on PHCI. Then a factor analysis was conducted on these PHCI. Finally, ANOVA was conducted to compare and examine relationships between and among demographic factors and four different CFV's.

ANALYSIS

Demographics

The demographics considered in this study included: gender (male/female), age (50 to 68), marital status, educational attainment, employment status and income.

Gender. This study used only two responses for gender (male/female). Sixty-two percent (242) of the respondents were female and 38% (148) were male. This is a reasonable representation of baby boomers in the US as there are slightly more women (54%) than men in the 50+ age brackets (Census, 2010). Most respondents were randomly selected from group activities in different locations among elder populations. Since females are relatively more active in participating in group exercises and activities, it is logical that more females participated in this study. Proportionally more females in this survey is one potential limitation of this research.

Age. Age was captured in whole number increments. The respondent ages followed a fairly Normal skewed right distribution with a mode of 60. After looking at the entire distribution of ages we chose to group the ages into three groups (50-54, 55-60 and 60+) in order to use this in our ANOVA and to avoid potential reliability problems associated with too few cases in certain categories. This roughly divided the sample into thirds. Thirty-three percent (128) of the respondends were in the lower age bracket, 35% (137) in the middle bracket and 32% (125) in the largest bracket.

Marital status. Although we collected demographics on seven different relationship status categories (divorced, married, partnership/cohabiting, remarried, separated, single never married and widowed), after realizing that eighty-one percent of respondents (317) were currently married, we decided to reduce the categories. In order to use this in our ANOVA and to avoid potential reliability problems associated with too few cases in certain categories, we grouped the respondents into married or not married. There were 81% (317) married and 19% (73) not married respondents. There did not appear to be any relationship with gender, age, education attainment, employment or income.

Education attainment. As is seen in the US, the higher the educational attainment, the more representation of men. Whereas men are only 38% of the surveyed respondents, they make up half of the college degree and above respondents. In order to use this in our ANOVA and to avoid potential reliability problems associated with too few cases in certain categories, we grouped the respondents into three groups. The first two categories of less than high school and high school degree/GED & vocational/technical degrees were combined to better mirror the educational levels in Taiwan. The next category consisted solely of the associates degrees. Lastly, those with a college

degree of bachelors or above were combined. Although this is not typical of how degrees are combined in the US, it is a better alignment with those in Taiwan. The result was 41% (159) in the lowest educational group, 23% (88) in the middle group, and 37% (143) in the highest educational group.

Employment. Typically, baby boomers are defined as those born between 1946 and 1964. Resulting a range of age range of 52 to 70. The official retirement age in Taiwan is 65. It is also common for many women to not have full time employment because their primary roles are taking care of family members. In this survey, we included full-time employment, part-time employment, home-makers, unemployed and retirement categories. Of these, only twenty-one percent (21%; 83 total) were retired while 61% (236) were still working. As anticipated, employment generally declined with age. In order to use this in our ANOVA, to avoid potential reliability problems associated with too few cases in certain categories, to provide an approximately equal distribution for our analysis and of the potential time and income impacts from employment, we chose to combine the two employment categories into one category and all others into another category for our research. The result was 61% (236) of the respondents were in the employeed category and the remaining 39% (154) were grouped in a category of not employed.

Income. In this survey we collected income in ranges beginning with less than 30,000 NTD and in 15,000 incremental brackets until 90,000 NTD. The exchange rate between US dollars and NTD varies. It is reasonable to use 30 as a benchmark for the exchange rate. If we use 30 as exchange rate, it is clear that we have four income categories that has US dollars of less than 1,000; 1,000 to 1,500; 1,500 to 2,000 and 2,000 and above monthly income in US dollars). As with the US population we would expect to see men making more money than women and this is true with this population. The final three income ranges had an ever decreasing number of respondents. In order to use this in our ANOVA and to avoid potential reliability problems associated with too few cases in certain categories, we grouped the respondents into one range to improve the ability to obtain significant results due to sample size. This gave us four categories with 42% (163), 23% (89), 19% (73) and 17% (65) responses each.

PHCI Absolutes: Mean values & frequencies (responses)

Respondents were asked to rate the importance of 27 options when searching for health information. They were asked to rate these on a scale from one to four with one being very unimportant, two being somewhat unimportant, three being somewhat important and four being very important. The larger in magnitude their response indicates the more important that option is for them. Table 1 shows the rank, count, average and standard deviation summary of their responses for all of these 27 options. It is listed from the largest average score to smallest. Using a scale of one to four, a mid-point score would be 2.5. All but the last five options had a mean above 2.5 indicating a propensity towards these sources for seeing health information being more important than not.

Table 1. Rank and Means of Different PHCI for Taiwanese

Rank	PHCI Sources	N	Mean	Std. Deviation
1	Television	390	3.187	0.719
2	Health Pamphlets (Print)	388	3.057	0.738
3	Hospital. Provided Information(Print)	389	3.054	0.763
4	Health. Related Newspapers (Print)	389	3.046	0.724
5	Health. Related/Newsletters Nutrition Books/Magazines (Print)	388	3.003	0.779
6	Health Videos	389	2.974	0.773
7	Nutrition Labels(Print)	387	2.961	0.769
8	Medical Journal(Print)	388	2.920	0.830
9	Public Health Service Publications(Print)	387	2.920	0.812
10	Health Insurance Provider Publications(Print)	387	2.912	0.822
11	Public Health Service Publications(Internet)	387	2.899	0.853
12	Health Association Publications (Print)	388	2.897	0.784
13	Health Insurance Provider Website (Internet)	387	2.881	0.871
14	Medical Encyclopedias (Print)	389	2.879	0.833
15	Hospital Website (Internet)	389	2.871	0.882
16	Wellness Center Information (Print)	387	2.863	0.795
17	Radio	387	2.801	0.851
18	Internet WEB MD (Internet)	387	2.793	0.807
19	Online Health Forums (Internet)	387	2.791	0.827
20	Wiki Health Dictionaries (Internet)	387	2.685	0.833
21	Health Fairs Information (Print)	388	2.680	0.811
22	Search Engines -- Yahoo, Google, Bing, etc. (Internet)	388	2.637	0.850
23	Health. Related Blogs (Internet)	388	2.397	0.815
24	Employer. Provided Information(Print)	381	2.396	0.763
25	Employer. Provided Information on Website (Internet)	388	2.356	0.776
26	Facebook (Internet)	387	2.354	0.806
27	TWITTER (Internet)	385	2.216	0.782
	Valid N (listwise)	368		

Television ranks the most important of the sources of health information. Direct medical and health related materials in print format were also found to be import PHCI for Taiwanese. It appeared that Taiwanese care more about the title and/or content of materials, i.e., direct medical or health related, instead of format, in print or internet.

In fact, when looking at those options of least importance, internet sources compose the bottom three sources as well as eight of the bottom ten sources. It implies that Taiwanese are still relatively less likely to use social media as a major way of obtaining PHCI. PHCI provided by employers was also found to be very low (with ranks of 24 and 25). Similar to internet, search engines and blogs were also ranked low in terms of usage of PHCI among Taiwanese.

Overall, it is clear that TV and print information sources are the primary sources of health information for this population. Relatively, internet is not as popular as TV and print materials as major channels of PHCI. TV and newspaper are more popular than radio if we compare mass media channels.

Another consideration with these results is that the survey was not a required response option survey. It allowed respondents to not answer all questions. This can be noted in the fact that only one of the 27 options had all 390 respondents answer it. In all the other cases there were at least one respondent who chose not to answer.

Differences (Factor Analysis)

A factor analysis was conducted using SPSS to assess differences in any of the factors concerning one's health seeking behavior. The factors considered answered the question: which of the following media is more important when you search for health information?

The initial results from this analysis showed a Kaiser-Meyer-Olkin measure very close to one and Chi-Square analysis with a significance close to 0 indicating that our survey data was a good candidate for factor (or principal component) analysis. When running the factor analysis components one through four all showed eigen values greater than one which supported using these four CFVs. This four component model accounts for almost 66% of the total variance as seen in Table 2's cumulative percent. In addition the scree plot (Figure 1) supports the four component factor model as the slope of the remaining variables after the fourth has relatively little remaining changes in slope.

Table 2. Total Varience Explained

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	12.691	47.002	47.002	9.112	33.749	33.749
2	2.086	7.726	54.728	3.803	14.085	47.834
3	1.761	6.521	61.249	2.621	9.707	57.541
4	1.172	4.34	65.589	2.173	8.048	65.589

Figure 1. Scree Plot
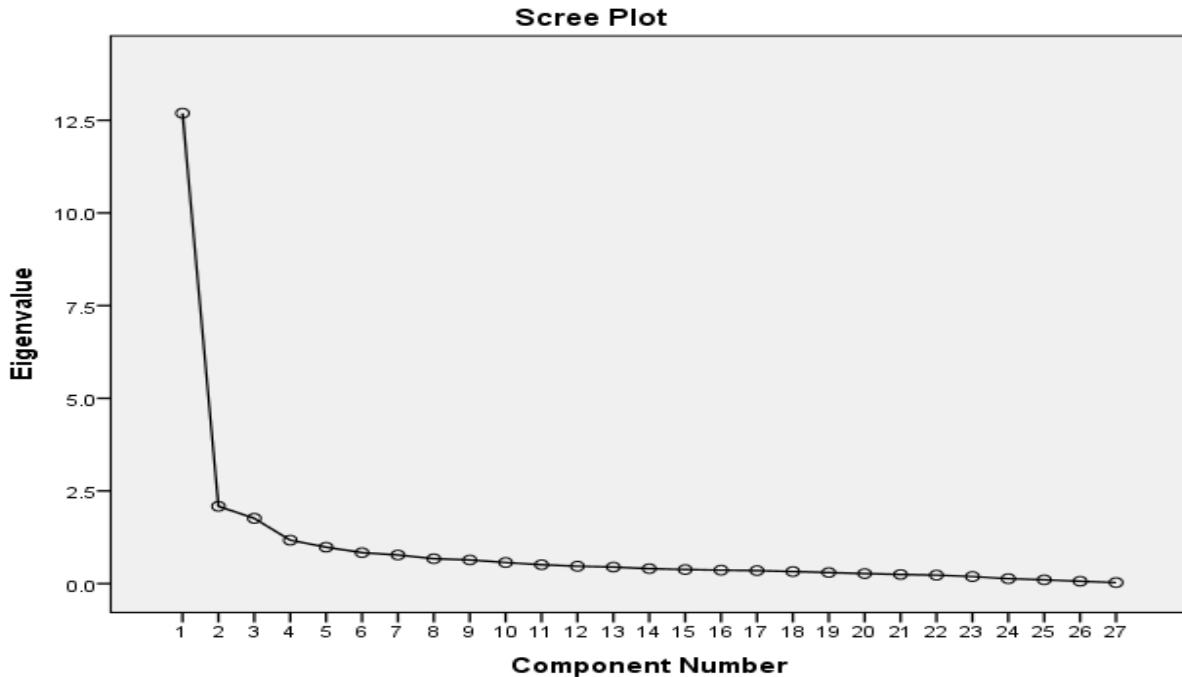
Each PHCI delivery system (which maps to our questions) was thus broken out into these four CFVs. The rotated component matrix from SPSS shows each of the PHCI delivery systems factor loadings. Here you can see each system and which CFV it loaded most strongly on, grouped into the four CFVs in Table 3. These are referred to in this paper as the four CFVs (CFV1 through 4). These four categories and their corresponding categories are listed below with the total number of variables for each factor in parentheses to the right.

1. Health and medical directly related materials (most in print and few on internet) by health professionals or institutions (15)
2. PHCI via social networking, online health forums, or health videos (6)
3. Employer website/printed health information and internet browsers (3)
4. PHCI via mass media such as TV, radio and print newspapers (3)

Although CFV4 only has three sources, it has the highest average importance rating and mean value. In Taiwan, most of baby boomers obtain their PHCI via different mass media, i.e. television, newspapers and radio. The second ranking is CFV1, that includes most health and medical direct related materials, mostly in printed format with a few in web format. Taiwanese read those materials produced by health professionals and institutions. They will read them mostly in print or sometimes via internet. CFV2 is the third important media and includes mostly internet and social media. It is clear that internet is the third important PHCI channels in Taiwan. On the other spectrum, CFV3, also with three sources, has the lowest importance average and mean value. It means that least Taiwanese obtain PHCI from employers or search engines.

Table 3 is presented in such a manner as to facilitate the understanding of the output by grouping the variables comprising each component together. The order in which the variables were entered

into the factor analysis is indicated by the number at the beginning of the variable description. Orthogonal is a concept indicating that two or more factors are independent, hence, not correlated with each other. The varimax rotation is an orthogonal type rotation that simplifies the factors, such that some factors correlate either quite strongly and others more weakly. Of the 27 variables, only two of the variables has cross-products exceeding 0.4 (3-health videos; 17-wiki health dictionaries), besides the primary component score, indicating quite a bit of independence and distinctiveness between the four components (Meyers, Gamst, & Guarino, 2013).

Table 3. Varimax Rotated Component Matrix

PHCI Delivery Systems	1	2	3	4
q15.10-Public Health Service Publications(Print)	0.864	0.124	0.216	0.037
q15.12-Health Insurance Provider Publications(Print)	0.855	0.131	0.224	0.020
q15.11-Public Health Service Publications(Internet)	0.812	0.279	0.252	-0.049
q15.19-Medical Journal(Print)	0.798	0.272	0.090	0.055
q15.13-Health Insurance Provider Website (Internet)	0.777	0.270	0.290	-0.076
q15.25-Hospital-Provided Information(Print)	0.769	0.076	0.162	0.190
q15.18-Health Association Publications (Print)	0.769	0.221	0.131	0.156
q15.9-Medical Encyclopedias (Print)	0.700	0.368	0.040	-0.039
q15.26-Hospital Website (Internet)	0.693	0.183	0.416	0.058
q15.22-Wellness Center Information (Print)	0.692	0.118	0.196	0.211
q15.20-Nutrition Labels(Print)	0.692	0.157	0.040	0.321
q15.8-Health Pamphlets(Print)	0.681	0.365	-0.065	0.201
q15.21-Internet WEB MD (Internet)	0.655	0.220	0.200	0.143
q15.24-Health Fairs Information (Print)	0.622	0.363	0.316	0.107
q15.14-Health-Related/Newsletters Nutrition Books/Magazines (Print)	0.594	0.068	0.238	0.253
q15.7-Health-Related Blogs (Internet)	0.244	0.781	0.106	0.018
q15.15-TWITTER (Internet)	0.064	0.700	0.287	0.068
q15.4-Online Health Forums (Internet)	0.358	0.698	0.066	0.099
q15.23-Facebook (Internet)	0.087	0.665	0.329	0.074
q15.3-Health Videos	0.452	0.566	-0.005	0.207
q15.17-Wiki Health Dictionaries (Internet)	0.455	0.547	0.237	0.067
q15.28-Employer-Provided Information on Website (Internet)	0.326	0.280	0.787	0.244
q15.27-Employer-Provided Information(Print)	0.343	0.202	0.751	0.285
q15.29-Search Engines -- Yahoo, Google, Bing, etc. (Internet)	0.251	0.351	0.636	-0.005
q15.1-Television	-0.037	0.013	0.017	0.846
q15.16-Health-Related Newspapers (Print)	0.243	0.027	0.137	0.708
q15.2-Radio	0.182	0.272	0.201	0.621

Having looked at the demographics, sources and now used factor analysis to group these into four CFVs, we took a close look at the relationships between the demographics and sources using an ANOVA.

ANOVA

These resulting four CFVs were analyzed using ANOVA for each of the demographic variables to identify if any differences in these demographics were noted. A complete table of the four CFVs and variables is provided in Table 4. Table 4 reveals that out of 24 measurements, there were only eight whose significance was less than 0.05 across various groupings for the demographic variables.

Details of the significant relationships are detailed in Table 5. Notice that for the demographic variables age and marital status, the level of signifance is between 0.05 and 0.10. We recognize that the significance level is set based on the individual application and that some research sets this level at 0.05 whereas others allow 0.10 and rarely above 0.10. To allow a full display of the results, we chose to show any results below 0.10 in our analysis in Table 5. In addition, traditionally, in U.S. studies, age and marital status have been significant indicators of being more or less PHC oriented (Cangelosi, Ranelli, and Kim, 2010). Had we set the acceptable level at 0.05 we would have failed to list age or marital status in our following summary table.

Table 4. CFVs and Demographic Variable Levels of Significance

	Age	Monthly Income	Marital Status	Educational Attainment	Employment Status	Gender
CFV1. Health-related Print Media, WebMD & Hospital Websites	0.297	0.004	0.226	0	0.208	0.04
CFV2. Health Videos, Social Networking, Wikis, online health forums	0.16	0.131	0.117	0	0.018	0.127
CFV3. Employer Print & Website Health Information, Internet Browsers	0.088	0.007	0.381	0	0.011	0.422
CFV4. TV, Radio, printed health newspapers	0.467	0.477	0.084	0.178	0.731	0.319

Table 5 reveals that the most significant differences were noted for those respondents who were better educated (bachelors or above) using the sources in CFV1, 2, and 3 with a significance of 0.000. The next most significant demographic characteristic was those with a higher monthly income (over 60,000 NTD). This demographic tended to use the sources in CFV1 (alpha = 0.004) and CFV3 (alpha = 0.007).

