

Downsizing Recognizing the Effects and Taking Control

By Jemma Lynch R.N., M.N.

The first part of this article will address the effects of displacement or bumping on staff, the second part will outline some strategies which have been found helpful in organizational downsizing, and the final part will describe Layoff Survivor Sickness as outlined in "Healing the Wounds" by David Noer.

My information is based on a phenomenological study I carried out in a Calgary, Alberta, hospital where a Unit was closing and staff received position elimination notices and subsequently bumped onto other units. Interviews were carried out with the staff who were bumping off the Unit as well as Nursing Managers and staff who were receiving staff onto their Units. Information has been added from literature review which includes a study done by Alice Sears (1992 Unpublished) "Understanding the Psychological Impact of Displacement: A Study of Stress, Hope and Coping." It is hoped that by presenting this information, it will help to validate the feelings of those affected by downsizing, and facilitate the necessary grieving that is necessary to make a paradigm shift in their thinking in order to grow from this process. For those who have not been directly affected by downsizing, consider the broader picture and contemplate on the downsizing of health care services in Alberta as well as the other provinces of Canada.

Personal Stressors for Staff

1. Concern for Patient Care.

As nurses we are first and foremost concerned with safe and efficient patient care. When bumping occurs into and out of Units, there is a concern that because those with expertise are leaving and those bumping in do not have the desired experience, that patient care may be jeopardized. This may be especially true of specialty areas such as the Operating Room.

2. Different Patient Focus.

Staff stated that going from a Unit where they were comfortable in their knowledge and skills to another Unit where the patient population was different was very stressful.

3. Fear of not being accepted on new Unit.

This fear has since been validated by a Occupational Health Nurse who said the fear ranges on a continuum from nurses being unable to work for as long as a year because they felt they had not been accepted by their peers or manager to those who feared they would not be accepted but worked through it when they got to their new Unit.

4. Loss of contact with colleagues.

When you work with certain people for months/years, friendships develop and support and encouragement is reciprocal. In the Operating Room, this is not only true for your fellow nurses but you also have a close working relationship with the surgeons. Being bumped creates a fear of loss of cohesiveness.

5. Having to comfort colleagues.

We tend to empathize with our friends who are being bumped and feel guilty on seeing their grief.

6. Fear of loss or decreased income.

Many of the staff affected by bumping are single wage earners. With the coincidental downsizing in business and industry, there are many nurses whose partners are unemployed. There is a fear of having to go from a full-time position to a part-time position, depending on the availability of positions and the seniority of the person affected.

Author

Jemma Lynch, R.N., M.N. is a Nursing Unit Manager, Calgary General Hospital, the Peter Lougheed Centre, Calgary, Alberta.

7. Feelings of loss of control over the situation.

Many nurses expressed feelings of desperation and of not being in control of their own destiny.

8. Inability to take early retirement.

At the time of my study, early retirement "packages" were not being offered. However, even with the hospitals offering packages to those who wish to retire, there is still the possibility of having to take a penalty on their pension if they do not have the required age and years of service.

9. Physical ability.

Staff found it stressful to contemplate on going to areas where the physical requirements for lifting etc. were greater. In the Operating Room, the requirements for assisting with specific types of surgery e.g. total joint replacements may vary, as well as long standing time required for some surgeries.

10. Felt "like starting all over again".

A nurse who had over twenty years of general surgical nursing experience stated that she felt like a student nurse again. Many nurses felt they were going from expert to neophyte when bumping to a new area.

11. Re-evaluation of personal and professional values.

Although this is thought to be a positive exercise, at a time of downsizing and bumping, it tended to bring out a sense of disillusionment and nurses found themselves discouraged with the profession of nursing. For some, past anger and resentment resurfaced from their personal lives also.

Stressors for Staff within the Department of Nursing

1. Rumours.

Dealing with the many rumours that abound during downsizing is stressful for staff. Physicians are famous for spreading rumours so you are particularly vulnerable working in the Operating Room.

2. Position denial.

Nurses who had attempted to bump into certain positions and who were denied, found this to be extremely stressful. It affected their self-esteem and they were faced with the dilemma of whether to grieve the decision or be content with another position.

