

## **RESEARCH STUDY ON CHANGE LEADERSHIP**

Thank you for participating in this research project on change leadership. Your input will help leaders like you and organizations like yours to better understand the process of leading change and the factors that affect leaders of change. Below is a brief eight part survey from which we will glean insights from your input. At the close you will be given the opportunity to participate in a random drawing of one in every 100 respondents for a \$100 donation to the charity of your choice. You will also be invited to receive a copy of our findings.

You have been identified as:

1. Currently working as a leader within a for-profit, non-profit, civil service or military organization as a full-time employee
2. Experienced in leading at least one (1) high impact change project that was categorized either as
  - a) Radical Change – an intervention to deal with competitive pressure and/or in reaction to a business crisis, often requiring significant restructuring of the organization, OR
  - b) Continuous Improvement Change – an intervention to incrementally advance the organization, frequently from one level of success to the next.

**If statements 1 and 2 are true**, please continue to complete the survey. If not, we thank you for your time and you need not continue further.

By responding to this survey, you are affirming your consent to participate in this research project.  
No additional paperwork is needed.

**Your individual responses will always remain completely confidential.**

Please use the following categories for all of the statements within this survey:

Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
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**PART 1 OF 8: YOUR THOUGHTS ABOUT YOUR WORK**

Below are several statements that may reflect certain aspects of your career. For each statement, select the answer that best reflects your thoughts.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. My career is an important part of who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This career has a great deal of personal meaning to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I do not feel passionate about my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I strongly identify with my chosen career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I do not have a strategy for achieving my goals in this career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have created a plan for my career development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have identified specific goals for my career development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do not often think about my personal career development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The most important things that happen to me involve my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I live, eat and breathe my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Most of my interests are centered on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In my present job, I have strong ties which would be difficult to break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Most of my personal life goals are job-oriented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I consider my job to be very central to my existence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 2 OF 8: YOUR THOUGHTS ABOUT YOUR RELATIONSHIP WITH YOUR ORGANIZATION**

Below are several statements that may describe your relationship with your organization. If you work within in a matrixed organization, please think in terms of your client location. For each statement, check the box that best reflects your thoughts.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel very much a part of my immediate organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My organization makes me feel included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel like I am an "outsider" to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I don't feel included in my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel I am an "insider" in my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My organization frequently makes me feel left out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART 3 OF 8: YOUR THOUGHTS ABOUT YOUR RELATIONSHIPS WITH YOUR CO-WORKERS

Below are several statements that may describe your relationships with your co-workers. For each statement, indicate whether you agree or disagree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel comfortable around my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I look forward to being with my co-workers each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel accepted by my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. With my co-workers, I feel like "one of the gang."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I do not feel that I have much in common with my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel little connection with my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I often feel like an "outsider" when I am around my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am asked to give my opinion on important issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I help make key decisions within my immediate organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The opinions of my co-workers influence me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get input from my co-workers to deal with key business issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am influenced by my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I often seek advice from co-workers within my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The people who most affect my success are within my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue further:

15. I often help my co-workers whose support I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I often think about the interests and goals of my co-workers in trying to obtain their support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I frequently help my co-workers if I believe that they will help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I often share useful information with my co-workers who I believe will also share information with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I often support my co-workers who I believe will support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART 4 OF 8: YOUR THOUGHTS ON HOW YOU RELATE TO YOUR ORGANIZATION

Please respond to the following statements about how you relate to your current organization and it to you. If you work within in a matrixed organization, please again think in terms of your client location. For each statement, check the box that best reflects your thoughts.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am very interested in what others think about my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An insult to my organization feels like an insult of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I talk about my organization, I usually say "we" rather than "they".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would be embarrassed if a story in the media criticized my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My immediate organization's successes are my successes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would react negatively to a media story criticizing my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When someone praises my organization, it feels like a personal compliment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue with thoughts regarding your current organization:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8. My organization cares about my opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My organization really cares about my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Help is available from my organization when I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My organization strongly considers my goals and values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My organization would forgive an honest mistake on my part.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If given the opportunity, I am concerned that my organization would take advantage of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My organization shows very little concern for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My organization is willing to help me if I need a special favor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would be very happy to spend the rest of my career with my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I enjoy discussing my organization with people outside of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I really feel as if my organization's problems are my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I think that I could easily become as attached to another organization as I am to my current one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do not feel like "part of the family" in my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I do not feel emotionally attached to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My organization has a great deal of personal meaning for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I do not feel a strong sense of belonging to my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART 5 OF 8: YOUR THOUGHTS ABOUT YOUR CAREER AND FUTURE

Please indicate your agreement or disagreement with the following statements about your career and what the future may hold for you professionally.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel my present assignment will lead to future attainment of my career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My assignment is relevant to my professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The realization of my career plans is greatly enhanced by my current assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My assignment will contribute to my professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I intend to stay in my line of work for some time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am thinking about leaving my current line of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am thinking about working in a different line of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I want my next assignment to involve leading change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I want my next assignment to be a more traditional leadership position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have no specific preference for my next assignment in the organization or company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have not thought seriously about looking for a job in another organization or company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am thinking about working in another organization or company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Taking everything into consideration, it is not likely I will make a serious effort to find a new job in the near future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART 6 OF 8: YOUR CAREER AND EXPERIENCE WITH LEADING CHANGE

Please indicate your agreement or disagreement with the following statements about your career, followed by questions about your experience leading radical and/or continuous improvement change projects:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. When asked about my career, I refer to myself as being from a traditional functional area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I view my line of work as being in general management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I see myself professionally as being a leader of change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total number of years of experience in leading change projects.