Table 5. Significant Differences among Demographic Groups for the CFVs

Demographic Variable	Significant CFV's	Greater PHC Orientation	Mean Scale Value	ANOVA F-Value	Probability of Insignificance
Age	CFV3. Employer Print & Website Health Information, Internet browsers	Younger (50-54)	2.56	2.447	0.088
Monthly Income	CFV1. Health-related Print Media, WebMD & Hospital Websites	Higher Income	3.14	4.604	0.004
	CFV3. Employer Print & Website Health Information, Internet browsers		2.65	4.092	0.007
Marital Status	CFV4. TV, Radio, printed health newspapers	Not married	3.12	3.001	0.084
Educational Attainment	CFV1. Health-related Print Media, WebMD & Hospital Websites	Better Educated	3.09	9.937	0
	CFV2. Health Videos, Social Networking, Wikis, online health forums		2.69	5.625	0.004
	CFV3. Employer Print & Website Health Information, Internet Browsers		2.58	11.154	0
Employment Status	CFV2. Health Videos, Social Networking, Wikis, online health forums	Employed	2.62	5.689	0.018
	CFV3. Employer Print & Website Health Information, Internet Browsers		2.53	6.575	0.011
Gender	CFV1. Health-related Print Media, WebMD & Hospital Websites	Female	2.97	4.235	0.04
Scale: 1=very unimportant, 2=somewhat unimportant, 3=somewhat important, 4=very important					
NOTE: higher mean values indicate a greater PHC orientation.					

Gender was found to be statistical significant for CFV1. It implies that if we focus on print materials, it more likely that Taiwanese females will read the materials than Taiwanese males. Gender did not affect PHCI behaviors in other channels, i.e., TV, newspaper, radio, employer related, or internet.

Age, in general, does not affect PHCI seeking among Taiwanese, except employer related PHCI, i.e. CFV3 in this case. It was found that younger baby boomers are more likely to seek PHCI via employer provided information and using search engines. One of the reason could be that younger baby boomers are likely to work and easily influenced and impacted by PHCI provided by their employers. Younger baby boomers are also more likely to use search engines to conduct their own search.

According to literature, married people are more likely to seek PHCI. In this study, it was found that unmarried baby boomers are more like to seek CFV4, e.g. television, newspaper, and radio. It gives policy makers and researchers a very interesting recommendation. The best way to reach unmarried baby boomers regarding to PHCI in Taiwan is to use traditional mass media.

The most significant differences were noted for those respondents who were better educated (bachelors or above) using the sources in CFV1, 2, and 3 with confidence levels of almost 100% significance differences exist across the particular demographic categories (i.e. probabilities of insignificance of 0.000 and 0.004). It is interesting to find out that education is not a significant factor regarding to mass media and PHCI seeking. Education is a significant contributing factor regarding obtaining PHCI from print materials, internet, and employer provided information.

Employment status is found to affect PHCI provided by employers or in internet, to be specific, CFV2 (internet) and CFV3 (employers and search engines). Employment is statistically not difference in print PHCI or PHCI provided by mass media.

Monthly income is statistically significant on CFV1 and CFV3. To be specific, higher income Taiwanese are more likely to read print materials and PHCI provided by employers or search engines.

These results can best be summarized by looking at each of the CFVs and apply the significant demographics. Hence, Table 6 showing the four CFVs, their means and the significant demographics.

Table 6. Composite factored variables and significant demographics

	Composite Factored Variables	Mean	Significant Demographics
CFV1	Health and medical directly related materials (most in print and few on internet) by health professionals or institutions (15)	2.92	More importance: females; better educated and with higher income.
CFV2	PHCI via social networking, online health forums, or health videos (6)	2.57	More importance: better educated and employed.
CFV3	Employer website or printed health information and internet browsers (3)	2.47	More importance: younger (50-54); better educated; employed; and higher income.
CFV4	PHCI via mass media such as TV, radio and print newspapers (3)	3.01	More importance: not married.

CONCLUSION/FUTURE RESEARCH

The prominent differences noted in the conclusions from this research from previous studies conducted in the US are potentially due to the population being restricted to baby boomers. Whereas a majority of studies found differences in age with the older age brackets, this one did not – it indicated the younger bracket has increased PHCI seeking. The younger bracket in the study is the 50-54 age group which is often one of the older bracket in other studies. That said, younger baby boomers are more likely to be an active PHCI seeker.

Also whereas in the US employment is associated with increased health insurance, increase use of health care and a decrease in PHCI seeking, this study showed being employed resulted in an increase of PHCI. Which may be due to the practically unanimous health insurance coverage of

the population in Taiwan. Employment may mean more opportunity, better resources, or more peer influences among colleagues in Taiwan. Thus, employment was found to be positively associated with PHCI via internet or by employers.

It did show differences with being female, better educated, and having higher income which is consistent with the majority of studies conducted in the US.

In sum, we can conclude from this research is that the tendency in Taiwan matches what we expect to see in the US with women, better educated and higher income respondents having a greater use of CFV1. The better educated and employed having a greater use of CFV2. The younger, better educated, employed with higher incomes using CFV3 more. One major difference is for CFV4. The only status that showed more use of CFV4 were the unmarried. We believe this may be unique for this baby-boomer demographic as the care trait that is associated with seeking PHCI and is related to being married or having health care responsibilities for others is also related to having had children. With the older demographic, their marital status may no longer be the driving force as having had children/having health care responsibilities for others may be a larger driving force.

Future research should include questions in health condition and family health history. The rural or urban setting is also found to be statistically significant in many previous studies but was not included in this study. The heavier proportion of females in the study was another limitation of this study. Such demographic question as the care-giving responsibilities, specifically, has one had children or does have or ever had health care responsibilities for others (children, parents, etc.).

This study successfully identified four major types of PHCI in Taiwan, specifically, via print, the internet, the employer and traditional mass media. Major demographic and socio-economic correlates (i.e., gender, age, marital status, education attainment, employment status and monthly income). Relationships among demographic information and PHCI were also examined and discussed. Most results were consistent with US studies. Some minor deviation from US studies were discussed. Hopefully, this research can make contribution to the existing literature and contributing to PHCI and reduction of health cost in Taiwan as well as in the US.

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DECISIONS, DECISIONS: FACTORS THAT INFLUENCE
A PATIENT'S MEDICAL TOURISM CHOICES

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ABSTRACT

In the digital age, the amount of information and sources concerning Medical Tourism is overwhelming. Knowledge is power in an era of healthcare uncertainty. As health care options have grown in global proportions, it has become more difficult for potential patients to locate the material necessary to make informed decisions or to even know which factors to consider during their information search. Individual financial circumstances vary greatly. This paper suggests how medical tourism makes financial sense for many patients and payers. Proximity and culture play roles in that medical tourists may prefer locations that are not too far from home. Or at least don't seem quite so far because of the cultural similarities such as language and food. Medical tourists want to know that they are safe not only concerning medical care but also in their travels. Legal issues are also an important consideration as medical tourists may forego some of the rights they take for granted in the U.S. Information on medical tourism is available from government sources such as the Centers for Disease Control and accrediting organizations including the Joint Commission International. Additional organizations to include the Medical Tourism Association exist for the purpose of guiding would-be medical tourists through the process.

Keywords: Medical, Tourism, Medical Tourism, Healthcare, Advertising, Marketing

INTRODUCTION

Definitions of medical tourism vary. The World Health Organization stated that "no agreed definition of medical tourism exists; as a result, methods applied by countries vary substantially" (Kelley, 2013, slide. 3). Organizations like the Medical Tourism Association (MTA) have one size fit all definitions. The MTA is a global non-profit dedicated to ensuring that patients receive high quality healthcare. The MTA defines medical tourism as, "where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care" (Medical Tourism Association - FAQ, para. 1). Crozier & Baylis (2014) used a similar definition in their article in the *Journal of Medical Ethics*. An example of a more limited definition that included travel within a home country was used by (Stolley & Watson, 2012, p. 2) in their medical tourism reference handbook. This paper will use the MTA's definition as a guiding source to help answer the question of which factors are considered in determining medical tourism decisions.

FACTORS

There are many reasons for a patient to consider medical tourism. The patient might have never had or has lost insurance coverage. Many health care options might not be available in the patient's home country, and the quality of health care may be lacking. The patient may also desire an experience beyond the medical procedure. Financial concerns or incentives are key reasons for the majority of consumers choosing medical tourism.

Financial

"The single biggest reason Americans travel to other countries for medical treatment is the opportunity to save money" (Woodman, 2015, p. 6). A survey of patients who had traveled to a foreign hospital found that 85% considered the cost of medical treatment to be a very important factor in his or her decision (Medical Tourism Association, 2013). The finances surrounding health care in America have changed significantly over the past several years, creating an environment that is ripe for medical tourism.

Since 1999, the Kaiser Family Foundation (1999 & 2015) has published the Employer Health Benefits Survey. The 2015 Survey shows average health insurance premiums of $17,545 for family coverage and $6,251 for individual coverage. Employees pay an average of 29% of premium cost, which comes to $5,088 for family coverage and $1,812 for individual coverage. These costs are significantly more than in 1999, when the employee share was 27% of premium costs, or $1,564 for family coverage and $613 for individual coverage. In short, employees are expected to pay a greater percentage of a higher cost in 2015 as compared to 1999 (Kaiser, 1999 & Kaiser, 2015). Income growth has not kept pace with premium increases as average median income increased from $42,000 in 1999 to $52,250 in 2013 (Noss, 2014). Clearly, income has not tripled as health care premiums have done. To compound the issue, deductibles and out-of-pocket expenses have also increased. The exact maximum out-of-pocket (MOOP, 2015) is difficult to calculate because of plan nuances, but it should be noted that the Affordable Care Act requires non-grandfathered health plans to have a MOOP of $13,200 or less for family coverage and $6,850 for individuals. The cumulative effect of the tripling of premium costs, high MOOPs and the slow increase in median income has health care consumers searching for solutions. Another issue is that inflation has decreased the purchasing power of the dollar. According to the inflation calculator on calculator.net (2015), it would take $1.45 in 2015 to purchase what $1 would purchase in 1999. By extension, a person would need $53,770 in after health care costs income in 2015 to match the purchasing power of the $37,083 in after health care costs income in 1999. In reality, 2015 - after health care costs income is only $44,995 (for individual plans).

Figure 1. Individual Plan

	1999	2015
Income*	$40,696	$53,657
Premium Share	$613	$1,812
Max Out of Pocket**	$3,000	$6,850
Income after health care costs***	$37,083	$44,995

*census.gov

**In 1999, 13.8% of plans had a MOOP >$5,000.

***ACA MOOP for 2015

Figure 2. Family Plan

	1999	2015
Income*	$40,696	$53,657
Premium Share	$1,564	$5,088
Max Out of Pocket**	$5,000	$13,200
Income after health care costs***	$34,132	$35,369

*census.gov

**In 1999, 13.8% of plans had a MOOP >$5,000.

***ACA MOOP for 2015

Health care inflation outpaced the consumer price index on all items in each year from 2007 & 2009 through May, 2015 (Patton, 2015). Patton's Forbes article noted many causes for the increasing costs of health care, ultimately determining that competition is needed to lower prices. One factor that was not discussed as a cost variant or as a piece of the competitive landscape was medical tourism. America's Health Insurance Plans (AHIP) called the rate of increase of medical care unsustainable and offered solutions including a bipartisan approach, innovative health plans, promoting prevention and healthy living, transparency of costs and other suggestions. Medical tourism was not mentioned as one of the solutions (Rising). Many of these factors are given in more detail in the section of the AHIP webpage titled *"Reducing the Soaring Cost of Medical Care"* but medical tourism is again left out.

Some employers are already taking part in domestic (within the U.S) medical tourism. In October of 2013, Walmart and Lowe's entered into an agreement with four hospitals strategically located around the country to provide no-cost implant care, at least to the covered employee, to more than 1.5 million employees. This followed previous agreements covering some cardiac and spinal procedures with the Cleveland and Mayo Clinics.

As consumers have been asked to shoulder more of the costs associated with health care such as premiums, deductibles and out of pocket expenses, the costs for procedures have also increased. The overriding question is: "How much would actually be saved?" The International Federation

of Health Plans (IFHP) was founded in 1968 by a group of health fund industry leaders, and is now the leading global network of the industry, with more than 80 member companies across 25 countries. IFHP's 2013 price report compares the costs of many procedures across countries.

One example of the potential savings from international medical tourism is total knee replacement (TKR). A Blue Health (2015) Intelligence study of three years of independent Blue Cross and Blue Shield companies' claims data for 64 markets found an average cost of $31,124 for a TKR. Kneereplacementcosts.com states that a patient should expect to pay approximately $7,000 for a TKR in India, a popular destination for knee replacement surgery. When a patient has a TKR in the U.S., the insurance company may incur up to $24,274 in costs and the patient may incur up to $6,850 in costs. If a patient were to have the TKR in India instead of the U.S., the insurance company could offer to waive the patient's deductible and any out-of-pocket expenses and the insurance company and the patient would both save money. The specific amounts can be seen in the tables below.

Figure 3. U.S. Scenario

U.S.		U.S.	
Cost	Insurance Co.	Cost	Patient
Surgery Cost*	$31,124		
Minus the Patient Paid Deductible/OOP	$6,850	Patient Paid Deductible/OOP	$6,850
Total Cost	**$24,274**		**$6,850**

*Blue Health Intelligence

Figure 4. India Scenario

India			
Cost	Insurance Co.		Patient
Surgery Cost*	$7,000		$0
Travel**	$5,000		$0
Total Cost	**$12,000**		**$0**

*Knee Replacement Costs   **Patients Beyond Borders

Of course, a patient with no insurance would save the full difference between the cost of the procedure in his or her home country and the cost of the procedure in the destination country. Given the median U.S. income of $53,657, it would be difficult for a patient to afford a major medical procedure. It could also be the case that a person with no insurance does not have insurance because (s)he is unemployed and has no employer provided insurance. In such a case,

unemployment benefits will replace some of the lost wages, but not all, resulting in savings on health care becoming even more important.

Location

The globe is dotted with medical tourism locations. One has to look no further than the Medical Tourism Association's website to see the variety. The home page on (3/3/2016) was offering Health and Wellness Destination Guides to a diverse list of locations including Las Vegas, Jordan, Taiwan and the Dominican Republic. Another group, the Joint Commission International (JCI) is an organization that sets standards and evaluates more than 20,000 organizations around the world (JCI - About). JCI links to worldhospitalsearch.org, which offers visitors the ability to search worldwide for accredited hospitals. A search using "orthopedic" resulted in 90 locations offering services across countries including Nicaragua, Peru, Brazil, India, Indonesia, Portugal, Kazakhstan, Ireland, South Korea, Singapore, United Arab Emirates, Turkey and others. An example of recent expansion is the opening of Cleveland Clinic Abu Dhabi in May of 2015.

The level of savings varies by location. In *Patients Beyond Borders*, a medical tourism resource book, Woodman (2015, p. 7.) provided a table with costs across procedures and countries. Orthopedic (joint replacement & spinal), cardio, gastric bypass, dental and plastic surgery procedures were considered in Costa Rica, India, Malaysia, Mexico, Singapore, South Korea and Thailand. Savings varied from a low of 25%-40% in Singapore to a high of 65% - 90% in India. The savings were across the board whether the procedure was elective or medically necessary. One example is Spinal Fusion whuere the cost by country breaks down as follows: U.S., $41,000; Costa Rica, $17,000; India, $9,500; Malaysia, $17,900; Mexico, $22,500; Singapore, $27,800; South Korea, $18,000; Thailand, $16,000.

Proximity to Services

Keith Pollard (2012), CEO of Intuition Communication Ltd, which publishes the International Medical Travel Journal among other web publications, offered several insights into the issue of proximity and medical tourism in his blog. Pollard broke proximity into geographical and cultural proximity, noting important points about each. Concerning geographical proximity, Pollard warned that destinations targeting potential medical tourists more than three hours away were unlikely to succeed. Future studies should observe the origins of patients receiving care in destination hospitals such as Cleveland Clinic Abu Dhabi. Pollard also noted airport access and practical barriers such as visa requirements as factors that limit the number of medical tourists willing to select the destination.

Electronic medical records have decreased the importance of proximity when medical tourists are deciding on a destination for their procedure. In 2007, Carabello and Schult (cited in Carabello, 2011) noted the importance of electronic health records and reported that many U.S. institutions already had systems in place. More recently, Maney (2013) stated, "Health care is going digital. Electronic medical records can be seamlessly passed around the world. Wireless sensors can be put on or into patients, allowing them to be monitored from anywhere. Your doctor in Indiana could practically work hand in hand, in real time, with a doctor in India" (p. 2).

There are medical reasons that geographical proximity is important. The Aerospace Medical Association has published medical guidelines for airline travel that provide useful information on the risks of travel with certain medical conditions. Their pre-travel advice follows:

> Patients who elect to travel for medical reasons should consult a travel health provider for advice tailored to individual health needs, preferably ≥4–6 weeks before travel. In addition to regular considerations for healthy travel related to their destination, medical tourists should consider the additional risks associated with surgery and travel, either while being treated or while recovering from treatment. Flying and surgery both increase the risk of blood clots and pulmonary emboli. Air pressure in an aircraft is equivalent to the pressure at an altitude of approximately 6,000–8,000 ft. (1,829–2,438 m). Patients should not travel for 10 days after chest or abdominal surgery to avoid risks associated with this change in pressure. The American Society of Plastic Surgeons advises people who have had cosmetic procedures of the face, eyelids, or nose, or who have had laser treatments, to wait 7-10 days before flying. Patients are also advised to avoid "vacation" activities such as sunbathing, drinking alcohol, swimming, taking long tours, and engaging in strenuous activities or exercise after surgery (pp. 2-17).

Cultural proximity is related to geographic proximity in that geographic locations often have distinct cultural differences. Pollard (2012) noted multiple practical factors that make up cultural proximity. These factors are language, religion, customs and practices, and food. These factors are practical in nature, but do not limit their potential effect on medical tourism destination selection.

Communication is key in relationship building and comfort levels with others and has the potential to make travel possible or even enjoyable as medical tourists travel to and from the destination hospital as well as to and from traditional tourist destinations. One only need to imagine a scenario in which a medical tourist struggles to communicate her needs to her physician, then struggles to order dinner from a hospital menu printed in an unfamiliar language, only to go hungry when unfamiliar food arrives. Advice for navigating these cultural differences abound. One such source, independenttraveler.com, offers some common sense suggestions in their article "Eating Abroad: The Cultural Resonance of Food" (Hewitt). Suggestions include matching the timing/rhythm of meals with the destination culture, being willing to try new foods but not going too big all at once, and understanding the cultural relevance of food in the region in which you will be traveling.