3. Waiting for verification of position.

Nurses found the uncertainty of not knowing if they had been accepted for a position to be stressful. They also worried about getting bumped again.

4. Rotations not available on new Units.

As we all live by our calendars, not knowing time

off especially around Christmas and special holidays is stressful.

5. Lack of information/communication.

Staff felt that they did not know what was happening and that they depended on rumours and hearsay. This was mentioned by all the staff interviewed.

6. Hearing of misfortunes of persons bumped.

Many of the staff expressed a discomfort with having to bump someone out of a line but the stress was increased when they heard of the misfortunes of those they had bumped - staff member having chest pain or that her husband lost his job, etc.

7. Inconvenient, yet necessary, Collective Agreement.

This specifically refers to Article 15 in Alberta (position elimination clause) where nurses expressed a great deal of discomfort with the actual bumping process, but felt the clause was necessary for some degree of job security.

8. Decrease in "Casual" shifts.

Casual/relief staff had no hope of getting a part-time or full-time job. With the present increase in number of layoffs and the "recall" system, the potential for casual staff to obtain work is even more limited.

9. Lack of visibility of Administration.

Many of the staff interviewed expressed annoyance at the lack of visibility of senior Administration staff on the Units during downsizing. This appeared to increase their sense of being devalued.

Stressors for Staff from outside Department of Nursing

Stressors from within Department of Nursing and without are differentiated to denote those which we can rectify versus those we have little control over.

1. Lack of longterm planning.

Staff blamed senior hospital administration as well as Government for a lack of long term planning resulting in the downsizing of health care services

2. Lack of alternative cost-saving measures.

Nurses cited many examples of poor bed utilization, unnecessary tests performed on patients and inappropriate purchases within the hospital.

3. Blaming of Nurse's wages for strain on budget.

Nurses noted that the local newspapers had frequent articles suggesting that nurse's wages were to blame for the high cost of health care.

4. Downsizing in industry.

Coinciding with layoffs in health care services is the general downsizing in business and industry

which resulted in many nurses having unemployed partners thus the situation is even more stressful.

It was interesting to find validation of these themes in the study done by Alice Sears in Edmonton (1992, unpublished) as she found the three worst things for nurses during displacement were

- (1) **Uncertainty/Rumours,**
- (2) **Administration/Poor communication, and**
- (3) **Displacement/ the Bumping Process.**

Sears had compared staff who received position elimination notices on a Unit which was closing and staff from a Unit which was being relocated to another (sister) hospital and found that having no choice (relocating to another hospital) caused more stress than receiving position elimination and being able to bump into other positions of choice.

Management Strategies

The following themes emerged from the interviews with the Nursing Managers:

1. **The need for information**
2. **The need for quality control**
3. **The need for support**

1. Providing Information

Administration needs to give information on the external and internal forces - the rationale behind downsizing such as: the Federal deficit in excess of \$40 billion; the decrease in transfer payments to the Provinces; the potential for regionalization; HPI (Hospital Performance Index); trends in health care - the shortened length of stay because of advances in technology and the increase in laproscopic surgeries thus decreasing the need for inpatient beds. The proposed changes in the Alberta Legislation regarding the Health Professions Act toward more collaborative and cooperative relations with other disciplines leading to "Patient Focused Care" delivery models and perhaps cross-training of disciplines is an area we as A.A.R.N. members need to be cognizant of and lobby for the interests of registered nurses. Pat Mandy (1992) described the Regulated Health Professions Act of Ontario in her keynote address to the Operating Room Nurses Association of Ontario and gives many helpful suggestions for operating room nurses.

Managers felt that there was a need for overcommunication at the time of downsizing. They suggested that Senior Administration be visible on the Units to talk informally with staff as well as having newsletters, forums, videos and a medium to address

"facts versus rumours". Extend invitations to your Senior Administrator to visit in the O.R. - they are pleased to be invited.

2. Champion Quality Control Effort.

All the staff interviewed spoke of the lack of a thorough orientation. It takes at least two to three months for new staff to diffuse their anger. Staff may be functioning at an expert level on the Unit they leave, but revert to a neophyte role on the new Unit. It is worthwhile to provide new staff a proper orientation both for quality patient care and team building.

