THE IMPACT OF DOWNSIZING ON EMERGENCY ROOM NURSES

BURDENING FLORENCE NIGHTINGALE:

THE IMPACT OF DOWNSIZING ON EMERGENCY ROOM NURSES

By

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ABSTRACT

This thesis investigates the impact of layoffs on the emotions, attitudes and behaviours of emergency room nurses in a large trauma hospital. This thesis is premised upon the conclusions drawn by Joel Brockner in his laboratory and survey studies of downsizing survivors. Equity theory provides a framework for Brockner's analyses. According to equity theory, participants in social exchange relationships, such as those between an employer and employee, prefer that these relationships be equitable. That is, that the input to outcome ratio of each participant in the exchange be proportionate. Brockner contends that a situation of positive inequity results when the input to outcome ratio of one participant is greater than that of the other(s). Central to Brockner's work is the hypothesis that all downsizing "survivors", those who remain employed with the organization after downsizing, experience positive inequity as a result of simply surviving the process. In addition, how survivors respond to this positive inequity, Brockner contends, depends in large part on how fairly they perceive management's handling of the layoff.

Equity theory has also been used to analyze the responses of the nurses to the layoffs in their department. However, the application of equity theory presented in this thesis differs from that of Brockner. Unique to this study is the finding that the nurses' responses to the layoffs were dictated by the increased

workload they experienced following the layoffs. The nurses experienced this workload as another type of inequity, one that has to this point been overlooked in the literature. It was also found that the nurses' experience of "workload-induced negative inequity" superseded any positive responses they may have exhibited as a result of simply surviving the layoffs in their department and for having perceived these layoffs to have been fairly managed. The nurses became distressed as a result of this workload inequity. This thesis includes a discussion of how the nurses strove to alleviate this distress and restore equity to their workplace.

This thesis demonstrates that while equity theory has proven to be an effective tool, alone it is not an adequate theoretical framework for the analysis of the experiences of all downsizing survivors. Similarly, the findings of this thesis show that the factors influencing the nurses' responses to downsizing differ greatly from those of the survivors in Brockner's studies. Thus, the recommendation is made that scholars remain open to the possibility that survivors are likely affected by a multitude of factors. Consideration of these issues will ensure that the literature in this area grows in a substantive way.

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CHAPTER ONE: INTRODUCTION

It has been almost impossible in the 1990's to peruse the daily newspaper and not come across an announcement for yet another corporate downsizing. In 1991, Cameron, Freeman and Mishra reported that in the United States, "more than eighty-five percent of Fortune 1000 firms...downsized...between 1987 and 1991, affecting more than five million jobs" (58). This trend has not appeared to subside. DeMeuse, Bergmann and Vanderheiden (1997) report that for each year between 1992 and 1997, American corporations had eliminated approximately 3,000 jobs each business day. Job loss has continued at near record rates in the 1990's (DeMeuse, Bergman and Vanderheiden 1997). Reductions in force, de-employment, decruitment, termination, rightsizing, massive layoffs (DeMeuse, Bergman and Vanderheiden 1997); such terminology has emerged as a result of this continued trend toward corporate downsizing and in response to an ever-growing concern of workers, social scientists and members of the business community to understand a movement in which they are and have been very much involved.

Downsizing has been undertaken in many organizations with little consideration for what the real motives for change are. Downsizing has gained a "fad-like" momentum even though study after study has revealed that it does not consistently bring about the desired long-term improvements to organizational

effectiveness and efficiency (Cascio 1993; McKinley, Sanchez and Schick 1995). As McKinley, Sanchez and Schick explain (1995), effectiveness and efficiency are now linked to a more streamlined organization, regardless of whether the organization is actually performing poorly. Undertaking a downsizing has become a "rite of passage" for Chief Executive Officers (CEO's) and real or perceived "lumbering" large corporations. Studies have also revealed that where downsizing has resulted in increased stock prices and cost reductions, these benefits are short-lived and reductions-in-force come to damage productivity in the long-run (Cascio 1993; McKinley, Sanchez and Schick 1995; DeMeuse, Bergmann and Vanderheiden 1997). The literature also reveals that in most instances, the processes or strategies adopted by organizations to downsize are as misdirected as the decisions to downsize in the first place (Cascio 1993; McKinley, Sanchez and Schick 1995; DeMeuse, Bergmann and Vanderheiden 1997). These strategies reflect a preoccupation with or desperation to reduce costs immediately without any consideration for the long-term functioning of the organization (Cascio 1993; McKinley, Sanchez and Schick 1995; DeMeuse, Bergmann and Vanderheiden 1997). The results are often negative consequences for the productivity of the organization, the profits of shareholders and the performance and morale of the employees who are left after the downsizing (Cascio 1993; McKinley, Sanchez and Schick 1995; DeMeuse, Bergmann and Vanderheiden 1997).

It is this last consequence which has formed the basis for this thesis research. Little research has been done on the effect of downsizing on the workers who remain employed with an organization which has downsized or "survivors". What research has been done suggests that the impact of downsizing on survivors is overwhelmingly negative. However, the majority of this research is anecdotal and does not provide substantive insight into how survivors respond to downsizing. The purpose of this study has been to expand upon this limited research and gain insight into how downsizing affects survivors.

EMPIRICAL AND THEORETICAL BASIS FOR THIS THESIS

There has been some empirically rigorous work on downsizing survivors conducted by Joel Brockner and his associates. Brockner utilizes the tenets of equity theory as a theoretical foundation for his work on downsizing survivors. Proponents of equity theory contend that the participants in social exchange relationships desire that these relationships be equitable (Hatfield and Sprecher 1984). In exchange relationships, those involved prefer that the input to outcome ratio of one participant be consistent with that of the other participant(s) (Hatfield and Sprecher 1984). Drawing from the tenets of equity theory, Brockner contends that all survivors experience positive inequity as a result of simply surviving the downsizing process (Brockner, Davy and Carter 1985). After the victims have been let go, the value of the job retained (the outcome) increases for

the survivor (Brockner, Davy and Carter 1985). However, the survivor has not had to increase his or her input in proportion to this outcome. In this way, the input to outcome ratio for the survivor is greater than that of the victim -the survivor benefits or stands on the positive side of this inequity.

Brockner presents several general hypotheses in his laboratory and survey work based on this premise of positive inequity. Most of Brockner's work, what I will refer to as his "standard" work, focuses on how survivors' perceptions of how fairly a downsizing is undertaken by management impacts their experience of positive inequity. Whether the survivor perceives management's handling of the layoff to be fair or unfair, Brockner argues, impacts her affective, attitudinal and behavioural responses to the layoffs. It is these general hypotheses which provide an empirical basis for this thesis research. Similarly, following Brockner's lead, equity theory has been adopted as a theoretical tool to interpret the findings of this thesis. Brockner's work and equity theory will be discussed in detail in the following chapter.

A PREFIGURING OF FINDINGS

This thesis was designed to investigate whether Brockner's hypotheses regarding survivors' experiences of positive inequity and the affect of survivors' perception of fairness on their responses to layoffs were accurate in a real work setting. This was accomplished through interviews with emergency room nurses

in a large trauma hospital in Ontario which had undergone layoffs. In the process of analyzing the interview data, it was discovered that Brockner's theory is limited and unsupported by the findings of this thesis. Brockner has much too narrow a conception of the equity issues which arise as a result of downsizing. It has been found that the nurses' affective, attitudinal and behavioural responses to the layoffs were not driven by an experience of positive inequity, nor by their perception of how fairly they believed the layoffs were handled. Instead, the nurses experienced a very real increase in the amount of work that was expected of them following the layoffs. The nurses experienced this increased workload as another form of inequity different from the type Brockner describes. Following the layoffs, this increase in workload (input) the nurses were forced to accept was not met with a proportionate increase in the outcome they received. This resulted in an inequity for the nurses in their post-layoff work environment. Again, equity theory has been used as a theoretical basis with which to analyze the nurses' experiences of this workload-induced negative inequity and it has been found to be effective.

This is not to suggest that Brockner's hypotheses have been negated or disproved by the findings of this thesis research. The findings of this research have not done this. Whether the nurses experienced positive inequity as a result of the layoffs, as will be discussed, remains uncertain. However, what these findings do indicate is that the effect this workload-inequity experienced by the

nurses had on their responses to the layoffs superseded any impact their experience of positive inequity may have had. This finding is unique to the research on the consequences of downsizing for survivors and as such stands to launch the scholarly study of downsizing in new directions.

BACKGROUND TO SETTING

It was brought to light from the conception of this project, by several more experienced researchers, that the difficulty obviously would not be in uncovering prospective sites for work of this kind. The daily newspapers in any given city contain stories of organizations which have, for whatever reason, determined it prudent to tighten their payroll belts and unload staff. The problem would be finding a workplace where management was willing to permit me access. Accepting this as a challenge, my efforts became concentrated on finding an organization where management was sympathetic to the need for an academic understanding of the downsizing phenomenon.

It soon became clear that aspiring to study the impact of downsizing on workers in everyday life and actually doing so are two very different things. After studying downsizing for some time, I had forgotten that the contentiousness of the practise and its potentially harmful consequences for workers is well known by organization leaders and would influence their willingness to participate in the project. Gaining access was more difficult than predicted.

Having no significant personal or professional ties to the corporate world, all "cold" calls made to high levels of management within companies who had conducted or were reported to be conducting layoffs went unreturned. Attention was then turned to gaining sponsorship from outsiders (academics and academic administrators) with ties to these sectors. Here too, my ambition to gain access made me blind to the fact that these outsiders would likely not want to jeopardize their close and carefully constructed ties to these organizations by sponsoring me. Similarly, several individuals of my acquaintance who worked in organizations touched by downsizing and who had expressed interest in the project, were quick to list reasons why they could not sponsor my entrance. They too were very much aware of the contentiousness of the subject matter and feared management reprisal for getting them involved. Therefore, a decision was made that if this study were to be conducted at all, another access route had to be found.

Access was finally gained through what was felt to be one of the most unlikely of leads. In a casual conversation with a professor at McMaster University, we discussed the prospect of conducting this research within a public sector work environment. This is not to suggest that the public sector was not considered before this conversation. Quite to the contrary, it was the tremendous downsizing and restructuring occurring within the public sector in Ontario beginning in 1994, some of which this researcher had been directly privy to in

numerous summer internships over the years, that gave rise initially to personal interest in this subject. The public sector was a preferred environment within which to complete this research. However, it was decided early on that attempts to gain access to a workplace within this sector would be futile given the amount of reform taking place, the dispute this reform was causing between all sides and the tremendous amount of press attention given to reform in these areas. This was judged to be too volatile a time in the public sector in Ontario for any decision makers to consider allowing an outsider to observe and critique a situation they themselves had yet to master. However, a remark was made in this conversation to remind me that public sector employees, nurses specifically, had been very vocal about their displeasure at the processes by which downsizing and restructuring of the health care system had been carried out. Perhaps such a vocal group and one with such a strong representative support system (unions and professional associations) outside of the hospitals would be willing to discuss the project without fear of repercussion. Taking this suggestion in stride, my efforts became concentrated on gaining access to this sector.

I considered the opportunity to conduct this downsizing research in a hospital work setting to be a great one. The policy implications of such research are far-reaching. Hospitals have the critical task of caring for and curing the sick. However, the literature on downsizing suggests that funding cuts and downsizing in hospitals may undermine their ability to operate effectively, and perhaps

efficiently. For this reason, the matter of downsizing in hospitals is a social policy issue of interest to many. My intention with this thesis was to contribute to our understanding of the impact of downsizing on survivors so that we may more fully comprehend how downsizing will effect workers in areas like the health care industry.

A "cold" call was made to the management of a nurses' union in the city chosen for the study. This call was returned almost immediately. The call came from a managerial member of the nurses' union local. After I described the research project briefly to her and explained the reasons for my interest in studying nurses, she consented to become my "gatekeeper" to a hospital work setting in the area and arrangements were made to begin the research the following month.

The Downsizing at "City Hospital"

It was quickly revealed at this time that my contact in the field was not only a managing member of the union local but was also a critical care nurse in the emergency department of a large hospital in the city chosen for the study. It is here that she suggested the study be completed, and she took on the role of my gatekeeper to this department. At this point, it is prudent to note that the names of all pertinent people and places in this research have been changed to protect the anonymity of those who participated. Therefore, this contact in the field will

from this point on be referred to as "Ruth". In addition, only the most relevant details surrounding the downsizing of the Nursing Unit in the Emergency Department at "City Hospital" (another alias) will be discussed.

Upon gaining access, efforts were concentrated on learning as much as possible about the downsizing of the health care system. Hitherto, the focus of this research was solely on downsizing; not downsizing in a particular type of organization or industry. Therefore, research efforts shifted to the study of newspaper clippings, reports filed by the local District Health Council (DHC) and the province's Health Services Restructuring Commission (HSRC), as well as to setting up interviews with several administrative and managerial members of City Hospital, the Ministry of Labour and the District Health Council to uncover the details of the downsizing. Needless to say, uncovering such information was difficult. The details in the newspapers were sketchy, the language and statistics in the reports ambiguous, and interviews were close to impossible to secure.

Efforts did pay off, however, and gradually the picture of the downsizing at City Hospital came into focus. In an effort to "improve alignment", "consolidate clinical services" and "trim administrative overhead expenses" in the face of provincial health care budget cuts in 1996, as reported in a HSRC report on the City, several local hospitals in the City amalgamated into one large Corporation. This merger also meant that staff at these hospitals were to be brought under one administration with one set of guidelines governing human resource practices.

This merger also meant layoffs for nurses at several of the hospitals, including City Hospital. Following the budget cuts (and in the face of forthcoming reductions in funding), an internal study length of patient stay information and assessments of city-wide service provision, management of the Corporation decided to close beds in many departments at several of the hospitals, City Hospital included. These bed closures resulted in the dismissal of approximately 100 registered nurses (RN's) from various departments, including critical care nurses in the ER at City Hospital.

The nurses at City Hospital are a highly unionized group. Therefore, in conjunction with stipulations contained within their collective agreement, all layoffs were guided by seniority rules. This meant that senior nurses who were laid-off in one department could remain employed by "bumping" less senior nurses in other departments. This system of bumping was very complicated and often involved a measure of retraining for these displaced nurses. In addition, this gave rise to grievances which required reconciliation before the bumping process could continue. The entire process took approximately 18 months to execute. Several smaller layoffs have occurred over the past two years, including 17 notices distributed to City Hospital RN's in January of 1999.

While the layoffs were permanent, many of these displaced RN's remain employed with City Hospital as part-time and temporary full-time workers. Those displaced by the layoffs -namely those with lower seniority and thus unable to

bump-out another nurse, could apply for positions in the part-time pool as postings arose. Expanding the part-time pool invariably increases the financial and staffing flexibility of the Hospital. These employees do not receive benefits of any kind and are not guaranteed hours. Nurses within the part-time pool are organized by seniority and hours are distributed accordingly.

These developments are consistent with trends described by the Ontario Nurses Association (ONA). The ONA claims that not only did the number of RN's employed full-time in Ontario drop 12.5% between 1992 and 1997, but the percentage of nurses working on a casual basis rose 10% (Mace 1998:20). Similarly, the Registered Nurses Association of Ontario (Boyle and Sheppard 1999:A2) reports that only 47% of Ontario nurses possess full-time permanent jobs, leaving the rest in part-time or casual positions. These numbers coincide with statements made by Ruth claiming that almost half of the union members work part-time. It is true that nursing has always been a gender segregated occupation and thus reports of high levels of workers with part-time status should not be surprising. It is likely that many female nurses choose to work part-time in order to balance familial responsibilities. If this were the full story, however, one would expect these part-time employment rates to remain constant. Of interest here is that the numbers of nurses working part-time and casual have not remained constant; they are increasing, and they are increasing almost in exact proportion to the loss of full-time employment opportunities in the nursing field.

In addition to the layoffs, there were other strains placed on the working environment of the ER at City Hospital. In the Spring of 1997, management decided to reduce the number of nursing hours in the ER. Approximately 32 nursing hours were removed from various shifts throughout the week. While several of the nurses in the department were asked which shifts they felt were the least busy, the reduction in hours was presented by management as a fait accompli, and they were implemented despite an overall increase in ER visits reported at that time and projected into the near future.

Often, bed closures throughout the hospital, which initially led to the layoffs in 1996, have strangled services at City Hospital. City Hospital is located at the centre of the city and specializes in trauma and other tertiary referral services. Hospital admissions through the ER at City Hospital increased by more than 50% in 1996-1997. With bed closures in the wards, the process of moving ER patients to admitted beds on the upper floors of the hospital is often halted. These admitted patients remain in the ER until a bed on a ward opens-up. Emergency rooms become crowded and service provision slows and in some situations stops altogether. There have been increased incidents of hospitals within the Corporation going on Critical Care Bypass (CCB). This is a situation where emergency rooms close to all patients. This is different from Redirect Considerations, where emergency rooms close to all but the most urgent cases because the hospital is overloaded (Gillespie and Pron 1998:A1). Reports put

out by the District Health Council show the CCB rates per month between 1997-1998 to be approximately 17% (percentage of the month the ER Departments for the Hospitals within the Corporation were concurrently on CCB). Reductions in the numbers of beds allocated to admitted patients impedes the flow of patients through the emergency department. Subsequently, patient backlogs in the ER at City Hospital have become common.

Layoffs, reductions in hours and decreased numbers of beds for admitted patients are all factors which have changed the working environment for critical care nurses in the ER of City Hospital. Given that the layoffs and reductions in hours are ongoing and projected figures show future emergency visits are likely to rise, it can be assumed the impact of these changes on the employees who remain will intensify.

THESIS OUTLINE

Again, the purpose of this study is to identify and analyze the consequences of downsizing for survivors. The thesis is organized as follows: Chapter Two provides a review of the scholarly literature on the downsizing phenomenon. This review includes a discussion of the research on the causes, processes and most importantly, the consequences of downsizing, some of which has been discussed in the beginning of this introduction. The chapter includes an in-depth discussion and analysis of Brockner's work and the tenets of equity

theory. As discussed, Brockner's hypotheses provide an empirical "launching pad" for the research of this thesis and equity theory is used as a theoretical framework for this thesis. As such, the chapter also includes a review of the critiques of both.

The methodology governing this thesis is outlined in Chapter Three. In this chapter, the reader will be properly introduced to the nurses who participated in this study. Similarly, the chapter includes discussions of how the nurses were approached to participate in this study, how the interviews were designed and finally, how the interview data was analyzed.

The remaining chapters in the thesis outline the nurses' experiences of downsizing. These chapters are substantive and offer an analysis of not only the effect of layoffs on the nursing survivors in the ER of City Hospital, but also how their experiences relate to Brockner's hypotheses and his use of equity theory. In particular, these chapters include a discussion of how the form of inequity, what will be referred to as "workload or consequence" inequity, which was experienced by the nurses as a consequence of the layoffs in their workplace, differs from that of the survivors in Brockner's studies. The findings of this study are presented in Chapter Four and are outlined in such a way as to address these questions: does organizational downsizing give rise to positive inequity for survivors, and, do survivors respond to inequity as Brockner suggests they do?

An in-depth discussion of these findings and their theoretical significance

follows in Chapter Five. Chapter Five also includes an examination of other possible alternative explanations for survivors' responses to downsizing which should be taken into consideration when conducting research in this area. Finally, in Chapter Six, the thesis is concluded with a summary of the main findings, contributions and implications of this research.

CHAPTER TWO: LITERATURE REVIEW

Although downsizing has become a widely accepted modern business practice, scholarly research on the phenomenon has been slow in coming. The literature that is available suggests that the causes of downsizing may have less to do with actual rational economic decision making on behalf of CEO's and high-ranking managers, and more to do with their own desire to strengthen their reputations and that of their organization within the business community. In this way, downsizing has become an accepted, almost natural, method of achieving this reputational gain. Similarly, what literature is available on the processes of downsizing describes how organizations should handle a reduction in its labour force (reduction in force). However, there is little information on how organizations are actually downsizing. Finally, the literature on the consequences of downsizing suggests that the practise can be negative for both the economic welfare of the organization and the social or human welfare of those employed with the organization. However, despite this overall lack of information and the negative results reported in the literature that exists, organization decision makers continue to engage in downsizing.