Some medical tourists may enjoy trying cultural cuisine and others may find trying new foods an unwelcome necessity. Regardless, pre and post-surgery nutrition can ease recovery, shorten hospital stays, and reduce complications (Webb, 2015). Given the importance of nutrition, perhaps pre or post-surgery is not the time to experiment with new foods that may be upsetting to the medical tourist's psyche or digestive system.

In addition to physical needs such as food, medical tourists may also have spiritual needs. Khan and Alam (2014) suggested that rather than minimizing religious differences, and countries such as Saudi Arabia embrace the variances.

> The unique position of the Kingdom in religious and archaeological history, as well as its political stability give it advantages over competitors in the field. Having learnt lessons

from the achievements of neighbouring (sic) countries, it is now time for the Kingdom of Saudi Arabia to be motivated and initiate a well-planned, long-term strategy for the medical tourism industry (p. 261).

Selection Criteria

Potential medical tourists can do their own research as they search for a good location match or use service agencies that will help them find appropriate matches for their needs. At a minimum, potential medical tourists should research the service agencies they may use. Whether a medical tourist intends to make her own decisions or seek the help of a service agency, the individual or agency will share similar criteria.

 Medretreat has specific criteria for selecting host countries:

> In selecting these destinations, we took several important factors into consideration. First and foremost, we selected countries with the most established, most experience and highest quality in the global medical tourism sector. Next we selected countries that are investing immense resources into building up their medical tourism infrastructure. This means that in addition to their health care facilities and technology, they also have built advanced transportation and communications systems. Then we reviewed their healthcare standards, professionalism and quality of their doctors (Medtreat – FAQ, para. 7).

Medretreat gives certain reasons why the consumer should select various countries for procedures including - the most established, most experienced and highest quality in the global tourism sector. Additional standards for selection are to choose countries that are investing immense resources into building up their medical tourism infrastructure to not only include healthcare facilities and technology, but also advanced transportation and communications systems. Additionally, the healthcare standards, professionalism and quality of their doctors should also be taken into account. Besides the recommendations of Medretreat there are many supplementary factors that go into this decision. The intensity of the procedure whether it is necessary (life threatening or cosmetic) can also play a role. The fact that this industry is referred to as medical tourism implies that many would be consumers use these trips for fun as well as for procedures. Destination (how much fun you can have in the area) as opposed to more serious factors could also be a driving factor. Even for the more serious surgeries a person may want to have a last hurrah, in a dream location – just in case the surgery goes bad. A dream location may also include the local amenities - like the quality of hotels to include food and beverage. The policies and laws of the government as well as the friendliness of the local population may also be a big factor. Leading back to - is this really a tourist type place or does the medical consumer have to worry about a lot of unsavory outside factors. In Harsimran & Singh's 2011 study "Exploring the Factors that Affect the Choice of Destination for Medical Tourism" the respondents listed five things in order of importance that the medical tourism consumer may take into account - medical facilities and services, local primary doctor's recommendation, and governmental policies and laws were among the most important choices. While less important were hotels and food/beverage quality and general tourism supply (p. 322).

The Medical Tourism Association (MTA) is another significant source of information. "The MTA is a Global Non-profit association for the Medical Tourism and International Patient Industry. The MTA works with healthcare providers, governments, insurance companies, employers and other buyers of healthcare - in their medical tourism, international patient, and healthcare initiatives…" (Medical Tourism Association - About, para. 1).

For those doing their own research, as written earlier in the paper, the Joint Commission International offers a website to search for hospitals by country or specialty (World Hospital Search). Depending on the location of the hospital, potential medical tourists can also check for accreditation from Accreditation Canada, QHA Trent Accreditation, and the Australian Council for Healthcare Standards.

According to an August 2015 article on healthydietbase.com the top 5 most popular medical tourism destinations are Thailand, Mexico, United States, Singapore and India respectively. The reasons for these countries being the top medical tourism destinations vary. Sometimes it has to do with the cost. For Thailand the cost is one factor but another is privacy. Thailand is most popular for rehabilitation treatments. Mexico is popular because of proximity and familiarity of the culture. The United States popularity has to do with the perception that it has the best facilities and healthcare professionals in the world. Thus, leading to the U.S. receiving the most medical tourism visitors for complicated procedures. Singapore receives many medical tourism visitors for cancer treatments. It is known as being very technologically advanced based on the government investing $300 million in biotechnology research. India rounds out the list mostly because of the cost. It is "worth noting that most hospitals in India are not internationally accredited. Only top private hospitals in the country offer excellent services in the aforementioned procedures" (para. 9).

Obviously convenience can also be a major factor. For non-life threatening procedures including dentistry, convenience may be the number one factor. At about an hour's drive (or closer) from the U.S. border there are many Mexican Towns that specialize in dental work. These procedures in Mexico can cost about two thirds less than the U.S. Additionally, many of the Mexican towns that cater to the dentistry trade have local laboratories - so turn around for bridges and crowns can be within the day. In the U.S. it can take weeks to receive the laboratory necessities. Dental practice in Mexico has become so sophisticated that many patients' dental trips are arranged online, well in advance (NPR - A Reason to Smile).

Another tourism aspect that could account for the willingness of a patient to travel are the phases of the family life cycle within the consumer behavior field. According to Fratu (2011) in her article "Factor of Influence and Changes in the Tourism Consumer Behaviour (sic)" consumer behavior is influenced by many aspects including social factors. Elements within social factors include culture and family. These factors are important because they help define an individual. The following table breaks down the effect of the Family Life Cycle on Tourism Consumption.

Table 1. The Influence of Life Cycle on Tourism Consumption

Family life cycle phase	Income	Inclination towards tourism
1. Single	Modest	Strong
2. Young couple without children	Rising	Medium
3. Young couple with children under six years	Decreasing	Very weak
4. Young couple with children at school	Rising	Weak
5. Mature couple with children to support	Stable	Medium
6. Mature couple without children to support	Maximum	Very strong
7. Old couple in activity	Stable	Strong
8. Retired old couple	Modest	Very strong
9. Retired single	Modest	Weak

(Frantu - p. 121)

In Harsimran & Singh's 2011 study "Exploring the Factors that Affect the Choice of Destination for Medical Tourism" the Authors report that 73 percent of their respondents do online research to gather information on medical tourism. Within this study's sample 10 percent asked their primary physician's opinion and 8 percent asked their family's and friend's opinion. Interestingly - promotional material was not deemed very important for the consumer, to include brochures, video tours and hospital testimonials. Together all the promotional material accounted for about 8% of the information collected concerning medical tourism. In the same study the factors that were considered for seeking out of the country medical care were; success rate for my-type-of-procedure performed 65%, number of my-type-of-procedure performed 17%, complication rate for my- type-of-procedure performed 10%, country of destination 7%; and relative ease of travel 1%.

The type of procedure plays a major role in deciding which country a consumer will visit for their medical needs. It would make sense that the more complicated the procedure the more thought goes into the planning of its treatment. The success rates of the procedure are paramount for not only the facility that is performing it but also overall rates for the specific type of procedures. If success rates are low there is a high chance that complications will arise after the surgery is performed. This leads the consumer in a precarious position. For that matter even if the success rates are high and complications arise - what is the customer to do? Extended stays at the foreign location add to the cost of the trip. Depending on how long the recipient of the surgery has to stay the savings may be erased. In another scenario if complications arise upon arrival home - what are the options? Within the local medical community there is a possibility that the patient could be turned away because of liability, as well as the fact that the procedure was performed in another country. In the U.S. doctors are not required to take patients unless the doctor is on hospital staff and the issue is life threatening.

Consumer Patient Knowledge

Consumer information in the Medical Tourism field is growing. More and more resources are available to the potential users of these services. The problem is knowing which information is credible. Many organizations are marketing themselves. Other organizations are creating top medical tourism destination lists. This creates trustworthy issues. For a lot of these lists it is very difficult to determine who is creating the list. Additionally, it can also be difficult to track down

the real owners of these sites. One of the tell tales that the site may not be legitimate is that the lists, as well as other information is not dated.

The use of the internet has also expanded more reliable avenues to gain information / knowledge. The rise of consumer review sites has helped potential customers gain knowledge. While not all of these reviews are accurate - it is hard to fake hundreds of reviews. One shot magazine articles are also, for the most part credible. Other trustworthy sources for information on the internet stem from news outlets and government backed sites. One more source of credible information is the insurance companies. As medical tourism consumers continue to search out more information the credible sources will rise in popularity.

Safety

The expertise of the primary doctor in some cases is developed abroad. Many doctors start out in other countries and come to more developed countries to get additional training. The pilfering of doctors from other countries during their training can be problematic for the medical tourism industry. Doctors studying at the more developed countries are often exposed to some of the newer techniques and equipment. While the original intention is to go back home after the training, many do not. The reasons they stay vary. One of the main reasons these doctors stay in the host country is because of the standard of living. It is very hard to move to a place temporarily that has a lot of amenities to include necessities like running water and then give that up to go back home. Additionally, basic freedoms and fear of the uncertain political climates also comes it to play. Salary and how well they can live in the developed country also has to have a big impact.

Writing from a strict medical point of view - procedures acquired in a more developed country may not translate to a less developed country. The equipment, and facilities may not be available in some countries. Training in the latest methods does very little good if these techniques cannot be performed, because of outdated equipment. Another issue that may arise is that in some of these countries locals are not given access to these newer procedures, sometimes because of status, other times because of cost. This is a problem because one of the main motives for a doctor to travel to another country to study advanced techniques is so they can share these procedures with the locals. If they are not allowed to share these processes there is no or little incentive to go back to the home country. This also has the potential to be very dangerous for the doctor as well as the medical tourism consumer. The perceived status of foreigners because they can afford the procedures may very well create a hostile environment to say the least.

The Centers for Disease Control and Prevention (CDC) offers advice for medical travelers. The hazards paint a grim picture as they warn of shared needles, counterfeit medication, antibiotic resistance, tainted blood and blood clots. The CDC website also offers advice for limiting the just-noted risks. The advice is basic and general, and includes working with a local (home country) medical professional before and after the trip, making sure you have considered the legal implications of receiving treatment in a foreign country, checking on the credentials of the hospital and physicians that will be providing your care, and making sure that any activities not related to your care are permitted after surgery.

The CDC has developed the following cautionary list of things to look out for. The specific risks of medical tourism depend on the area being visited and the procedures performed, but some general issues have been identified:

- Communication may be a problem. Receiving care at a facility where you do not speak the language fluently increases the chance that misunderstandings will arise about the care.
- Doctors may reuse needles between patients or have other unsafe injection practices, which can transmit diseases such as hepatitis and HIV.
- Medication may be counterfeit or of poor quality in some countries.
- Antibiotic resistance is a global problem, and resistant bacteria may be more common in other countries than in the United States.
- The blood supply in some countries comes primarily from paid donors and may not be screened, which puts patients at risk of HIV and other infections spread through blood.
- Flying after surgery increases the risk for blood clots (CDC - Medical Tourism. para 3).

What You Can Do

- If you are planning to travel to another country for medical care, see a travel medicine practitioner at least 4–6 weeks before the trip to discuss general information for healthy travel and specific risks related to the procedure and travel before and after the procedure.
- Check for the qualifications of the health care providers who will be doing the procedure and the credentials of the facility where the procedure will be done.
- Make sure that you have a written agreement with the health care facility or the group arranging the trip, defining what treatments, supplies, and care are covered by the costs of the trip.
- Determine what legal actions you can take if anything goes wrong with the procedure.
- If you go to a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and other people who are caring for you.
- Obtain copies of your medical records, which should describe any allergies you may have.
- Prepare copies of all your prescriptions and a list of all the medicines you take, including their brand names, their generic names, manufacturers, and dosages.
- Arrange for follow-up care with your local health care provider before you leave.
- Before planning "vacation" activities, such as sunbathing, drinking alcohol, swimming, or taking long tours, find out if those activities are permitted after surgery.
- Get copies of all your medical records before you return home (para 4).

Non-governmental organizations are also concerned with people seeking healthcare outside of U.S. borders. "The Organization for Safety, Asepsis and Prevention (OSAP) is a growing community of clinicians, educators, researchers, and industry representatives who advocate for safe and infection-free delivery of oral health care" (OSAP - About, para. 3). In addition, OSAP offers a Traveler's Guide to Safe Dental Care that suggests multiple ideas and specific steps for travelers to take to avoid needing dental services while out of the country. The International Society of Aesthetic Plastic Surgery (ISAPS) tells potential medical tourists to make a plan and then notes specific issues, such as selecting a surgeon - that should be included in such plans.

Safety issues are frequently noted and often with specific advice concerning actions that medical tourists should take to ensure their wellbeing. Legal and insurance issues are also noted, but it seems as if with less specificity. The OSAP guidelines do not have legal references and the ISAPS guidelines ask three insurance related questions that people considering plastic surgery outside of the U.S. should answer:

1. Will your medical insurance cover your procedure outside of your home country?
2. Will your medical insurance cover you back home if you have complications?
3. Does your procedure qualify for ISAPS complication insurance? If so, is your surgeon willing to purchase it? (ISAPS - Fees, Financing, and Insurance, para 8).

As the medical tourism industry matures, peripheral industries have developed, including the insurance industry. The International Medical Travel Journal website features specific insurance providers that offer coverage for medical tourists. An ad on the site for Medical Travel Shield, United Kingdom notes, "The policy covers treatment in a hospital, clinic or surgery which is recognized (sic), registered and regulated by the relevant local government health authority or its equivalent body" (para. 3). In another ad for Seven Corners, Inc., USA notes, "Travel insurance that addresses the unique needs of the medical tourist. Specifically, how will complications after your treatment be paid for abroad or once you return home" (para. 4). This type of insurance fills a hole in the medical tourism industry as it alleviates a worry that may have prevented people from traveling for medical care.

Legal Limitations

In 2008, the American Academy of Orthopedic Services warned surgeons and patients about the liability implications when something goes wrong outside of the U.S. (Lundy, 2008). Patients were warned of risks such as infectious diseases and differing accreditations standards and told that "Medical liability laws also vary significantly among countries. Patients who are considering elective surgery abroad should not assume that they will be afforded the same legal protections against medical negligence as they receive in the United States (para. 11)." The article also noted a new insurance product, "The 'Patient Medical Malpractice Insurance' is considered 'first-person' insurance because the patient purchases the policy before traveling. Claims are handled without attorneys in accordance with U.S. laws and customs and are paid in U.S. dollars (para. 13)." Insurance is especially important given potential legal limitations. In 2009, the American College of Surgeons stated "Patients should be aware that many of the means for legal recourse available to citizens in the U.S. are not universally accessible in other countries (para 8).

A more recent source, Patients Beyond Borders (Woodman, 2015) includes a letter from Dale Van Demark, a partner with McDermott Will & Emery LLP, summarizing the legal concerns of medical tourists. Medical tourists will have a difficult time suing a foreign provider in a U.S. court and/or in the country of the medical provider because of jurisdictional limitations. Collecting on a judgment is not likely even if a court finds in a medical tourists favor. In case a medical tourist thinks that using a medical travel company offers legal protection, Van Demark concludes by noting that it would be difficult to sue because of the need to establish a close relationship between the medical provider and the company organizing the medical travel. Cohen (2015) addressed the concerns of U.S. physicians considering referring patients to care outside of the U.S. (OUS). Some

U.S. physicians may be worried about referral liability. Referral liability is when a physician referring a patient to a second physician is held liable for the actions of the second physician. Cohen concluded that referral liability is rarely established in the U.S. and would likely be even more difficult to establish in cases involving physicians OUS. This is both an advantage and disadvantage for patients seeking a referral to an OUS physician. The potential advantage being that U.S. physicians may be more willing to refer patients to OUS physicians knowing they are not likely to be held liable for the actions of those physicians. The disadvantage being that patients are left with limited recourse should something go wrong while under the care of an OUS physician.

Countries still have significant differences between their legal systems so, as noted previously, insurance companies have stepped in. A Google search of "Medical Tourism Insurance" conducted on 7/7/2016 resulted in 8,130,000 results. Sites such as Travel Insurance Review offer suggestions to medical tourists. Insurance can help patients mitigate financial losses suffered in cases when medical treatments outside of their home countries have a poor outcome whether the poor outcome is due to natural causes, medical errors or even malpractice. In a sense, insurance fills the legal void when injured or unsatisfied patients cannot gain legal recourse. Filling this void may help sway some patients toward becoming medical tourists, but potential medical tourists should fully consider the issue in that financial losses may be reduced or even eliminated but the literal and figurative physical and emotional scars resulting from ineffective medical procedures will remain.

Host Country Considerations

Host countries have legal and ethical issues that relate to the care received by medical tourists within their borders. Of course, these issues will vary according to the host country. The European Union (EU) Directive for Cross Border Healthcare approved certain, limited, rights to treatment across country borders. It is beyond the scope of this paper to delve into the specifics of the rights and limitations of patients traveling across borders for care, however, it should be noted that the spirit of the directive is to avoid allowing medical travel to the degree that inbound patients are a detriment to the care of patients originating in the home country. There are specific steps such as obtaining prior authorization that help organize and possibly limit medical tourism within the EU.

Developing nations seeking to increase revenue within their country may not have those same regulations in place and may, in fact, create problems rather than solutions for their local populations. Badulescu & Badulescu (2014) pointed out issues that could be faced by countries receiving medical tourists. The spread of contagious diseases could occur as people suffering from these diseases are invited into the country and interact with local people who are caring for their medical and tourist-related needs. Money spent on the medical infrastructure is limited to facilities serving medical tourists, ultimately reducing advanced treatment opportunities for local patients. And of course the majority of the economic benefits are realized primarily by socio-economic elites. Chee (2010) noted that there is an emerging shortage of health care professionals as medical tourism grows. Exacerbating the issue is the migration of current health care professionals from public hospitals serving the local population to private hospitals serving medical tourists.