It is essential to provide a forum for staff to express their feelings - acknowledge the hardships imposed on them. Managers, charge nurses and clinicians may need to steer the discussions toward positive solutions and attitudes and discourage these discussions in holding areas where patients are awake.

Managers need to be flexible with the rotations at time of downsizing - creativity is needed to provide for safe coverage e.g. staff for "on call" until new staff are orientated.

This is a time when managers may need to reaffirm their quality control responsibilities and the expectations of their staff and have them articulate what they expect of you as a Manager/Charge Nurse. Diane Miller (1991) stresses this aspect of quality control and personal and professional development.

For Managers /Charge Nurses, this is a time when you need to re-establish the tried and true methods of time management - the "to do" lists, time in your office with the door closed to get caught up on your work.

Team Building is essential for quality patient care. Staff need time to adjust to new areas. They are hard on themselves when they move from an area of expertise to another area. Diane Miller (1991) describes a four-quadrant cycle for staff who start a new job which is also applicable to staff who bump into a new area:

- Level 1: 0-18 months - need direction, need to know the what and why, likes lists, somewhat rigid
- Level 2: 18-36 months - critical thinking begins, become competent.
- Level 3: 3-4 years - proficient, on committees, preceptors
- Level 4: 4 years and up - The "gold", the experts, we tend to overuse.

Miller jokingly refers to Level 1 staff as "the Guppies" and Level 4 staff as "the Barracudas" and suggests that the guppies sometime get eaten by the barracudas! It is especially important for managers to

be sensitive to the needs of the staff bumping into a Unit (the guppies) and redirect the energy of the barracudas into positive behaviors in accepting the newcomers.

3. Need for Support.

For Managers, Clinicians, Charge Nurses and Clinical Nurse Specialists, your traditional role will change at times of downsizing and bumping to that of counselor, advisor and stress management personnel. You need support also. You may be losing valuable staff. Get the support from whoever you can - boss, family or friends.

Managers suggested a task force or committee be set up to dovetail the interests and priorities of management and union during downsizing. This committee should have representation from management, unions, Human Resources and Occupational Health to offer consistency and support throughout the transition. Employee Assistance Programs are valuable at these times of change and staff should be encouraged to seek help.

Inservices/workshops tend to be postponed at times of drastic change. This is when they are needed most. Stress management workshops, forums for expression of feelings and workshops on empowerment are essential. It is important to have debriefing sessions after each major wave of downsizing to discuss problems encountered, ways of improving the process and getting suggestions and support from each other. You need to reinforce to yourselves and to each other that you do make a difference.

Personal Strategies.

Because anxiety is greater when we feel a lack of control, at times of downsizing we need to focus on areas where we do have control. We should all have a contingency plan to deal with the threat of downsizing, displacement and possible unemployment.

1. Acknowledge your feelings.

In his book on "Healing the Wounds" (1993), David Noer gives the analogy of a family to illustrate the need for acknowledgement of feelings - for those who are left behind after downsizing as well as those who leave. Imagine a family - father, mother and four children. They are a close family. They eat breakfast together every morning before going off to work and school. One morning the children notice something is different. The parents look very grave. The father finally says "Children, your mother and I have gone over our budget and we have discovered we are unable to make ends meet with all of you four children. We

have decided that two of you must leave - you two must go to live with your aunt and uncle. You children who are left here with us will have to study and work hard and we will be a closer and better family." Noer suggests the following exercise to facilitate the acknowledgement of feelings - write down the feelings the children who left might have had, the feelings the children who stayed might have had and the possible feelings of the parents.

2. Take regular inventory of your skills - write up your resume.

This increases your sense of having options and control. Become aware of other job opportunities. Continue on with your Resolution to the A.A.R.N for Advanced Nursing Practice to provide anaesthetic/surgical assistance. Be mindful that you are in one of the four sectors which are considered to be the driving forces of the economy (computers, instrumentation, communication and) health care according to Nuala Beck, (1992). This sector includes drugs, biomedicine, surgical and medical equipment and supplies. You are advantaged working in the O.R. and being nurses - you have the communication skills, you constantly deal with new technology and equipment and you are emersed in the health care system! Develop plans to acquire the skills you will need. The future is a lot brighter than you think.