This is not, however, a thesis on what motivates decision makers to downsize. Nor is it a thesis on how organizations are being downsized. This thesis will examine only the validity of Brockner's claims regarding the

consequences of downsizing for the employees who remain with the organization. In discussing the details of this case study, different points of view regarding why City Hospital was downsized and facts as to how the hospital was downsized, will be presented. Thus, it is important to place the present study within the context of the wider literature on downsizing. The following review will highlight the causes, processes and consequences of downsizing presented in the literature. As will be discussed, Brockner's work is premised upon the tenets of equity theory. Thus, this review will include a synopsis of equity theory. This chapter will conclude with an in-depth description and analysis of Brockner's work.

However, first it is important to clarify a major conceptual weakness in the literature; specifically, the definition of downsizing. There is ongoing confusion between the definitions of organizational downsizing and restructuring presented in the literature. Most often these terms are used synonymously or downsizing is viewed as an aspect of restructuring. As will be shown, however, the two processes are very different.

CONCEPTUALIZING DOWNSIZING

Budros (1997) offers the most comprehensive definitions of these two strategies and it is these definitions which are utilized in this thesis. He describes downsizing as an "organization's conscious use of permanent personnel reductions in order to improve its efficiency and/or effectiveness" (Budros

1997:230). Reductions in force (downsizing) can be achieved through such measures as layoffs, early retirements or normal attrition. Meanwhile, according to Budros (1999), restructuring involves "changes in an organization's formal bureaucratic structures, which may include cutting hierarchical levels and divisions, consolidating and merging units, and reorganizing work tasks" (70). Following these definitions, these two processes, while perhaps causally related, are empirically independent. For example, it is possible for an organization to restructure without experiencing a decrease in size or to undertake reductions in force without altering formal structures (Budros 1999).

While there are several challenges in the literature, Budros' (1997) definitions of downsizing and restructuring are the most theoretically and empirically sound. The term "downsizing" itself denotes a reduction in the size of the organization, which is only truly attainable through a reduction in the number of employees. Any strategy designed to reinvent, redesign, alter or shuffle the current work function (how work is done) of the organization, which does not ultimately result in a decrease in the number of employees of the organization, is not a downsizing, but a restructuring. The size of the organization has not been reduced, the shape of the organization has simply been changed.

Thus, following Budros' definition, organizations which reduce labour time or have workers completing more work (Cameron 1994), have not downsized. These organizations have simply become more productive. Similarly,

organizations which retrain, transfer and demote workers (Mishra and Mishra 1994) have not downsized because these workers remain employed with the organization. Also, organizations which lose employees unintentionally, to competitors or through high turnover, for example, have not downsized (Mishra and Mishra 1994). This kind of reduction in organizational size is not intentional or "conscious" and thus, does not reflect the true process of downsizing. In addition, organizations which reduce their workforce during times of economic slumps only to rehire them again when things pick-up (Bruton, Keels and Shook 1996) have not downsized, for this kind of reduction is not permanent.

The practical and theoretical implications of this conceptual confusion are profound. Without clearly identifying the boundaries of a social concept, it is impossible to discuss social concepts meaningfully. This conceptual confusion can confound the results of any empirical downsizing study as well. For example, suppose that the consequences of downsizing are negative and the consequences of restructuring positive. If a researcher were to confuse these two concepts and sample from organizations which had partaken in one or the other of these processes; that is, half of the sample had downsized and the other half restructured; they might find no consequences whatsoever from downsizing. Had the research been done properly, using a sample of organizations which had all truly downsized, the results would likely show that downsizing had negative effects. This illustrates the kind of empirical trouble that can result from poor

conceptualization. This is a dilemma which must be addressed in any future research on these two, conceptually independent, organizational phenomenon if a solid body of literature on downsizing is to be built.

THE CAUSES OF DOWNSIZING

The literature reveals two distinct explanations for why organization decision makers choose to engage in downsizing. The first involves standard rational economic explanations for organizational change. It is presumed by researchers, managers and the general public that downsizing is necessary to improve an organization's efficiency. According to Pfeffer and Salancik (1978), "efficiency" refers to an organization's ability to achieve its objectives given the resources used. As Budros (1999) explains, organizations which are efficient "are highly competitive or productive: They eliminate waste and redundancies in order to produce output speedily and cheaply" (70). Increased efficiency can lead to greater competitiveness. The importance of being competitive internationally, as well as intra-nationally within a given industry is stressed in order to justify downsizing.

The second explanation challenges the first by arguing that it is instead "arational" factors which motivate managers to downsize. Arational factors have no less impact on decision makers than rational factors, nor should they be confused with irrational factors (Budros 1999). The proponents of this argument

suggest that managers are motivated to downsize by a multitude of factors which have little to do with improving the organization's actual efficiency and competitiveness -or rational factors. These proponents argue that downsizing has been widely accepted as a valid management strategy despite the fact that it often does not produce the desired economic results. It is suggested that firms may downsize even if there is no economic payoff, because of the recognized social payoffs. These social payoffs can improve the organization's "effectiveness." According to Budros (1999), the "effectiveness" of an organization depends upon "its ability to create socially acceptable outcomes and actions...to secure survival resources" (70). When an organization's actions and outcomes are accepted by such groups as employees and regulators, Budros (1999) explains, the organization gains social acceptance and can secure such resources as loyal employees and political backup. While these resources do benefit the organization, they are nonetheless social or arational and do not have a basis in economic rationality.

For example, downsizing has gained popularity as a rite of passage for CEO's and upper-level managers, providing them with increased respect within their business community or industry (Budros 1997). This increased respect and reputation as a business leader and hardcore business strategist can lead to promotions and further career opportunities, as well as increased business and access to resources (Budros 1997). Simply by virtue of the positive reputation

gained by conducting a downsizing, CEO's and managers can draw to their organizations such vital survival resources as loyal employees, high-performance professionals, political influence and support from financial institutions. Thus, downsizing in this situation does benefit organizations and those running it. However, these are not the conventional economic benefits expected to result from downsizing. The following is a review of the literature supporting claims that the causes of downsizing are both rational and arational.

Rational Causes of Downsizing

There are many rational causes of downsizing. Mergers and acquisitions, technological change, sales and profit declines, changes in business conditions and shareholder pressures are all rational economic factors which cause organizations to downsize. These rational causes represent changes to the external environment which have placed pressure on organizations to downsize. Literature exists which empirically supports each of these rational causes of downsizing. However, discussion here will be limited to the last two.

The rise of the global market has changed the face of business the world over. Pfeffer and Baron (1988) suggests that in order to continue to compete and flourish in the growing global market, organization decision makers believe it is detrimental to maintain a large core of permanent employees. CEO's and managers are opting instead to maintain strong, long-term ties with only a small

number of employees who perform the core set of functions for that organizations (Pfeffer and Baron 1988). In an effort to become flexible in the face of fluctuations in the global market, as well as presumably the intra-national and intra-industry markets, CEO's and managers are externalizing a vast number of their work functions and workers (Pfeffer and Baron 1988). Organizations are now maintaining true employment ties with a small core of employees and are contracting-out for a vast array of functions and services (Pfeffer and Baron 1988). These employees (and functions) that are "externalized" are no longer officially connected to the organization; the organization no longer employs them (Pfeffer and Baron 1988; Hall 1996).

Pfeffer and Baron (1988) explain that this trend is directly opposite to the internalizing trend of the post-industrial boom, wherein rapid economic and production growth and technological advancement gave rise to a need for mass-bureaucratization of administrative functions. An organization's success came to be measured by its size (the number of full-time workers it employed) and stability (ability to resist change) (Pfeffer and Baron 1988). This internalization and stability came at a cost. Pfeffer and Baron (1988) explain that an externalizing trend grew from an effort to reduce the costs associated with internalization. Organizations downsize to literally remove employees from the place of work (from the office), from the administrative control (responsibility) of the organization and from long-term employment arrangements with the organization (Pfeffer and

Baron 1988). Externalization also limits unionization and demands for wage equity among employees. Through downsizing, the organization can remain flexible to adapt and change in accordance with any market fluctuations by contracting employees and services as they need them, but not being responsible for maintaining these ties in the long-run (Pfeffer and Baron 1988; Hall 1996). This is supposed to result in an overall cost reduction and improved efficiency, effectiveness and competitiveness for the organization.

Pfeffer and Baron's (1983) ideas are supported by separate empirical research as well. For example, in 1982 RCA cited high labour costs as the reason for their layoffs (Perrucci et al. 1988). Similarly, a U.S. General Accounting Office survey conducted in 1987 revealed that more than 50% of the downsizings that occur in the U.S. are the result of employment costs. Externalizing the workforce allows organizations to reduce their employment costs, thus making them reportedly more efficient and competitive.

In contrast, in his book Executive Defense, Useem (1993) suggests that the rise in incidents of downsizing can be attributed to a significant move or shift in organizational power structures. Specifically, he argues that the rise of shareholder power beginning in the 1980's was pivotal to creating a "downsizing-friendly" business environment in the U.S. (Useem 1993). Earlier in the 20th century, as companies grew and incorporated, Useem (1993) explains, shareholders elected Boards of Directors to manage their interests and oversee

the work of management. Over time Boards replaced founding owners with more educated and capable professional managers (Useem 1993). These early shareholder groups were large and ill-organized and as such, organizations increasingly came under the control of management (Useem 1993). This represented a phase of the U.S. economy commonly referred to as "managerial capitalism" (Budros 1999).

Useem (1993) explains that during the 1980's shareholder interests came to be concentrated in an ever-smaller number of hands. This concentrated group of investors came to be increasingly concerned with organizational problems which negatively affected share value (Useem 1993). These investors and their Boards of Directors began to put pressure on management to make changes to increase share value (Useem 1993). In addition, by establishing majority share in many large companies, these shareholders became a compelling force (Useem 1993). This signalled the emergence of "investor capitalism" in the U.S. (Budros 1999). Organizations which did not report increases in share values were subject to takeover (Useem 1993). As employees of the organization, managers felt pressure to respond to these shareholder demands (Useem 1993). Managers understood that takeover could very easily result in the loss of employment or demotion, and as such responded by attempting to cope with efficiency and effectiveness dilemmas internally (Useem 1993). The increased incidents of downsizing we have come to know, Useem (1993) explains, are the result of this

desire by management to assuage powerful shareholders by increasing share values.

The arguments made by these authors suggest that the increased incidents of downsizing are the result of very real, rational economic pressures. However, as will be revealed in the discussion of the consequences of downsizing, it remains unclear whether or not downsizing actually positively influences such factors as the flexibility of organizations or share value in anything other than the short-run.

Arational Causes of Downsizing

Organization decision makers can be prompted to downsize by factors other than rational economic ones. Arational or social factors can also influence CEO's and managers. For example, DiMaggio and Powell (1983) argue that "institutional isomorphism" also plays a part in why organizations assume the forms that they do. Their analysis is based on the idea that organizations exist in fields of other, similar organizations (DiMaggio and Powell 1983). An "organizational field" can be defined as an industry or organizational population; an organizational field consists of those organizations which make-up a specific industry, as well as those organizations which hold supportive links to that industry. According to DiMaggio and Powell's (1983) perspective, organizations become increasingly homogenous within fields because of isomorphism.

They provide three reasons or forces which promote isomorphism among organizations in a given field (DiMaggio and Powell 1983). They argue that organizations come under "coercive" pressure by such things as government regulators and cultural expectations which can impose standardization of such processes as downsizing (DiMaggio and Powell 1983). They also suggest that in times of contextual uncertainty, organizations "mimic" each other; they imitate the actions and strategies adopted by those they most want to emulate (DiMaggio and Powell 1983). A third source of institutional isomorphism involves normative pressure (DiMaggio and Powell 1983). This pressure arises as the workforce, especially management, becomes increasingly professionalized (DiMaggio and Powell 1983). Certain practices, such as downsizing, become adopted as norms of organizational management and are taught and transmitted through the social, professional and educational networks of organization decision makers.

Following DiMaggio and Powell's (1983) lead, McKinley, Sanchez and Schick (1995) also discuss three social forces which can promote the incidence of such practices as downsizing. They contend that downsizing occurs as organization decision makers respond to constraining (coercive), cloning (mimic) and learning forces (normative). Others have also come to expand upon DiMaggio and Powell's (1983) ideas on institutional theory and the prevalence of inter-organizational imitation. As Tolbert and Zucker (1996) explain, institutional theory recognizes the impact of social influence on organizational decision

making and structure. This theory supports the notion that normative and symbolic references influence organizational decision making processes (Tolbert and Zucker 1996). Simply stated, institutionalists' embrace the idea that since it is individual social actors, independently or as members of groups, who make decisions regarding organizational functioning, these decisions are influenced by the normative and symbolic experiences and beliefs of these actors and those imposed on them by external influences (Tolbert and Zucker 1996). Over time, Tolbert and Zucker (1996) explain, some decisions take on a life of their own if they are believed to bring about a desired outcome. The process or practise can become both habitual and objectified (Tolbert and Zucker 1996). The process or practise becomes accepted as a standard or acceptable response to certain situations; they become standard procedures or rules (Tolbert and Zucker 1996). As they are more often imitated, they become institutionalized (Tolbert and Zucker 1996). Downsizing, institutionalists' suggest, is one such practise.

Budros (1997) also embraces the tenets of institutional theory and cites two additional contributing factors to the increase in downsizing rates throughout the 1980's and 1990's. Budros (1997) derives support for his claims from his analysis of the causes of the adoption of downsizing among Fortune 100 firms from 1979 to 1994. First, Budros (1997) contends, organizations within a given network, or field as DiMaggio and Powell (1983) would suggest, use each other as a frame of reference when considering the incorporation of innovations such

as downsizing. Innovations which are introduced into such a network, Budros (1997) explains, are likely to quickly pervade that network. Budros (1997) terms this the "adoption effect" and argues that downsizing rates will increase as the "naturalness" of this phenomenon in a given network or field takes hold.

Second, Budros (1997) suggests that downsizing has taken on a "myth-like" status in certain industry cultures (mainly those which embrace competition-oriented cultures, such as organizations within manufacturing or retail industries) as an acceptable and "rational" practice. Adopters of downsizing practices, Budros (1997) explains, gain "social legitimacy and, ultimately, survival prospects" as consequences of the practise. This, Budros (1997) contends, is why organization decision makers choose to adopt downsizing as a solution to efficiency and effectiveness problems, despite the fact that it is often incapable of addressing these issues (to be discussed). Downsizing organizations gain social acceptance, legitimacy and respect by undertaking the practice, regardless of the real outcome (Budros 1997). Undertaking a downsizing to make one's organization "lean and mean" has come to represent a "badge of honor" among executives, according to Budros (1997). As McKinley, Sanchez and Schick (1995) contend, conducting a downsizing gives organization decision makers the status of "hero" among their peers and the business community at large. For organization decision makers, obtaining the desired social legitimacy and respect is the cause of the downsizing. These factors which motivate or compel

organization decision makers to downsize are not rational economic ones and in this way, Budros explains, they can be considered "arational."

Thus, not unlike DiMaggio and Powell (1983), all of the scholars discussed in this section recognize that there are arational factors such as these social forces which may compel organization leaders to partake in activities such as downsizing. They contend that the impact of these factors on the actions of organization leaders can be just as forceful as standard rational economic factors.

However, these scholars also recognize that the impact of these social forces can be mediated. For example, McKinley, Sanchez and Schick (1995) suggest that these social forces have greater influence or exert the most pressure to conform on organizations which are dependant upon other firms for critical resources such as shareholders, have ambiguous performance standards and unclear corporate goals, reliant upon technology or process that is uncertain and finally, those within which decision makers enjoy a high degree of interaction with decision makers of other organizations in the industry. Budros (1997) and Haunschild and Miner (1997) also assert that the incidents of inter-organizational imitation increases in times of contextual uncertainty. They contend that the incidence of organizational downsizing is positively related to level of contextual uncertainty (Budros 1997; Haunschild and Miner 1997). All of these factors create an environment conducive to the institutionalization of downsizing and have given rise to the increased incidence of downsizing practice (McKinley,

Sanchez and Schick 1995).

Summary

Thus, the literature reveals that there are multiple factors contributing to the continued trend in downsizing. The introduction of widespread downsizing as a management strategy has been made possible through changes in the external environment and the pressure these changes have placed on organizations. Such external factors, including the rise of the global economy and accompanying global competition, as well as increased shareholder pressure, have generated incentives for organization decision makers to cut costs and promote productivity and profitability. This has resulted in the externalization of work from the organization, often facilitated through downsizing. In addition, growing rates of such things as mergers, acquisitions, takeovers, investments in technology and the number of unprotected firms have all created uncertain contextual environments for many organizations, environments conducive to increased downsizing. Finally, the literature suggests that perhaps the strongest influence or pressure on organization decision makers to downsize has come form their own peer groups. The reputational gain associated with being responsible for a massive downsizing initiative, regardless of whether or not the organization required it and it results in the desired ends, is a strong incentive for management.

This literature on the causes of downsizing, while definitely not sizeable, does offer several logical perspectives on the issue. However, there are two fundamental omissions in this literature. First, there is a noticeable lack of a strong theoretical framework with which to explain all of these possible causes. While some scholars, such as those described as supporters of the impact of arational factors, refer to the tenets of institutional theory for this foundation, not all do. This suggests that perhaps institutional theory, in its present form, which only offers a partial explanation for downsizing, is not best suited to take on this challenge. Second, further research is required to uncover the rate at which these causes differentially affect the incidence of downsizing. While this type of research would be difficult to undertake, information regarding which causes, fear of takeover or desire for a more prestigious managerial reputation, have more influence upon downsizing rates would be extremely valuable. Only so much insight into the true cause(s) of a downsizing can be gained from an analysis of the consequences of that downsizing in terms of rational economic gains and/or arational social gains. It is foreseeable that the cause may or may not necessarily give rise to the desired result. Scholars have yet to fill these fundamental voids.

THE PROCESS OF DOWNSIZING

To date, there has been little empirically sound research on the process of downsizing. The majority of the literature provides suggestions or recipes for conducting downsizings so as to minimize disruption to production and confrontations between workers, management, shareholders and the public. However, unfortunately, few of these studies provide insight into how organizations are actually being downsized. Similarly, these "best" measures for handling downsizing are not organized in the literature into a theoretical framework to analyze how organizations downsize.

A classic case in point is provided by the work of Mishra and Mishra (1994). They contend that those organizations which experience the best results from "downsizing" are those which utilize a combination of three strategies, namely: workforce reduction (downsizing), organization redesign (restructuring) and systemic change (restructuring aimed at changing the organization's culture to one focused on a philosophy of continuous employment) (Mishra and Mishra 1994). Mishra and Mishra (1994) contend that the fact that only one-fourth of organizations that downsize have "enjoyed improvement in productivity, cash flow, or shareholder ROI" (return on investment), is attributable to the fact that few CEO's and managers actually make use of a combination of downsizing and restructuring practises.

The success of a downsizing (and restructuring combination) strategy,

they contend, depends upon the level of trust between, and within the ranks; between stakeholders and the management team, within the management team, between the management team and the workers, within the worker ranks and between the organization itself and its suppliers and customers (Mishra and Mishra 1994). They conclude that workforce reduction (downsizing) alone is incompatible with generating or maintaining trust among any of these ranks, while the other strategies (restructuring) do enhance trust (Mishra and Mishra 1994). Thus, they suggest organizations reconsider strict downsizing in favour of restructuring or that downsizing be combined with restructuring strategies (Mishra and Mishra 1994). This type of normative analysis of downsizing is helpful to organization decision makers who are considering conducting a downsizing and/or restructuring. However, Mishra and Mishra (1994) do not provide any insight into how organizations are actually being downsized or restructured and whether or not the measures actually being taken by organization decision makers are helping the organization to meet its goals.