Credibility

When looking up credible information on the internet the medical tourism consumer should be wary of where the information comes from. To help determine if the website is legitimate the following things should be taken into account:

1. Is the material dated?
2. Is it a private website?
3. Is the website created and maintained by a medical tourism organization?
4. Do the articles have authors?
5. Does the website ask for you to pay for information?
6. Within the articles are there quotes from credible sources or individuals?
7. Is the site associated with a reputable organization? Ex: American Medical Association, American Academy of Orthopedic Surgeons.

For the most part if the information seems too perfect it is probably suspect. It is always a good idea to find more than one source to help verify the advice. As implied throughout this paper the beauty of the rise of these additional information sources is that there are many avenues for self research - don't forget to utilize all of them. In this relatively new world of Medical Tourism the old adage of "Buyer Beware" is especially important.

CONCLUSION

There is a strong financial incentive for medical tourism and it is likely to get stronger as the population ages. As health care costs including insurance premiums, deductibles and the care itself continue to increase a financial case can be made for those without insurance, as well as those with insurance. The health care industry is increasingly becoming a global marketplace. Factors such as easily accessible electronic health records, expansion of treatments (not usually available in a potential medical tourist's home country because of scarcity or legal availability) add to its attractiveness. Concerns beyond cost also come into play as medical tourism is considered. Proximity, both geographic and cultural are factors that require potential medical tourists to conduct research. Conducting research will also reveal the general reputation of hospitals in destination countries as well as the specialities of these hospitals (orthopedics, oncology, cardiovascular care, etc.). Safety and legal issues must also be researched and it is likely that a medical tourist will not have the same legal rights in destination countries as they have in the U.S. Various sources are available to gather information on these criteria to include the Centers for Disease Control, the Joint Commission International, and the Medical Tourism Association.

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FUDDY-DUDDIES IN THE WORKPLACE:
THE ISSUES IN DEVELOPING MATURE EMPLOYEES

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ABSTRACT

In 2010, Google lost an age discrimination court case, *Reid v. Google* (2010), for undisclosed damages. In addition to being called a "fuddy-duddy", Reid asserted that he was denied important development opportunities and was terminated, because he was not a cultural fit for Google, a company that shows a notable preference for younger employees. This precedent setting case highlights a problem that is epidemic throughout industry. Companies are terminating fuddy-duddies. This paper posits that termination is often unnecessary and the result of poor employee development. At the same time, this paper highlights employee development as an underused organizational resource to protect these valuable employees. The U.S. Bureau of Labor Statistics indicates that 2016 will see fully one-third of the workforce being filled by employees aged 50+ years. While hiring mature workers has strengthened in recent years, there is little to suggest that development opportunities are targeting mature employees; conversely, anecdotal information indicates that development opportunities are decreasing as employees age. A final purpose of this paper is to introduce the fuddy-duddy as a valuable, albeit underdeveloped, employee who is the target of discriminatory practices, thus setting the stage for organizations to find themselves with legal problems. Taken together, such organizational behavior creates a gap in human resource practice as well as a gap in mindful management practices that support the entire organization.

Keywords: older workers, human resource development (HRD), organizational development, human resource management (HRM), age discrimination

INTRODUCTION

The Silver Tsunami is upon us (Schumpeter, 2010). The graying of society has arrived, and no place is that more evident than in the case of Brian Reid, a Google employee who won an age discrimination case against Google after younger employees referred to him as, among other things, a "fuddy-duddy" (*Reid v. Google, 2010)*. While not a particularly offensive term for many people, this term captures the preponderance of what we believe about older people in a single phrase. Our picture of someone who is losing physical stamina, sensory functions, intellect, memory, and speed (Bandura, 1997) is pulled together into the term "fuddy-duddy".

What, exactly, is a "fuddy-duddy"? The Online Slang Dictionary (n.d.) describes a fuddy-duddy as a person who is old or is old in mannerisms; the online Thesaurus (n.d.) defines a fuddy-duddy as someone who is old, a geezer, or a square. Other definitions, such as in dictionary.com (n.d.) elaborates with such words as stuffy, old-fashioned and conservative, and this reflects several other definitions currently available. Not only does this definition refer to age, this also refers to attitude and demeanor attributed to older people. These definitions serve to perpetuate a stereotype of someone who is older than everybody else, set in his or her ways and old-fashioned, as defined by his or her attitude. We further imbue this stereotype with beliefs about attitudes and perceptions that speak to the lessened ability of the older person to stay in touch with the modern world as well as to be cranky on a regular basis, to be unwilling to change, to see a glass half-empty rather than a glass half-full, and to be at a loss when problems require higher cognitive power. Taken together, these combined sets of beliefs paint a dim picture of any older person and, particularly, those who are deemed to be fuddy-duddies. Coupled with the societal messages of decay and decrepitude (Ponzo, 1992), the stage is set to expect poor performance from older employees. They are set up to fail through low expectations and poor development.

Nonetheless, fuddy-duddies are still working, and, they are going to continue working. Recent estimates indicate that the number of employees over the age of 54 who are remaining in the workforce is increasing and will continue to increase for many years to come (Bureau of Labor Statistics [BLS], 2015). By 2022, BLS estimated that one-third of employees age 65-74 will remain in the workplace while 10% of employees over age 75 will remain in the workplace. The number of employees age 65+ will increase more than 50% by 2024 to be 8.2% of the civilian workforce. This change accompanies a notable drop in the number of teens age 16-19 from 47% (2002) to 27% (2022) as part of the workforce (BLS, 2015). The result is that older employees will be needed as employees, because there will be too few people to fill all open positions. This shortage in the workforce is not only in the United States; that is, there are implications around the world based on lower birth rates and the developing consequences. For example, the BBC (2015) noted that Germany passed Japan and now owns the lowest birth rate in the world, and speculation about damage to the economy and related fears about shortages in the labor market are well-founded. The working-age population may depend heavily on more participation by women in the future. One approach to addressing this labor shortage has been to increase migration rates into Germany, but this also requires that a significant skill gap be filled. The low birthrate figures persist despite efforts by the German government to provide childcare support.

This paper provides a review of the literature addressing the aging of the workplace, focused on the bias of ageism that extends outside of the United States and into Europe and Asia, addressing the reasons why older workers choose to remain in the workplace and some of the challenges they face based on traditional stereotypes, culture, and the need for older workers to remain viable employees. Recent court cases from the United States and Canada are provided to focus on implications of ageism in organization. Key areas of human resource management, contributions of older workers, legal issues, and international issues, are addressed. Implications and future research are proposed followed by conclusions.

THE AGEISM ISSUE

Recent court cases from Canada are indicators of human resource (HR) issues that arise from prolonged time in the workforce. Using the courts to verify the incidence of involuntary separation, several cases from Canada resulted in long-term employees, 20-42 years, being given substantial notice, 18-26 months, that they were no longer employable. The employees were ages 65-80s, and one employment law firm anticipated that this is a growing trend (*Filiatrault v. Tri-County Welding Supplies*, 2013 ONSC 3091; *Hussain v. Suzuki Canada Ltd.*, 2011 Carswell Ont 12251 [Ont. S.C.J.]; *Kimball v. Windsor Raceway Inc,* 2014 ONSC 3286; *Kotecha v. Affinia* 2013 ONSC 4817; Rubin, 2014). These cases indicated the court's belief that organizations have specific responsibilities to multiple stakeholders, rather than only stockholders, and these results mitigate an organization's "employment at will" policy. While mandatory retirement has long been illegal, these cases provide some redress for employees who are judged to be unemployable after significant service to the company. The impact is that the organization must continue paying the employee for a substantial time, in these cases 18-26 months. Thomlinson (2014) noted that the presence of older employees may interfere with attrition and succession planning as well as open the door for human rights complaints if the employee is singled out because of age.

However, organizations have been slow to adapt to changes in the workforce (Paullin, 2014). Few changes have been made to accommodate aging employees in terms of development. (For reference: Currently, employees are considered "old" after 55 years of age and are protected from age discrimination at age 40 and over [Martocchio, 2015; Paullin, 2014; SHRM, 2015a]). Society for Human Resource Management (SHRM, 2015a) reported that slightly more than one-third of employers are preparing for this change by beginning to review internal policies and practices while another 20% indicated that they did not need to change any policies or practices to meet the changing needs of aging workforce. Approximately half of employers did not foresee any problems for their organizations or industries for the talent loss of older employees in the next few years although for the long term, 6-10 years, one-third of HR professionals anticipated problems caused by the talent loss when older workers leave. A minority of HR workers indicated that long-term planning for the loss of talent or potential impact of aging was considered from a strategic perspective. Taken together, these findings indicate that older employees are not a strategic focus for most organizations.

Paullin (2014) emphasized that older workers are a valuable, untapped resource within the national labor pool. She reported that older workers want to work, but many are not confident about finding work. Many are underemployed or unemployed. They are also subject to involuntary decreases in compensation, status, responsibility, and work hours. When older employees were asked why they delayed retirement, they gave several reasons, including: poor economy, inadequate finances, change in employment situation, need for benefits, lack of faith in government systems, higher than expected cost of living, and desire for a comfortable retirement (Employee Retirement Research Institute [ERBI], 2015, pp.1-2). For retirees who expect to return to work, several reasons were reported, including: need to stay active/involved, need money for extras, enjoy work, need to make ends meet, need for benefits, and try a different career (ERBI, 2014, p. 4). Equal Opportunity Commission (2016) reported similar reasons for retirement: health issues, nature of the work, personal demands, leisure, community interests,

and retrenchment or dismissal. As early as 1970, Kreps addressed the income disparity between the people who are currently employed and those who are not currently employed, noting that policy change was imperative to create more equity within the system. The system in place supports a significant wage lag for retirees. Her call for policy change is corroborated by the reasons people give for continuing to work after "retirement age".

Taken together, these answers indicate that older employees have social as well as financial needs that are unmet without work. Consequently, work must continue into older age. Age appropriate organizational development provides a support function for older employees that allows them to enjoy work while being work-ready as change continues at unprecedented rate throughout industry.

Only a single study was located that addressed the termination of older employees. Gottschalk's (1982) economic study found that termination of older employees is a function of total turnover costs and the shape of wage and productivity profiles. This study found that these two factors can explain termination behaviors that include termination before an employee voluntarily leaves as well as retention of an employee after productivity falls below average. This is a notable gap in the literature in that the individual's reasons for leaving or staying are our primary sources of information about job separation. There is a dearth of information about the employers' reasons for terminating older employees. Presumably, this gap is the impact of legislation that protects employees age 40 and over, and employers do not want to be perceived as ignorant or uncaring of the law. Currently, the median age for all industries is 42.5 years with only 22% of employees are age 55+.

LITERATURE REVIEW

Organizational Development

The purpose of organizational development is to assure a consistent source of work-ready labor for the organization. Ultimately, effective human resource development (HRD) interventions drive business performance and competitive advantage. Although HRD is often characterized as task-focused training, other applications include onboarding, coaching, performance management, counseling/wellness services, career management, leader development, and other change initiatives throughout the organization (Werner & DeSimone, 2009). Because of the wide span of HRD, the issue of poor development takes on added importance when gaps in practice are evident.

The lack of attention to workforce development for older employees becomes particularly important in the face of notable changes in the labor force. Significant trends include demographic changes, loss of middle-skilled jobs, skills gap, eroding physical barriers and increased globalization, and new business models, e.g. crowdsourcing (SHRM, 2015b, p. 1). SHRM (2015b) reported several demographic changes that include (a) greater globalization, (b) multigenerational workplaces because of older workers remaining in the workforce, (c) greater workforce diversity to include more highly educated women, military veterans, and disabled, (d) changing expectations for benefits and flexible work, (e) greater work-life balance, (f) revised immigration laws to accommodate a global workforce, and (g) the talent pool will increase (p. 2).

Tang, Choi, and Goode (2013) provided some additional changes in the United States leading to the changes such as the delay of retirement, greater life expectancy, and improved health; the elimination of mandatory retirement and the changes in Social Security as well as the shift from the guaranteed retirement benefits of defined benefit plans to the savings plan-based defined contribution pension plans; the economic recession; and the erosion of healthcare benefits as well as the increasing costs. The increase of women working and remaining in the workforce longer has also been noted and the massive numbers of baby boomers who were expected to retire have not done so. This suggests many may retire later than expected, especially as more employers drop healthcare plans for retirees because of the increased in costs going forward.

Each of these changes requires substantial organizational development to meet the changing needs of the employees as well as the organization. In the case of *Reid v. Google* (2010), the argument can be made that the cost of developing Reid to continue to be a productive employee who was a good fit with the organization would have been offset by the cost of not developing him. As an economic decision, terminating rather than developing Reid was a poor decision for the Google organization, because the cost of termination was likely higher than the cost of development. Further, this case and similar cases have set the stage for others to follow because they have created precedent.

Diversity Includes Older Workers

While much has been made of globalization and the necessity for cultural intelligence to become more diverse, diversity begins at the work home. Any organization with a large population of older employees enjoys a different culture from the organization that has limited/eliminated the influence of older employees. As employers bemoan the lack of the correct blend of technical skills and soft skills, the contributions of older employees provide potential competitive advantage that is being overlooked. For example, as employees age, tardiness, absenteeism, and counterproductive work behaviors decrease. At the same time, Ng and Feldman (2008) found a decrease in training performance with age. Beire (2015) discussed the difficulty in assessing the true impact of age in cross-sectional studies, and provided a cogent argument for the findings about decreased training performance in older employees. Her arguments align with those presented by Schaie (1994) who argued that intelligence cannot be determined by cross-sectional analyses. Ng and Feldman (2008) did not find any association between age and core task performance or creativity, thus supporting Beire's explanation of decreased training performance. Paullin (2014) provided further findings that no association between age and performance has been uncovered.

Innocenti, Profili, and Sammarra (2013) found that age acts as a negative moderator on the relationship between affective commitment and HR practices. Similarly, they found the same impact on the relationship between job satisfaction and HR practices. They concluded that age was an important factor when assessing the impact of HR development and training practices such as coaching, mentoring, job mobility, and career planning. As people age, such practices are less likely to contribute to either affective commitment or job satisfaction. This study was completed in Italy and serves to extend findings to an international level. They noted one reason for inverse impact from older employees indicated that development opportunities target younger employees and advised organizations to revise development efforts to meet the needs of

changing employees. They called for systems of intergenerational knowledge transfer. Similarly, Ponzo (1992) called for a wellness orientation that supports careers as old people.

Organizational cultures are not usually supportive of older workers. Although younger workers may perceive value in older workers such as better qualifications, more experience, and more knowledge, stereotypes are in place at all levels of the organization and can include HR professionals, CEOs, and line managers. Older workers were people not worth training and developing, as such opportunities need to be offered to younger workers (i.e., Maurer, Barbeite, Weiss, & Lippstreu, 2008). What organizations fail to realize is that older workers who are denied opportunities can have a negative impact on performance and quality of work. Further, younger workers, which include management and leadership, do not understand the negative implications of their stereotypes and perceptions. Ironically, Smith, Smith, and Chris (2010) noted that significant experience frequently allowed older workers a higher level of success in training and learning situation than younger workers in spite of significant variations among workers due to experience, abilities, and learning styles. Older workers were often quicker to learn and more focused than younger workers. Older workers also embraced this type of change more readily than younger workers and were more interested than the younger workers in participating in change processes. Maurer et al. (2008) indicated that stereotypical beliefs must also be addressed because of their potential to be inhibitors. Broad stereotypes in the organization can have an impact on older workers' behavior. For example, perceived unfair differences in treatment by age in training and development may be not only detrimental to older workers and organizational performance, but they can also be used in age discrimination litigation, which can prove very costly for organizations.

Armstrong-Stassen and Stassen (2013) investigated ways to encourage mature nurses to stay in the workforce. They found that older nurses were more likely to remain with the organization when they were satisfied with the organization than those who were dissatisfied with their organization. Training and development were notable factors in the determination of satisfaction. Stay or leave decisions were determined by attitudes about development opportunities and these opportunities influenced satisfaction in a straightforward manner. One interesting finding was that financial incentive is indirectly related to stay decisions in that it is enacted through general satisfaction with the organization.

Human Resource Management

Heenkam and Herrbach (2013) found that among older, low-status workers human resource management (HRM) practices that were associated with job design, respect, and recognition increased organizational commitment. Perceived HRM practices are defined as anticipated practices rather than actual practices, thus moving toward an understanding of psychological contract at work. Other HRM practices such as flexible work were not significant practices in the Netherdlands. The researchers suggested that such practices may not make any difference at all. This study also found that job design that includes challenging assignments, special assignments/projects, internal job changes, and special positions for older workers were associated with affective organizational commitment. Taken together, these factors suggested that older workers may retire because they are bored or unchallenged through work, and particularly those employees who are involved in repetitive/routine work. The results also

indicated that individual perceptions of HRM practices are positively associated with organizational commitment as well as job performance. Conversely, HRM practices were not associated with early retirement preference.

Hiring decisions. Fritzsche and Marcus (2013) found that ageist attitudes influence hiring decisions. When there was little or no job experience information available, older workers were evaluated less favorably than young workers. Prejudice against older workers was more likely to manifest as a decision against hiring older employees even when the hiring manager was older than the young employees. However, when the hiring manager had low-age prejudice, that manager may have overcome stereotypical perspectives to make a hiring decision in favor of the older worker. These researchers also found corroboration for Holland's (1997) belief that people choose careers that are a fit with their personalities. Fritzsche and Marcus (2013) suggested that people have an implicit understanding of Holland's theory that impacts not only their own decisions but also decisions about others' careers. Such an experience may make transferring to a new environment become more difficult as workers age. They indicated that late-life job changers might be better served to change within their current organizations rather than trying to move outside of the organization and career field.