3. Commit to a lifetime of learning.

Peter Drucker (1993) in his book "Post Capitalist Society" states that "...the world that will emerge from the present rearrangement of values, beliefs, social and economic structures... will be different from anything anyone today imagines... and it is certain that its primary resource will be knowledge." Your own philosophical statement from your Recommended Standards for Perioperative Nursing Practice (1993) also includes a definition of life long learning as "an active process through which the learner acquires knowledge, skills and attitudes. The needs of society are ever changing, therefore, learners must continue their education all through life." A lifetime of learning does not necessarily mean going back to school to acquire more formal education - it means anyway you can learn how to do your job better, or how to do another job which will make you enjoy your work better or give you a passion for your work.

4. Decrease your debt and set money aside.

This is another practical way of giving you the feeling that you have control over your life, that you are adapting and preparing for unforeseen changes.

5. Lower your expectations.

This can be difficult. Have you ever gone house-hunting - for a smaller house? It's very discouraging. You may also want to rethink your expectations for vacations, new car etc.

6. Consider other family members.

This type of stress affects our whole family. We need to remember to praise our children more than usual and to continue with positive family activities. If you have an unemployed partner you may want to take advantage of the Employee Assistance Program in your organization or seek out some counselling. If your organization does not have an EAP, check your excess medical insurance - it may cover some counselling sessions.

7. Participate in volunteer activities or non-profit organizations.

This can facilitate socialization and networking as well as increasing self-esteem. Peter Drucker (1993) also mentions in his book that this is going to be necessary in our post-capitalist society to maintain viable communities.

8. Maintain job performance.

You need to do this for your own self worth and a feeling of autonomy - not just for quality control.

9. Physical activity.

Physical activity is necessary to deal with anxiety. Exercise provides a constructive outlet for metabolizing the neurotransmitters released during times of stress. Breathing exercises, positive thoughts, music, biofeedback and prayer can achieve a restful state.

10. Work together toward a common goal for health care.

We need to be more instrumental in influencing and developing our health care system. Lobby your MLAs. Write letters expressing your ideas. Write in your Journal (a Journal you should be proud of - one of the few Canadian Nursing Journals) for your colleagues across the country - a great way of communicating and uniting.

11. Look for opportunities for growth.

Direct Access is promising. The AARN is presently lobbying the government to re-allocate funds from an acute care system to a community based system and to fund the services of registered nurses. You have excellent skills - you can provide pre and post op teaching, prepare teaching pamphlets /videos for patients and families, set up and manage clinics. In New York, physicians and nurses and other disciplines are forming community Network Clinics in

response to the changing health care needs. Continue your efforts for Advanced Practice. Network with physicians and explore the work possibilities for the future.

Layoff Survivor Sickness

It may happen that the people who remain after layoff and bumping do not get the attention they need. This results in what David Noer (1993) calls the Layoff Survivor Sickness and is described as a set of attitudes, feelings and perceptions that occur in employees who remain in an organization following involuntary employee reduction. People suffering from this sickness are said to have a reduced desire to take risks, a lowered commitment to the job, and a lack of spontaneity. Some of the other survivor sickness symptoms include: codependency with the organization, job insecurity, a feeling of unfairness, depression, stress, fatigue, distrust and betrayal, wanting it to be over, thirst for information, survivor blaming, denial, lack of strategic direction, lack of management credibility, short-term profit orientation, non-reciprocal loyalty. Feelings of optimism and continuing commitment as well as justification and explanation are likely to be expressed by management staff only.

Most of the above symptoms are familiar to us. If we consider the analogy of the family letting two of their children go, we realize the feelings of the remaining family members are as significant as those who left. The concept of codependency with an organization, as one of the symptoms of survivor sickness, needs further clarification. Noer (1993) describes employees as codependent with an organization to the extent they index their self worth by their success in that organization - their sense of value and identity is based on pleasing or often controlling, not him or herself, but someone else. Hospitals promote this codependence, with the best of intentions, through social functions, benefit plans, group insurance, tuition reimbursement etc. Units promote this codependency through the development of a specific unit culture and cohesiveness, social activities, specific knowledge base by virtue of the particular patient population. As nurses, we are traditionally excellent team players as opposed to individual practitioners and so are more vulnerable to becoming codependent.