There is one notable exception in the literature, however. In her work, Managing in the Corporate Interest, Vicki Smith (1990) describes and analyzes the downsizing and restructuring of a large California bank (American Security Bank) in the 1980's. Smith (1990) conducted a study of managers and their roles as the agents and objects of downsizing and restructuring in this bank. At American Security Bank, Smith (1990) contends, middle managers were stuck

between a rock and a hard place in the downsizing process. On the one hand managers, in general, are required to work to increase the profitability of the organization. However, this is often at the expense of those they manage and their own work environment (Smith 1990).

Following what Smith (1990) considers to be a period of "strategic fumbling" following the deregulation of the banking industry, American Security Bank developed a need to reduce the employee levels in all areas of operation. In response to this need, the top strategizers of the bank both centralized and decentralized the decision making power at the bank (Smith 1990). Middle managers within the branches were relinquished of any decision making power with regards to loans (Smith 1990). However, they were given decision making power over personnel (Smith 1990). These middle managers were encouraged to use their intuition to manage employees up (increased productivity) or out (release of those who did not increase productivity) (Smith 1990). In this way, all significant power over decision making for the bank became centralized with those at the top, while power over the "dirty work" of the downsizing was decentralized to the middle managers (Smith 1990). Those in power at the bank considered this "situational leadership." They tried to convince managers that they were being given the chance to be entrepreneurial (Smith 1990). However, Smith (1990) contends this process was actually one of "coercive autonomy" in that the managers were given nonstrategic and unpleasant decision making

ability. However, Smith (1990) emphasizes that middle managers were not deceived by these ploys of the bank's top strategizers. Smith (1990) claims these managers fought the system as much as possible and struggled to "manage up" their branches and avoid layoffs. However, in actuality, these managers were subscribing to the desires of the bank's top strategizers. The eventual downsizing of the bank's branches was carried out by these middle managers. In fact, these middle managers were so good at managing their employees up that they managed themselves right out of jobs. In this way, the managers were first the agents of downsizing and then became the objects of downsizing.

Smith's (1990) description of the plight of managers in this downsizing environment offers the only insight in the literature on the process of downsizing as it actually occurs in the field and what part individual actors in the workplace play in this process. Similarly, Smith's (1990) concept of coercive autonomy is a valuable tool for understanding power in downsizing organizations. Through her discussion of coercive autonomy, Smith (1990) implicitly stresses that when studying the process of downsizing, it is most productive to start with those actually engaged in saving or cutting jobs (likely managers) and investigate from where they derive their power and where the limits of their power lie. For this, her study is valuable.

However, it should be noted that while this case study does provide some useful concepts which contribute to our understanding of the process of

downsizing, such as coercive autonomy, the organization of Smith's (1990) study is questionable. Smith's (1990) study was one which made use of interviews, questionnaires and participant observation, yet her book is largely devoid of direct quotes from the managers she studied. In this type of study direct quotes are the data. Thus, without direct quotes, Smith's (1990) work is like a quantitative study without statistics. This does nothing but weaken the presentation of findings. Without this critical qualitative "datum" to link the findings and conclusions, Smith's (1990) book is almost like a vague "think piece" or discussion of the study that would be presented after the true empirical data of the study have been released.

Similarly, Smith's (1990) book does not offer any significant theoretical propositions that could provide insight into other corporate environments. The problem is not that a theoretical paradigm is inconsistently used throughout the analysis. It is that there is no one predominant paradigm presented. This leaves Smith's (1990) piece little better than a detailed description of the problems faced by managers within this bank, and by themselves descriptions do not make good social science. For these reasons, Smith's (1990) results are not universally applicable. Smith's (1990) results do not shed light on the role of managers in downsizing as an occupational group beyond this one bank, as they are not tightly woven into a distinguishable theoretical paradigm. However, these criticisms do not negate the value of this work as a pioneering piece in this area

of study.

Summary

Thus, not unlike the literature on the causes of downsizing, there is no comprehensive theory presented which can explain how organizations downsize. This omission, possibly the result of a lack of research in this field from which theory might evolve, makes it virtually impossible to link any process of downsizing with either the possible cause or consequences. In addition, a lack of theory renders it impossible to foretell or explain possible trends in the research, such as for example, the selection of the most common or best process for a given industry. Without a theoretical foundation, there is little hope of a comprehensive understanding of this aspect of the downsizing phenomenon.

THE CONSEQUENCES OF DOWNSIZING

Like the literature on the causes of downsizing, the literature on the consequences can also be divided into two sections. Downsizing has both economic consequences for the organization, as well as human or social consequences for those who are employed with the organization. The nature of the consequences presented in the literature are mixed. This literature suggests that downsizing does not generally bring about positive results for the organization's economic strength. However, the literature reveals that despite the

negative economic outcomes, organization decision makers can enjoy social gains as a result of implementing a downsizing. As before, however, the literature on the consequences of downsizing for workers suggests that reductions in force do not benefit survivors. In fact, the literature suggests that instead of promoting improved productivity amongst survivors, downsizing hurts their work. This fact may in part explain why downsizing does not usually lead to the improved efficiency and competitiveness of the organization. Unfortunately, good empirical work on the consequences of downsizing for the workers who remain with the organization (survivors) is scant. However, some ground-breaking studies have been conducted in this area and the nature and conclusions of these will be discussed in this section. A better understanding of the implications of downsizing for survivors is the focus of this thesis.

In conceptualizing these two types of consequences, it is important to note that both economic and social consequences are analytically independent. For example, a negative consequence in one area may not necessarily result in a negative consequences in the other. However, these consequences can also be causally related. For example, an organization may report positive economic results following a downsizing in the short-run. However, negative social or human consequences to the downsizing may come to affect such things as employees' productivity in the long-run, which could, in turn, come to negatively affect the organization's economic performance in the long-run. It is important to

understand the nature of the relationship between these two concepts when reviewing the literature on the consequences of downsizing.

Economic Consequences of Downsizing

A review of the downsizing literature has revealed that the anticipated economic benefits, such as increased profits and stock prices and higher return on investment (ROI), often do not result from downsizing (Cascio 1993). In a 1992 study conducted by the American Management Association of 547 organizations which had downsized in the previous six years, only 43.7% experienced an improvement in operating profits (Lesly and Light 1992). Another survey found that the managers of 75% of organizations which had downsized believed the performance of the company did not improve as a result of the downsizing ("Pink Slip Productivity" 1992). Similarly, 67% reported no improvement to productivity ("Pink Slip Productivity" 1992). Such early evidence of the negative results of downsizing prompted further, more empirically sound, research into the area.

The impact of downsizing on organizational performance has received strong empirical analysis in the work of DeMeuse, Vanderheiden and Bergmann (1994). While their sample size was small, at 17 Fortune 100 firms, they diligently pursued the performance of these companies over a five year period and assessed this performance based on five clearly defined financial variables

before, during and following downsizing. In their study, they assessed the impact of announced layoffs (in 1989) on organizational performance by comparing these firms with other Fortune 100 firms which did not partake in layoffs during the time-frame (DeMeuse, Vanderheiden and Bergmann 1994). The overall findings suggest that the relative performance of the layoff firms not only did not improve, but deteriorated over time in comparison to the firms in the no-layoff cohort (DeMeuse, Vanderheiden and Bergmann 1994). Anticipated increases in profits, stock prices and returns on investment did not materialize for those companies which downsized. DeMeuse, Vanderheiden and Bergmann (1994) conclude that layoffs do not promote organizational financial performance. In fact, they contend that layoffs are useless in preventing or even delaying a decline in organizational financial performance (DeMeuse, Vanderheiden and Bergmann 1994).

In their article, McKinley, Sanchez and Schick (1995) sought to uncover why organizations downsize despite increasing evidence which suggests that it poses a challenge to organizational survival. They reflected that, "...more than thirty years ago James Lincoln warned that the costs of layoffs generally outweigh the payroll savings to be gained from them" (McKinley, Sanchez and Schick 1995:33) Through the course of their research they found that a 1995 Wyatt Company survey revealed that fewer than half of the organizations which utilized downsizing to reduce costs actually reached their cost reduction targets (McKinley, Sanchez and Schick 1995). For example, they reported that Nynex

would require close to $3 billion in charges against earning to cover the costs of severance packages for their downsizing (McKinley, Sanchez and Schick 1995). This type of massive financial burden created by downsizing does little to promote the economic wellbeing of the organization.

McKinley, Sanchez and Schick (1995) explain that while on average most financial markers note a marginal rise in the first year following a layoff, these levels quickly fall-off in the year following. In fact, they report that in no case did the post-downsizing profitability of an organization come to meet maximum levels reached prior to layoffs (McKinley, Sanchez and Schick 1995). Thus, they conclude that while layoffs may contribute to some immediate improvement, this is only temporary and layoffs quickly come to impede profitability (McKinley, Sanchez and Schick 1995).

Cascio, Young and Morris (1997) uncovered similar trends in their examination of employment-level decisions made by the management of all companies included in the Standard & Poor 500 Over, between 1981-1992. Their sample consisted of the 13.2% of the organizations they examined which experienced a decline in employment levels of greater than 5% during this time period (Cascio, Young and Morris 1997). They found that these organizations did not enjoy significantly higher returns on assets than the average firms in their industry during the same period (Cascio, Young and Morris 1997). Ironically, they found that those firms which increased employment during this time-frame earned

higher returns for their shareholders (Cascio, Young and Morris 1997).

Summary

Thus, the literature suggests that downsizing does not give rise to the economic benefits anticipated by organization decision makers. However, it should be noted that nowhere in the studies cited in this section, do the authors clarify whether or not those organizations in their samples (those which had downsized) were the firms in the most financial trouble prior to downsizing. It could conceivably be that these firms were the "worst" firms prior to the downsizing. In this case, the economic downturn of these organizations after the downsizing may not be the result of the downsizing at all. These organizations may simply have been so far into their downward spiral that no management strategy could save them.

Nonetheless, the literature suggests that organizations which undergo downsizing can experience negative economic consequences. This being the case, organization decision makers are violating economic rationality when engaging in downsizing (Budros 1997). Thus, classic economic rationality or theory cannot be used to fully explain the downsizing phenomenon (Budros 1997). The question remains: If organizational downsizing does not bring about the desired economic results, why do organization decision makers continue to engage in the practise? For institutional theorists, the answer is quite simple -the

benefits are social.

Social Consequences of Downsizing

As discussed earlier in the review of the causes of downsizing, institutional theory does provide a framework with which to analyze the motives of organization decision makers who downsize. Downsizing has gained a "myth-like" status as an acceptable organizing principle or solution to financial difficulties (Budros 1997). However, this status has no real bearing in economic rationality; it has yet to be proven empirically that the practise of downsizing brings about the desired economic gains (Budros 1997). According to Budros (1997), institutionalists hold that organizations feel compelled to adopt practices or processes that are compatible or "isomorphic" with rationalized institutionalized myths even if these practices or processes do not bring about the desired economic results. These organizations are rewarded instead with increased social legitimacy, respect and survival resources. For institutionalists, downsizing as an organizational activity does not have its basis in economic rationality, but social rationality (Budros 1997).

There are, therefore, positive social consequences to downsizing. References to downsizers as "heroes" and "good executives" prompt the continuing practice of downsizing despite the negative economic consequences (Budros 1997:245). Citing McKinley, Sanchez and Schick (1995) and Thomas

(1996), Budros (1997) explains that by conducting a downsizing organizations can show that they are serious competitors in the global economy. Key economic actors such as the media, consultants, politicians, financial analysts and shareholders, who control access to vital resources, can be positively influenced by an organization's demonstration of aggression and competitiveness. Organization leaders understand this and thus instigate downsizing to secure their firm's prestige with these key actors and access to the survival prospects these actors can provide. Thus, organization decision makers stand to gain socially (prestige and legitimacy) from downsizing even if they do not gain economically.

However, there are other social consequences of downsizing. In addition to the institutionalist literature which suggests that downsizing brings positive social consequences for CEO's and managers, there is a body of work which discusses the consequences of downsizing for those who work within these organizations. Perhaps better referred to as the human consequences of downsizing, this literature reveals that workers do not benefit from organizational downsizing. It is this literature which provides a foundation for the research of this thesis.

Cameron, Freeman and Mishra (1991) were the first to examine the consequences of downsizing on the workers who remain employed with the organization. Their study of 30 companies in the automotive industry, all of which

had downsized, revealed that employees did not perceive an improvement in the productivity of the company as a result of the downsizing (Cameron, Freeman and Mishra 1991). In fact, they contend, the perception among the employees was that the downsizing had caused a reduction in the quality of production, employee morale and the overall productivity of the company (Cameron, Freeman and Mishra 1991).

Similarly, working from a review of 500 published articles on the subject of downsizing and interviews conducted with 25 senior executives -ten who had conducted downsizings and 15 who had lost their jobs to downsizing, Cascio (1993) reports that as a result of downsizing, surviving employees become, "narrow minded, self-absorbed and risk adverse" (100). Cascio (1993) explains that following downsizing the morale, productivity and trust of employees for management falls.

Cascio (1993) provides the first overall synopsis of the literature on downsizing. In this article, Cascio (1993) contends that organization decision makers place the concerns and well-being of their employees and lower level managers at the bottom of their lists of priorities. This fact costs these organization leaders and their companies, Cascio (1993) explains, as downsizing survivors come to feel "misused and alienated" (98) as a result of the downsizing process. Citing from the findings of an American Management Association poll of 1,142 companies which had recently downsized, Cascio (1993) explains that

senior management are most often ill-prepared for the downsizing and do not anticipate the problems which can arise as a result of implementing a reduction in force. Cascio (1993) goes on to argue that management is often so preoccupied with bringing about short-term change that they ignore the alterations to organizational relationships which result from downsizing. A speedy reduction in staff can have negative repercussions for strategic planning as staff experts are lost and an overall preoccupation with the short-term predominates the work environment (employees come to live in the short term in fear for their jobs) (Cascio 1993). Similarly, a sudden loss of staff can impede the transmission of vital information throughout the organization (Cascio 1993).

This coincides with the findings of Dougherty and Bowman (1995). Through their survey study of 106 experienced organization downsizers, Dougherty and Bowman (1995) found that the practise can impede product innovation as it works to sever the vital informal networks at work within organizations. They explain that strategic links or networks of interpersonal and intergroup relationships are needed to "grease the wheels" of the innovation process (Dougherty and Bowman 1995). Downsizing quickly removes people from these networks leaving missing links in the informal information chain. This can stall innovation projects in their tracks for months and even years, Dougherty and Bowman (1995) contend.

In their article on the effect of announced layoffs for corporate financial

performance, DeMeuse, Vanderheiden and Bergmann (1994) accurately summarized this literature on the human consequences of downsizing as anecdotal. The conclusions and contentions presented in the literature are largely unsupported by empirical data. This, combined with the fact that research of any kind on this aspect of the downsizing phenomenon is scarce, would leave the impact of downsizing on the employees who survive largely a mystery. However, there has been some diligent effort made to uncover the answer to this mystery. This section of the literature is largely dominated by the work of Joel Brockner and his associates. Through laboratory and survey research and with strict adherence to the tenets of equity theory, Brockner has provided some insight into why and how survivors respond to downsizing. Perhaps not explicitly, but implicitly Brockner's work supports the conclusion that the sources of the failure of downsizing to increase effectiveness, efficiency and competitiveness lies in its effects upon survivors. Survivors can experience a sense of injustice, and this can impact their commitment, motivation (work effort) and productivity, qualitatively as well as quantitatively. As already noted, it is Brockner's body of work which provided both the empirical and theoretical basis from which this thesis research project was conceptualized. For this reason, an in-depth review of Brockner's relevant work, as well as a discussion of equity theory, will follow.

BROCKNER'S WORK ON DOWNSIZING SURVIVORS

The focus of Brockner's work is the effect of layoffs on the work attitudes and behaviours of those who are not laid-off, namely the survivors. As noted in the previous section of this review, several other researchers have suggested that downsizing may systematically alter the affective and attitudinal states and behaviours of survivors. However, few have sought to analyze empirically the effect of layoffs on survivors' work experiences. To date, Brockner's body of work on this subject stands alone and unchallenged in the literature.

Brockner has completed numerous studies on the impact of various variables on survivors' reactions to layoffs. The largest number focus on the impact of survivors' perception of fairness of the downsizing on their reactions. It is these studies which form the basis for the research of this thesis. Naturally, not all of Brockner's hypotheses and conclusions could be examined in the course of this thesis. For this reason, the focus of this thesis is Brockner's work on survivor perception of fairness or his "standard work." Similarly, in discussing these standard studies, it is important to note that only those conclusions Brockner draws from the impact of perception of fairness, as independent variables, on survivor attitudinal and behavioural responses will be examined. In an effort to maintain the focus of this thesis, references to the impact of other variables have been kept to a minimum.

In advance of this however, it should be noted that Brockner's work on

survivors' perception of fairness is premised upon the tenets of equity theory. For

this reason, it is first important to review and critique these tenets before

engaging in a discussion of Brockner's studies.

EQUITY THEORY

The origins of equity theory rest with the work of Homans (1961).

Homans' interest was the concepts of justice and injustice in relation to the

distribution of rewards among individuals or groups (Deutsch 1985). Homans'

ideas can be summarized as a set of interrelated propositions. Taken from

Deutsch (1985:9-10), these include:

> Proposition I: Distributive injustice occurs when a person
> does not get the amount of reward he expects in comparison
> with the reward some other person gets: the distribution of
> reward may result from direct exchange between the two or
> more parties or may be made by some third party such as a
> boss, an organization, or even a market. Relative deprivation
> is the form of distributive injustice that occurs when a person
> gets less than he expects; relative advantage is the form in
> which a person gets more than he expects.

> Proposition II: A person expects rewards to be distributed in
> such a way that the proportion between (a) the reward each
> receives and (b) the contributions and/or investments each
> makes in a social exchange are equal.

> Proposition III: A person who experiences relative deprivation,
> and therefore views himself as a victim of injustice, will feel a
> degree of anger and express some degree of hostility toward
> the others who caused the injustice or who benefited from it (if
> the two are different).

Proposition IV: A person who experiences relative advantage, and therefore views himself as a beneficiary of injustice, is apt to feel some degree of guilt and to increase what he gives in a social exchange and thus increase what the other gets -if he is able to do so and it does not cost too much to do so.

Proposition V: Although people may agree on the rule of distributive justice (that rewards ought to be proportioned to contributions), they may still disagree as to whether the distribution of rewards is just in particular circumstances because they do not agree on what kinds of rewards, contributions, and investments are to be considered relevant in applying the rule or because they do not agree on their assessments of the values of the relevant rewards, contributions, or investments. In judging whether one has received a just reward or whether one has been relatively deprived or advantaged, one is apt to compare oneself with others who are in some respects close or similar to oneself - with others of one's own nation, own organization, own group rather than with others who are different.

Homans introduced the rule of distributive justice to social psychology, providing a foundation for equity theory (Deutsch 1985). However, it was Adams who joined these propositions with the ideas of the theory of cognitive dissonance to create equity theory (Deutsch 1985).

Adams (1963, 1965, 1968) utilizes the term equity in the same way that Homans uses distributive justice (Deutsch 1985). Similarly, Adams uses the terms inequity, input and outcome instead of Homans' injustice, investments and profits (Deutsch 1985). This is done to emphasize equity theory's focus on exchange relationships (Deutsch 1985). Quite simply and not unlike Homans' ideas, equity theory is composed of four interlocking propositions. Taken from Walster, Walster and Berscheid (1978:6), these include:

Proposition I: Individuals try to maximize their outcomes (where outcomes equal rewards minus costs).