Support for older workers. Leggett (2007) took the position that workplace education is an important influence for employees who are moving through middle life. She suggested that occupational health nurses are beneficial to employees as they work through the planning and decision making that accompanies aging in the workplace. She further suggested that a variety of educational materials and programs can be a valuable contribution to older employees. As older employees deal with physical, psychological, and emotional changes, organizations can provide screening programs, group sessions, safety workshops, financial planning seminars, and other outreach events to help employees through the transition that is aging in the workplace. Her message indicated that the organization has a responsibility to the aging workforce.

The myth about wasting training on older workers. Znidarsic (2012) explained that current knowledge improves not only the work skills necessary, it also supports employability. Organizations should not be concerned about an insufficient return on training investments in older workers because most skills have a 3- to 5-year shelf life. In addition, up-to-date knowledge in older workers allows them to demonstrate higher competence and increased motivation, and can enhance retention, commitment, and reduced absenteeism. Again, the need to address stereotypes is critical because they are mostly negative when dealing with older workers; any activities to support learning and development of older workers will not be as effective with negative stereotypes. These perceptions, when coupled with denied access to training and development as well as disparate treatment, can support a claim of age discrimination. As Mauer and Rafuse (2001) explained, an individual could be discouraged from participating in training as well as not being selected to attend training, nominated or informed of opportunities. When a survey of HR executives perpetuated these negative stereotypes and employees over 50 were generally described as averse to change, resistant to learning and new technologies and somewhat inflexible, this encouraged a negative culture. In addition, Greller (2006) noted that gatekeepers who may control the access to development must also be aware of potential discriminatory practices. Niessen, Swarowsky and Leiz, (2009) noted organizations

must also consider that the training and learning environments are not often designed for older learners.

Performance of older workers. Jeske & Roßnagel (2015) focus on addressing preconceptions about aging and propose that typical studies on aging workers do not normally consider experience and personal resources into account and the fact that experienced workers often use their own strategies and resources to complete tasks. These resources are not available to the younger workers due to lack of experience. The authors noted that older workers are not favorably regarded when it comes to the levels of their skills or willingness to learn and instead these negative assessments tend to limit career development and internal mobility as well as training plans and are often focused on encouraging older workers into retirement. The typical view is that learning performance is negatively impacted by age and older workers because of the expected neural decline in the cognitive processes. However, it is a mistake to assume that older workers cannot meet the performance levels of younger workers in training and development even though this view of degradation influences decisions and tends to reinforce inaccurate stereotypes. The authors proposed that the strategies, expertise, and knowledge gained over the years of experience play a significant role in performance but are not usually considered in laboratory studies which typically focus on memory, time, and speed exercises to demonstrate the declining cognitive abilities of older workers. Thus, findings from labs may lead to inaccurate assessments of the learning capabilities of older workers.

Research in Germany (Niessen et al., 2009) with three multinational organizations demonstrated that age was not related to performance issues. This research focused on adaptive self-efficacy prior to organizational change, which was described as the ability to unlearn previous ways of doing things, accomplish new tasks, and assess the fit between the person, the environment and performance. Their research found no negative relationships between age and job performance. The authors point out that organizations frequently offer older employees jobs with established routines and typically these require less learning but the authors propose that this does not encourage learning new tasks because it does not expose the employees to new situations and new information. Niessen et al. (2009) also proposed that negative stereotypes that suggest older workers have less ability and are not willing to learn may reduce the self-efficacy of older workers because they come to accept them personally, which may arguably be related to expectancy theory (Dinibutun, 2012) and support Bandura's (1977) approach to the importance of self-efficacy as it relates to confidence and performance. However, organizational change likely does impact fit and performance perceptions after an organizational change, but not before; one example would be perceptions of job security, and it would apply to all workers, not only older workers. Age discrimination at work also has a negative impact on older workers when they adapt to change. This is because negative concepts of age discrimination affect learning and the development of older workers and they are influenced by stereotypes present in the culture.

Perpetuating negative stereotypes. Maurer et al. (2008) examined stereotypes of aging workers and found that managers, and especially younger managers carry more ageism stereotypes than those involved in personnel positions. Some of the stereotypes include that older people are less capable, less motivated and less inclined to participate in learning and development activities, they are also resistant to training, do not readily accept the introduction of new technology and

show little interest in training and related learning and developmental activities. However, the research noted an important underlying concept of stereotypes in that they may influence the behavior of the older workers themselves and such stereotypes may become ingrained and accepted in the older workers, making them less motivated, disillusioned employees. The stereotype beliefs in older workers may be linked to self-efficacy and concepts about older workers, as they accept the stereotypes of others. This should be of concern to organizations as performance and motivation appear to be growing issues because of the aging workforce in general and especially because efficacy beliefs are linked to stereotypes. Thus, older workers themselves may start acting like they don't want to accept technology, they resist taking on work assignments and they may act like they have diminished abilities even though they would like to keep on working. These negative stereotypes may also hamper memory performance and perpetuate negative perceptions about older workers. The culture of an organization may be unknowingly supporting and perpetuating negative perceptions, and leadership needs to be aware of how older workers are treated, trained, developed, and valued in general to get a clearer understanding about potential stereotypes.

Challenges for human resource professionals. Bing, Kehrhahn, and Short (2003) called for HRD professionals to address several significant issues or risk being marginalized within organizations. They named several challenges for HRD professionals, including: response to multiple stakeholders, measurement of HRD's impact and utility, orientation to the future, focus on problems and outcomes, and achieve status as a profession. Interestingly, these are also critical areas of development for older employees. By working through personal and professional interventions, HRD professionals set the stage for development of other employees. What is not clear from the HRD research literature is whether age diversity is considered as a significant issue within the field. Thomlinson (2014) encouraged employers to rethink performance management systems to meet the needs of aging workers. She reminded them of the duty to accommodate late onset disabilities and to administer performance management consistently across all employees. She encouraged employers to vision the employment relationship for the long-term but not indefinitely.

Fuddy-Duddies and Their Contributions to the Workforce

There are significant advantages to relying on older workers. DeMicco and Reid (1988) provided a list of positive attributes of older workers relative to younger workers, including: "fewer absences, less likely to leave a job, fewer on-the-job injuries, more satisfied with their jobs, less job-related stress, and less likely to need counseling or use drugs" (p. 58). When managers were asked to rate the training performance of older workers, they were rated above average for quality, self-confidence, speed, and appropriateness. DeMicco and Reid (1988) received similar results from food service managers with dependability ratings at the top of the performance criteria; however, during the same study, creativity and adaptability received the two lowest ratings for older workers. These researchers also found moderate levels of satisfaction and high levels of organizational commitment while many of the workers preferred to continue working, at least part-time rather than retiring.

Similar results with respect to performance and trainability were reported by Hashim and Saodah (2014). They found older workers to be competent, high performing and trainable overall,

although older academicians were rated more highly than older administrators. As with Schaie (1994), these researchers found that education and training in competencies were important to maintain outstanding performance.

North (n.d.) reminded us that older workers and younger workers are not in competition; instead, there is a complementary relationship between incomes of different generation workers. As employment among mature workers increases, employment increases among younger workers (National Institutes of Health [NIH], 2014). More people with jobs means a healthier economy for everyone. North (n.d.) recommended creating a culture that accommodates mature employees.

Rogers et al. (2011) contended that the older workforce is a significant factor in the continued success of the U.S. economy. Older employees need challenge as much as other generations, and Boomers are more likely to put work as a primary part of life (Sullivan, Forret, Carraher, & Mainiero, 2009). These authors cautioned managers to be wary of overgeneralization about differences between generations, particularly as they impact specific generations.

Schaie's (1994) longitudinal data collected over 35 years indicated that, while intelligence and cognitive abilities decline over time, the amount of decline is seriously overestimated. As noted earlier, the methods of testing intelligence have been determined to be inaccurate predictors of decline. By studying 5,000 people, age range mean 25 to mean 88, Schaie (1994) determined that perceptual speed begins to fall at age 25 and numeracy falls sharply after age 60. Other abilities, including inductive reasoning, spatial orientation, verbal ability, and verbal memory, continue to grow until middle age. He found linear negative differences between young and old subjects. Further, he found that, after age 67, decline was somewhat below abilities at age 25. He presented evidence that intellectual decline can be remediated with education. His interventions returned 40% of the participants to pre-decline levels. Clearly cognitive decline and memory loss are not inevitable results of aging among working age people.

Finally, NIH (2014), an exemplary employer for people over age 50, indicated that mature employees share several personality traits that contribute to a positive and productive environment. The list of traits, including dedication, focused, good listeners, pride in quality, and strong communication skills, echo the findings of other researchers. Mature workers contribute to reduced labor costs through part-time employment, decreased absence, decreased turnover, and improved efficiency. As with other organizations, NIH argued for a cultural shift that is supportive of older employees.

LEGAL IMPLICATIONS OF AGE DISCRIMINATION IN THE UNITED STATES

As noted, Reid (*Reid v Google, Inc.*, 2010), as an older employee, is not alone when it comes to age discrimination. In 2015, the Equal Employment Opportunity Commission (EEOC) received 20,144 charges of age discrimination (U.S. EEOC, 2016a). This equates to over 55 complaints per day. The EEOC, which was created as part of the Equal Employment Opportunity Act of 1972 (Bennett-Alexander & Hartman, 2007; Martocchio, 2015), exercised its authority under this Act to investigate and reconcile these charges of illegal discrimination. Resolutions for these charges ranged in scope from settlements to withdrawals with benefits; from administrative

closures to reasonable or unreasonable cause; from successful to unsuccessful conciliation; and from merit resolutions to monetary benefits that totaled $99.1 million, excluding monetary benefits obtained through litigation (U.S. EEOC, 2016b).

Legal Protection against Ageism

The EEOC, as outlined on its Web site dealing with age discrimination, clearly states that age discrimination occurs when an organization or its representatives treat employees or applicants less favorably because they are 40 years old or older (U.S. EEOC, n.d.). There are a number of laws and regulations in place to help ensure that older workers are not denied such things as training, equitable pay, job assignments, promotions, fringe benefits, and other conditions of employment afforded to younger employees (U.S. Department of Labor, n.d., U.S. EEOC, n.d.). Some of these include the Age Discrimination in Employment Act of 1967 (as amended in 1978, 1986, and 1990), the Age Discrimination Act of 1975 (as amended in 1978 and 1986), the U.S. Constitution Equal Protection Clause contained in the Fourteenth Amendment, the Civil Rights Act of 1871 (§ 1983), Older Americans Act of 1965 (OAA), the Job Training Partnership Act of 1982; and the Workforce Investment Act of 1998 (§ 188) (James, McKechnie, Swanberg, & Beson, 2013; Tauro, 2014; U.S. Department of Labor, n.d.). Following is a brief summary of these laws:

Age Discrimination in Employment Act (ADEA). As amended, this law applies to all employers with 20 or more employees, including federal, state, and local governments (Lewis, 2013). It protects individuals who are age 40 or older from illegal discrimination due to their age (Martocchio, 2015) and encourages their employment based on their ability rather than their age (Pub. L. 90-202 § 2, 1967, 81 Stat. 602). Not only does the law protect the older workers from ageism, but it also makes it illegal for employers to retaliate against these individuals if they complain about, file a charge of discrimination, or participate in employment investigations or lawsuits (U.S. EEOC, 2016, February 18).

Age Discrimination Act. Unlike the ADEA, which restricts claims to those who are 40 or older, this law applies to individuals of all ages. It prohibits age discrimination in all educational programs, which are provided by all institutions that receive federal funding (Pub. L. 94-135 § 302, 1975, Nov. 28, 1975, 89 Stat. 728; U.S. Department of Education, 2015).

U.S. Constitution's Equal Protection Clause. Contained in the Fourteenth Amendment, the Equal Protection Clause has been interpreted by the U.S. Supreme Court to protect individuals from age discrimination by government representatives (Tauro, 2014).

Civil Rights Act of 1871 (42 U.S. C. 1983). The Civil Rights Act of 1871 (§ 1983), which ensures U.S. citizens and others within its jurisdiction of the rights, privileges, and/or immunities protected by the U.S. Constitution and laws, was amended in 1979 to permit civil suits. In other words, protected individuals who are discriminated against can file "civil suits under section 1979 of the Revised Statutes (42 U.S.C. 1983) against any person" who deprives them of their guaranteed rights (Pub. L. 96-170, § 1, 1979, 93 Stat. 1284).

Older Americans Act of 1965. The OAA authorizes numerous services to older individuals and their caregivers ranging from social to nutrition. OAA services also include community service employment for low-income seniors; training, research, and demonstration activities in the area of aging; and elder rights protection activities (U.S. Department of Health and Human Services, n.d.).

Job Training Partnership Act of 1982. This law seeks to enhance the nation's workforce by preparing unskilled adults, as well as, youth to enter the labor force. A major focus of the Act includes enhancing the job skills of displaced workers and those with obsolete skills (Congressional Research Service, n.d.). When organizations downsize, they often terminate employment of older workers by claiming these workers have obsolete skills.

Workforce Investment Act of 1998 (§ 188). The Workforce Investment Act (WIA), as amended, prohibits age discrimination against employees, applicants, and participants in WIA Title I programs and activities (U.S. Department of Labor, n.d.). WIA Title I programs are part of a federally funded development system, which helps finance career centers that give employers and job seekers access to various employment and training services. Title I focuses on adults, displaced workers, and youth (Pub. L. 105-220, § 121, Aug. 7, 1998, 112 Stat. 936).

Legal Confusion and Common Sense

As seen from the summaries, laws against ageism can be confusing. Different laws apply in different situations, and it sometimes takes legal guidance, or even the U.S. Supreme Court, to determine which laws are applicable in various cases (Lewis, 2013; Tauro, 2014). However, one thing is clear - laws against ageism are not new. They have been around for decades; yet, organizations persist in violating them, costing unnecessary dollars in damages and other legal fees to reach settlements.

Even without legal counsel, organizations can apply common sense to avoid wasting money on age discrimination lawsuits and gaining unfavorable publicity: Treat all employees, regardless of age, the same in terms of training, equitable pay, job assignments, promotions, fringe benefits, and other conditions of employment (U.S. Department of Labor, n.d.; U.S. EEOC, n.d.).

INTERNATIONAL FUDDY-DUDDY CHALLENGES

Issues with older workers are not isolated to the United States or North America. Not only are there shrinking labor forces in numerous countries, but there are also barriers to hiring older workers full time. Some of these may be related to mandatory retirement age and other in-country issues. Heywood, Jirjahn, and Tsertsvardze (2010) identified several issues that must be resolved in Germany about hiring and employing older workers. This research provided strong evidence of negative predictors for hiring older workers but confirmed the role of skills to bind workers to firms, thus supporting the need for training regardless of age. However, structures in organizations are more often benefiting the hiring of younger workers. There is, indeed, a reduced likelihood of hiring older workers because of mandates. This was also evidenced earlier by the Canadian legal cases which show a trend toward mitigating the employment at will policy. As they currently stand, many such laws may negatively impact long-term employment relationships and suggest that policymakers must reconsider age-based termination, because this

will limit employment opportunities for older workers and produce less hiring of older workers. This may result in many positions being unfilled.

Issues that prevent or discourage hiring older workers are only part of the problem. The shrinking labor force is an ongoing issue in many countries as well. An example can be found in the One-Child Policy in China (Bloomberg, 2015). This policy is now 36 years old and is the cause of the third straight yearly decline in the labor force. The working age population is in a steep decline and corresponds with the slowing economic growth. Although a smaller labor pool helps limit those who are jobless, this also can contribute to the erosion of competitiveness, manufacturing, and drives up labor costs. This is not unlike the outcomes already noted in Japan and Germany, where the aging population is increasing at an accelerated rate in unprepared countries (BBC, 2015). Similar conditions have developed globally as fewer babies are born due to birth control.

IMPLICATIONS AND FUTURE RESEARCH

Missing from this body of knowledge about mature employees, aka fuddy-duddies, are indicators that systematic and valid development of older employees is taking place throughout organizations. Similarly, the absence of empirical as well anecdotal information suggests that development for older employees is an underused tactic to maintain a healthy and high performing workforce. Taken together, this body of knowledge challenges several of our beliefs about mature employees. Historically, older employees, the fuddy-duddies, have been cash cows for organizations in terms of development. After being accepted in an organization as an "old head", development is often completed for these employees. Career paths have been set in stone and little or no mentoring has taken place.

For example, HR must recognize the issues related to providing training for fuddy-duddies. This can include an examination perhaps restructuring of the performance management system, dealing with diversity issues that may arise as a normal part of a multigenerational workforce; examining the training systems to determine if older workers can succeed in the current training systems, and recommend changes if needed that support cognitive abilities and learning in general. Training policies must be reviewed and specifically address limits on age regardless of the intent, because of the changing environment that now finds older workers in the workplace, seeking work, and being successful in organizations. This may require rethinking current concepts of long-term employment and employee relationships, whether the culture of the organization supports older workers or discourages them even if it is not intentional. Stereotypes may be so ingrained that they are second nature, and stereotyping for any segment of the workforce not only can cause morale and performance issues, but may contribute to inappropriate workplace practices. Organizations should consider competitive advantage possible with older workers and leverage the knowledge and abilities available to encourage high-performance, mentor younger workers, and explore possibilities available with knowledge management, sharing information, and using the older workers to their full capabilities. For these older workers, understanding their expectations and needs, priorities and interests, and aligning these with organizational goals and work assignments can provide a great deal of job satisfaction for the employees and higher performance for the organization.