Coping Strategies for Layoff Survivor Sickness

The following are some strategies suggested by Noer to cope with or prevent survivor sickness.

1. Manage the layoff (bumping) process.

This is a time for overcommunication and working together (union and management).

2. Facilitate the necessary grieving.

Use the analogy of the family. A facilitator may be helpful to assist people express their feelings and move them to positive attitudes and solutions.

3. Break the dependency chain.

Staff need to break away from organizational/unit codependency and feel self-empowered. When we are self-empowered we have personal power over our self-esteem and sense of importance and this helps to keep us somewhat immune to survivor sickness. It is important that staff maintain internal control, keep their personal power and love themselves without making this love and acceptance conditional on organizational or Unit approval.

One way to prevent organizational or Unit codependency is through "detachment" where you no longer index your self-esteem and identity by your success in the workplace. If who you are is where you work, you will do anything to hang on.

Quality work will assist you to detach. Quality work starts internally - you want to do a good job. It is an outward manifestation of your own internal gifts, talents and skills.

Having varied social and professional networks helps staff not to rely on the hospital or Unit to nurture various aspects of their lives. Take stock of your own dependency scale. How much do you depend on your Unit or hospital for a measure of your self-worth? Do you need to cultivate other social, professional or spiritual networks?

4. Building a new employment relationship.

This can be very difficult for us as hospital employees. When (most of us) graduated as nurses, job security for life was taken for granted. Noer compares the old employment relationship with the new in the following way:

(a) Old employment relationship - employment seen as long term. New - employment relationship situational. Outcome: flexible workforce;

(b) Reward - promotion from within - fixed job descriptions. New - reward is acknowledgement of contribution, self-directed work teams (self-governance) Outcome: motivated work force;

(c) Old relationship - management is paternalistic. New - management is empowering, no "taking care of employees", employee autonomy is encouraged. Outcome: empowered work force;

(d) Old employment relationship - loyalty means staying with same organization. New - Loyalty means responsibility and good work, non-traditional career paths (here is an opportunity for your Advanced Prac-

tice - Anaesthetic /Surgeon Assistant). Outcome for new employment relationship - responsible, autonomous workforce; and

e) Old employment relationship - lifetime career a given. New - No assumptions of lifetime caretaking, short-term job planning, explicit job contracting. Outcome - Employees and organization are bonded around good work.

The new employment relationship is undoubtedly unfolding in health care. We can either attempt to hold on to the past or move into the future and develop our own sense of self-worth and control. You have excellent critical care skills. Take advantage of this time of transition to unleash your potential in whatever area you have a passion for in either your present work situation or a new one. Allow yourself to envision the possibilities, the autonomy, the feeling of self-worth and accomplishment and above all - a sense of control over your own destiny.

References

- Baumgart, Alice and Larsen, Jenniece, (1988). *Canadian Nursing Faces the Future*. C.V. Mosby Co., St. Louis.
- Beck, Nuala (1992). *Shifting Gears: Thriving in the New Economy*. Harper Collins Publishers Ltd.
- Drucker, Peter (1993). *Post-Capitalist Society*. Harper Collins Publishers Inc.
- Grove, Sarah Jane (1991) *Who Cares: The Crisis in Canadian Nursing*. McClelland & Stewart Inc.
- Mandy, Pat (1992) *The Regulated Health Professions Act*. *Canadian Operating Room Nursing Journal*. 10(2), May-June.
- Miller, Diane and Cox, Sharon (1991). *Leaders Empower Staff*. Creative Nursing Management Inc. Minneapolis.
- Noer, David (1993). *Healing the Wounds*. Jossey - Bass Publishers, San Francisco.
- Operating Room Nurses Association of Canada (1993) *Recommended Standards for Perioperative Nursing Practice*.
- Sears, Alice (1992 Unpublished). *Understanding the Psychological Impact of Displacement: A Study of Stress, Hope and Coping*. Edmonton.
- Senge, Peter (1990) *The Fifth Discipline*. Doubleday, New York.
- Wexley, Kenneth and Silverman, Stanley. (1993). *Working Scared: Achieving Success in Trying Times*. Jossey - Bass Publishers, San Francisco.