

Nurses' experiences of working in organizations undergoing restructuring: A metasynthesis of qualitative research studies



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ABSTRACT

Background: Health care organizations worldwide undergo continual reconfiguration and structural changes in order to optimize the use of resources, reduce costs, and improve the quality of treatment.

Objective: The objective of this study was to synthesize qualitative studies of how nurses experience working in organizations undergoing structural changes.

Design: The review is designed as a metasynthesis and follows the guidelines put forth by Sandelowski and Barroso for synthesizing qualitative research.

Data sources: From January to April 2015, literature searches were conducted in the CINAHL, PubMed, ProQuest, and Web of Science databases for the period from 1994 to 2014.

Review methods: A total of 762 articles were found and screened, 12 of which were included in the review after being appraised using a specially designed reading guide. The inclusion criteria were qualitative studies in English, German, Norwegian, Swedish, or Danish on nurses' experiences with being employed in organizations undergoing structural changes. The data were then analyzed in a metasummary and metasynthesis.

Results: Four overall categories that illustrate how nurses experience working in organizations undergoing structural changes were identified: nursing management, emotional responses, nursing work, and colleagues. Generally, nurses seemed to describe their experiences working in organizations undergoing structural changes in a negative way, as all of the included articles reported that nurses experience an increased workload due to restructuring. However, some of the articles reported that nurses also experience a certain joy associated with the nursing work despite the negative consequences of the structural changes.

Conclusions: The findings can be seen as a paradox because former research has shown that an increased workload reduces the pleasure in working. Further research on this topic is needed to ensure a better working environment for nurses.

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What is already known about this topic

- Structural changes are common and every nurse experiences this phenomenon.
- Quantitative research has shown that structural changes can have a negative impact on job satisfaction among nurses.

What this paper adds

- The paper provides an exhaustive description of nurses' collected experiences working in organizations undergoing structural changes.

- Nurses experience an increased workload due to structural changes but still experience a joy associated with the nursing work.

1. Introduction

In order to optimize the use of resources, reduce costs, and improve the quality of patient treatment, many health care organizations undergo continual reconfiguration (Billeter-Koponen and Fredén, 2005; Johnston, 1997; Kivimäki et al., 2007; Kuokkanen et al., 2009; Hjort, 2012). This reconfiguration often results in structural changes in the health care organization. An example of such a development is currently occurring in Denmark. In April 2015, the Danish government announced that a new health care reform would be launched during 2016 (Department of Health

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and Prevention, 2015). The reform intends to achieve economic cost savings, higher quality services, and a general improvement of health status among the citizens. In addition, Canada, Sweden, Australia, England, Norway, and the United States have also undergone such developments in order to reduce costs (Ardern, 1999; Bakker et al., 2006; Blythe et al., 2001; Cloutier et al., 2008; Debesay et al., 2014; Hertting et al., 2004; Ingersoll et al., 2001; Kristiansen et al., 2010; Montour et al., 2009; Shindul-Rothschild, 1994; Venturato et al., 2007; Wynne, 2004). These developments have greatly influenced the structure of the health care organizations in these countries by restructuring hospital units, standardizing work tasks, creating redundancies, and reorganizing the hospital hierarchy. Nevertheless, research has shown that structural changes can have a negative impact on nurses' job satisfaction (Kuokkanen et al., 2009) and that the work environment is eroded by these changes (Johnston, 1997). One study reported that one of the reasons for nurses being stressed and burned out is the organizations undergoing constant structural changes (Grønkjær, 2013). Furthermore, these changes can lead to physical and mental illness among nurses (Kristensen, 2012) and influence the use of drugs and disease-related mortality (Erikssen et al., 1990; Ferrie et al., 2002; Iversen et al., 1989; Kivimäki et al., 2007; Vahtera et al., 2004). To prevent these negative effects, a study focusing on structural changes and nurses' experiences with these changes is highly relevant.