Future research in any area related to older workers is desperately needed, as organizations are using older workers in some capacity; this shows no signs of abating, as many people are enjoying longer lifespans and feel the need to be engaged in meaningful work. At a minimum, determining current perceptions of older workers in organizations based on CEO and HR feedback may provide a clearer picture of current practices, policies, and actual numbers of employees in certain age groups. Beyond this, research focused on training programs and policies to support older workers, organizational culture investigations looking at how older workers are treated, and existing organizationally-based stereotypes, can provide starting points to pursue more research about the employees that will be available in the marketplace who used to be considered "old".

CONCLUSIONS

Organizations must reduce their exposure for legal liability based on their hiring, treatment, and training of older workers. This is not only necessary for HR but is also critically important for leadership, because the organizational culture, prevailing stereotypes, policies, procedures, and practices may be fodder for discrimination claims and litigation. What is troubling is that some in the organizations either are not aware of issues, or they are not aware of the legal ramifications and may pursue the status quo as illustrated by Google's activities. Whether out of naïveté or ignorance, employees and organizations would be wise to review and compare the potential legal costs versus policies focused on supporting older workers throughout the enterprise. Research is needed to provide a foundation for not only hiring these older workers but being able to develop and support them so they can become an asset to the organization regardless of age.

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THE IMPORTANCE OF SUCCESSION EXPERIENCES OF FAMILY BUSINESS LEADERS: A STRUCTURED INTERVIEW INVESTIGATION

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ABSTRACT

This study investigates the succession experiences of second generation family business successors (children of the founder) and how these experiences influence their approach to planning and implementing the next generation succession process. A multi-case qualitative study approach is employed, using structured interview data collected from twelve second generation family business owners/leaders located across South Georgia. The exploratory study focused on succession planning, successor development, individual learning, and the culture of stewardship of firm leadership. The focus on second-generation leaders of family businesses and the depth of description of their experiences offers important additions to the family business literature.

Keywords: family business, second generation successors, succession, succession planning, successor development, individual learning, culture of stewardship

INTRODUCTION AND LITERATURE REVIEW

Family businesses represent approximately 90% of all business enterprises in the United States (Davis & Harveston, 1998). Family businesses pursue performance and success in the traditional sense, but also seek the successful transitioning of management and ownership from one generation to the next (Gersick, Davis, Hampton, & Lansberg, 1997; Handler, 1994). Succession planning or the lack thereof is greatly impacted by family roles (both in the business and within the family structure), family dynamics, successor development, and individual learning (Daspit, Holt, Chrisman, & Long, 2016; Van der Merwe, 2010). This multi-case qualitative study investigates the experiences of second generation successors throughout their own succession process and how those experiences influence their approach to planning and implementing the next generation succession process. Specifically, this study focuses on succession planning, successor development, individual learning, and the culture of stewardship within the leadership of the organization. A key motivation of this research is to help address the finding that while 30 to 35% of family businesses transition successfully from the founder to the next generation of leadership, only about 10 to 15% successfully transition beyond the second generation (Handler, 1994; Le Breton-Miller, Miller, & Steier, 2004). A key goal is to uncover the lessons second generation leaders gleaned from their succession experience dealing primarily with the firm founder and how that experience impacted their leadership of the firm and their approach to succession planning and implementation (Helin & Jabri, 2016). The study contributes to practice by providing detailed descriptions by second-generation leaders of their succession experience

and perhaps offering insights into why some family firms are successful at moving beyond the second generation and why others are not.

The successful transfer of leadership (both management and ownership) is considered an important test of a family business (Gersick, et al., 1997; Gilding, Gregory, & Cosson, 2015). Parents often have as a key goal that children will one day take control of the business and operate it (Gersick et al., 1997). Having capable willing successors prepared to take control is a significant factor in determining the survival of the business. Of equal importance is the impact that the leadership transition and subsequent success has on the family. The level of mutual respect and understanding between current and next generation family members is viewed as critical (Cabrera-Suarez, De Saa-perez, & Garcia-Almedia, 2001; Helin & Jabri, 2016). Handler (1990, 1991) described five indicators that exist in good working relationships: trust, support, communication, feedback, and mutual learning.

Many have investigated the ability of first generation owners to let go of the businesses they have created (Bjuggren & Sund, 2001; McMullen & Warnick, 2015; Schein, 1983). Handler's (1994) research revealed that timing plays a part in how smooth the leadership transition occurs. Building upon several insightful studies (Bizri, 2016; Fiegener, Brown, Dreux, & Dennis, 2000; Handler, 1994, 1992; Lansberg, 1999; Sharma et al., 2003; Van der Merwe, 2010), this study aims to probe deeper into the reflective perceptions of second generation owners concerning their own succession experience. This broad exploratory study looks at four key elements of the succession process: succession planning, successor development, individual learning, and the culture of stewardship that exists with regard to the success of the firm.

Succession Planning

Lansberg (1988) defined succession planning as a family business making the preparations necessary to ensure the harmony of the family and the continuity of the enterprise. Research has shown that having a clear plan for succession is one way in which family businesses can ensure consistency and coherence in achieving family objectives and goals (Ambrose, 1983; Dyck, Mauws, Starke, & Mischke, 2002; Sharma, Chrisman, Pablo, & Chua, 2001). Succession planning is not just a process to find a successor and does not happen spontaneously. A process must be put in place to transfer leadership from one individual to another (Ghee, Ibrahim, & Abdul-Halam, 2015). It is a conscious process to ensure the continuity of the business operations, the organization's policies, and the organization's culture. Succession planning ensures that there are highly qualified candidates for all important positions, not just for today, but for future years.

Sharma et al. (2003) found that there are significant differences in the perceived satisfaction of the succession process by the incumbent and the successor. The two areas found to have the highest degree of perceived disagreement are the propensity of the founder to step aside and the level of communication about the details of the succession plan itself. First generation leaders of family firms (founders) often have significant financial and emotional investment in the firm, providing them with legitimacy and power (Bjuggren & Sund, 2001; Lockamy, Carson, & Lohrke, 2016). First generation owners often find it difficult to separate the business from their own identity (Handler, 1990; Sharma et al., 2003), and, therefore, are resistant to step aside.

Sharma et al. (2003) found that incumbents had a higher propensity to step aside than what was believed by the successors, but were poor at communicating their intent. Sharma and Irving (2005) identified four bases of successor commitment – perceived desire, sense of obligation, perceived opportunity cost, and perceived need. The degree of satisfaction or dissatisfaction with the succession process on the part of the successor could influence how the successor intends to approach succession planning in the future, if at all.

Emotions are a part of the leadership transition for all family members, and can make transition very difficult. Founders have been found to refuse to relinquish power and reassert authority, and potential successor candidates (the founder's child/children) have multiple demands of adulthood (marriage, parenthood, and career). Potential successors want to establish their own personal and financial independence and they may even feel guilty about pushing out a parent (Daspit, et al., 2016; Lansberg, 1988). Incumbents can be jealous, may consider the successor as a rival, and even be distrustful in the successor's competencies and abilities. Families frequently exert pressures to avoid the emotion-laden issues of succession. Lansberg (1988) added that in some cultures, succession planning can be viewed as a sign of weakness.

Successor Development

Family firms have been said to develop competitive advantage with their lengthy leadership tenures, shared value system, and overlap of family and business interest and interactions. All of these can be nearly impossible for nonfamily firms to replicate (Chrisman, Gilding, Gregory, & Cosson, 2015: Sharma, & Taggar, 2007). Predictors of successful succession commonly include the nurturing and development of the successor (Lansberg & Gersick, 2015). Career development, outside work experience, formal education, apprenticeships, and training programs are viewed as being critical to successful succession. Fiegener, Brown, Prince, & File (1994) compared family businesses to nonfamily businesses, noting that family firms have less formalized systems for successor development. Family firms rely upon countless unplanned on-the-job experiences and conversations that shape and develop successors (Gersick, Lansberg, & Davis, 1990; Helin & Jabri, 2016). Founders tend to utilize frequent, informal communication rather than formal policies as the predominant means of giving direction. Longenecker & Schoen (1978) argued the conditioning required for future leadership occurs within a lifetime of learning and socialization experiences that expose the individual to a variety of meaningful challenges and opportunities. The founder is not limited strictly to business hours to mentor, coach, and informally share knowledge with the appointed successor. These critical interactions are influential in determining the success of family owned businesses surviving succession (Cater & Justis, 2009; McMullen & Warnick, 2015; Ward, 1987).

Founding leaders of family firms are described as having authoritarian management styles and foster paternalistic cultures (Fiegener et al., 1994) and may prefer close supervision. Second and later generations may have less ego involvement in the original culture and vision of the company than did the founder and so may lead and manage differently, and this may be reflected in their future approaches to successor development and the succession process (Fiegener et al., 1994; Vlachakis, Siakas, Belidis, & Naaranoja, 2014).

Fiegener et al. (1994) stated that there are two general types of development experience within the realm of successor development – on-the-job training (task experiences) and relationship-centered experiences. Following the Fiegener et al. (1994) study, the specific measures of successor development explored by this research are education, on-the-job training activities, and professional development opportunities.

Individual Learning

Koopmans, Doornbos, and Van Eekelen (2006) as well as Lansberg and Gersick (2016) concluded that learning from other people and performing the work itself proved to be the most important dimensions of individual learning among successors. Eraut's (1999) study found that work experiences and interactions with colleagues contribute to the continued development and refinement of an individual's knowledge base. Understanding the succession experience of second generation family firm owners will determine what was retained as part of their individual knowledge as well as what became part of the organization's knowledge, each viewed as important sources of competitive advantage. Norman and Hyland (2003) highlighted that although the individual learner can affect his/her own level of confidence, others in the organization can help increase the learner's confidence by providing support, encouragement, and constructive feedback.

The role of the founder as trainer needs to be that of an architect of the learning environment and a developmental facilitator of learning, rather than just an expert of subject matter (Kersh, Evans, Kontiainen, & Bailey, 2011; Lansberg & Gersick, 2015; McMullen & Warnick, 2015). Founders generally assume the role of developmental facilitators when considering knowledge transfer and training of the successor (McMullen & Warnick, 2015). Franz (2005) stated that the developmental facilitators must be learner-centered more than content-centered, create transforming learning environments, use a variety of facilitation methods, be flexible, and also critically reflect on their own learning. Individual learning opportunities are guided by the ability of the founder to encourage and support the learning opportunities.

Learning support, encouragement, and meaningful feedback often happen though a communication process that facilitates a culture of collaboration and information sharing (Slotte, Tanjala, & Hytonen, 2004) and provides transfer (Taylor, Ayala, & Pinsent-Johnson, 2009) and recontextualization (Evans, Guile, & Harris, 2010) of learning between work and educational settings. Zellweger, Kellermanns, Chrisman, and Chua (2012) discussed that through early involvement of the successor, emotional attachment to the family business and trust of and from stakeholders are allowed time to develop. It appears very important to reinforce the individual learning over time through conversations with the founder. Handler's (1991) research listed communication as one of the five indicators that exist when individuals have a good working relationship. Crossan, Lane, and White (1999) emphasize the importance of intuition and tacit knowledge to the institutionalization of strategic knowledge. Their discussion implies that the extensive formal and informal interaction of the successor with the founder facilitator, along with specific experiences, transfers this intangible tacit knowledge and creates concrete and applicable understanding within the second-generation successor.

Culture of Stewardship

Stewardship theory was designed for researchers to examine situations in which executives, as stewards, are motivated to act in the best interest of their principals (Chrisman, Sharma, & Taggar, 2007; Donaldson & Davis, 1991, 1989). Zahra, Hayton, Neubaum, Dibrell, and Craig (2008) stated that identification with and achievement of the organization's strategic mission can lead to intrinsic satisfaction and provide a significant source of personal unity for stewards. Managers have interests extending beyond purely individualistic and purely economic goals (Zahra et al., 2008). Specifically the steward's interests are directed towards organizational objectives rather than personal objectives (Davis, Schoorman, & Donaldson, 1997; Miller & LeBreton-Miller, 2006). In family businesses, all family members are key stakeholders in the succession process and subsequent firm success. According to Baeten, Balkin, and Van de Berghe, (2011), the steward in a family owned business may be highly motivated to preserve the business for the next generation of the family and gain satisfaction from being an effective steward to the business. A steward's behavior is ordered such that pro-organizational, collectivistic behaviors have higher utility than individualistic, self-serving behaviors (Eddleston, 2008; Gilding, et al., 2015). Even when the interests of the steward and the principal are not aligned, the steward places higher value on cooperation than defection (Davis et al., 1997). The collective behavior of the steward, for example, will focus on organizational growth, profitability, and sustainability. Therefore, an appropriate criterion for assessing the impact of stewardship may be found in variables associated with long-term family ownership.

We examine whether a stewardship culture is associated with the succession experience of second generation family owners. It is expected that the culture of stewardship in family businesses include high levels of family identification with the business, shared values, and orientation toward the long-term success of the business. Stewardship is characterized by cooperation, rapid knowledge sharing, adaptability, and helpfulness within the organizational culture with high levels of mutual trust (Collins & Smith, 2006). This leads to the argument made by Zahra et al. (2008) that family commitment to the firm interacts with a stewardship oriented culture with regards to its influence on succession development and individual learning.

RESEARCH METHODOLOGY

This is a multi-case, qualitative, exploratory study of the succession planning efforts, successor development activities, individual learning aspects of the second generation owners of family businesses, and potential attributes that demonstrate a propensity towards stewardship. Miles and Huberman (1994) pointed out that qualitative data are fundamentally well-suited for locating the "meanings" people place on the events, processes, and structures of their lives; their perceptions, assumptions, prejudgments, presuppositions, and for connecting these meanings to the social world around them. More specifically this is an exploratory study with the objective of discovering the relevant features, factors, or issues that might apply (Myers, 2009). The study is also retrospective. As such, it had the advantage of knowing the "broad picture," how things developed and outcomes that resulted. This *post hoc* knowledge is helpful for interpreting events and constructing a narrative.

Qualitative research, rather than traditional quantitative empirical research, is particularly useful for exploring implicit assumptions and examining new relationships, abstract concepts, and operational definitions (London & Hart, 2004). Furthermore, with a qualitative research method design the quality, depth, and richness in the findings will enhance the results (Marshall & Rossman, 1989). Interview questions are structured, but are adaptable to allow for more probing and change based on the participant's responses to previous questions. However, as McNamara (2009) pointed out, the strength of the interview guide approach is the ability of the researcher to ensure that the same areas of information are collected from each participant. Myers (2009) stated that interviews are an excellent "window" into an organization and can help the researcher find out what people are thinking.

Data Collection Strategy

Qualitative data was collected from in-person, semi-structured interviews with twelve second generation family business owners. Respondents were all second generation family firm owners, meaning that one leadership transition had taken place (founder to second generation). Chambers of Commerce across southern Georgia were utilized to locate usable family businesses under the current leadership of second generation successors. Each interview took approximately two hours. The initial questions focused on the background of the interviewee as it pertained to involvement with the business as well as some demographic information. There were sets of questions that focused on areas of their succession experience, successor development, individual learning, and potential attributes that demonstrate a propensity towards a culture of stewardship. In closing, the participant was provided time to make additional comments or ask questions of the interviewer.

While the sample cannot be considered random, the businesses represent a useful cross-section of small firm types and sizes. Eight had 20 or fewer employees; three had between 40 and 60 employees; and one had over 70 employees. Ages of interviewees ranged from 34 to 63. Second generation owners had, on average, been involved with the family business 30 years (from earliest involvement), with the least amount of time being 10 years and the greatest being 46 years. Of the twelve participants, two became active with the business as pre-teens, nine became involved during teen years, and one became active as an adult. As seen in Table 1, second generation successors in this study have been in a position of control for as few as four years to as many as 36 years, with the average being 14 years. The businesses represent a spectrum of industry categories: six retail, three service, one construction, one media/communication, and one manufacturing.

The interview script consisted of standardized open-ended questions: each interviewee was asked identical questions, but the questions were worded so that responses were open-ended (Yin, 2009). This open-endedness allowed the participants to contribute as much detailed information as they wished and it also allowed the researcher to asking probing questions as a means of follow-up (Turner, 2010). A pilot test was conducted in order to inform the full-scale data collection effort. For confidentiality purposes, the study concealed the real names of participants and their firms. Therefore, the study refers to them as Cases 1 through 12. The cases are similar in that they have all successfully transitioned leadership from first generation to second and all continue to operate under family control. Employment numbers range from seven to seventy-six with the average number of employees being twenty-eight. In the study, the businesses ranged in

age from twenty to sixty-six years of operation. Other descriptive categories for the twelve cases are found in Table 1 below.

Table 1. Case Descriptions

Case Number	# of Family Employed	Total # Employees	Years of Operation	Years Successor Control	Industry Category
1	5	60	20	6	Hospitality
2	6	20	21	14	Retail Pharmacy
3	1	10	66	26	Retail Men's Clothing
4	2	7	39	4	Construction
5	3	7	52	17	Media – Radio
6	3	15	37	8	Retail Agri-business
7	7	76	48	7	Whsl-Retail Fuel
8	3	15	54	14	Insurance
9	2	19	65	24	Retail – Lumber/Const.
10	6	55	36	36	Manufacture
11	1	8	29	5	Interior Plant Design
12	5	45	49	4	Retail – Food/Fuel/Convenience
AVG	4	28	43	14	

In such an iterative process as qualitative research, data is reduced through coding and summary display, and preliminary conclusions are drawn and verified via emerging patterns and commonalities within-case and across cases (Bingham & Eisenhardt, 2011). The first step of data reduction was to transcribe the interviews verbatim. Then the process of selecting, coding, simplifying, abstracting, and transforming the data was undertaken (Miles & Huberman, 1994). A coding scheme based on the interview protocol was developed and was applied to all the interviews. Interview transcripts were then coded according to this scheme. Trends and themes between the interviews were tracked and compared. This data was organized onto a comparative grid to establish patterns. The analysis identified a set of themes and clusters of thoughts and

phrases which were read and reread for connective language to build a framework for analysis (LeCompte & Goetz, 1983).

