

# Here Today - Gone Tomorrow: Coping with Organizations of the Future

By Vija Hay, RN, CPN(C)

By now the terms downsizing, rightsizing, re-structuring, re-engineering, streamlining are well worn and overly familiar to us in the corporate as well as the health care world. The process has affected everybody in one way or another directly or indirectly.

Much has been written and said already, much more can and will be said as time goes by and we study the effects. This article will address the realities of restructuring: the issues and effects on the health care worker, dealing with transition in layoffs, staying energized in the new organization, and being positioned for the future.

## Realities of Restructuring

Downsizing equates to reduction of the work force, in other words "dehiring", cut in payroll through a layoff process, early retirement, and termination. In most situations, however, the workload has not been downsized, in fact it has increased - the work has not gone away.

The corporate world now reports from studies that many, if not most, downsizings fail. Experts are quoted as saying layoffs do not save money in the longrun but increase overtime, lower morale, and force companies to hire again. Early retirements have left the organization bereft of memory. I call it brain drain and loss of continuity and mentorship. The aftermath of restructuring has left casualties, the walking wounded - not just the victims, but also the survivors. To sum it up, according to Lloyd Cooper (who is in charge of career management at Watson Wvall Worldwide) "lean and mean has not worked", we should rather "move to lean and keen".

In the health care sector there is no choice but to restructure. The success or failure then is dependent on good planning and strategy. In hospitals the restructuring, the overall reduction in the workforce, the "bumping" process, the staffing ratio adjustments of professional employees, the introduction of generic

workers, and the contracting out of services, has been a particularly traumatic experience to hospital personnel, and has impacted on patient care. Our belief has been that we are in the business of health promotion, healing, and caring, and providing expert nursing care to our patients. When these elements are not evident in the process of restructuring, the best practice principle may be sacrificed for the survival of the hospital.

Similarly to the corporate studies, some health care organizations are discovering that de-skilling of nursing is not working. The result is longer patient stay, more complications and errors, and even deaths, ultimately no cost savings.

## Downsizing

In Downsizing we see four segments of personnel:

1. Laid off staff - usually union
2. The early retirement staff - union and non union - voluntary - involuntary
3. Terminated staff - usually management
4. Survivors - all levels, including top management - the "displaced" through the "bumping process"

Who is the victim and who is the survivor in this process? Being both a survivor and a victim I have personal experience with the consequences. Victims and survivors both share the same feelings: a combination of anger, anxiety and frustration, guilt and depression. New research shows damage to peoples'



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health, even if the jobs are only threatened. Allergy symptoms, high blood pressure, heart disease, mental illness are on the rise.

Peter Drucker's comments on the aftermath of restructuring are: "the cynicism out there is frightening. Middle managers have become insecure. They feel unbelievably hurt. They feel like slaves on an auction block". There is an impact on human costs, downsizing begets downsizing, there is a state of continual downsizing and jobs are continuously at risk. We are losing good performers.

According to *Sports Illustrated* eight out of ten Americans will be fired at least once. Apparently 1/3 of Canadians polled say they are in fear for their jobs. My title "Here Today, Gone Tomorrow" is apropos: you can be instantly transformed from an over employed worker to an unemployed worker. This fear of being downsized is driving people to work harder and put in longer hours. In a New York poll, 82% of people said they would work longer hours if it would save their jobs. The prolonged overwork may lead to absenteeism, burnout, poor productivity, substance abuse etc. It can also turn you into a workaholic.

We have all worked within the old paradigm and beliefs that we could remain employed with and organization until voluntary departure or retirement. One thought that being loyal to the organization, honest, meeting performance standards, having skills and expertise, made you an asset to the organization. You felt part of the family and would be taken care of. But suddenly you are a target, you are a cost, a dollar sign to be reduced, eliminated. On the other hand, the organization believed that loyalty required the individual's total commitment.

All our management models and motivational theories were rooted in the old reality. We really had a codependent relationship - both the employee and the organization.

In the new paradigm there is no long term security and change is inevitable. The relationship of the employee to organization, the obligation of employer have changed. The paradigm has shifted from long term employee to short term employee, from career to job. In organizations that had the old paradigm and had captured the family concept and employee spirit, the survivors have particularly strong feelings after layoffs of anger, fear, anxiety and distrust. Workers have gone through emotional turmoil: first feeling relief of not being laid off, then a combination of guilt and despair.

There is a sense of loss to any change. People need to be given a chance to mourn feelings of loss. They

can only handle so much change at one time or they may become immobilized and lose effectiveness. Most of us have lived in a whirlwind of change and most of us continue to do so.

