The Effects of Hospital Restructuring on Nurses: How emotionally intelligent leadership styles mitigate these effects.

By Ivan Todosijczuk, Research Profile Project

Restructuring. Downsizing. Resource Reallocation. These are some terms used to describe how industries have changed their shape and size to deal with external and internal challenges. One industry that experienced these changes is health care, with the largest group of workers affected being nurses. Through the 1990’s there was considerable restructuring in health care in Alberta; hospitals were closed, budgets reduced, thousands of nurses laid off. “There was so much turmoil, so much chaos, then on top of all that came regionalization where we even lost our individual hospital’s identity. So we went from losing individual nursing department identities to hospitals losing their identities,” says Dr. Greta Cummings. It was the effects of restructuring and layoffs on nurses that fueled her doctoral research.

Greta Cummings’ research had two stages. The first was a review of existing research on layoffs and restructuring. “The more times nurses experienced restructuring, the more negative effects they reported. There were significant physical and emotional health effects, particularly a high degree of emotional exhaustion. There were significant changes to nursing roles, to their job satisfaction, their ability to complete the work they wanted to do, as well as their ability to provide the quality patient care they felt would be professionally appropriate.” There were also “big changes to how nurses communicated with each other, how they collaborated with each other, and how hospital restructuring disrupted their relationship with physicians. Research has shown time and time again that the relationships between physicians and nurses are absolutely critical to the practice environment and to the quality of patient care. These were completely disrupted with all of the restructuring.”

The second part looked at the effect of repeated restructuring on nurses and the role of leadership in mitigating those effects. Overall, Dr. Cummings found the more times nurses experienced restructuring, the more they were negatively affected. Nurses traditionally make lifelong commitments to their work but “much of the commitment that they had to the organization and to their practice was disrupted.” Leadership styles, however, did have a considerable impact on how nurses dealt with the disruptive environment.

Dr. Cummings identified two groups of leadership styles. The first group of styles, deemed to be emotionally intelligent, is characterized as “visionary, affiliative, democratic, and coaching.” These leaders “pay attention to relationships they have with staff. They manage their own emotions well but they also manage emotions in the workplace. They manage conflict, support conflict resolution, promote teamwork, and invest in staff development.” The second group of styles, which was more pace-setting or commanding, is less motivated by relationships and more by task completion. This can create distance between management and staff. “I was able to test whether there was a difference in the effects nurses felt depending on which style of leader they worked for. There were some very dramatic differences. Nurses in emotionally intelligent leadership environments documented significantly less emotional exhaustion, despite experiencing relatively the same amount of hospital restructuring as other nurses. In fact, many
of them reported their emotional well-being was better than the year before.” The same could not be said for those working under a command and control style of leadership, under which many reported that their emotional well-being had suffered. It should be noted that leadership style at all levels was a critical factor, not simply leadership at the nurses' level. There is often a synergistic effect in the collaborative relationship between levels of management that may lead to mitigating or intensifying the effects of hospital restructuring on nurses.

A doctoral thesis requires time, effort, emotional commitment, and money. “The motivation to look at this was strictly personal because I’ve been in hospital management for 20 years in nursing leadership positions.” The first three years of her doctoral program combined work with school. To complete the writing of her thesis, Dr. Cummings took a year’s leave of absence. Funding through the Faculty of Graduate Studies and Research, Alberta Heritage Foundation for Medical Research, and a Doctoral Research Award from the Canadian Institutes for Health Research were a huge help.

Next for Dr. Cummings is an academic position with the Faculty of Nursing at the U of A. It’s a chance to bring 20 years of practice into a classroom situation, and to develop a research program in leadership science that will inform health care policy and decision-making.