Proposition II: Groups (or rather the individuals comprising these groups) can maximize collective reward by evolving accepted systems for equitably apportioning resources among members. Thus, groups will evolve such systems of equity, and will attempt to induce members to accept and adhere to those systems.
Groups will generally reward members who treat others equitably and generally punish members who treat each other inequitably.

Proposition III: When individuals find themselves participating in inequitable relationships, they will become distressed. The more inequitable the relationship, the more distress they feel.

Proposition IV: Individuals who discover they are in inequitable relationships will attempt to eliminate their distress by restoring equity. The greater the inequity that exists, the more distress they will feel, and the harder they will try to restore equity.

A relationship is said to be equitable when the person evaluating the relationship (one of the participants or an outside observer, often referred to in the literature as the "scrutineer") concludes that the relative gains of all participants are equal (Hatfield and Sprecher 1984). An inequitable relationship arises when a participant's ratio of outcomes to inputs is greater or smaller than some relevant other (Hatfield and Sprecher 1984).

According to Hatfield and Sprecher (1984), inputs are simply "the scrutineer's perception of the participants' contributions to the exchange, which are seen as entitling them to reward or punishment" (97). These inputs can be either assets, which entitle the participant to a reward, or liabilities, which entitle

them to punishment (Hatfield and Sprecher 1984). The relevance of assets is situationally specific. Hatfield and Sprecher (1984) define outcomes as "the scrutineer's perception of the rewards or punishments participants have received in the course of their relationship with one another" (97). Positive outcomes are rewards and negative outcomes are punishments.

According to equity theory, equity is "in the eye of the beholder" (Hatfield and Sprecher 1984:97). Just as certain inputs and rewards may be relevant in one situation and not another, so too might different scrutineers assess the value of inputs and outcomes differently (Hatfield and Sprecher 1984). If different observers assess the value of inputs and outcomes differently, and likely they will, then it is also likely that they will not agree on whether or not a given situation is equitable (Hatfield and Sprecher 1984). Thus, in assessing the value and relevance of inputs and outcomes in a given relationship, acknowledging perspective is crucial.

Proposition III contends that individuals who find themselves participating in an inequitable relationship will experience distress. This distress will manifest itself whether the participant is the beneficiary or victim of the inequity (Hatfield and Sprecher 1984). According to the theory, the distress experienced by those who over-benefit from inequity may be in the form of "guilt, dissonance, empathy, fear of retaliation, indebtedness, or conditioned anxiety" (Hatfield and Sprecher 1984:98). In contrast, the distress experienced by those under-benefiting from

the inequity may be manifest as anger or resentment (Hatfield and Sprecher 1984). This distress experienced by both the under-benefitted and the over-benefitted is assumed to arise from either retaliation distress or self-concept distress (Hatfield and Sprecher 1984). Retaliation distress results when exploiters or victims are concerned that others may defame or punish them; it is a fear of being retaliated against (Hatfield and Sprecher 1984). Self-concept distress occurs when exploiters or victims become distressed over "violating their own self-expectations and moral standards" (Hatfield and Sprecher 1984:98).

Proposition IV states that individuals who are distressed by inequity will try to eliminate this distress by restoring equity to the relationship. According to the theory, there are two ways by which equity can be restored. Participants can restore actual or psychological equity to the relationship (Hatfield and Sprecher 1984). Participants restore actual equity be altering their own or relevant others' relative gains in appropriate ways (Hatfield and Sprecher 1984). Adams (1963) documented the creative and ingenious ways people contrive to restore equity to an inequitable relationship. The following example is taken from Hatfield and Sprecher (1984),

> "...imagine a secretary who feels her boss underpays her. She could re-establish actual equity in various ways: She could neglect her work (thus lowering her own inputs), demand a raise (thus raising her own outcomes), make mistakes so that the boss will have to work harder undoing what she has done (thus raising the boss' inputs), or sabotaging company equipment (thus lowering the boss' outcomes)" (98).

In contrast, participants can restore psychological equity to the relationship by changing their perceptions of the situation (Hatfield and Sprecher 1984). According to Adams, this is accomplished by distorting one's perceptions so as to alter the perceived value of any of the four items in the equity formula, namely: own input, own outcome, other's input or other's outcome (Deutsch 1985). Equity can also be psychologically restored by changing the object of one's comparison to someone whose ratio of input to outcome is more similar to one's own (Deutsch 1985). If either strategy, actual or psychological restoration of equity, fails, the individual can always reduce (or eliminate) distress by leaving the situation (Deutsch 1985).

Hatfield and Sprecher (1984) argue that from Propositions I and IV one can assume that in deciding whether to restore actual equity to an inequitable situation or whether to restore equity psychologically, individuals follow a cost-benefit strategy. Whether participants decide to restore actual equity, psychological equity or a combination of the two, Hatfield and Sprecher (1984) contend, depends upon what costs and benefits they believe they will receive from each strategy.

The definition of inequity and these propositions, Adams acknowledges, are very much attributable to Homans' work on distributive justice (Deutsch 1985). However, Adams' discussion of the consequences of inequity goes beyond Homans' ideas (Deutsch 1985). This aspect of equity theory, Adams

admits, is influenced by Festinger's (1957) theory of cognitive dissonance

(Deutsch 1957). For Adams, inequity has consequences which are similar to

those of cognitive dissonance (Deutsch 1985). Deutsch (1985) writes,

> "As with dissonance, the presence of inequity in a person
> creates tension that is proportional to the magnitude of the
> inequity. And as with the tension aroused by dissonance, the
> tension aroused by inequity will motivate the person to
> eliminate or reduce it, the strength of this motivation being
> proportional to the tension" (13).

Thus, equity theory is very much influenced by both Homans' work on distributive

justice and Festinger's cognitive dissonance.

Equity theory has been applied in a multitude of ways to uncover how

people will react in a given situation. For example, Walster and associates have

used equity theory to uncover the nature of the relations between lovers, the

reactions of bystanders, and jurors and judges in the courtroom (Deutsch 1985).

Similarly, equity theory has been applied to the more formal relations of business

exchanges, such as those between employers and employees (Deutsch 1985).

However, despite the impressive scope and the vast array of experiments and

research it has generated, equity theory does have several crucial weaknesses.

Critiques of Equity Theory

According to Deutsch (1985), equity theory shares many of the same weaknesses as other theories in social psychology. First, equity theory is a quantitative theory in appearance only. In reality, the theory "assumes a common currency underlying diverse rewards and costs, which permits addition, subtraction, and division" (Deutsch 1985:25). This kind of psychological currency is not conceptualized in the literature and thus does not offer a definitive way by which one can measure - add, subtract and divide inputs such as attention, love and stress and outcomes such as a disciplined child, a bad marriage, and a mediocre job. These things are not easily quantified, yet the theory assumes them to be. A second weakness of the theory, according to Deutsch (1985), rests with the nature of the evidence it generates. This evidence, Deutsch (1985) argues, is often "illustrative" rather than "demonstrative" (25). That is, the evidence generated from research using equity theory often shows what could happen rather than what must happen. Deutsch (1985) writes, "too often what could happen does not happen and after-the-fact explanations must be generated to explain what has occurred" (25). Third, Deutsch suggests, the basic units of analysis for equity theory -inputs and outcomes, are vague. He argues that it is hard to know in advance whether or not something will be considered an input or an outcome and from what or whose perspective it is considered an input or outcome (Deutsch 1985). What may be perceived by the researcher as inputs

and outcomes for subjects in a given context, may not actually be from the perspective of those subjects. Similarly, the perspectives of the subjects with regard to inputs and outcomes may differ from those with whom they share an exchange relationship. For example, what constitutes an input and outcome for survivors of downsizing, may differ from that of the victims. Yet the survivors may be asked to comment on the inputs and outcomes of victims.

There are other more serious weaknesses to equity theory. Perhaps the greatest criticism that can be made of equity theory is that it ignores the aspect of social interaction involved in exchange relationships (Deutsch 1985). Equity theory is an individualist theory which focuses explicitly on the thoughts and actions of one or the other of the participants in an exchange relationship. The theory neglects the possibility that the thoughts and actions of the participant may be influenced by their recognition and interpretation of the other in the exchange relationship (Deutsch 1985). Equity theory ignores the existence and influence of social networks in determining the thoughts and actions of an individual in a given context. In doing so, the theory neglects results of social interaction which can influence the exchange relationship. For example, the theory does not take into consideration issues of power in social interaction. Power relations can play an important role in determining how social exchange is undertaken, specifically who contributes what and who received what in the exchange. However, equity theory ignores the influence of such factors on individuals involved in exchange

relationships.

There has also been a considerable amount of work put forth which challenges the motivational and cognitive assumptions implicit in equity theory (Deutsch 1985). There are four motivational assumptions. Taken from Deutsch (1985), these include:

> "[1] humans are "maximizers" and "selfish"... [2] they are primarily motivated by extrinsic rewards...[3] the qualitative relationship between the nature of the individual's motives and the nature of the extrinsic rewards can be ignored and...[4] an individual's motivation to contribute to a group's outcome will be greater if his share of the outcome is proportional to his contributions than if all contributions share the outcome equally" (26).

There are arguments put forth to refute all four of these assumptions. For example, according to Deutsch (1985) and attributable in large part to common sense, individuals do not always try to maximize their outcomes, nor are they always selfish. Perhaps the best critique of this assumption is the fact that Proposition III introduces "morality" to the equity formula (Deutsch 1985). If one were purely selfish and sought only the goal of maximizing outcomes, then purely selfish behaviour at the expense of another would not give rise to the "distress" described in this proposition (Deutsch 1985). How can one be innately selfish, yet be concerned about equity?

Although the theory is not explicit, it does make assumptions about the cognition of individuals involved in exchange relationships (Deutsch 1985). According to Deutsch, equity theory puts forth the idea that individuals are

rational and economically driven (Deutsch 1985). The theory asserts that

individuals are sufficiently knowledgeable of themselves and others so that they

can properly and accurately appraise their own and others' contributions to and

rewards received from the exchange relationship (Deutsch 1985). The theory

suggests that individuals are not only highly rational all of the time and in all

exchanges, but that they are also accurate in their knowledge of themselves and

others. There is, for example, no room in the theory for the impact of human

biases in decision making (Deutsch 1985). In addition, Deutsch (1985) writes,

> "Although equity theory assumes more human cognitive
> capacity than appears warranted, it seems to have too simple
> a view of the cognitive processes involved in assessing equity
> and in relieving the distress of inequity. As Utne and Kidd
> (1980) and Cohen (1982) point out, the cognitive processes
> involved in the attributions of cause and responsibility are
> central to understanding the conditions under which an
> exchange will be experienced as inequitable as well as
> understanding the conditions under which the distress of
> inequity will be reduced" (29).

Despite this, Deutsch explains, equity theorists have yet to seriously consider

such processes (Deutsch 1985). In short, the theory assumes that individuals

carry the capacity to properly assess cause and responsibility in exchange

relationships, but does not deal with how individuals exercise this capacity and

how accurate they may be.

Finally, implicit in the theory is a conceptualization of distributive justice for

which equity is the prime variable (Deutsch 1985). Proponents of equity theory

postulate that central to distributive justice is the notion that people believe that

outcomes should be distributed among individuals in proportion to their inputs. However, many scholars have suggested that equity is but one value underlying systems of distributive justice. For example, Deutsch (1985) suggests that in certain contexts "need" may be a greater factor influencing feelings of equity and justice amongst individuals in an exchange relationship. Similarly, Sampson (1975; 1980; 1981; 1983) proposes that the concept of equity put forth by the theory "reflects a particular historical and cultural pattern that presently dominates Western civilization, in particular the United States, with its capitalistic economic system" (Deutsch 1985:29). The concept of equity itself, where it exists, can be historically and culturally specific.

Thus, there are several pertinent weaknesses to equity theory. However, despite these shortcomings, Brockner refers to the tenets of equity theory when seeking to uncover and explain survivors' reactions to layoffs and to understand the nature of the relationship between layoff survivors and the organizations which employ them. It is to this discussion and research which the review will now turn.

BROCKNER'S STUDIES

Equity theory holds that it is of great concern to workers to be treated fairly (Brockner, Davy and Carter 1985). Brockner explains that workers compare themselves to those around them in order to ascertain whether their work situation is equitable (Brockner, Davy and Carter 1985). Workers not only expect their rewards (outcomes) to be commensurate with or proportioned to their contributions (inputs), but they expect these to be similar to those of their co-workers (Brockner, Davy and Carter 1985). Positive inequity is a situation which arises when workers perceive their outcome to input ratio to be greater than that of relevant others (Brockner, Davy and Carter 1985). In this way, positive inequity is synonymous with Homans' concept of relative advantage. Traditionally, the concept of positive inequity was used to describe situations where the worker's outcome was increased in relation to relevant others while the inputs of both parties remained the same (Adams and Rosenbaum 1962). For example, workers overpaid for the same type and amount of work performed by all would be in a position of positive inequity (Adams and Rosenbaum 1962). However, Brockner contends that a situation of positive inequity for some workers can also arise by decreasing the outcome of the work situation for others (Brockner, Davy and Carter 1985). In a layoff situation for example, the victim's loss of employment places the survivor in a winning position. In this sense, Brockner contends, simply surviving a downsizing places the survivor in a

situation of positive inequity in comparison to the victim (Brockner, Davy and Carter 1985). Positive inequity for the survivor results from a situation of negative inequity (Homans' relative deprivation) for the victim (Brockner, Davy and Carter 1985).

Equity theorists believe that inequity of this kind gives rise to distress for survivors (Hatfield and Sprecher 1984). Workers prefer to function in an environment where the input to outcome ratio of the employees is in balance (Hatfield and Sprecher 1984). Layoffs disrupt this balance in work environments. Beneficiaries of such inequity, as Brockner contends layoff survivors are, feel compelled to restore equity to the situation (Brockner, Davy and Carter 1985). In his standard work on the impact of perception of fairness, Brockner suggests that how compelled the survivors feel to restore equity and how they choose to restore equity depends upon their perception of how fairly the downsizing was conducted (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992).

Throughout his studies, Brockner assesses a survivor's perception of fairness using four variables. These include: perceived legitimacy of the layoff (Brockner 1990; Brockner et al 1990), perceived fairness with which the victims were treated (Brockner 1990), perceived fairness of the decision rule used to determine who was removed (Brockner, Davy and Carter 1985; Brockner et al.

1986; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992) and finally, perceived fairness of victim compensation (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990). In these standard studies on the impact of perception of fairness, Brockner assesses the effect of these variables on several possible outcomes, namely the survivors' commitment to the organization, motivation to work (work effort) and performance (both quantity and quality of work performed). In his studies these perception of fairness factors appear as independent variables and the outcomes are the dependant variables. Please note that the conceptualizations of these variables (independent and dependant) will be discussed as they appear in Brockner's studies throughout the following review.

Brockner's Laboratory Work

Brockner began his work on downsizing survivors in the laboratory. In the first study, Brockner, Davy and Carter (1985) sought to uncover the effect of layoffs on the subsequent productivity of survivors. This study provided a basis for all subsequent studies on the impact of survivor perception of fairness on various outcomes (Brockner, Davy and Carter 1985). This study was designed to examine the hypothesis that layoffs cause survivors to experience positive inequity, which in turn would have motivational consequences (Brockner, Davy and Carter 1985). It was hypothesized that to reduce their sense of remorse or

guilt over having survived the layoff, workers would increase their input

(Brockner, Davy and Carter 1985). An additional purpose of the study was to

examine the effect of an individual difference variable, the worker's self-esteem,

on their reactions to the layoff (Brockner, Davy and Carter 1985).

The participants were 78 undergraduate students drawn from an

introductory psychology class (Brockner, Davy and Carter 1985). The students

were to receive extra course credit for participating in the experiment. The

participants were then asked to complete a proofreading task and were told that

both the speed (quantity) and accuracy (quality) of their work was important.

Following the completion of the first 10 minute proofreading interval, the

participant was joined by the confederate (researcher posing as participant) who

was then dismissed (layoff simulation) by the researcher. This layoff simulation

was designed to promote the experience of positive inequity for the survivors.

Thus, the layoff was done in such a way as to appear particularly unfair for the

victim. The researcher told both the participant and the subject that because of a

room scheduling problem only one person would be able to continue with the

experiment and receive course credit. The researcher then made the participant

and the confederate draw lots to decide who would be allowed to stay. The draw

was rigged so that the participant would always win and be allowed to continue

with the experiment. Following the draw, the confederate said as she was exiting

that it was unfair to make her leave and deprive her of the extra credit. The

experimenter verbally agreed. After the confederate exited, the experimenter turned to the subject and said, "Well, I guess you're the lucky one who gets to finish today and receive credit. Let's get started." In addition to the group of students in this layoff condition, some of the students were randomly selected into a control group which simply completed the two proofreading tasks without witnessing a layoff simulation (Brockner, Davy and Carter 1985).

The independent variables in this study were the participant's self-esteem and the unfairness of the decision rule used to determine who would be dismissed (laid-off) and who would remain (Brockner, Davy and Carter 1985). The participants completed a Janis-Field-Self-Esteem Scale before beginning the experiment. Following the second proofreading task, the participants in the layoff simulation group were asked to rate how fairly the victim was treated by the experimenter. Responses could range from (1) not at all to (7) very fairly (Brockner, Davy and Carter 1985). The dependant variables were the quantitative and qualitative measures of proofreading performance on each task (Brockner, Davy and Carter 1985). The former was assessed by counting the number of lines the participant completed. The later was assessed by computing the percentage of errors that subjects had correctly identified in those lines they had finished reading (Brockner, Davy and Carter 1985).

Brockner, Davy and Carter's (1985) findings support their hypotheses. They found the layoff x task interaction effect to be significant (Brockner, Davy

and Carter 1985). Whereas all groups were more productive (read more lines) on the second task than on the first, this was considerably more true for those in the layoff than the no-layoff condition (Brockner, Davy and Carter 1985). However, the study yielded no significant effects involving either layoff and self-esteem variables on participants' quality of work (Brockner, Davy and Carter 1985). Across conditions, the quality of the participants' work was higher on the second than on the first proofreading task (Brockner, Davy and Carter 1985), but somewhat less so for those in the layoff condition. This may be attributable to a practise or warm-up effect. It is important to note that Brockner, Davy and Carter (1985) controlled the layoff condition for job-insecurity induced anxiety. The participants had no reason to believe that they, like the confederate, might be dismissed at anytime. Thus, the findings can be strictly attributable to the influence of survivors' perception of fairness.

The study did find self-esteem to be an important moderator variable in that those with low self-esteem were significantly more affected (greater quantity of work performed) by the layoff manipulation (Brockner, Davy and Carter 1985). Brockner predicts that those with low self-esteem may feel especially guilty because they are apt to believe themselves to be less worthy to be chosen as a survivor. However, as predicted, the quantity (but not quality) of the worker's task performance was enhanced by their unfair dismissal of the other participant (the confederate) for participants of all self-esteem levels (Brockner, Davy and Carter

1985).

In the following study, Brockner et al. (1986) added a merit layoff situation. In this study, subjects were divided into three situations: a random (unfair) layoff situation of the kind described in the first study (Brockner, Davy and Carter 1985), a merit (fair) layoff situation and a no-layoff or control group (Brockner et al. 1986). In the merit situation, the participants were told that the decision of who would get to continue the experiment and receive course credit would be based on the quantity and quality of each individual's work on the first proofreading task.

Again, the independent variable was the perceived fairness of the decision rule used to determine who would be laid-off and the dependant variables were the quantity and quality of the participants' work (Brockner et al. 1986). However, unlike the first study (Brockner, Davy and Carter 1985), self-esteem was not included as a possible independent variable.

