

## THE BEHAVIOUR DAMAGING NURSES' HEALTH IN THE CHANGING PSYCHOSOCIAL ENVIRONMENT OF A HOSPITAL BEING RESTRUCTURED

**Project implementation period:** 2011-2012.

**Aims of the project:** Aim of Fragment I: to evaluate the relationship between the psychosocial working environment of nurses working in hospitals being restructured, health, and the behaviour damaging health. Aim of Fragment II: to analyse and structure the experience of nurses working in Vilnius hospitals related with restructuring.

**Tasks of the project:** to better understand the effect of restructuring as a complicated and complex phenomenon in an organisation on employees' health, and the peculiarities of behaviour damaging health.

**Methods.** The study method in Fragment I is a questionnaire for collecting the sociodemographic data, data on job-related psychosocial working environment, point of view towards restructuring and consequent changes in the psychosocial working environment, health, and health-damaging behaviour (and the changes of this behaviour and health caused by the restructuring). The target population is the nurses with over a year of experience of working at Lithuanian hospitals being restructured. The data of the study conducted according to the Grounded Theory Method in Fragment II is meant to supplement the study with new aspects and conduct a deeper analysis of the study phenomenon. 8 nurses working in hospitals being restructured participated in the interview.

**Main results.** It was determined in Fragment I that the psychosocial working environment of nurses working in district hospitals is less favourable than that of nurses working in republic or regional hospitals. Nurses working in district hospitals evaluate the justice of the restructuring process more negatively as compared to the nurses working in republic or regional hospitals. Also, district hospital nurses more often indicate the physical and mental health deterioration subjectively linked with restructuring of the hospitals, their situational anxiety level related with restructuring is higher, while life satisfaction as one of the mental health indicators is lower. The results showed that during the last 12 months one fifth (20.1%) of all the study respondents smoked, three quarters (75.9%) used alcohol, while one fourth (25.8%) used tranquilisers/sleeping pills. Statistically significant weak correlation links were determined between indices of psychosocial working factors in hospitals being restructured, restructuring process peculiarities, and nurses' subjective health and health-damaging behaviour – smoking, use of alcohol and tranquilisers/sleeping pills. It was determined in Fragment II that it is normalised and common practice for nurses working in hospitals being restructured to use certain tranquilisers, which is supported and encouraged in the provisional level. The use of stronger medicine and that related to serious mental illnesses is also considered while the colleagues who use such medicine are stigmatised. The indicated expectations raised for their occupational role, related to empathy, adaptation to situations, help and hearing out, uphold the widespread stereotypes and the role of nurses as doctors' assistants. Restructuring processes in healthcare institutions impede the coordination of work and personal life. Since the issue of staying in work becomes especially sensitive during the time of changes, the sense of insecurity for the future of work grows, while the conditions that help "stay" are not entirely clear as well, and the employees are prepared to deal with larger workloads, unfavourable schedules, and also put effort into "ailing" less often. Based on the study material recommendations for reducing the negative effect of restructuring on nurses and ensuring secure psychosocial working environment during the time of changes are prepared

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