The American management psychologist Leavitt (1974) believed that when the structures in an organization are changed, it will affect the remaining elements of the organization, such as the people involved. Theoretically, nurses can be assumed to be affected when the structures in organizations are changed.

Using a qualitative approach to explore nurses' experiences with structural changes in health care organizations can capture a deeper understanding of the burdens of structural changes. Qualitative studies discover patterns and variations from which hypotheses and theories can be developed and practice kept up-to-date (Sandelowski and Barroso, 2007). However, to the best of our knowledge, no metasynthesis exists on the burdens of structural changes.

The purpose of this article was to conduct an exhaustive review of synthesized findings from qualitative studies on the burdens of structural changes experienced by nurses in health care organizations. The findings suggest a direction for future developments.

2. Methods

This review was designed as a meta-ethnographic metasynthesis investigating how nurses experience working in organizations undergoing structural changes. A meta-ethnographic metasynthesis is an interpretive integration of qualitative findings that offers a fully integrated description of an experience and not just a summary of unlinked features of that experience

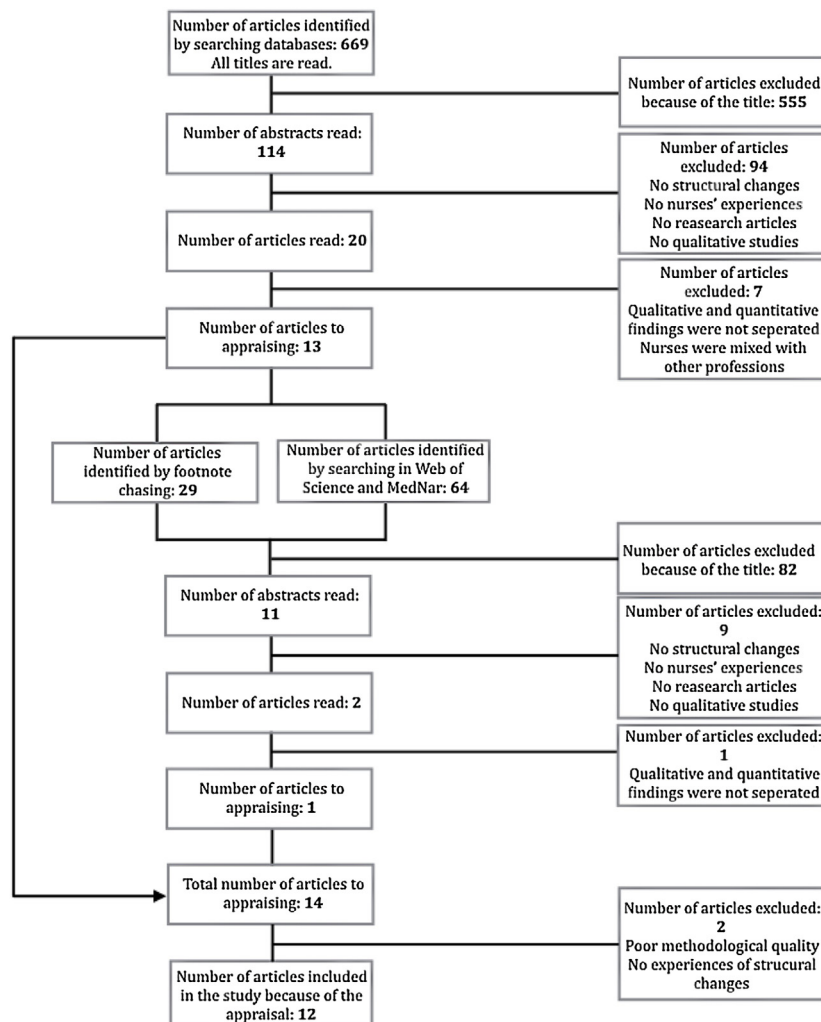


Fig. 1. Flow diagram, showing the inclusion of studies by a systematic literature review.

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