## Dealing With Transition

It is a responsibility of both management and employees (coworkers) to take care of those who have left and those who remain. We should recognize the change model of: endings, transitions and new beginnings. Losing a job, losing friends and coworkers is like a death in the family, or a divorce, and it affects not only your income, but your own sense of worth. The process of grieving is very similar and has to take place before moving on to begin the healing process. The literature shows that survivor feelings are long term. Dealing with these feelings promptly is a priority. To revitalize the organization as a whole, the layoff survivors must be dealt with or layoff survivor sickness is inevitable and serious.

David Noer in his book recommends four levels of intervention to deal with layoff survivor sickness, and says that creating organizational systems to prevent recurrence of this sickness is the most fundamental priority of organizational leaders. **Level 1** Process interventions: deal with the way layoff process takes place from the survivor's perspective - doing it right. **Level 2** Grieving Interventions: facilitate emotional release. **Level 3** Empowerment Interventions: breaking organizational codependency (employees recapture their sense of control and self esteem). **Level 4** Symptoms Intervention: accommodating the new employment contract.

Reading and hearing layoff survivor stories, it is clear there has been dissatisfaction with planning, administration and communication of layoffs. They express anger over layoff process; found lack of strategic direction; lack of confidence in upper management; lack of communication.

## Level 1 - Process Interventions

The layoff process is predominant in survivor stories as well as in my own experience, and is the basis in Noer's intervention model. In the layoff process you could say there is the good, the bad, and the ugly. There is a great deal of thought put in the process of severance pay, benefits, outplacement services, the physical exit of the victim, and meeting the requirements of service union contracts. But not much thought is given to the impact on those who stay. They should be grateful they have a job, so to speak. Much thought is given to the implementation, and little to survivors.

It has been documented that survivor involvement in decision making process, the level of attachment to victims, and their perception of fairness and equity of layoffs are important process factors. The process research highlights survivors' needs for fairness, equity, participation, caretaking and prior notification. The longer the advance notification the better. There is more control, ability to plan for future and face and manage anxieties. That is particularly true for the victims.

Survivor stories relate great concern for layoff/fired victims - how they were treated. Being fully employed one minute and dismissed the next: given the pink slip/ called into the office and then escorted out - the employee simply vanishes, and comes back as a stranger in the night to collect items from the office. This is demoralizing and humiliating for the employee. The survivors are concerned for the feelings and dignity of the victims and what it says about the organization's values.

Communication is part of "doing it right". There is a great thirst and need for communication throughout the downsizing process. People want to be treated like adults. They want honesty and have little tolerance for fuzzy answers. Lack of information generates lack of confidence in upper management and limited credibility in what they say. When people are in a state of fear and anxiety they search for clearer understanding of the organization's plan and direction. To quote Noer "it is impossible to overcommunicate during layoffs". Unfortunately through lack of strategic direction, the focus of direction can change day by day. It is difficult to inform everyone in a timely manner. However, free-flowing direct, open communication - "straight talk" is essential, even if it is repetitious. The messengers, top executives, should be accessible throughout the process.

### Level 2 Intervention - Grieving

Before we can go on and the healing begins we must release our feelings. Group work is the most effective and efficient method of bringing survivors emotions to the surface. Short term fixes do not work. Many survivors repress their feelings, their anger turns inward. There is a sense of unfairness, stress and fatigue. People are afraid to speak up, there is a feeling of distrust and betrayal. Facilitating the release of feelings and the grieving is a key management role. The Kubler-Ross stages of grieving can be applied here. The five stages are: denial, anger, bargaining, depression, and acceptance, ( which is not equated with happiness).

### Reactions of layoff victim and layoff survivor in the five stages:

Layoff Victim	Layoff Survivor
<i>Denial</i>	
"It can't happen to me"	"That's how business operates"
<i>Anger</i>	
"It's not fair. I resent those who stayed"	"I feel guilty and angry. I'm a victim too"
<i>Bargaining</i>	
"I'm better than some who are staying"	"How can I negotiate my safety. Look at options other than laying off colleagues"
"Get better terms"	
<i>Depression</i>	
"I'm not worth keeping"	"It'll happen to me sooner or later"
<i>Acceptance</i>	
"I'm out of the system"	"I'm not the same - I've been violated"

### Level 3 Intervention - Empowerment

Empowerment of staff breaks codependency, and gives the solution to preventing survivor sickness. It is a transition from the old paradigm to the new. From the way we used to do business to the new reality. The transition is a challenge to both the employees and leaders of the organization to function in this complex and uncertain future. The leaders who make a difference are those who facilitate transition. Employees need to take personal responsibility for self esteem and **good work ethic**. Not to rely on the organization to provide for their needs, not to please the boss, but to detach themselves, shed the control/codependency model. Organizations also need to shed control. We need to respond to transition and become learners with a capacity for change and subsequent comfort with that change. Staff need to be involved in the downsizing process, and be realistic about the consequences.