As predicted, the greatest increase in quantity of work performed occurred in the random (unfair) layoff condition (Brockner et al. 1986). This was followed by those in the merit (fair) and then those in the control condition (no layoff) (Brockner et al. 1986). Conversely, the greatest decline in quality of work performed occurred in the random layoff condition (Brockner et al. 1986). Interestingly, the least decline occurred in the merit layoff condition (Brockner et al. 1986). This differs from the first study (Brockner, Davy and Carter 1985) wherein the change in quality of work was not found to be significant. In this

study, correlational analysis revealed that quantity and quality of work performance were inversely related (Brockner et al. 1986). An increase in work quantity is followed by a decrease in quality.

The participants in both of these studies completed a survey at the end of the proofreading experiment to uncover the nature of their affective state following the layoff simulation (Brockner, Davy and Carter 1985; Brockner et al. 1986). The participants were asked to rate how fairly they felt they and the victim had been treated by the experimenter (Brockner, Davy and Carter 1985; Brockner et al. 1986). The participants were also asked to rate the extent to which each of the following emotions described how they felt while completing the second proofreading task (post-layoff): frustrated, worried, lucky, sad, confident, guilty, anxious, glad, competitive, angry, helpless, distracted and sorry for the other person (Brockner, Davy and Carter 1985; Brockner et al. 1986). In the first study, the findings reveal that the participants reported feeling significantly more lucky, sorry for the other person, glad for themselves and marginally more guilty in the (unfair) layoff condition than in the no-layoff condition (Brockner, Davy and Carter 1985).

The results of the second study found that the participants saw the random layoffs as more unfair to the other participant and that these layoffs aroused guilt and remorse (Brockner et al. 1986). However, the participants appeared to redress positive inequity in very different ways in the two layoff situations

(Brockner et al. 1986). Participants in the random layoff situation increased the quantity of work they performed (Brockner et al. 1986). This suggests that random survivors restore equity behaviourally (Brockner et al. 1986). Merit layoffs caused participants to perceive that they had performed more favourably on the first task than the victim (Brockner et al. 1986). Brockner et al. (1986) suggest that this may explain why merit survivors did not feel compelled to increase the quantity of their work to the same degree as those in the random layoff situation. This suggests that merit survivors restored equity psychologically rather than behaviourally (Brockner et al. 1986).

Brockner's Survey Work

Brockner then shifted his research on perception of fairness somewhat. Combined with laboratory research, Brockner began to include survey research as part of his studies. The structure of Brockner's studies also became more sophisticated from this point on, with each study expanding upon and more rigorously analyzing the conclusions of the last. In the first of these studies, Brockner et al. (1987) included findings from both a laboratory experiment, much like the two discussed previously, as well as a survey study conducted of layoff survivors from a chain of retail stores. In this study, Brockner et al. (1987) sought to uncover the impact of survivors' perception of fairness of victim compensation and survivor identification with the victim (independent variables) on two

dependant variables, survivor performance (in the laboratory experiment) and survivor commitment to the organization (in the survey study). Consistent with equity theory, Brockner et al. (1987) hypothesized that if survivors' identification with the victim is low, then they are likely to react to an unfair-layoff situation by distancing themselves from the victim. However, if the survivors' prior identification with the victim is high, they are likely to react to an unfair-layoff situation by distancing themselves from the perpetrator of the injustice (namely the employer-organization) (Brockner et al. 1987).

The participants in the laboratory experiment first completed a short attitude survey used later to assess their level of identification with the victim. The survey questioned the participants on a variety of social, political and economic issues such as sex, money, and political party identification. The participants rated how much they agreed or disagreed with the survey items along a six point scale. Before beginning the proofreading tasks, the participants were presented with the confederate's survey responses which had been constructed to appear similar or different from their own.

The students were told that they would be paid $5 for participating in the experiment and would be eligible for a $75 lottery upon completion of the experiment (Brockner et al. 1987). Not unlike the first two studies discussed, the participants were divided into three groups: a control group, a random layoff group wherein participants witnessed the dismissal of the confederate without pay

(unfair) and the merit layoff group wherein the participant witnessed the dismissal of the confederate with partial pay and continued eligibility for the lottery (fair) (Brockner et al. 1987). Not unlike the first two studies discussed, the participants were asked to complete two proofreading tasks, witnessing the layoff simulation in the break period between proofreading sessions (Brockner et al. 1987). Both the quantity and quality of the participants' work was assessed following the completion of the experiment.

Both independent variables (identification with the victim and fairness of victim compensation) were found to have a significant impact on the participants' performance (Brockner et al. 1987). The greatest increase in performance quantity from the first to second proofreading task was exhibited by the subjects in the high-identification/ uncompensated (random/unfair) layoff condition (Brockner et al. 1987). Again, not unlike the findings in the first study, the impact of the independent variables on the participants' performance quality were not found to be significant (Brockner et al. 1987). All three groups (random layoff, merit layoff and no layoff conditions) exhibited an increase in work quantity from the first to second tasks and the quality of the work for all three groups fell from the first to second tasks (Brockner et al. 1987). This performance quality measure was not found to be significant (Brockner et al. 1987). However, it does suggest a negative correlation between performance quantity and quality.

In the survey section of this study, victim compensation was assessed

based on four items: severance pay, management's attempt to help the victims locate work elsewhere in the company, management's continuing health care and insurance benefits for the victim following the layoff and management's efforts to help the victim locate employment outside of the company (Brockner et al. 1987). The participants' level of identification with the victim was measured using two items: "I have (or had) a close *personal* relationship with at least some of the laid-off people" and "I had a close *working* relationship with at least some of the laid-off people" (Brockner et al. 1987). Brockner shifted focus in this section of the study and applied the survivors' change in organizational commitment as the dependant variable (Brockner et al. 1987). Commitment was measured using an 18-item scale developed by Schwyhart and Smith (1972) which requires the survivors to remark and rate themselves on such things as company identification, pride in the company, and perceived fairness of the company (Brockner et al. 1987). It is important to note that this survey study was conducted ex post facto (12 months after) of the layoffs in this retail store chain (Brockner et al. 1987). Thus, the survivors were asked to report on how their affective and attitudinal states and behaviours had changed compared to before the downsizing.

In this first survey study, Brockner et al. (1987) found that the decrease in survivor commitment to the organization was highest with the high-identification/low-compensation group. What is interesting to note is that despite

the fact that the organization offered all survivors basically the same compensation, survivors' perceptions of the organization's caretaking activities varied (Brockner et al. 1987). Overall, Brockner et al. (1987) found that taken together, the results of the laboratory and survey investigations supported the hypotheses that survivors would react most negatively when they perceived that victims had been treated unfairly and to the extent that they identified with the victims.

Brockner's (1990) next study was again a survey study of layoff survivors in a retail store chain. In this study, Brockner (1990) continued to examine the impact of survivors' prior identification with the victim on their level of commitment following layoffs. However, in this study Brockner (1990) also utilized two perception of fairness measures as the independent variables: survivors' perception of fairness of victim compensation and survivor perception of fairness of management's explanation of the layoff (perceived legitimacy of the layoff). Identification with the victim and perception of victim compensation (independent variables) were conceptualized in the same way they were in the previous survey study (see Brockner et al. 1987). Survivors' perception of the fairness of management's explanation for the layoff was assessed based on management's willingness to explain why the layoff had occurred and the survivors' perception that the circumstances of the layoff were beyond management's control and/or that the layoffs will better enable the organization to reach its short and long-term

goals (Brockner 1990). Change in survivor commitment level following the layoffs (dependant variable) was also assessed in the same way as it was in the previous survey study (Brockner 1990).

Interestingly, Brockner (1990) examined the interaction between the two perception of fairness variables and the victim identification variable separately. That is, the results of the multiple regression analyses revealed that both the victim identification x explanation and victim identification x victim compensation interaction effects were significant ($p < .05$), even when both terms were entered simultaneously into the regression equation (Brockner 1990). The results of median splits of the independent variables indicated that all groups experienced a decrease in commitment to the organization compared to before the layoff (Brockner 1990). However, this was greatest for those in the high-identification/low explanation clarity (low legitimacy of the layoff) situation and high-identification/ uncompensated situation (Brockner 1990). The results of the median splits were slightly lower (they experienced a greater decline in commitment) in the victim compensation category than the explanation (legitimacy of the layoff) category (Brockner 1990). Therefore, it may be concluded that victim compensation has a greater effect (negative) on survivors commitment levels than the legitimacy of the layoff. However, Brockner does not draw this conclusion, nor does he admit to controlling for each of these variables while testing for the other. Thus, these conclusions are tentative.

Brockner (1990) compared the results of this study with those of his laboratory experiment on the impact of survivor identification with the victim and victim compensation on survivor performance (Brockner et al. 1987) discussed previously. From this, Brockner concludes that the results of the field and laboratory investigations provide strong support for the notion that survivors' identification with the victim moderates their reactions to the unfairness of layoffs (Brockner 1990). However, what Brockner (1990) fails to provide in this study is concrete evidence of a ranking or hierarchical order between the two perception of fairness variables. As one of only two studies wherein he examines more than one perception of fairness variable at a time, this sort of conclusion would be valuable.

In what is certainly his most exhaustive study, Brockner culminated his work to this point and repeated this survey study, testing for the effects of a multitude of independent variables relating to survivor uncertainty or perception of fairness on survivor commitment, motivation (work effort) and turnover intention (dependant variables) (Brockner et al. 1990). Not unlike the other survey studies, the survivors were asked to report to what degree each dependant variable applied to them before and after the layoff (Brockner et al. 1990). Similarly, the survivors were asked to rate their perception of each of the independent variables. These variables included: managerial accounts of the layoff (legitimacy of the layoff), unusualness of the layoff (legitimacy of the layoff), avoidability of

the layoff (legitimacy of the layoff), fairness of the decision rule used to decide who would stay and who would be let go, adequacy of victim compensation, as well as the likelihood of future layoffs and prior attachment to the layoff victims (Brockner et al. 1990).

Only those findings related to the variables included in this thesis will be discussed here. Specifically, Brockner et al. (1990) found significant positive intercorrelations between the three perception of fairness independent variables and commitment, with perceived legitimacy of the layoff results of: .31, p<.001 for perceived fairness of managerial account, -11, p<.05 for unusualness of the layoff and -.26, p<.001 for avoidability of the layoff. Similarly, perceived fairness of the decision rule was .37, p<.001 and perceived fairness of victim compensation .37, p<.001. That is, a positive perception of fairness resulted in positive commitment levels among survivors (Brockner et al. 1990). The intercorrelations between these independent variables and survivor motivation rates were less strong, with results of .10, p<.05 for perceived fairness of managerial account of the layoff (legitimacy of the layoffs) , -.16, p<.01 for perceived fairness of the decision rule and .10, p<.001 for perceived fairness of victim compensation (Brockner et al. 1990).

The results indicate that the perception of fairness variables had a greater impact on the survivors' change in commitment level following the downsizing than for their motivation to work (Brockner et al. 1990). These results also

suggest that the perception of fairness variables had differing impact on the

dependant variables (Brockner et al. 1990). Specifically, survivors' perceived

fairness of victim compensation appeared to have the greatest effect on both

commitment and motivation (work effort) levels. Similarly, survivors' perceived

fairness of the decision rule had the second greatest impact on commitment,

followed by survivors' perceived legitimacy of the layoff. However, Brockner et al.

(1990) fail to acknowledge whether each variable was controlled while testing for

the others. Thus, this suggestion of a hierarchy amongst the perception of

fairness variables is tentative. Nonetheless, these results confirmed the

hypothesis extended by Brockner et al. (1990) that survivor reactions to layoffs

(their commitment and motivation) would be greatly impacted by how they

perceive management's handling of the layoff.

Brockner, Tyler and Cooper-Schneider (1992) also conducted a survey

study. However, the sample of this study consisted of 150 full-time workers in a

financial services organization (Brockner, Tyler and Cooper-Schneider 1992).

These survivors had experienced layoffs throughout the organization five to

seven months prior to the survey (Brockner, Tyler and Cooper-Schneider 1992).

Thus, it is important to note that the survivors in this survey were also asked to

report ex post facto on how their emotions, attitudes and behaviours had changed

as a result of the layoffs.

In this study, Brockner, Tyler and Cooper-Schneider (1992) sought to

uncover the impact of two independent variables: survivors' prior commitment to the organization and their perceived fairness of the decision rule used to manage the layoffs, on three dependant variables. These dependant variables include: survivors' commitment, motivation (work effort) and turnover intention (Brockner, Tyler and Cooper-Schneider 1992). Prior commitment to the organization was assessed using a three item measure, with each item designed to capture each of the three components of commitment: belief in the organization's goals or values, willingness to work hard and intention to remain with the organization. The participants were asked to rate how they felt about these items before the layoffs had occurred on a seven point scale, ranging from 1 (strongly disagree) to 7 (strongly agree) (Brockner, Tyler and Cooper-Schneider 1992). All other variables were conceptualized as they had been in all previous studies examined.

Brockner, Tyler and Cooper-Schneider (1992) found that the perception of fairness variable (decision rule) was positively related to change in organizational commitment and negatively related to turnover intention (both with p values <.01). The perception of fairness measure was also positively related to motivation (work effort), however with only marginal significance (p <.07) (Brockner, Tyler and Cooper-Schneider 1992). In terms of interaction effects, they found that those who felt strongly committed to the organization and who believed that the decision rule was unfair had much more negative reactions to the layoff than all other groups (Brockner, Tyler and Cooper-Schneider 1992).

Summary

Thus, significant relationships were found throughout Brockner's standard studies between survivor perception of fairness variables and survivor reaction variables. Brockner's studies are expansive in scope and sophisticated in their analysis. Due to the constraints placed on this thesis research, only a portion of Brockner's work could be adequately examined here. Thus, only Brockner's most fundamental conclusions have been extracted from his research and tested here. Overall, one can conclude from the findings of these studies, especially the latest and more empirically involved, that survivors' perceptions of fairness are positively related to their attitudinal responses to layoffs -namely their commitment and motivation, and negatively related to their work performance (quantity of work performed especially). There were no significant findings for a correlation between perception of fairness and change in quality of survivors work in the post-layoff period. However, the results of the first few studies did imply a positive relationship.

Critiques of Brockner

There are several notable weaknesses in Brockner's standard studies. First, it is important to note that Brockner has yet to study all four of perception of fairness independent variables together to assess which may have a greater effect on the survivors' outcomes. In fact, Brockner (Brockner et al. 1990) admits that this is a weakness in his work and suggests that future research, which manipulates these variables to evaluate their causal impact more fully, would be useful. In those few studies where Brockner employs more than one measure of perception of fairness, some distinction between their effects on the dependant variables are detectable (Brockner 1990; Brockner et al. 1990). However, because Brockner fails to comment on whether or not he controls for the other independent variables, these results are tentative and largely unsupportive of the establishment of a hierarchical ranking amongst these variables. This thesis is the first study to include all four of these perception of fairness variables in the same research plan.

Second, the survey work done by Brockner and his associates was all completed in the period following the layoffs. Survivors were asked months after the layoffs to report on and rate how they felt about the variables included in the studies before and after the layoffs in order to provide the researchers with a measures of change in these variables. This is not the ideal method of conducting this type of research for it lends to bias in the results. A superior

method would have been to survey all employees prior to the layoffs and follow-up by surveying survivors after the layoffs. However, as will be discussed in the next chapter, this is one of the major dilemmas to conducting research of this kind.

The third and perhaps most damaging critique of Brockner's standard studies is the fact that he claims his findings to be applicable to the experiences of workers in the "real world", yet his laboratory experiments, and presumably his survey studies as well, hold so many factors constant, or ignore altogether possible alternative influencing-factors, that they may not project a clear image of working life for survivors in post-downsizing organizations. In his survey studies for example, Brockner admits to controlling for job insecurity (Brockner, Davy and Carter 1985). He writes, "It should be emphasized that the layoff manipulation was intended to isolate the effect of perceived inequity from any possible influence due to job-insecurity-produced anxiety" (Brockner, Davy and Carter 1985:231). The experiments were conducted in such a way that the participants had no reason to believe that they too would be let-go. However, in his survey work, Brockner does not discuss whether or not the survivors felt their jobs were unstable. It is likely that in real life, survivors do feel insecure about their own jobs as a result of downsizing. This insecurity and fear is another plausible explanation for Brockner's finding that survivors increase their productivity when they perceive the layoffs to be unfair.

Similarly, Brockner does not address whether or not the work environment of the survivors in his studies changed following the layoffs. As Mishra and Mishra (1994) discussed in the section on "The Process of Downsizing", few organizations actually implement downsizing and restructuring programs simultaneously. Therefore, it is likely that survivors are left to complete the work of victims following a downsizing. By ignoring this possibility, Brockner is assuming that survivors have control over their behavioural responses to downsizing. That is, he assumes that workers have the power to decide how much and how well they work. This assumption begs the question: How powerful and how much autonomy do survivors have in real work environments? It is likely that workers are under tremendous pressure to perform, especially following a downsizing. However, equity theory does not deal with emotions such as fear or issues of power in exchange relationships and to this point in his work, Brockner had yet to acknowledge that there may be a multitude of factors influencing how survivors react to downsizing in the real work world.

This being said, Brockner does qualify all of his research on the impact of perception of fairness in a single study of the interaction effect of job content and context on survivor reactions to downsizing (Brockner et al. 1993). Brockner admits in this study that multiple factors can influence how survivors react to layoffs (Brockner et al. 1993). Specifically, Brockner suggests that it is likely that survivors would react more positively or negatively (attitudinally and

behaviourally) if they perceive their job to have become more or less enjoyable since the layoffs (Brockner et al. 1993). In this study Brockner examined the impact of change in job content (intrinsic job quality) and context (perception of fairness) on survivors' commitment to the organization (Brockner et al. 1993). Perception of job quality was assessed by asking the respondents how their jobs had changed since before the layoffs. The measures of job quality were taken verbatim from Hackman and Oldham (1980). The respondents were asked to rate their perception of five dimensions of job quality. These included autonomy, identity, variety, significance and feedback. The respondents rated each item on an eleven point scale ranging from 1) applied to me more before the layoff than now and 11) applies to me more now than before the layoff. All other variables in this study were conceptualized in the same way they were in previous studies.

Brockner found that there was an interaction effect between job content and context. Survivors reacted positively (increased commitment) to layoffs when the quality of their job improved and this positive reaction was more strong when the survivors' perception of fairness was positive (Brockner et al. 1993). Similarly, survivors reacted most negatively (decreased commitment) when they perceived the quality of their jobs to have fallen following the layoffs and they perceived the layoff to have been unfairly conducted (Brockner et al. 1993).

Most importantly, Brockner found perception of fairness (context) to be a contributing factor, but not a determining factor influencing the survivors'

reactions to the layoffs (Brockner et al. 1993). That is, Brockner found perception of fairness to be a *moderator* variable in this study (Brockner et al. 1993). The survivors reacted positively in the unfair/high job quality and negatively in the fair/low job quality situations (Brockner et al. 1993). The survivors' positive and negative reactions in these situations were less pronounced than in the fair/high job quality and unfair/low job quality situations (Brockner et al. 1993). Nonetheless, their reactions were decided by their perception of job quality.

Again, there are limitations to this study (Brockner et al. 1993). First, not unlike Brockner's other survey studies in the field, this research was conducted ex post facto of the layoffs in the workplace. Survivors were asked to report on events that had occurred nine months prior to the study (Brockner et al. 1993). Second, in the laboratory part of the study, survivors' job quality was manipulated by making their jobs more interesting (high job quality) or more boring (low job quality) (Brockner et al. 1993). Similarly, in the survey part of the study, quality of work was assessed using Hackman and Oldham's (1980) five dimensions of job quality (autonomy, variety, identity, significance and feedback) (Brockner et al. 1993). Brockner does not acknowledge in either of these sections that often the volume of work increases for survivors and that survivors may perceive their jobs as less enjoyable because they are made to perform a greater amount of work in the post-layoff period. These same survivors may continue to rank high on all five of Hackman and Oldham's (1980) measures of job quality and their jobs may

be more interesting. However, this increased workload may decrease their enjoyment of the job. Brockner does not acknowledge that, like changes in job quality, changes in work volume may also have an impact on survivors' reactions to layoffs (Brockner et al. 1993). Third, Brockner alludes to how a change in job quality may influence a survivor's motivation and performance (Brockner et al. 1993). However, this study only examines the impact of change in job quality (content) on survivor commitment (Brockner et al. 1993). It is possible that survivors' motivation and performance responses to a change in job quality would be different from their commitment response.