Inter-rater reliability statistics are a quality indicator of measurement reproducibility. Coding reliability was conducted with the assistance of two independent coders who were asked to read three case transcripts and then score the interviews with the designated coding scheme. Kendall's coefficient of concordance was used to quantify the extent to which the raters agreed in their assessment (Gwet, 2012). The coding from the independent coders was checked against each other and the coding of the lead researcher for agreement. Overall the results indicated a very strong degree of coder agreement and are all significant with p-values well below .01 level.

Miles and Huberman (1994) referred to data reduction as a process of focusing, simplifying and organizing the data that appears in transcriptions. As suggested by these authors, when appropriate and in order to improve validity and help in analysis, the researcher used methods for summarizing (paraphrasing, teasing out themes and patterns); methods of thinking about data (marginal and reflective remarks); different approaches to coding (at both descriptive and inferential levels); and most-importantly methods for producing extended reports (vignettes). For this study the data was coded, patterns were noted; themes were organized into vignette tables, such that plausible explanations for why things happened could be drawn. Through a continued process of review and sense making the data was compressed and ordered into summary vignettes with tables included here for each major area of inquiry.

RESULTS

Succession Planning

The failure to plan for succession is one of the greatest threats to the survival of the family firm (Van der Merwe, 2012). Having the founder plan to disengage from the business is necessary but by itself is not sufficient to ensure a successful transition. Other specific factors explored by this study were successor selection, timing of the decision, and communication of the decision. Contrary to the assumptions of earlier family business research in the area of succession planning, the effect of the founder's resistance to let go of the reins was not evident in the sample set of this study. Eleven of the twelve (92%) businesses who participated in this study did not indicate that the founder was unwilling or resistant to pass off control of the business to the next generation. The study indicated that founders embraced the role of mentor and were actively engaged in the development and preparation of the successor, sharing their personal knowledge of the business. They also encouraged and actively sought on-the-job training opportunities within the boundaries of the family business. Founders enjoyed teaching the successor and in fact encouraged successor employment with the family business.

When respondents were asked questions about the communication and timing of the succession, several interesting findings emerged. One interviewee remarked, "You know I never expected him to just completely back off and retire like he did but he has enjoyed his retirement" (Case 5). Another participant acknowledged that she didn't expect the founder to break all ties with the business once the decision had been made. However, that was exactly how it happened; "One day she was in charge and the next day I was in charge" (Case 12). Other second generation

leaders described the timing of the succession decision experience as, "I got it by default" (Case 1); "I was the sole heir apparent so to speak" (Case 9); "He [founder] always hoped I would work here and take over the company" (Case 7).

A follow up question to the timing of the decision was how the decision was communicated. In most of the cases the communication was done through general conversation over time. The founder and successor did not engage in formal meetings until they had worked through the decision by simply having day-to-day open conversations. Case 2 described their communication as follows: "He never pressured me to do it and he was always open to me doing anything else so I knew he wanted me to but he never said go be a pharmacist, I need someone to pass this down to. Because he would have been content selling it to somebody else I think. I think he was happy when I decided to take this route." Statements such as these indicate also that second generation family business owners perceive the successor selection decision as not being a difficult one to make for the founder.

In each of the twelve cases the founder did not struggle with letting the second generation successor move into the leadership role. But in most of the businesses (nine of the twelve) there was indeed a critical event that triggered the transition. In contrast to prevailing thought, neither age, health concerns, nor death were cited as being the most common critical event that signaled the change in leadership. In one case it was a natural disaster and in another it was the successor returning after completing college. Interestingly, the founder's lack of knowledge in the area of information technology was found to be a major triggering event for succession. Six of the twelve cases named the growing push to use information technology as the critical event which led to the successor's rise to firm leadership. One successor stated, "The computer age was kicking in … he [the founder] didn't want any part of computers, you know he still had all manual systems" (Case 9). Another interviewee remarked, "…with this new technology, everything changed. Dad still did the books by hand. He didn't want to learn how to do it on an Excel spreadsheet" (Case 6). One participant noted that once he joined the business fulltime their financial resources had to be managed and used more wisely, especially when the business was upgrading computer hardware systems (Case 5). In this particular case, media/radio communication, the industry was changing and the successor was aware that in order for the business to survive, a technology conversion was necessary. The founder, as described by the successor, was "just tired" and pushed the successor to take the lead on the conversion and the company overall.

As demonstrated by the cases in this study, succession does not happen spontaneously, even when it takes a less formal structure. Succession was a process, but not necessarily a formal one. One successor commented that he wished his succession had been more formal; that he felt as if he was a victim of circumstance (Case 4). Even though leadership succession in family business is an emotion-bound issue, the study revealed that from the perspective of the successor they desired a more formal, even step by step, plan for the transfer of leadership. A successor who had been in control of the family business for 15 years still reflected upon her succession saying, "I think if there is a successor, like me, it would have been good to know at what point the roles kind of change. Having a process, what's first, what's second would have been good just to know at what time it's going to happen" (Case 12). Interestingly, despite these wishes for more

formality in the succession plan and process, none of the respondents had formulated a formalized succession plan for the next generation.

A majority of the cases expressed that the communication of the decision was also done informally. Three of the interviewees described the communication of the decision as just being understood. They shared comments such as, "… it was kind of one of those things that was always known" (Case 4); "Daddy just didn't talk much about that kind of stuff. We pretty much knew how things were laid out…" (Case 7); "There was never a formal discussion. It was very informal and it was understood and you know once you grow up and get past wanting to be a pro-football player, you realize you wanted to work and run the business. So it was more understood; it was never a formal succession plan" (Case 9). One successor even said that he and his father could read each other's minds (Case 6).

As to the question of how and when the successor decision was shared with other family members and stakeholders, second generation owners felt that the founder's decision was accepted without comment. A successor who was the youngest of four siblings stated, "I'm sure my dad told my family – I mean he talks to them every night. I'm sure he told them what the plans were. They were all good with it. Nobody had a problem with it. They were glad that I was always here and wanted to work with him. So, everything was out front with everybody and nobody had a problem" (Case 5). Another participant commented, "It was never communicated. He [the founder] had always been giving me stock. When he died he left the rest of the stock to me. My sisters got other assets and I got all the stock in the business" (Case 3).

In this study, the succession and successor decisions were mostly part of general conversation between the founder, successor, and others who were actively engaged in and with the business. One interviewee remarked on how he remembered the succession decision, "It was solely just dad's decision. So, I guess all the customers and employees just kind of grew to expect it. They saw me here working all the time so at least that was good." (Case 2). It appeared that even though there was not a formal announcement of the succession plan, there was commitment on the part of the founder and the successor to implement the leadership change and to legitimize the selected individual in the eyes of the family, the customers, and other stakeholders. It appears that it was understood the leaders of the family businesses included in this study desired to keep business under control of their families. Table 2 provides a summary of the themes, prevailing thoughts and participant remarks on succession planning as explored in this study.

Table 2. Succession Planning: Vignette summary

Theme	Prevailing Thinking	Illustrative Comments (Case #)
• Founder has to let go	• Much of the academic literature has focused on the resistance of the founder to step aside and allow second generation to take control. (Sharma et al., 2003; Handler, 1990)	• Dad retired (3) • He backed off (5) • One day I was in charge (8) • It was a clean division (9) • Parents were ready to leave the business for other outside activities (12)
• Successor needs to be selected	• Nature of being a family business, pool of potential candidates limited to members	• Always known (1) • By default (2) • Heir apparent (4)

	of the family (Bizri, 2016)	• Only one interested (5) • Sole heir (9)
• Decision is communicated	• Decision is part of general conversation (Sharma et al., 2003) • Other family members acknowledge successor (Mitchell et al., 2009)	• It just happened (1) • Here it is, go and get it (3) • Pretty much knew how things were laid out (7) • Why don't you hang out here? (11)
• Timing of decision	• Even though the succession plan is a process, usually a critical event accelerates the action of putting decision in place (Gersick et al., 1997)	• Dad's lack of knowledge about technology (1) • When I returned from college (2) • Offered another job making more money (3) • New technology (6) • Butting heads on the computer deal (9)

Successor Development

The training successors go through to acquire knowledge and develop capabilities is a vital factor in effective succession (Lansberg & Gersick, 2015). For the purpose of this study, there were three areas of interest under the heading of successor development – development opportunities which were available; development opportunities which were not available; and the alignment, or lack of alignment, of the successor's career goals and interests with those of the business.

Of those interviewed, all stated the founder was very willing to share his or her knowledge of the business. One interviewee stated, "I set out to learn everything I could and the great thing with my dad is that anything I asked him, he would always explain why. Sometimes he over explained and would go on for an hour or more on one question" (Case 1). Another interviewee said, "One of my father's best assets or traits has always been he's a very good teacher and he's always been very patient. He'll take time to teach you to better yourself instead of just saying get out of the way I can do this faster" (Case 4). Having a founder willing to share his or her knowledge of the company provided the successor with a firsthand account of how the business maintains its customers, vendors, employees, and financial sustainability which was described by the interviewees as a valuable part of their personal development. The literature calls this knowledge "tricks of the trade" or "insider knowledge," which would take a manager from outside of the family much longer to grasp (Cabrera-Suarez et al., 2001; Ghee, 2015). This study found that such activities for knowledge sharing instilled confidence in the second generation as they prepared to take over the day-to-day management of the business. In all twelve cases of this study, the founders acted as mentors, counselors, and instructors, transferring explicit and tacit knowledge over time with the selected successor. In most cases, the knowledge sharing began at an early age when the successor was still in school and worked part-time for the business. One successor who has owned the business for two decades began helping his father with equipment maintenance as a teenager and noted that he continues to learn from his father.

> I guess the best part about it is having someone there to actually consult with. I think to be a successful and good individual in any trade you never quit learning. It's always been

good to go back and ask my father how would you have done this or what are your thoughts on this, just to have a second opinion. And the best part is he's willing to give me his opinion; he's still willing to come out and help. (Case 4)

Another successor echoed the same sentiment saying, "Before my father would go out on sales calls we would sit down and talk about who he was going to see and what our odds were to sale the account, what angle we should take, who was supplying them at the time, what we could do for them that our competitor couldn't do. This was great training for me" (Case 10). In Case 3, the founder did not limit his mentoring of the successor to just the operations of the business. He also exposed the successor to industry organizations and leadership opportunities within those organizations. The participant felt these were special development opportunities that provided him with industry contacts and networks that may not have been available otherwise. Being mentored by the founder allowed the successor to become increasingly familiar with the businesses operations, built confidence in his or her own capabilities, and provided paths for future development.

Another focus of interest under successor development was evidence of on-the-job training as part of developing second generation owners. Past research has discussed the importance of an early entry into the business by the successor to create a sense of commitment and loyalty to the business (Cabrera-Suarez et al., 2001; Lockamy, et al., 2016). However, the literature has not thoroughly discussed the effect of on-the-job training on the second generation moving into the role of leader. Interviewees confirmed that on-the-job training played a significant role in their development process. Comments included "I truly started at the bottom as a grunt" (Case 9); "I came from grass roots. Started digging the ditches and worked myself up to number one" (Case 4); "I think I learned 90% of everything from just hands on" (Case 6).

Only six of the twelve successors included in this study had worked extensively outside of the family business. Three shared their specific experiences as a key developmental opportunity, but only one felt it had served as a crucial component in developing her specific knowledge base and ability to be successful in the family owned business: "My background was in media design and production. So when I came back here I was already prepared to handle the creative side of the business" (Case 11). As we will discuss later, however, a number of more general insights and lessons were gleaned from these outside experiences, such as development of work ethic.

Participants were very aware of developmental weaknesses. Eight of the twelve successors interviewed for this study highlighted their lack of knowledge in the area of small business accounting and how they wished their successor development had included more opportunities to learn specific skills in that area. One successor expressed that in college he had taken accounting and did well. However, it was not until he began working with financial statements and reports that the principles began to have relevance and make sense. Another interviewee put it this way – "I wish I had more accounting knowledge. I've learned a lot and understand the business financial reports, but I do wish I knew more about risk calculations and such" (Case 7). Participants in this study also wished they had had more development opportunities and training in human resource management, sales presentations, and human psychology. Case 10 expressed the lack of comfort, not lack of confidence, when doing a business presentation for clients of larger accounts. He further explained that he could talk and explain all the bid information to the

client, but wished that the "packaging" of the information could have a more professional look. Case 12 felt that if her training in human resource management had been better, it would have saved her from making some faulty personnel decisions in her early years. Case 8 stated that he would have taken more psychology classes to improve his skills in negotiations, relationships, and leadership within the business.

The last area of interest under successor development was the alignment, or lack of alignment, of the successor's career goals and interests with those of the business. The researchers felt this was an important component in examining the successor's development as it may have determined a certain academic path or other educational/training opportunities. The study suggests that successor's career goals align well with their opportunities within the family business. One successor explained it like this, "I didn't think I could work for somebody else. I had a wild streak and was a little rebellious in the beginning. I'm not sure the fuel business was what I would have chosen if I'd had a ton of money, but it is a business that I know" (Case 7). One can surmise from this statement that working for the family business was a conscious decision for a career path after weighing other career options. Another example of career alignment was expressed as, "I would say they definitely align…I just want to keep growing as a hotelier" (Case 1). In this particular case, the successor stated that at a young age he knew he wanted to stay in the family business. However, as with most of the cases in this study, his career goals have continued to evolve over time. In the very beginning, he planned to own a hotel franchise with eighty hotels. Today his goals have in his words "become much more realistic" (Case 1). Case 2 expressed that his decision to return to the family business once he was accepted into pharmacy school: "Yeah, I had to get a pharmacy degree first, that was my first goal. Then come back to home to work with my father" (Case 2). This participant also discussed how fortunate he was to have had a professor who was very interested in promoting independent pharmacies who encouraged him to fill elective classes with business courses. In the opinion of the successor this was a development opportunity he may not have taken advantage of otherwise and it proved to be beneficial when he took over the family business. Table 3 provides a summary of the themes, prevailing thoughts, and participant remarks study.

Table 3. Successor Development: Vignette summary

Theme	Prevailing Thinking	Illustrative Comments (Case #)
• Development opportunities taken/available	• Mentoring by the founder and on-the-job training were key to successor development (Le-Breton-Miller et al., 2004; Cabrera-Suarez et al., 2001)	• He never minded exposing me to different aspects of the business (3) • It started out as a summer job (4) • He's still there if I have a problem (5) • I think I learned 90% of everything from just hands on (6) • Daddy was always there to answer my questions (7) • He would offer advice (8)
• Development opportunities not taken/unavailable	• Gaps in successor development need to be identified (Bjuggen & Sund,	• I wish I had more accounting (6,7) • Few more psychology classes

	2001)	(8) • Better training with sales presentations (10) • More training in HR (11)
• Career and business goal alignment	• Second generation owners want to maintain the success of the business (Cater & Justis, 2009)	• I just happen to love the industry (1) • Not to screw things up (2) • To see the company grow (10) • Beginning goals aligned with what I wanted at the time, now they very much align. (11)

Individual Learning

This study sought to explore the individual learning of second generation family business owners by asking them to reflect upon what they learned in regards to succession from their own experience. Task-relevant training and development is often the key to successful individual learning in a performance context (Bizri, 2016). The challenge with this study was having second generation leaders be reflective about their learning experience, particularly what was learned through their succession and what changes in behavior resulted.

The data from the case interviews demonstrates that mentoring and on-the-job training were mentioned most often as being sources which the successor utilized for his or her personal development within the family business. A majority of the participants stated that their succession process included hands-on work experience and they intended to follow this developmental approach with their children. For example, one participant said,

> I learned from doing the different job functions within the company. I started out in the foam fabrication area and gradually moved to sales and administration. For my two boys, I have had them work in each area. They needed to experience all areas of the business. You know I learned as I did, and they are just walking in with everything already done. I want to give them the benefit of my knowledge, but they need to have hands on too. (Case 10)

Another interviewee made a similar comment, "I worked in it (the family business) all my teenage years … I've been here pretty much the whole time learning on the job" (Case 3); yet another remarked, "I needed to attend the school of hard knocks and growing up in the business has served me well" (Case 7). From these statements and others that were similar in content, it appears second generation successors gained valuable knowledge about the family business from their on-the-job training experiences. It was also indicated that they plan to pattern future successions after their own experiences in the area of successor development, requiring next generation leaders to have on-the-job training within the family business which would allow third generation members to work their way up the company hierarchy.

The data also pointed to the value of having a clear timeline for the leadership transition as another outcome of individual learning that successor's gained from their own succession experience. A majority of the successors included in this study were aware at an individual level of the benefit of having a defined timeline for succession; however, it appeared that learning and

having experienced the problems associated with the lack of a timeline was not sufficient to influence their current behavior. One participant said, "Having a specific timeline for succession would have been helpful. Not having one created uncertainty and stress" (Case 11). However, none of the participants included in the sample set had taken action to prepare a succession plan for future generation owners of their family business. All stated that succession planning was indeed important to the success of moving the business to members of the third generation. One interviewee noted that their son wanted a formal plan – "He wants a plan on paper of how we're going to do it … I guess he wants to be sure things go smoothly" (Case 9). Case 5 stated, "I was fairly satisfied with the leadership transition. But I don't think I'm just going to sit down and write down a future plan" (Case 5). Another participant put it this way, "It was a learning experience. I don't think we really thought through everything beforehand and maybe we should have" (8). The desire to have a more defined succession plan was explained by one participant as "you know it would've been good to say alright here is stage 1, here is stage 2, here is stage 3, and slowly evolved into it instead of saying here you go" (Case 4).