### Level 4 Intervention - The New Organization

It is time to emerge from the old confusing environment and emerge in the new paradigm. In the new organization we will have a flexible work force and self directed teams. Managers will have a helping, facilitating and coaching role. Obviously it is easier said than done. However, a conscious effort has to be made to embrace the change to the new paradigm, otherwise we will never evolve from the survivor syndrome. You need to find a way to let go.

### How to make a successful transition

**Employee:** Be a learner and learn skills and behaviour relevant to the new reality. David Noer in his book says that the people who will make the difference will be the learners. They are challenged, stretched and optimistic. I can't emphasize enough the importance of education and learning. Read, take additional courses, specialty courses, university courses. Become certified in your speciality. Stay current in your field. Be aware of the trends affecting your work. This will make you a flexible employee and will add to your personal growth. It will not guarantee your permanency nor displacement during the layoff process.

Unfortunately service unions do not consider education, experience, and expertise in general as priority factors. Their determination to maintain seniority as the basic principle is fair to senior employees and a simplistic method, however, it eliminates and devalues individual skills and abilities that are the criteria in your area of work.

During transition work hard to help find positive outcomes and understand the challenges, then move forward. Ensure your work experience is up to date. Maintain a list of educational attendance. Prepare a resume and keep it current. Have self esteem. Don't invest emotionally in your work. Find humour to reduce tension and anxiety. Break codependency with employer. Stay for the work and the customer. Define yourself by your work, not where you do your work.

Increase your role as patient advocate to ensure quality of care, and that appropriate staffing levels and ratios are realistically maintained according to patient acuity levels. Know your supporting data and standards of practice to validate best practice issues. Invest in your health. Suggested health tips from Dr. Shah, Professor of Preventive Medicine University of Toronto: **Openness:** be open with family - less conflict. **Lifestyle habits:** no increase of smoking or drinking. **Keep fit:** natural endorphins are released during physical activity. **Be spiritual:** increased sense of well being. Support each other during the layoffs and transition. Don't shun the victims, help them by open communication and recognition of their past work. Think of yourself as a temporary employee. Define your job skills, abilities and options. If you lost your job today, what would you do? List your options, so when the time comes you will be prepared. You may be surprised at how entrepreneuring you may be.

**The Victim:** the employees who have been or will be "dehired" should examine the release agreement and options available thoroughly, and take adequate

time to do it. At a time when you are in shock, it is difficult to focus on the documents and the options even with the help of consulting assistance and lawyers. Look to see if your separation allowance and benefits are just or should be negotiated. Seek guidance and/or legal assistance in event of unjust dehiring.

Take advantage of employee assistance programs and professional assistance in career transition consulting services. Prepare a resume if you have not already done so. Actively pursue a job search.

**The Organization:** Finally, what can organizations do to assist the employee to deal with the multitude of transitions and the effects of layoffs. Place more attention on cutting unnecessary work than on eliminating unnecessary jobs. Involve and recognize staff input in best practice issues. Explore flexible arrangements.

Have a good layoff process. Involve people in issues that impact them. Communicate, communicate, communicate. Tell the truth, but don't be cruel. Lead from the heart and follow with the head. Have free flowing communication, honesty and authenticity. While saving the organization, recognize and devote adequate time to deal with survivors. Facilitate the change in the new organization. **Treat people with respect and dignity.** Give recognition and acknowledgment, and celebrate their past contribution. Establish a new orientation - a shared process. Provide a clear plan, a clear strategy under strong leadership.

### Conclusion

Change is not predictable, comfortable or very safe. Organizations of the future will be characterized by unending transition. Organizations will never regain the enthusiastic commitment of once loyal employees.

Employees have to break away from codependency with the organization, and think in terms of being a short term employee. The survivors have a choice of succumbing to the survivor syndrome or moving into the future of the new organization. The victims have to come to terms with the loss, and pursue new job opportunities. Organizations have to facilitate the grieving process for the past, and facilitate the move into the future. To quote Noer: "the only thing that will separate the winners from losers will be the quality of the human resources".

### References

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