Finally, and most importantly, Brockner does not mention in this study how a change in job quality may influence the survivor's experience of positive inequity and how this affects their affective, attitudinal and behavioural responses to the downsizing (Brockner et al. 1993). Brockner's work is premised upon the idea that survivors feel advantaged for having survived. A survivor's experience of positive inequity forms the basis of Brockner's body of work on survivor reactions to downsizing, yet he does not acknowledge how a change in job quality may affect this experience. My recognition of these shortcomings led me to keep these issues in mind specifically, while I interviewed the nurses and analyzed their responses for this study, a discussion of which follows in the next chapter.

TESTING THE FORMAL HYPOTHESES

This discussion has highlighted the formal hypotheses of Brockner's work which will be tested in this thesis. First, Brockner contends that all downsizing survivors experience positive inequity as a result of simply surviving the layoff process. Second, he argues that how fair a survivor perceives a downsizing will affect her attitudinal and behavioural responses to that layoff. Specifically, if the survivor perceives the layoff of be fair, she will believe that she earned her output to input advantage over the victim(s) and will not feel guilt. If the survivor perceives the layoff to be unfair (random) she will believe her survival was the result of random processes and will feel guilty.

Third, Brockner contends that these two situations give rise to very different reactions in terms of commitment, motivation and performance. In the fair layoff situation, Brockner argues, survivors believe the employer to be just thus, increasing their tendency to be committed to that employer. Similarly, believing that the downsizing process was not random and that they were "rewarded" in some way for their work through survival of the layoff, the survivors are more apt to experience a rise in motivation. Also, believing they earned their survival, the survivors are less likely to feel compelled to increase the quantity (pace) of work they perform, but may experience an increase in the quality of their work as a result of such things as pride (or practise). These reactions are very different in the unfair layoff situation. Survivors in the unfair layoff situation will

believe their employer to be unjust and will thus respond with decreased commitment. Similarly, in distancing themselves from the organization and believing that they too could fall victim to the random downsizing process, the survivors will feel less motivated to work. In Addition, Brockner contends, survivors in this situation understand that their survival was the result of random processes and thus, will feel compelled to "earn" their survival and assuage their guilt by increasing the quantity of work they perform. This increase in quantity of work performed, Brockner explains, can have a negative affect on the quality of the work these survivors complete.

It is these formal hypotheses which form the basis of this thesis research. Each as been tested in the field and will be discussed in the proceeding chapters.

CHAPTER THREE: METHODOLOGY

The purpose of this study has been to bring Brockner's work on the impact of downsizing on survivors to the field and to test the validity of his claims in a real life work situation. This is not to suggest that this study provides an exhaustive empirical test of Brockner's work. The results of this study are not definitive. The aim of this research was not to prove or disprove all of Brockner's work. Instead, a qualitative approach was adopted to uncover what the survivors' own reports suggest about the applicability of Brockner's hypotheses and his use of equity theory to explain their experiences. It is unlikely that the hypotheses derived from this work will be applicable to the experiences of all survivors of downsizing. However, these hypotheses will undoubtedly apply to the experiences of some and as such will provide a more comprehensive understanding of the consequences of downsizing.

The goal of this study has been to uncover the answers to two questions concerning the basic schema of Brockner's work. First, does organizational downsizing give rise to situations of positive inequity for survivors? Second, do survivors respond to this inequity as Brockner suggests they do? These questions provide the framework for this study. Data in support or refutation of Brockner's hypotheses have been sought from the spontaneous accounts of the survivors themselves.

SUBJECTS

Unfortunately, subjects for this study could not be selected through any traditional sampling technique. Having gained access to these nurses through their union, I was not free to enter and interact with the nurses at work within the Emergency Department at City Hospital. Initially, an attempt was made to obtain a list of all nurses employed in the ER from Ruth, with the intention of systematically sampling from this list to produce a group of subjects. However, Ruth was uncomfortable at the notion of providing this list without the consent of her peers. She offered instead to distribute a written request for participants to all of the nurses in her department and to meet with me to put me in touch with those interested. Left with no other option, I accepted Ruth's offer.

This raised concern regarding potential participant bias. To best address the issue of whether or not the nurses who participated could be considered representative of the nurses in the department, questions were included in the interview which asked the nurses if they knew of others who held differing views to themselves (Appendix E). Any biases, it was hoped, would be revealed if the nurses acknowledged that others in their department held differing views regarding the downsizing. As will be discussed later on, no direct evidence was found to indicate that the nurses who participated in this study were different from those who did not. Similarly, because the nurses did discuss the layoffs and did not perceive there to be disagreement about them, there may well not have been

such disagreement. Nevertheless, this is admittedly a weakness in this research and any future work in this area must strive to rectify this. However, only through further research and discussion of downsizing will more flexible access to work environments be enjoyed. It was with this end in sight that this research project was continued despite this methodological shortcoming.

In September 1998 over 50 requests for participants were delivered to Ruth at City Hospital, one for each nurse employed in the department. Each request was accompanied by an official consent form and preliminary survey. The request briefly described the study proposal, the conditions of the study and expressed the need for research in this area (Appendix A). The official consent form follows a traditional format for research of this kind. This outlines in a more formal manner the conditions of the study and assures participants of their anonymity (Appendix B). A consent form was completed by each participant. In addition, the preliminary survey was designed to reveal basic information about the sample including such things as gender, age, income, education and availability for interview (Appendix C).

Those interested in participating returned the consent forms and surveys to Ruth in anonymous envelopes addressed to me. These envelopes were retrieved from Ruth at the Hospital each week and the subjects were immediately contacted. In all, interviews were conducted with 17 registered nurses between October and December 1998, some 34% of the RN's in the Department. All of

the nurses are employed within the Emergency Department of City Hospital and all are female. All had been employed in the Department at the time of the layoffs in 1996. However, none had directly fallen victim to them.

The survey and preliminary interview information revealed that all possess critical care qualifications (Appendix D). Consistent with Registered Nurses Association of Ontario statistics and those mentioned by Ruth, which were discussed at the beginning of this report, eight of the nurses (47%) work part-time in the department and the remaining nine are full-time employees. Those part-time nurses who participated were employed part-time before the layoffs and had chosen to be part-time because of family responsibilities. None had been forced into part-time status as a result of layoffs. The ages of participants ranged between 20 and 60 years, with nine respondents falling between 30 and 40 years of age. The majority earned between 50 and 60 thousand dollars a year. Those who earned less can be presumed to be working part-time. The nursing experience of the participants averaged 12 years, with direct ER experience at City Hospital averaging ten years. (For all details see Appendix D).

It is important to note that given the context of this study, a 34% participation rate is significant. It is true that such a low response rate does raise the issue of non-response bias (that the nurses who did not participate may hold different views than those who did). However, this could not be avoided. I approached Ruth on numerous occasions with new ideas on how to increase

interest in the study. However, each time Ruth explained that while the nurses may be interested in the study and see the potential value of it, their lives were so busy that finding time to participate was difficult. These nurses work fast-paced twelve hour shifts after which they are very tired. In addition, many of the nurses live outside of the city and most have children. All of these factors influenced the nurses' ability to participate.

In an attempt to uncover any potential bias in the nurses responses, they were asked directly whether or not they knew of co-workers who held differing views to the ones they presented (Appendix E). All 17 nurses responded similarly and all reported that they felt the other nurses in the department discussed similar experiences and voiced similar feelings. They believed all would likely respond in similar ways to the interview questions. Initially, I was also concerned that, since Ruth was a managing member of the nurses' union local, the participants might have strong union sympathies as well and that this might taint their responses. However, this was not the case. These factors together indicate that the sample of nurses interviewed, while small, is probably representative of the survivors in the department. As such, the hypotheses drawn from the this research are generalizable within this context.

STUDY DESIGN

A semistandard interview approach was used to collect data for this thesis. This style lies in between a standard interview scheme, for which interview questions are formally scheduled and rigidly adhered to, and that of a completely unstandardized format which does not adhere to schedules of questions, but instead is guided by the assumptions the researcher holds of the group she is studying (Berg 1998). As Berg (1998) explains, the semistandard interview format, in contrast, involves the use of both a set of predetermined questions and special topic areas. The questions are often asked of each subject in a "systematic and consistent order" (Berg 1998:61). However, this approach supports the interviewer's freedom to digress from the set questions in order to probe deeper into the answers given by the subjects (Berg 1998). These probes can be written right into the scheduled interview, or they may be simple leading words used to encourage subjects to expand upon their responses.

The semistandard interview format was chosen for its combination of formality and flexibility. To properly apply and test Brockner's hypotheses in the context of the ER at City Hospital, the interview questions had to be strategically worded and sequenced. However, it was also imperative that the nurses have room within the interview to digress or expand beyond the questions derived from the Brockner research. At this stage in the development of the research I believed that the findings might diverge completely from Brockner's hypotheses.

It was important, in my opinion, that the interview schedule be flexible to allow for this.

As suggested by Berg (1998), the interview schedule developed for this project contained formal questions and less formal probes. Often the probe "why or why not" followed those interview questions for which a yes or no answer could be foreseen. While an effort was made to refrain from asking "yes/no" questions, several could not be avoided. Such examples include, "Do you consider yourself a survivor?" and "Do you feel that you too could be removed at anytime?" (Appendix E). Not all probes were written into the interview schedule. I simply took advantage of this flexibility when greater elaboration of the nurses' responses was required or desired. Probes were used extensively in these interviews.

Interview Format

The interview questions were placed into sections by topic and the first three sections were sequenced to allow the nurses to provide me with a fairly detailed picture of their work environment before we delved too deeply into their feelings about it. Questions were also sequenced to allow for the duplication of several key topics (Appendix E).

The first three sections of the interview involve questions about the downsizing and restructuring changes that had taken place in the department

(Appendix E). I had already uncovered most of the factual information regarding these changes through several preliminary interviews with members of the Corporation's management, as well as through the study of newspaper and health care publications. These questions had a dual purpose. First, they were designed to uncover how much the nurses knew about the reasons for and results of the changes in their department and how they felt about the changes in general. As has already been discussed, Brockner's hypotheses are premised upon the idea that simply surviving a layoff gives rise to a situation of positive inequity for survivors (Brockner, Davy and Carter 1985). In fact, Brockner is so convinced of this that a review of his work revealed no conceptualizations or means to measure positive inequity. Brockner simply assumes this to be a truth. In order to assess whether the survivors actually perceived themselves to be in a situation of positive inequity following the layoffs, they were asked questions such as: "Overall, how did the layoffs make you feel?", "Do you consider yourself a survivor of the downsizing?" and "Do you feel lucky for having survived the downsizing?"

Additional questions designed to uncover whether or not the nurses in the ER at City Hospital perceived theirs to be a situation of positive inequity were included in the last section of the interview on "Quality of Care." Questions such as: "If you could return things to the way they were before the downsizing would you?" and "Did the downsizing make you a better employee?" were asked. As

discussed in the previous chapter, positive inequity is a situation resulting from an imbalance between the inputs required of the employee and the outcome they gain (continued employment). At various points in the interview there are questions which assess the nurses' perceptions of these inputs and outcomes and any changes to the levels or values of these that the nurses believe to be the result of the downsizing. Often these questions serve a dual purpose. Questions such as "Do you look forward to doing your job?" and "Do you think the amount of work/quality of care you deliver has changed since the downsizing?" were designed to assess the nurses' commitment and performance respectively. However, they also measure the nurses' perceptions of the inputs and outcomes involved in this work situation.

The second purpose of the questions in these first three sections of the interview was to uncover the nurses' perception of fairness of the downsizing. As discussed in Chapter Two, Brockner contends that survivors react differently depending upon whether they perceive a layoff to have been fair or unfair. Each section contains questions which test for the four perception of fairness variables derived from Brockner's work. To reiterate, these include: 1) Do the nurses perceive the layoffs to be legitimate? 2) Do the nurses perceive that the victims were informed fairly? 3) Do the nurses perceive the decision rule used to decide who was laid-off to be fair? 4) Do the nurses perceive that the victims were compensated fairly? These four measures of fairness were used in this interview

to uncover whether the survivors felt this was a meritorious (fair) or random (unfair) layoff. As also discussed in Chapter Two, Brockner did measure the survivors' perception of each of these variables by having them rank them on a seven point scale, from one (not fair at all) to seven (very fair) (Brockner, Tyler and Cooper-Schneider 1992). However, a review of his literature does not reveal a common ranking amongst these variables. Brockner has yet to study the impact of these four variables together. Where he has examined two of these variables within the context of the same study, he fails to indicate conclusively whether one is more strongly influential than the other (Brockner 1990; Brockner et al 1990). The nurses were repeatedly questioned on these four perception of fairness variables in an attempt to uncover not only whether they perceived the layoffs in their department to be fair or unfair, but also whether they perceive a hierarchy amongst these variables in terms of the impact each has on their perception of fairness.

In these first three sections the nurses were also questioned about how these changes made them feel in general and how they felt towards those displaced. Subjects were questioned at length on the nature of whatever emotions they responded with. Brockner contends that survivors who perceive a downsizing to be unfair will develop feelings of guilt about the victim (Brockner, Davy and Carter 1985). This guilt greatly influences how the survivor responds to the downsizing in terms of her commitment, motivation and performance. This is

the essence of what Brockner calls "Survivor Guilt" (Brockner, Davy and Carter 1985). Therefore, it was important to assess how the layoffs affected the nurses' affective states.

The next three sections were designed specifically to uncover the impact the layoffs (downsizing), return of victims as temporary full-time workers and the reductions in hours (restructuring) had on the nurses' commitment to the hospital, motivation to work and performance (Appendix E). The sections followed this order and each contained additional questions on the nurses' perception of fairness. It was felt that duplication of this kind would make the findings more objectively credible.

The nurses' commitment to the hospital, motivation to work and performance were examined using Brockner's own conceptualizations of these variables. Brockner suggests that survivor commitment to the organization following downsizing should be measured by their identification with and desire to be loyal to the company and their pride in the company (Brockner et al. 1987). Commitment is also assessed by the worker's belief in the organization's goals or values, their willingness to put forth extra effort to benefit the organization and their intention to remain with the organization (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992; Brockner et al. 1993). This is an attitudinal variable which taps into the affective state of the survivor following downsizing.

Survivors' motivation to work is also an attitudinal variable and is closely linked conceptually to work effort (Brockner, Tyler and Cooper-Schneider 1992). To understand motivation, Brockner contends, survivors should be asked about their motivation to put forth a good work effort and whether or not their job motivates them to perform well by providing the opportunity to develop skills and make decisions about the way work is carried out (Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992). Conversely, performance is a behavioural variable assessed through observation of subjects' actions. Here, Brockner contends close observation of the quantity and quality of work performed by survivors should be made (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987). The nurses in the ER at City Hospital were questioned on all of these variables using the same conceptualizations Brockner develops in his research.

The next two sections of the interview involved topics of particular interest to this case study (Appendix E). I did not know whether these sections would be at all valuable to the research. However, they could not be ignored. First, having heard from Ruth and read in the newspaper of the overall discontent among hospital workers regarding the heightened use of agency nurses to cover shifts in various departments, I believed it was only prudent to ask the nurses about this. The Corporation employs nurses through various outside agencies when they are short of staff. The services of these nurses are bought by the Corporation

through the agency. These nurses are not employees of the Corporation. After both the full-time and part-time pools of nurses employed by the Corporation have been exhausted, outside agency nurses are brought into the hospitals to meet the patient demand. Second, I had read in several newspapers that there was a shortage of critical care nurses in Ontario. I thought that this might influence the nurses' commitment to the Corporation. Therefore, questions concerning this rumoured shortage were also added to the interview schema.

In addition, one could not ignore the context of this study. The section of the interview entitled "Quality of Care" contains not only questions aimed at uncovering whether this downsizing resulted in a situation of positive inequity for the nurses, but also questions designed to assess any potential impact the layoffs and/or changes in the nurses' commitment, motivation and performance had on the care received by patients (Appendix E). As the discussion in the literature review revealed, traditionally the consequences of downsizing have been restricted to the performance and/or profits of the organization itself. The Corporation in this study is in the health care business. Therefore, it was deemed just as prudent to assess the impact of downsizing on the quality of care provided by the nurses in this hospital department, as it would be to assess the changing performance of workers in a company which manufactures goods. The nurses were asked in their individual interviews about the impact of the layoffs on the quality and quantity of their work. However, it is important to note that any

assumption made that a change in the performance of the nurses since the

layoffs, good or bad, has improved or impeded the performance of the hospital, is

tentative. To generalize beyond this level of analysis and make the assumption

that a change in nurses' performance generates a proportional change in the

performance of the hospital as a whole, would be reductionistic.

Finally, the last section, which has already been discussed, involves

several questions designed to uncover whether or not the sample of nurses who

participated are representative of all of the nurses in the department (Appendix

E). Given the constraints placed on this project, it was felt this was the best way

possible to test for non-response bias.

It is important for the reader to note that these interviews were conducted

two years after the layoffs had taken place. This type of ex post facto data

collection does raise concerns regarding the subjects' ability to accurately

recollect past events, emotions and actions. The nurses interviewed for this case

study did demonstrate a strong recollection of the events surrounding the layoffs,

and apparently, the emotions they felt and actions they took at that time. As was

discussed in the last chapter, all of Brockner's own field survey research on

layoffs was also conducted after the fact (Brockner et al. 1987; Brockner, Grover

and Blonder 1988; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and

Cooper-Schneider 1992; Brockner et al. 1993). There are great impediments to

conducting field research on downsizing. First, gaining access to study

organizational downsizing is extremely difficult. Second, it is rare that

organizations plan their downsizing far in advance. Downsizing is often a spur of

the moment, cost-cutting solution. This can make it difficult for researchers to

enter the field in advance to assess such things as the attitudinal states and

performance levels of those who will eventually survive the layoff. Nevertheless,

a comparison of data collected before and following the layoff is a preferred

method of analysis for a study of this kind. This is an acknowledged weakness of

this study, and future research in this area should attempt to address this issue.

The interviews ranged in length from one to two hours. The majority were

conducted in neutral locations, such as coffee shops or in the subjects' homes.

These interviews most often occurred before or following the nurses' shifts in the

ER, just after seven o'clock in the morning or before and after seven o'clock in

the evening. Due to childcare or commuting problems (when the interviewee

lived out of town), several of the interviews were conducted over the telephone.

These interviews, it was found, were as involved and equal in length to those

conducted in person. Each interview was recorded, as the signed consent forms

specifies, and was later transcribed verbatim to allow for the in-depth and

accurate analysis of findings. I have retained these interview transcriptions and

grant access only to those involved directly in this project.

I completed each interview with several comments (Appendix E). First, the

subjects were thanked for their participation in the study. They were assured of

their anonymity and that the information they gave would be treated with the

utmost confidentiality. The nurses were asked if it would be possible to contact

them again if their responses gave rise to further questions or to clarify aspects of

the interview should the need arise. All were supportive of this request.

However, the need did not arise. Most importantly, the nurses were asked not to

discuss the interview with their co-workers. It was explained to each nurse how

this might affect the research. However, they were told to feel free to give my

telephone number to anyone interested in participating in this project. They were

promised that a copy of the research findings would be made available to them

upon completion of the study and they were told to feel free to contact me or the

supervisor of this project if they had any questions or concerns. Following this,

we parted company and the transcribing and analyzing began.