A third focus of interest in the area of individual learning was to explore what the successors had learned through their succession experience about their personal career goals and about their goals for the business. A common theme was the fact that personal goals seemed to align well with the business goals from the beginning and continue to be aligned. That being said, in most cases the goal was to grow the business, followed by sustainability. As one interviewee stated, "I always wanted to see the business grow. You know our industry has changed over the years and we have had to explore other ways to expand. My current goals are the same, to keep the business viable and to develop new services in market areas" (Case 8). Other interviewees had similar comments – "I want the business to continue to grow and support the family" (Case 7); "I just wanted to build the business, be successful, not the riches, but support the needs of the family. I pretty much have the same goals personally and for the business" (Case 10). It appeared that even though they were in the early years of their tenure, successors had previously had more aggressive goals, which evolved over time in their perspective to be more aligned with the capabilities of the business. In other words, second generation owners learned through experience how to incorporate their personal and business goals by managing the business to success.

There also appeared to be a genuine concern to maintain the continuity of the business. As one respondent stated, "My goal in the beginning was don't mess it up. I just hope I don't screw this thing up" (Case 2). Another interviewee said, "In the beginning I was probably just working all the time and hoping that everything was going to work out. But I am proud of what we have been able to accomplish and plan for us to keep going strong" (Case 8). Such statements indicate that most of the successors in this study had consciously set goals in the beginning of their tenure to nurture their family business into the future. These comments also demonstrate a culture of stewardship which will be discussed with more detail in the following section.

Lastly, second generation owners learned to reach beyond the boundaries of the family business for learning opportunities by seeking external knowledge providers (Lansberg & Gersick, 2015). Six of the twelve interviewees had worked outside the family business before returning to work for the family, and all viewed the experience as generally valuable to their development. One person interviewed stated he had learned the importance of working long hours from his previous

employer (Case 6). One interviewee began working with an executive coach as soon as it was clear her mother desired for her to take over the business and she personally made the decision to stay with the business (Case 11). She also sought the advice of experts and consultants during the early years of her tenure. Additional knowledge providers listed by the participants were industry associations, former college professors, and financial advisors. The data from this study supports the notion of learning from the founders and adds to the learning experiences those contributions from external areas, such as formal education, trade associations, and time spent working outside the family business. Themes, prevailing thoughts, and remarks on individual learning are summarized below in Table 4.

Table 4. Individual Learning: Vignette summary

Theme	Prevailing Thinking	Illustrative Comments (Case #)
• Successors satisfied with individual learning	• Had educational opportunities that were geared towards the business/industry (Lansberg & Gersick, 2015) • Increased confidence (Norman & Hyland, 2003)	• Learned a lot and will continue to learn (6) • Happy as a lark (7) • Enjoy working here (12)
• Contributors other than founder	• Literature argues the importance of founder sharing their knowledge (Handler, 1991); data indicates other knowledge sources are also utilized (Eraut, 1999).	• Professor steered towards business classes (2) • Worked for another firm (4,6, 8,10, 11) • Trade association roundtables (9)
• Alignment of personal and business goals	• Goals evolve and adapt with time (McMullen & Warnick, 2015)	• Goals are more realistic now (1, 4) • To enjoy work every day, to provide good jobs in the community (2) • Back then I was more of a risk taker (3, 4) • To run a successful business that maybe my son will take over (9)
• Learning applied to future plans	• Learning becomes integrated into successors knowledge (Crossan, Lane, & White, 1999)	• Satisfied with leadership transition; not going to sit down and write a future plan (5) • Important to have a plan (7) • Next succession will be more formal (9) • Successor development to include job rotation within business (10)

Culture of Stewardship

The final area of exploration was whether the propensity of the family business towards a culture of stewardship would influence how the successor will approach future successions. One factor

explored was how well the family members who had a financial stake in the business resolved conflicts. In other words, did the family members who were actively working for the business and those who had a financial interest in the business work well together? How did they resolve difference when they occurred? The common interest in the success of the business and the sustainability of the family ownership appear to orient efforts toward agreement and cooperation. One interviewee stated, "We all know the company is the lifeblood of the family for our income. So if you don't focus on it doing well then your family won't do well" (Case 4). It was noted by most of the cases included in this study that they actually do not have many, if any disagreements. This would suggest that should a situation in which there is conflict arise, it is resolved quickly through open discussion. For example, Case 8 said, "We talk about them. Fortunately we don't have too many conflicts anymore. We have learned to express our thoughts without getting angry or upset. We learned to work together. We are a strong team." Another participant said, "In our situation there is not much disagreement. We are past that. I talk to her every day about the business and take her advice. She has worked longer in the business than me and I respect her opinion" (Case 11). In this particular case the successor and founder initially had a hard time expressing differences of opinion and had agreed to not allow their disagreements to come between them personally. The successor noted that they both understood that whatever the decision, it had to be good for the company, not necessarily good for them individually. This statement follows the concept of stewardship in that a steward's interests are in the organizations success rather than personal success.

Eddleston and Kellemanns (2007) noted that stewards who are able to improve the performance of their businesses are generally satisfied on a personal level as well. Most research focus has been on how family relationships can have a negative effect on the family business (Eddleston & Kellemanns, 2007; Lockamy, et al., 201). It has been suggested that strong family relationships can be a source of competitive advantage for family businesses (Ghee, et al., 2015). This type of competitive advantage is unique to family owned businesses. It can be implied that a culture of stewardship can therefore have a positive effect on family business sustainability hence creating a fertile environment for future generational successions.

All successors repeatedly responded that their personal goals aligned well with those of the business. In eight of the twelve cases, participants exhibited characteristics of collectivism. As described in the literature, collectivists subordinate their individual goals to the goals of the organization (Davis et al., 1997). Case 7 stated that he wanted the business to continue to grow and support the family, not just him individually. It appeared that in many of the respondents, the sense of stewardship extended beyond the immediate family and also included the community at-large. Case 2 commented, "In the beginning, for me it was just to enjoy coming to work every day. Now my goal is to provide good jobs and opportunity for people in the community." Another participant explained his aversion to risk as being attributed mainly to his desire to guarantee the continued success of the company, not only for his livelihood but also for the jobs it provided his employees (Case 4).

Additional key components of the stewardship culture were trust and respect. The respondents used the words trust and respect to express how the successors' viewed the founders of their family business. It can be surmised from the data that the successors highly regarded these attributes as they continue to lead their family businesses. This was best illustrated by the

comments of Case 7, "I know it's good to have a plan, but daddy just didn't talk much about that kind of stuff. We pretty much knew how things were laid out and we respected and listened to each other." Furthermore, Case 11 expressed how she had enjoyed working with her mother and learned a lot about the business from her. However, she still regards her mother's feedback with respect. She further stated they had learned to trust the judgment of one another. For this successor, the more absent her mother became from the business, the more trust her mother had in her to run the business. Stewardship has been argued to be common among family businesses (Corbetta & Salvato, 2004) and provides motivation for the ones in control to behave in the best interest of the business. In other words, stewardship creates an environment of trust, specifically trust that the leaders will do the right thing for the business because their personal goals are met when the business goals are met – to ensure continued success of the business (Helin & Jabri, 2016).

Trust also reduces the degree of uncertainty within the family business. This may explain why the formalization of the succession plan was not seen as being necessary, despite requests by future successors for a more formal plan. Second generation owners who participated in the study described how their succession experiences were positive despite the lack of a formalized plan. In each of the cases the participant stated he or she was pleased with how the succession occurred and there was no case of where the founder resisted the succession. In all of the cases, the successor also stated that he or she felt having a succession plan was important. Yet none had formalized a future plan, which can likely be explained by the existence of a stewardship culture, one that is characterized by trust and respect. Through the research lens of succession, it can be assumed that the successors will draw upon their own experiences with trust and respect as they approach future succession plans. Furthermore, they expressed that they will continue as stewards of the business and plan to do the right thing for the business. One interviewee explained his future approach to succession this way, "I will probably do the same thing with my kids that my Dad did with me. If they like it [working in the business] we'll work it out" (Case 2). Even though there had not been a formal succession plan for his transition, he trusted that he and his father would be able to work out the details, which they did, and he trusted that he would be able to work it out with his successor.

Another component of stewardship which was a focus for this study was how the family spent time together outside of the business. Of the twelve cases included in this study, six stated that they have weekly meals with family members. Case 2 stated, "We have dinner with my parents on Friday nights and then Sunday after church we [founder, successor, successor siblings, and third generation children] all go out as a group to eat." Another interviewee said that he and his father, the founder, have lunch together at least four times a week (Case 10). Case 7 expressed that he has lunch with the founder and other family members working for the business almost every day. He went on to say much of their conversation at these meals did not focus on business operations; it was general conversation – activities of children, current events, weather, etc. He, his brother, and the founder (his father) have coffee together every Sunday morning. He explained that this time had a more business focus as it provided a quiet time for the three to discuss topics related to the business without interruption. Most respondents expressed that the family (multiple generations) often enjoyed outside activities together; examples given were hunting, fishing, golfing, traveling, and cookouts. They also stated they shared holidays and special family occasions together. None of the cases included in the sample set stated they had

relational conflicts which prevented them from spending time together. These findings support the notion that the opportunity to engage in "outside of the business" activities, "play," does have a positive effect upon keeping the family relationship strong. Table 5 summarizes the themes, prevailing thoughts, and participant remarks as the propensity towards a culture of stewardship was examined for this study.

Table 5. Culture of Stewardship: Vignette summary

Theme	Prevailing Thinking	Illustrative Comments (Case#)
• Family members work well together	• Open communication is imperative to resolving tensions (Helin & Jabri, 2016)	• Have weekly meetings (1) • Fairly conservative when it comes to making big decisions. (7) • We talk about them [conflicts] (8) • If we have a problem, we talk about it and the next day it's over (10) • I respect her opinion (11)
• Family non-work relationships shape the work experience	• Family members enjoy activities outside of the business together. (Corbetta & Salvato, 2004)	• We play golf together or grill out once a week (1) • Once a week we have lunch together (8) • Dinner on Friday nights and Sunday after church (2) • Celebrate all family events together (6) • Daddy and I still have lunch together 3-4 times a week (10)
• Plan is important, however lack of action	• Importance of succession planning (Gilding, et al., 2015)	• I hadn't thought about it until today (2, 3) • Plan is important to success (4) • Important, just haven't written it all down (5, 6) • Dream of mine for the business to continue in the family (8) • Planning and sharing plan with children (12)

DISCUSSION AND CONCLUSIONS

Given the volume of information taken from the interviews, it is useful to provide a brief review of the key findings. In regard to the succession decision itself, and counter to many previous studies, this study revealed that the founders were actually not reluctant to let go of control. In most of the cases the founder turned over control of the company without demonstrating resistance and with little to no fanfare or uproar. The successor was identified early on, and often the successor did not even consider a career outside the family business. In all the cases the decision was communicated informally over time through day-to-day general conversation.

Even though the succession plan is a process, usually a critical event accelerated the action of putting the successor in place. In many previous studies, age and health of the founder was a key triggering event. In this study, the most often mentioned "trigger" was the founder's lack of technology knowledge. Although founder age certainly influenced this lack of knowledge, the growing necessity of technology and innovations is a more likely explanation. Most of the successors interviewed took control of the family business within the last fifteen years, when we have seen many technology innovations, such as the internet and social media.

The next area of examination was on the development of the successor. All respondents indicated that the mentoring they received from the founder was the most important development opportunity during their succession experience. Family businesses stand to gain competitive advantages when key knowledge is shared over time between generations. The combination of demonstration and explanation over time proved fruitful for knowledge transfer. Nine of the twelve successors began working for the family business during their teen years; the case average was 29 years of experience. On average, 16 of those years were worked during the reign of the founder. Most of the participants remarked on the willingness of the founder to share this knowledge and that in many cases they continue to seek input from the founder.

A second development opportunity where there was strong positive agreement among interviewees was on-the-job training. Many of the successors stated that they had begun working for the business at the bottom and worked their way up, taking full advantage of hands on experience. The successors stated that on-the-job training aided in their development by building confidence in their own abilities to lead. One interviewed said, "I needed to attend the school of hard knocks and growing up in the business has served me well" (Case 7).

The one consistent development opportunity noted by four of the twelve cases as not available or not taken advantage of was a desire to have more training in the area of business accounting. Even though this was not a specific area of knowledge development during the succession experience, most of the successors later sought opportunities after moving into the leadership role that filled the gap. Other respondents identified subject matter such as human resources management and psychology as areas where they wished they had learned more.

The third area of examination for this study was individual learning. All twelve respondents stated that they were satisfied with their experiences; however, several had thoughts on how to improve the process. One successor explained that having a specific timeline for succession would be helpful. She further stated that not having one creates uncertainty and stress (Case 12). A second theme was the importance of learning experiences that were gained from mentors other than the founder. Many felt it important to gain additional perspective on their family business by learning from others outside the business. For example, successors in the sample set found mentors within industry associations who helped fill gaps in learning experiences. By working their way up in the company, many successors learned a great deal about the business from key veteran employees other than the founder. Other participants worked outside the family business before returning to the family business, and all acknowledged this as helpful.

Another theme to emerge had to do with the alignment of the successor's personal and businesses goals. The data suggested that the personal and business goals of the successor

aligned well prior to and after attaining their leadership position. However those goals had not remained stagnant. Most respondents indicated that their career goals were strongly aligned with their goals for the business. In several cases the successor had adapted their goals over time to reflect, in their perspective, more realistic expectations. An example of how one case's goals evolved can be seen in the following statement – "I wish this store had been in a larger town – I think it would've been fun to have expanded a little bit and gone to a bigger town. I wish we'd tried. We looked at two locations and I talked myself out of it. Now I'm glad we didn't" (Case 3). Clearly their goals for the business were different in the beginning of their tenure; however, they were aligned with their personal goals at the time.

The last theme to emerge under individual learning pertained to successors' integration of what they learned into plans for the future succession. Here the results show several examples of the successor integrating their learning as they approach future succession and other examples of where they have not. One successor had already implemented the action of having his children learn the business by revolving through the different operational areas of the business (Case 10). Another stated he would recommend having outside work experience, as he had had, to the next generation of leaders (Case 8). Case 9 reported, "My son wants a plan on paper of how we're going to do it. Because when I grew up there was no formal plan; I guess he wants to be sure things go smoothly." Most acknowledged the importance of having a plan. Comments ranged from a desire for having an outline of stages (Case 4), to having a written plan (Case 5), to having a clear understanding (Case 1) of how the leadership will transition. Successors no doubt see the benefit of formalizing a succession plan as they approach future successions, yet none of the interviewees had taken definite action to formulate and implement a succession plan. One case stated, "I think it's important, we just haven't written it all down" (Case 6). Another remarked, "He's earned it. So, I feel good it's going to happen. Now have we done the formal stuff, no. So a lot of times it's you know what to do but you don't always do it. I've got to get on this quickly" (Case 9).

Lastly, the propensity towards a culture of stewardship was examined in this study. Here the results show the second generation successors perceive their business as having characteristics which are associated with a culture of stewardship. In order to explore this likeliness, successors were asked to rate family support to three statements.

- How would you rate how your family supports your wishes to take on new activities or directions?
- How would you rate how your family supports your wishes in regards to succession planning?
- How would you rate how your family supports your choice of successor?

Eight of the twelve cases reported their families were very supportive of their wishes to take on new activities or directions. Two cases reported that families were extremely supportive and one case reported the family to be somewhat supportive. Follow-up questions were asked specifically in regards to family support of successor's wishes of succession planning and support of your choice of successor. Each yielded similar results, more than a majority of the cases included in this study perceived their family to be very or extremely supportive of their decisions. According to academic literature support serves as an indicator for a culture of stewardship (Zahra et al.,

2008). Clearly the successor perceives that other family members trust him or her to do the right thing when it comes to the business and the family.

Further exploration revealed that conflict rarely occurred among the businesses included in the sample set. When there was conflict it was openly discussed and resolved quickly. One case stated they simply did not have time for conflict (Case 10). Another remarked that he was very fortunate in that his family business didn't have much conflict (Case 5). The low incidence of conflict could possibly be attributed to how the family spends time together outside the business. The results of this study show that the participating successors enjoy spending time outside the business with family members. Positive relationships were found to exist between family members who were active in the company. The participants expressed that they enjoyed working with family members as well as sharing time with family members outside the business. One case stated that her mother (the founder) was her best friend (Case 11).

This study uncovered a number of important themes that hopefully shed light on the succession planning and processes in family businesses. Above all, it appears that a pattern of informal succession planning continues from the first generation to the second. There certainly appears to be a desire for more formal succession planning, both on the part of the successor (who has learned the need for this plan through their own experience) and on the part of the third generation (prospective) successor, but the informality and flexibility of informal planning appears to be desirable as well, especially in light of the culture of stewardship characterized by respect and trust. Christensen (1953) suggests that succession from founder to second generation is very different from that occurring in later generations as the process becomes institutionalized. This study revealed that an informal process has certain benefits in that it allows stakeholder views to be incorporated in a fluid and flexible manner. General day-to-day conversation was a seemingly effective method to express who would succeed the founder and how the succession would be carried out. Most of the interviewees indicated that a more specific timeline and more specificity in general was probably desirable.

Many researchers have realized that a succession design itself is not enough to ensure a successful succession in a family business. Rather, the preparation of succession should be a continual and lengthy process. The goal is not only the short-term successful transition to the next generation (Vlachakis, Siakas, Belidis, & Naaranoja, 2014), but the long-term survival of the business. Key to determining sustainability is the process of selecting a successor. With the cases in this study, the incumbent selected their successor and began the preparation early. Training, teaching, and sharing of knowledge were conducted informally. In many of the cases, development of the successor occurred without the full awareness of the successor who only later acknowledged the education. Our research shows that if knowledge of the successors is combined with a smooth succession, it can help to better the organization and efficiency of the family business; the family business achieves higher quality and more efficient operational systems. This study shows that an informal structure of mentoring successors resulted in there being more flexibility, creativity, and communication between incumbent and successor. The exchange of ideas and information made it easier to undertake the leadership change and established a strong foundation for the future for the family and for the family business.

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