<input type="checkbox"/> Less than 5	<input type="checkbox"/> 6 to 10 years	<input type="checkbox"/> 11 to 15 years
<input type="checkbox"/> 16 to 20 years	<input type="checkbox"/> Over 20 years	<input type="checkbox"/> Not applicable

5. Number of major change projects you have personally led.

<input type="checkbox"/> Less than 5	<input type="checkbox"/> 6 to 10	<input type="checkbox"/> 11 to 15
<input type="checkbox"/> 16 to 20	<input type="checkbox"/> Over 20 projects	<input type="checkbox"/> Not applicable

6. Number of companies, divisions of companies or organizations within which you have been both employed and led change.

<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
<input type="checkbox"/> Four	<input type="checkbox"/> Five and Over	<input type="checkbox"/> Not applicable

7. Types of companies or organizations within which you have been both employed and led change. Check all that apply.

<input type="checkbox"/> For profit	<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Military	<input type="checkbox"/> Other
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Specify

## PART 7 OF 8: YOUR CURRENT POSITION

Please take a few moments to tell us about your current position.

1. Your current position is best described as:

<input type="checkbox"/> Top or senior level executive	<input type="checkbox"/> Mid-level executive	<input type="checkbox"/> Executive	<input type="checkbox"/> Senior Manager	<input type="checkbox"/> Manager	<input type="checkbox"/> Other
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Specify

2. Type of company in which you are currently a leader:

<input type="checkbox"/> For profit	<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Military	<input type="checkbox"/> Other
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Specify

3. Primary focus of your company:

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> Retail	<input type="checkbox"/> Other
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Specify

4. Years employed by your current company:

<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 2 to 5 years	<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> 11 to 15 years	<input type="checkbox"/> 16 to 20 years	<input type="checkbox"/> Over 20 years

5. Years in your current position:

<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 2 to 5 years	<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> 11 to 15 years	<input type="checkbox"/> 16 to 20 years	<input type="checkbox"/> Over 20 years

6. How did you come to be placed in your current position? Please choose only one.

<input type="checkbox"/> Recruited from inside the organization	<input type="checkbox"/> Logical extension of my prior assignment	<input type="checkbox"/> I created the opportunity
<input type="checkbox"/> Recruited from outside the organization	<input type="checkbox"/> The position was available and I volunteered	<input type="checkbox"/> Other
<input type="checkbox"/> Recruited from inside, but outside the group impacted by change		Specify

7. Do you have an internal sponsor in your current position? If so, please indicate the one association that means the most to you for your work.

<input type="checkbox"/> Top or senior level executive	<input type="checkbox"/> Mid-level executive	<input type="checkbox"/> Executive	<input type="checkbox"/> Senior Manager	<input type="checkbox"/> Other Internal Sponsor	<input type="checkbox"/> No internal sponsor
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8. If you have an internal sponsor, please indicate their level of involvement in your work.

<input type="checkbox"/> Active support and visible to others	<input type="checkbox"/> Active support, but NOT visible to others	<input type="checkbox"/> Passive support	<input type="checkbox"/> Neither active nor passive sponsorship	<input type="checkbox"/> Not applicable
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9. If you have an internal sponsor, indicate how continuous this association has been in the course of your work.

<input type="checkbox"/> Continuous sponsorship	<input type="checkbox"/> Intermittent sponsorship	<input type="checkbox"/> Sponsorship has changed	<input type="checkbox"/> Not applicable
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### PART 8 OF 8: YOUR GENERAL BACKGROUND

In closing, we would appreciate learning about your general background.

1. Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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2. Your age:

<input type="checkbox"/> Less than 25 years	<input type="checkbox"/> 25 – 35 years	<input type="checkbox"/> 36 – 45 years
<input type="checkbox"/> 46 – 55 years	<input type="checkbox"/> 56 – 65 years	<input type="checkbox"/> Over 65 years

3. Your highest level of education:

<input type="checkbox"/> High school/GED	<input type="checkbox"/> Technical Certification	<input type="checkbox"/> Some College
<input type="checkbox"/> College degree	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Multiple graduate degrees

Thank you!

To authenticate your response and eliminate follow-ups, please provide your email address below. Be sure to use the same email address that we used to contact you for this survey participation. Once we receive and log your response, we will permanently remove the identifying e-mail address to maintain absolute confidentiality.

My e-mail:

If you are e-mailing the survey back to us, please file save and send to: [zfl@case.edu](mailto:zfl@case.edu).  
For hard copy mailing, send to:

Zara F. Larsen  
Case Western Reserve University  
7990 E. Alvin Road  
Tucson, AZ 85750-2806

Or print and private fax to 520-546-3598

We would welcome and appreciate any additional comments or questions:

Questions? Please contact Zara F. Larsen 520-247-0211 or [zfl@case.edu](mailto:zfl@case.edu).

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YES! I would like to be entered in a random drawing from every one in 100 respondents to have a \$100.00 donation made in my name to a charity of my choice.

YES! I would like to receive a summary of the survey results.

Email notification of Internet link       Email file       Hard copy

We will send notification to the email you have already provided, unless you would like to provide an alternative email or address below. Once your response is received, this e-mail address will be permanently removed to maintain absolute confidentiality and not be used for any other purposes.

My e-mail:

My address:

Best regards and enjoy the summer!