ANALYSIS TECHNIQUE

Given that the circumstances surrounding downsizing vary so greatly from

workplace to workplace, it was felt that examining Brockner's hypotheses through

a case study method was the only way by which all potentially mitigating

variables, such as the reduction in hours (restructuring) in this case for example,

could be controlled for the sample. The data for this case study come completely

from the interviews provided by the nurses. However, as has already been

stated, background information was attained through newspaper and report

research, as well as several interviews with pertinent City Hospital administrators and managers, members of the District Health Council, the Health Services Restructuring Commission and Ruth.

This research is what Berg (1998) refers to as an "instrumental case study" (216). In this type of study, he explains (1998:216), "cases are examined to provide insight into some issue or to refine some theoretical explanation." Following this logic, the case or context is in fact of secondary importance. The context plays a supportive role to the researcher's pursuit of a better understanding of some external theoretical question or problem (Berg 1998). This type differs from intrinsic case studies undertaken when the researcher wants to better understand a particular case or setting (Berg 1998).

The focus of this research is to understand the impact of downsizing on survivors. The work situation and experiences of the nurses at City Hospital is the background for an in depth examination of Brockner's hypotheses. Whether or not the findings of this study speak to the experiences of those in all work environments is debatable. However, the findings of this study will provide a more in depth understanding of the impact of downsizing on the commitment, motivation and performance of some workers and the applicability of Brockner's hypothesis of positive inequity to the experiences of these workers. Consequently, the insights derived from this work may not contribute to theory which explains why all survivors react a certain way, but it will add to theory

explaining the reactions of some. The literature on the consequences of downsizing for survivors requires an answer to the question: Are Brockner's ideas applicable to all workers? The purpose of this research was not only to respond to this question, but to provide insights and even hypotheses which may be pursued in subsequent studies.

The analysis of the data began almost immediately. Strong themes and concepts began to emerge early in the interview process. The responses given by the nurses to the various questions and probes, while varied in the examples used and stories told to illustrate their ideas and feelings, were strikingly consistent. This consistency fostered the early growth of hypotheses based on observations from the data. Upon completion of the interviews and after the conception of what were believed to be several strong hypotheses, content analysis took the form of negative case testing (Berg 1998). Here each hypothesis was tested by going through the interview transcriptions to uncover any cases which did not fit. Surprisingly, no cases were found which directly negated the hypotheses at this time. However, there were minor variations in the data which contributed to the reformulation of several of the hypotheses. Nevertheless, the practical certainty of these findings is substantive (Berg 1998).

Again, it should be noted that this research was not intended to contribute to an understanding of nursing per se, but to advance theory and conceptualization regarding the impact of organizational downsizing on those

workers who are left behind. And while this work does provide some insight into the practise of nursing in downsizing situations, it does not put forth assumptions and hypotheses applicable only to the experiences of nurses.

CHAPTER FOUR: FINDINGS

BROCKNER'S IDEAS REVISITED

A careful examination of the body of Brockner's work has revealed that he deems a survivor's perception of how fairly a layoff is conducted to have a significant impact on her reactions to those layoffs (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992). In each study, if the fairness variable employed was perceived by survivors to be unfair, the layoff was deemed random (Brockner et al. 1986). Conversely, if survivors perceived the fairness variable to be fair, the layoff was deemed to have merit (Brockner et al. 1986). Both are situations of positive inequity, the only difference being that with the first, the survivor believes their output to input ratio advantage (survival) over their co-worker has been unfairly gained, leaving them feeling guilty; while in the second, the survivor believes their survival was fairly gained (Brockner et al. 1986).

As outlined in Chart I, Brockner contends that these two situations give rise to very different attitudinal and behavioural responses on the part of survivors (Brockner et al. 1987). Specifically, perception of downsizing fairness holds significant ramifications for the commitment, motivation and performance (quality

and quantity of work) levels of survivors. As stated, Brockner holds that simply surviving the downsizing creates a situation of positive inequity for these workers (Brockner, Davy and Carter 1985). However, when a layoff itself and workers' survival of that layoff is perceived to be the result of random (unfair) processes, survivors redress this inequity and assuage their guilt with decreased commitment (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992), decreased motivation to work (work effort) (Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992) and increased quantity of work performed (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987). Brockner explains that survivors of random layoffs feel guilty and attempt to redress this guilt and "earn" their survival by increasing the quantity of work performed (Brockner et al. 1986). This increase in quantity of work can cause the quality of the work performed by these workers to remain the same (despite presumably increased practise at the work) or fall slightly following the layoffs (Brockner et al. 1986). In contrast, when the downsizing is perceived to be fair and workers' survival meritorious, survivors will redress this inequity with increased commitment to the organization (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992), increased motivation to work (work effort) (Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992) and perhaps quality of work (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987).

Survivors of merit layoffs do not feel the need to increase the quantity of their work performed as they believe their survival to have been meritorious (Brockner et al. 1986). Without this pressure to increase the quantity of work performed, the quality of the work completed by these survivors can increase slightly (Brockner et al. 1986). Again, Chart I offers a schematic of Brockner's hypotheses of survivors' reactions to layoffs.

CHART ONE:

**BROCKNER'S INTERACTIVE HYPOTHESIS
ON SURVIVOR'S SYNDROME (GUILT)**

LAYOFF

↓

POSITIVE INEQUITY

↓

PERCEPTION OF FAIRNESS

DETERMINED BY:
* PERCEIVED LEGITIMACY OF THE LAYOFFS
* PERCEIVED FAIRNESS WITH WHICH VICTIMS WERE INFORMED
* PERCEIVED FAIRNESS OF DECISION RULE USED TO DECIDE WHO WAS DOWNSIZED
* PERCEIVED FAIRNESS OF VICTIM COMPENSATION

**MERIT (FAIR) LAYOFF
(NO FEELINGS OF GUILT)**

**RANDOM (UNFAIR) LAYOFF
(FEELINGS OF GUILT)**

| COMMITMENT INCREASES | MOTIVATION INCREASES | PERFORMANCE QUANTITY SAME QUALITY INCREASES | COMMITMENT DECREASES | MOTIVATION DECREASES | PERFORMANCE QUANTITY INCREASES QUALITY DECREASES |

=ARROW DENOTES INTERACTION AFFECT

A Preliminary Summation of Findings

As the following discussion of the research findings will reveal, the downsizing experiences of the ER nurses at City Hospital are not consistent with Brockner's standard hypothesis regarding the impact of survivors' perception of fairness on their affective, attitudinal and behavioural reactions. The nurses in this study did perceive the process by which the layoffs were conducted to be fair. However, they did not respond as Brockner hypothesizes they should. The nurses did not demonstrate the positive reactions to the layoffs predicted by Brockner in his standard work. Instead, the nurses reported feeling angry and frustrated over the layoffs. Similarly, the nurses reacted negatively to the layoffs with decreased commitment to the Corporation, increasingly diminished motivation to work, an incredibly heightened quantity of work performed and an ever-degraded quality of work.

The findings reveal that, in contrast to the conclusions of Brockner's typical work, the nurses' reactions to the layoffs were not in response to their perception of fairness of the downsizing process. That is, their perception of fairness of the downsizing was, if anything, only a mitigating factor influencing their reactions to the layoffs in the ER. In fact, the nurses' reactions were not the result of their perception of how the layoffs were conducted. Instead, the nurses reacted to the *outcome* of the layoffs, specifically, the increase in workload they were expected to perform following the layoffs.

As the nurses' responses to the interview questions will reveal, the amount of work they were expected to perform increased with each nurse laid-off. Similarly, the reduction in the number of nurses in the ER was not met with a proportioned redistribution of work. Thus, the nurses who survived the layoffs were left to complete the work that had hitherto been performed by a greater number of ER nursing staff.

The nurses experienced this increased workload as another type of inequity, an inequity different from that Brockner describes. For the nurses, the inequity that emerged from the layoffs was not the result of the layoff *process* and how fairly the layoffs were conducted, as Brockner contends, but was instead caused by the *increased workload* the nurses were burdened with following the layoffs. The nurses' negative affective, attitudinal and behavioural responses to the layoffs were the result of a very real increase in workload expected of them after the layoffs occurred. The findings will show that this increase in workload, the nurses believe, is degrading the work environment and quality of care they are able to deliver to the patients. For the nurses, the layoffs resulted in an experience of inequity as they were required to input more in terms of work performed while receiving less, they perceived, in terms of the job they retained. Thus, despite the fact that the nurses perceived the process by which the layoffs were conducted to be fair, they did not believe they had gained significantly as a result of surviving, as Brockner contends survivors of fair layoffs do. Instead, the

nurses experienced real deprivation, or negative inequity, as a result of the layoffs and the increased workload that arose as a consequence of the layoffs. This experience of workload-induced negative inequity, it will be shown, also influenced how the nurses chose to redress this inequity in their workplace.

Please recall that the conclusions drawn from the nurses' responses were arrived at through negative case testing. As such, the nurses' responses should be read as unanimous (i.e. 17), unless otherwise specified in brackets.

Chapter Summary

The layout of this chapter will follow the order of the findings summarized above. In accordance with Brockner's hypotheses in his body of work on perception of fairness, the nurses' responses to the interview questions were first analyzed to uncover their perception of fairness of the layoff. The nurses' affective responses to the layoffs will be discussed next, followed by a discussion the nurses' experience of positive inequity. The chapter will continue with an examination of the nurses' attitudinal and behavioural responses to the layoffs in the ER, specifically, their commitment, motivation and performance. The chapter will then conclude with a discussion of how the nurses sought to redress the inequity in their work environment.

NURSES PERCEPTION OF FAIRNESS OF THE LAYOFFS

Brockner contends that survivor reactions to layoffs are affected by their perception of fairness of the downsizing. However, Brockner has yet to study all four of these variables together. As the first study to use all four of these perception of fairness variables, the aim of the interview questions was simply to uncover how the nurses responded to these four variables. It was assumed possible that the nurses would stress the importance of one or more of these variables over others. However, it was also assumed possible that the nurses' perception of fairness could be divided along these four variables. No attempt was made in the development of the interview schedule for this study to ask the nurses to rank the importance of these variables to uncover definitively which, if any, had greater influence on their perception of fairness. The nurses in this study were simply questioned on all four variables equally and without pressure. In this way the course of the study would be determined by how the nurses responded to questions on these four variables. It was decided that the conclusions drawn from the nurses' responses, regardless of how definitive they were, would set the stage for further, more methodical study of these four variables together. The nurses' responses to these questions regarding their perception of fairness of the layoff were then analyzed to uncover the impact this had on their reactions to the layoffs; specifically, the impact of perception of fairness on the affective state and the subsequent commitment, motivation and

performance of the nurses.

The nurses in this case study were questioned on all four of Brockner's perception of fairness variables to uncover whether they believed the layoff in the ER to have been fair (merit) or unfair (random). To reiterate, these variables include: perceived legitimacy of the layoff, perceived fairness with which the victims were informed, perceived fairness of the decision rule used to decide who would be laid-off and finally, the perceived fairness of victim compensation. The first three of these variables refer to aspects of procedural justice (equity with which the process of downsizing was undertaken) and the last variable refers to aspects of distributive justice (equity with which the organization's resources were divided amongst those involved) (Brockner 1990). As the following description of the data obtained for all four of these variables will reveal, the nurses perceived this downsizing to be fair.

Perceived Legitimacy of the Layoff

In his work, Brockner adopts a two-step measure of assessing survivors' perception of the legitimacy of layoffs (Brockner 1990; Brockner et al. 1990). First, Brockner suggests that survivors will perceive a layoff to be more fair or "legitimate" if they have been told and understand the reasons behind the layoff (Brockner 1990; Brockner et al. 1990). In this way, survivors will be less apt to blame organization decision makers (Brockner 1990). Second, Brockner

suggests that survivors will be more likely to perceive a layoff as legitimate if they believe it will enable the organization to reach both its short-term and long-term goals (Brockner 1990). The data reveal that the nurses had been well informed of the layoffs and understood the reasons behind them. However, the nurses did not believe that the layoffs would help the Corporation to reach its stated efficiency and effectiveness goals. Interestingly, the nurses in this case study were divided in this way in their perception of this fairness variable.

The nurses' level of knowledge of the downsizing became apparent through their responses to all questions in this section. The nurses were very knowledgeable of the reasons given for why the downsizing had to take place. The nurses were informed of the layoffs by both the hospital administration and their union. The restructuring of the health care system in this Province has also been covered extensively by the news media. Decision makers within the administration of City Hospital had been and continue to be very vocal participants in this media account of the restructuring process. When asked what they were told about why the downsizing had to take place, the nurses provided a number of informed responses, consistent with reports provided by these groups. Without probing, most of the nurses summarized the situation briefly with, "Budget cuts. Not enough money." However, when probed, the nurses provided very knowledgeable explanations for the downsizing. As one nurse remarked,

> "Well, there wasn't enough money. The province was over-
> budget. The [federal] Government stopped transfer payments
> and the downloading on the provinces started...so they had to
> cut somewhere, so they cut the nurses. They closed wards,
> so when you close wards and get rid of beds, you lay-off
> nurses."

Another nurse described the situation as, "...Basically a trim the fat kind of

thing...they [management] were over-budget and they needed to trim down. Well,

of course wages were a big factor there so they trimmed the staff." All of the

nurses made the correlation between the layoffs and hospital budget cuts. Most

of the nurses also understood that since nurses' salaries represent the largest

expenditure for the Corporation, this would be the first place where cuts would be

made. The nurses thoroughly accepted the reasons given for the layoffs and

understood why the layoffs had taken place. As such, if this perception of

fairness variable were assessed based on this alone, I would argue that the

nurses perceived this to be fair.

However, the nurses' perception of the legitimacy of the layoff became

conflicted when they were questioned on the second part of this variable. There

are two goals cited by all of those involved in reorganizing the Ontario Health

Care System.   The first goal is increased efficiency, or cost-cutting. The second

goal involves maintained or improved effectiveness through the continued

provision of good universal health care. The nurses' responses reveal that

although they understood and believed the reasons given for the layoffs, they did

not believe that the layoffs would help the Corporation to achieve these goals.

When asked whether they thought the layoffs were necessary, the nurses'

responses followed a similar pattern:

> "Well, you see, yes and no. You can't do things when there
> isn't any money, you have to pay for things. You can't go on
> credit all the time. So I can appreciate that. And the nurses'
> salaries are the biggest thing they [management] pay for, so I
> guess. But then no, because they [management] say that
> patient care is a priority and if that's so then cutting nurses
> isn't the way to go. I never felt we were over-staffed...we have
> two and a half less people per shift now than we had two
> years ago and people aren't getting the care they should be
> getting. In other words, your grandmother lays in her urine
> until I can get to her and it makes me ill...And they're spending
> so much on overtime and cover for people who call in sick
> because they're overworked. I can't see how that saves any
> money and the care is just dropping. So yes, they needed to
> cutback, but the way they cutback isn't good...it isn't going to
> give them what they want."

The nurses unanimously referred to the drop in the quality of patient care since

the layoffs. A nurse remarked, "Well, the way things are now in the Hospital we

certainly could use more nurses instead of cutting back. We're overloaded,

overworked...I know that other places are overworked too, but in the ER...it's

actually dangerous." Similarly, while the nurses understood the need to cutback

on spending, they found the Corporation to be putting-out more funds because of

the layoffs than should have been necessary had the process been properly

thought-out. As one nurse explained, "I can tell you that it failed to address the

budget needs because it just caused people to be called in for overtime and

things like that...I'm sure it cost them more money, because of increased

sicktime. A full-timer is being paid to be off and then you [the Corporation] have

to pay someone else to work. It costs more money." Spending was also noticed

in other areas,

> "I don't know what they've accomplished financially other than
> in spending more money because of the retraining and now
> we've got ineffective people in the department...it just looks
> like they're making a decision and then back-peddling a lot
> and not really accomplishing much."

Thus, none of the nurses believed that the layoffs would help the Corporation to

reach the efficiency and effectiveness goals it claimed to espouse.

Overall, the nurses' perception of the legitimacy of the layoffs was divided.

They understood the reasons behind the layoffs and placed responsibility for the

lack of funding on the Federal and Provincial governments, not the Corporation.

However, the nurses did not perceive the layoffs to be the answer to the

Corporation's budgetary problems. Nor did the nurses believe that care was

being maintained at the post-layoff staffing levels. At this early stage of analysis,

whether the nurses perceived this to be a random or merit layoff remained

undecided.

Perceived Fairness With Which Victims Were Informed

The nurses were then questioned on their perception of how fairly the

victims had been informed. First, the nurses were asked how *they* had been

informed. There was a considerable amount of information circulating concerning

the layoffs. Many of the nurses reported hearing of the layoffs through the

"grapevine" and rumours before any official notice was made by the Corporation or the Union. A nurse explained, "Actually, it started as rumours. It always starts as rumours...You hear rumours like, `Oh, there are going to be layoffs' and then they finally announce that yes, there are going to be layoffs." The nurses reported being informed of the layoffs in brief staff meetings with management and in memos posted throughout the hospital and circulated across the inter-office E-mail. The nurses also reported being informed through their union, "Actually the unions are pretty good. They send us newsletters every few months and tell you what they know, that there will be layoffs, but they can't say how many. Yes, they do try to keep you updated." The nurses in this case study all recollected the various ways they had been informed of the layoffs.

However, these survivors had little knowledge of how the *victims* had been informed. When asked directly, many assumed that the victims had heard about the layoffs in much the same way they had. However, how the victims had been informed of their own dismissal, none knew for sure. Many responded with a casual, "Don't know" or "No idea." Not only did the survivors not know how the victims had been informed, but they did not seem to have given the issue much thought. When asked, one nurse remarked, "No, I don't. I'm not the person to ask about that...The details I couldn't tell you." Several of the nurses (8) were asked in a probe, whether they had discussed with the victims themselves how they had been informed. All responded in the negative. One nurse remarked,

"No. It never really came up." (Please note, this question was not a part of the standard interview format and thus, was only asked of these eight nurses).

It would be a mistake however, to interpret this lack of knowledge regarding how the victims were informed to mean that there has been little or no discussion of the layoffs amongst these nurses. In the two years since the layoffs there has been considerable discussion about the layoffs amongst the staff. This discussion has not only been amongst those who survived the layoffs. As previously discussed, many of the victims of the layoffs have returned to the department as temporary full-time workers. The nurses, survivors and victims, have discussed the layoffs amongst themselves. However, this discussion never addressed the issue of how the victims were informed. The nurses, survivors and victims did, however, discuss the increased workload since the layoffs. As one survivor remarked, "None of us can believe how much work there is now. Even Jane [alias, a victim who returned as temporary full-time] said the other day that she almost wishes she had been canned too, at least then she wouldn't have to put up with all of this garbage. She could probably have landed a nice cushy job in a pharmaceutical company by now and not have to do all of this crazy running around." Another survivor noted, "There's just so much work and not enough time. Even having some of the ladies back temporary [victims] isn't enough. They're so overworked too [the victims] they're wishing they hadn't been brought back." When I responded with "Really?", this nurse added, "Yeah, Sally

[alias, victim who returned as temporary full-time] says they've [the Corporation] brought her back on new slave-status." Thus, there has been considerable discussion amongst the nurses, survivors and returned victims alike, regarding aspects of the layoffs.

In addition, when asked at the conclusion of the interview if they knew of others who held differing views to their own, the nurses unanimously reported that all of the nurses shared similar views of the layoffs. This knowledge could likely only be gained through discussion of the layoffs with their fellow-nurses. As one nurse remarked, "Everyone is bitching." When asked what they were "bitching" about, the nurses unanimously responded by citing the pace of work they have had to maintain since the layoffs. In response a nurse remarked simply, "All the work." When asked if this complaining was being done in front of patients, a nurse stated,

> "Oh yes and I tell them [peers] to sshhh, because you lose
> your credibility. I hate sitting there listening to somebody bitch
> when they do it in front of the patients, because when they're
> [patient] feeling unwell, they don't need to hear a bunch of
> nurses cackling. It's pretty unprofessional."

It is apparent that the nurses did and likely continue to discuss and complain amongst themselves about the layoffs. However, the survivors have not discussed the way the victims were informed, neither amongst themselves nor with the victims.

It would be a mistake, however, to assume that because the nurses did

not discuss how the victims were informed, the victims were not informed. Logic dictates that they were. To assume that no information means that the event did not happen would be to fall victim to Fisher's (1970) fallacy of negative proof. According to Fisher (1970) the fallacy of negative proof is,

> "an attempt to sustain a factual proposition merely by negative evidence. It occurs whenever a historian declares that `there is no evidence that X is the case,' and then proceeds to affirm or assume that not-X is the case" (47-48).

To reiterate, the basis of the fallacy is in the assumption that because there is no direct evidence that something occurred, it did not occur.

Given the amount of discussion that is going on amongst the nurses in the ER, it is logical that if the way the victims were informed was perceived to be unfair, the nurses would have discussed it. It is a fact that at some point the victims must have been informed. The nurses' lack of knowledge of this event does not negate the fact that it happened. What the survivors' lack of knowledge does suggest is that the victims were informed that they were to be laid-off without incident. If there was no "bitching" amongst the nurses about how the victims were informed, then probably, all perceived the victims to have been fairly informed.

Thus, the nurses probably perceived how the victims were informed to be fair. They did not possess direct knowledge of how the victims had been informed, but did not display a desire to know either. The fact that the nurses took it upon themselves to "bitch" about other aspects of the layoffs, namely the

workload consequence of the layoffs, indicates that had the victims been

informed of their dismissal in an unjust way, the nurses would likely have

discussed this too. Given that there was no discussion of how the victims were

informed, and there was considerable discussion of the layoffs amongst the

nurses, how the victims were informed of their impending dismissal was likely

perceived by the nurses to be fair.

Perceived Fairness of Decision Rule

The surviving nurses were unequivocal in their perception of fairness of

the decision rule used to determine who would be laid-off and who would remain.

When asked how it was determined who would be let-go and who would retain

their jobs, all of the nurses understood and explained to me the seniority rules of

their collective agreement and the bumping procedures of the layoffs. One

survivor summarized it simply as, "Lowest man on the totem pole, of course."

When asked if they felt this method was fair, all of the nurses responded

positively. A nurse remarked, "I think that's the only way to do it. You can't go

just by performance...it's very hard to judge...The only fair way to do it, like any

other job, is through seniority." Some of the survivors agreed that perhaps some

assessment of performance would better satisfy the needs of the patients.

However, all agreed that seniority was the only objectively fair way to determine

who would be laid-off. Another nurse remarked,

"I think that people that have experience should be credited for
that experience...there were some problems in that some of
the people who were laid-off were able to bump into other
positions where they were very inexperienced and bumping
into a department like the emergency with no background
training is dangerous. But there's really no other fair way to do
it."

Even when asked if they felt lucky for having survived the downsizing, the nurses

responded negatively. The nurses cited the seniority rules and made the claim

that they had "earned" their survival through their years at City Hospital. Thus,

the data reveal that the nurses believed the decision rule used to determine who

would fall victim to the layoffs was fair.

Perceived Fairness of Victim Compensation

Finally, the survivors were questioned on their perception of how fairly the

victims had been compensated. At first glance, it appeared as if the nurses did

not possess a great deal of knowledge regarding how the victims were

compensated, much like their lack of knowledge of how the victims were informed

of the termination of their employment. However, closer examination of the

nurses' responses reveal the opposite to be true. When asked directly how the

victims were compensated most of the survivors responded with, "I'm not a real

union person, so I couldn't tell you." Some of the nurses supposed that the

victims had received packages. However, none knew for certain. A nurse

remarked, "With a severance package? Um...I'm almost certain there was, but

not having gone through it myself...I'm not sure." Other survivors supposed the

opposite,

> "Like money wise? No, I don't think so. I think the laid-off
> people were just laid-off and I think when spots became
> available, like with maternity leaves, they were the first ones
> called. But I don't think they were given any kind of
> compensation package, no. Well, I can't say for sure."

Again, several of the nurses (7) were asked in a probe: "They [victims] never

talked about it?" All of the survivors answered "No." One nurse stated, "No. Not

that I know of. All of that stuff is sort-of handled by the book anyway...the union

does it standard, but I don't really know what that is." (Please note, this question

was not a part of the standard interview format and thus, was only asked of these

seven nurses).

Again, this lack of evidence of victim compensation must not be

interpreted to suggest that the nurses were not compensated. Not unlike the

nurses' reactions to the fairness with which the victims were informed, no reaction

from the surviving nurses likely means the situation was perceived to be handled

fairly. As has already been discussed, the nurses did engage in a lot of

discussion about the layoffs and this discussion did involve those victims who had

returned to the ER as temporary full-time workers. The fact that there is no direct

evidence that the victims were compensated, does not mean that it did or did not

happen. What the survivors' lack of knowledge does suggest, given the amount

of discussion going on amongst the nursing staff in the ER, is that victim

compensation was probably perceived to be dealt with fairly by the nurses who survived the layoffs.

In addition, the survivors saw the return of most of the victims to the ER as temporary full-time workers to be a form of compensation. When asked how they felt about the Corporation taking these victims back, all survivors felt glad for the victims. One nurse remarked, "They're good nurses and we sure need the help...bring them on!" The survivors understood that the Corporation was taking these nurses back to fulfil their own immediate staffing needs. A survivor summarized the confusion the nurses felt,

> "I don't understand it and I don't think I'll ever understand it.
> Why were there temporary full-time positions available? How
> do the layoffs save money if they're [management] just going
> to keep them [victims] here? I think it's great that they[victims]
> aren't out of work. But it's also very confusing. I just don't get
> it."

However, the survivors felt the Corporation's adherence to the collective agreement and use of the victims in this situation to be noble and fair. As one nurse remarked, "I'm glad they brought them [victims] back instead of hiring agency nurses or pulling from wards. I'd like to think the Corporation isn't that stupid; that they know the difference between good ER nurses and not so good ER nurses." Thus, the survivors did support the Corporations' compensation of the layoff victims in this way.

Thus, the latter data suggest that the survivors did perceive the compensation of the victims to be fair. The fact that they did not discuss victim

compensation amongst themselves or with the victims suggests that it was a non-issue for the nurses and thus, likely not perceived to be unfair.

Summary and Notes

Overall, the nurses perceived the process by which the layoffs were conducted to be fair. Although they did not believe the layoffs would help the Corporation to meet its efficiency and effectiveness goals, the nurses did perceive management's' handling of the layoffs to be fair. The nurses understood and believed the reasons given for the layoffs and placed responsibility for these layoffs with the Province and Federal transfer payment cuts. The survivors also believed the seniority rules to have been the most objective means by which to govern the layoffs. Similarly, the issues of how the victims were informed and compensated for their loss of employment appear to have been resolved without incident. In Brockner's words, the layoff process for the survivors in the ER was perceived to have merit.

However, there are several notes which should be made with reference to the nurses' perception of fairness of this layoff. First, it could be argued that the survivors' lack of knowledge regarding how the victims were informed of their impending unemployment and how they were to be compensated was deliberate on their part. That is, it could be suggested that the survivors chose not to discuss these issues with the victims for fear that it might make them feel bad or

guilty for having survived. It is also conceivable that the survivors did not discuss these issues with the victims because they did not feel "close enough" with the victims to discuss them. Perhaps these issues were deemed by the survivors to be too personal to discuss with the victims. Or again, the nurses' lack of knowledge could be attributable to a lack of opportunity for the nurses to discuss these issues. Given that the nurses are so busy, it could be argued that perhaps they did not have time to discuss these issues at length with the victims. These alternative explanations for the survivors' lack of knowledge regarding these two issues may be applicable in any other work environment and this should be noted for future research. However, in this ER department, these alternative explanations are unlikely.

It is true that the nurses in the ER are very busy and work predominantly independently, unless there is a large trauma that requires them to work together on one patient. However, there has been a considerable time lapse between the layoffs and the interviews for this thesis. The nurses have certainly found time and opportunity to discuss other aspects of the layoffs amongst themselves, such as the increased workload, for example. The nurses have had plenty of time to discuss these issues had they wanted to. Similarly, and more importantly, throughout the interviews the nurses reiterated time and again how much like a "family" they were, survivors and victims alike. In responding to a question about the use of agency nurses in the department, a nurse remarked,

> "I mean this is a very stressful work environment. You need to
> know all about the people you work with. Not just their
> qualifications, but their strengths and weaknesses. And their
> moods and personality; all of that affects how well they work
> and what kind of care they give to the patients. That stuff
> takes time to learn, but I make sure I learn it about everyone I
> work with."

Similarly, when asked how they felt about the victims being laid-off, another nurse

stated,

> "You can't help but feel something, bad or sad. I mean we're a
> tight group. It's all women or mostly women around here so
> we talk about how things are going at home and about our
> kids. So I know that most of the people being laid-off aren't
> rich and they have kids and bills to pay."

Thus, despite their busy work schedules, the nurses do find time to talk to one

another. In addition, it is quite apparent that the nurses discuss very personal

and sometimes difficult issues. Thus, while it may be possible that the nurses

avoided discussing these issues, it is unlikely given the culture of the work

environment.

Second, it should be noted that the nurses responded positively and

negatively for the same perception of fairness variables when questioned about

the reductions in hours that befell the department in 1997. The nurses did not

see the reductions in hours helping the Corporation to achieve its espoused

efficiency and effectiveness goals. However, the nurses did perceive the process

by which the reductions in hours were handled to be fair. Similarly, none of the

nurses made a distinction between their perception of fairness of the layoff and

the reductions in hours. When probed as to whether the two had separate and unique influence over their perception of fairness, all of the nurses responded negatively. One nurse summarized the majority sentiment best when she referred to the reductions in hours as "bad icing on an already ruined cake."

Third, the nurses' responses did not denote any effective hierarchy amongst these variables. This task is left to future research. However, this is not to suggest that the survivors' perceptions that the layoffs would not help the Corporation to meet its goals should be ignored. To do so would be to assume that some hierarchy or scale of influence exists between these variables. This research has not proven this. This first variable involving survivor perception of the legitimacy of the layoff is problematic. Logically, it begs the question: Will survivors ever see layoffs as completely legitimate? I suspect not. Survivors may understand the organization's motives behind layoffs and accept the process that management uses to handle the layoffs. However, it is unlikely that survivors will ever admit that layoffs unequivocally help organizations reach their goals, for to do so would be to place their own future employment at risk.

The process by which the layoffs in the ER at City Hospital were conducted was perceived by the survivors to be fair. Thus, it was assumed, following Brockner's hypotheses, that the nurses would respond to the layoffs with positive emotions toward the Corporation. Surprisingly however, as will be shown in the succeeding section, this was not the case.

THE NURSES' AFFECTIVE RESPONSE TO THE LAYOFFS

The nurses in the ER perceived the layoff to be fair. Thus, following the tenets of equity theory and the conclusions drawn by Brockner, it was assumed that the nurses would not feel guilty for having survived. However, it was also assumed that the nurses would demonstrate a positive affective response because they not only survived the layoffs, but perceived the way the layoffs were conducted to be fair. However, despite the fact that the nurses believed the layoff *process* to be fair, they did not perceive the *outcome* of the layoffs to be fair. The nurses did not experience inequity in terms of the process by which the layoffs were conducted. However, they did experience a form of "consequence inequity."

Specifically, the nurses became distressed over the increased workload following the layoffs and how unfair they believed this to be for themselves and the patients. Following the layoffs, the nurses were required to increase the amount of work they completed in a given shift (input) without any increased compensation for their efforts (outcome). The negative emotions they felt over what they believed to be workload or consequence inequity following the layoffs, overpowered any positive emotions the nurses may have felt as a result of the downsizing process itself.

Lack of Guilt

The survivors in this case study perceived the layoff to have been fairly conducted. Consistent with Brockner's conclusions, this accounts for the lack of guilt among the nurses. None of the nurses spontaneously reported feeling guilty for having survived the layoffs. In fact, even when questioned directly about guilt, all of the nurses responded negatively (Appendix E). As one nurse remarked, "Guilt? Why should I feel guilt over something I can't control?" A similar sentiment was summarized in another nurse's response, "I feel bad for them [victims] losing their jobs, but I feel bad for us [survivors] too ,left here holding the bag."

The nurses were repeatedly asked throughout the interview if they experienced guilt and each time they unanimously responded that they did not. The nurses in this case study did not experience guilt for having survived the layoffs because they saw themselves as neither responsible for nor the beneficiaries of the layoffs. The nurses reported being "glad" that they continued to be employed. As one nurse stated, "I mean I'm glad that I still have a job and I was glad at the time that I wasn't given the boot. But..." However, this positive response did not overpower the negative emotions the nurses experienced in response to the consequences of the layoffs. This nurse continued, "the work started to pile-up right away and so you weren't so glad. You know what I mean? I mean I was glad I wasn't laid-off but geez, the work we're left with is incredible.

Almost undoable." Thus, despite the fact that the nurses perceived the process by which the layoffs were conducted to be fair and equitable and they were glad to have survived, the nurses were more affected by the workload that they were expected to carry following the layoffs. This increased workload became a source of inequity for the nurses; a form of inequity that is unique to this thesis research.

Feelings of Anger and Frustration

Thus, instead of expressing positive emotions in response to the layoffs, the nurses in this case study expressed negative feelings toward the Corporation and their work situation. The nurses expressed feelings of anger and frustration with the increased workload and degraded work situation which arose as a result of the layoffs. Indicative of the general sentiment expressed by each of the nurses, one survivor stated,

> "Things turned out so badly [following the downsizing] and most of us [nurses] could have told you before they [the layoffs] even got started that they would...At first, I was mad. They didn't even ask us, they didn't ask our advice or for our opinion and at first I thought if they had just asked us we could have saved everybody a lot of grief...but then I started to realize that it was just the patients and us [the nurses] that they [management's decisions] hurt so what did they [management] care."

The nurses demonstrated negative feelings toward the management of the Corporation.

This anger soon gave way to frustration for the nurses. A nurse explained,

> "They [management] really screwed-up and what makes it
> worse is they aren't trying to fix it. They don't want to admit
> they were wrong. I was mad when this all started happening
> because it was obvious that what they were doing was going
> to make things really bad for us and for the patients. I would
> bitch and bitch about it to anyone who would listen, the other
> nurses, my mother, my husband...and it gets frustrating
> because it's like no one hears you and why should they pay
> attention when you're going around picking up all of the
> slack?"

Each nurse also described eventually coming to a point where they felt that in order to maintain their sanity despite this frustration and overwhelming stress, they would have to come to terms with the situation. As one nurse remarked,

> "It was eating me up. Finally, I had to separate myself from all
> the garbage going on around me. I said to myself `you're a
> professional health care provider and that is what you're going
> to do, forget about the rest.' And that's how I've handled it
> since. And I feel a lot better...most of the time."

The nurses expressed a great deal of anger and frustration over a downsizing which they perceived to have had a negative impact on their work environment.

Summary

Again, these negative feelings did not emerge in response to the process by which the layoffs were conducted. Instead, the nurses' negative feelings emerged as a response to the outcome of the layoffs. The nurses responded with negative emotions to a work situation which they perceived to be increasingly over-demanding and which prevented them from doing quality work.

Thus, the nurses responded with negative feelings to this layoff despite their positive perception of how it was managed. This is in direct conflict with Brockner's body of work on the impact of perception of fairness on survivor responses to downsizing.

However, this is somewhat consistent with the general conclusion Brockner draws in his single study of job content, wherein he contends that survivor responses will be negative if they perceive their job to have become less enjoyable as a result of layoffs (Brockner et al. 1993). Perception of fairness, he concludes in that study, simply mitigates how negative these survivor responses are (Brockner et al. 1993). In that study, Brockner concludes that despite a positive perception of fairness of the layoff, survivors' commitment fell in situations where their perception of change in job quality was negative (Brockner et al. 1993).

Now, Brockner's study was one of quality of work. However, as will be taken up later, the nurses in this study experienced an increase in the quantity of work they had to perform and this increase in workload led to a decrease in the quality of care they were able to deliver to patients. Admittedly, quality of work and quantity of work are analytically two separate concepts altogether. However, empirically the two concepts can be related; a change in one can lead to a change in the other. Similarly, Brockner makes no mention in his study of survivor affective responses. However, the link between his general conclusion

and the findings in this thesis is easily made. This was the experience of the nurses in this case study. While they did perceive the layoff to be fair overall, the quantity of work they had to perform following the layoffs rose to a point where it negated any positive response they may have had. In terms of affecting survivor responses to the layoffs, the consequence outweighed the process for survivors in both studies.

As will be revealed in the discussion of survivor response outcomes, this conclusion Brockner draws in this work content study has been more applicable to the experiences of the nurses in this case study than ever anticipated. However, first it is important to assess how this new form of inequity, hereafter referred to as "workload inequity," superseded the nurses' experience of positive inequity.

THE NURSES' EXPERIENCE OF WORKLOAD-INDUCED NEGATIVE INEQUITY

Again, Brockner considers the experience of positive inequity for survivors to be a spontaneous and certain outcome of layoffs. Simply by surviving the layoff workers will experience positive inequity as they believe their work outcomes to inputs ratio to be greater than that of the victims (Brockner, Davy and Carter 1985). However, what Brockner fails to acknowledge, is that the concept of positive inequity that he adopts in his work is an ideal type. In order

for positive inequity to emerge following a layoff, the survivor must perceive their outcome to input ratio to be greater than that of the victims. Brockner contends that retaining employment is enough for the survivor to perceive theirs to be a superior position to that of the victim (Brockner, Davy and Carter 1985).

However, the work environment following a layoff rarely remains the same as it was prior to the layoff. Specifically, layoffs result in fewer workers employed with the organization. However, as Mishra and Mishra (1994) explain, often layoffs are not accompanied by organizational restructuring and a redistribution of workload. As such, it is likely that in many work environments the performance expectation for workers following a layoff is significantly increased. Brockner does not acknowledge the possibility that survivors' experiences of positive inequity may be inhibited or subjugated by such factors.

This was the case for the nurses in the ER of City Hospital. As the data reveal, the workload expectation of each surviving nurse rose commensurate with the staff lost to downsizing. Following the downsizing, the input required of each nurse increased, while the outcome they received did not, resulting in consequence or workload inequity for the nurses. Thus, the layoffs did result in an inequity within this workplace. However, this inequity was not completely in favour of the survivors, as Brockner contends in his work.

This is not to suggest that the nurses did not experience positive inequity for having simply survived the layoffs. Whether or not they experienced this type

of positive inequity is uncertain. What is being argued here, however, is that whatever form of positive inequity they may have experienced as a result of surviving the layoffs was overpowered by the inequity which arose with the increased workload immediately following the layoffs. The nurses' responses compellingly illustrate that this workload inequity quashed any positive inequity they may have otherwise experienced.

Increased Workload

The data reveal that the nurses in the ER of City Hospital experienced a tremendous increase in workload following the layoffs. As one nurse reported,

> "We were already dealing with bed shortages and increased patient loads...so when they let the girls go, we were really messed-up...everybody got dumped on to pick up the slack. The problem is there was slack before they laid-off...the layoffs just made things ten times worse."

When asked if they felt the layoffs were necessary, the nurses expressed discontent over the increased workload (Appendix E). A nurse remarked,

> "Well, no. I can say that clearly now based on the fact that now we are under-staffed and we're constantly missing breaks. We're constantly running for six, seven, eight hours, without a break and people are not getting the care they should be. So, no I don't think they were necessary."

Another nurse explained,

> "You knew that you were already working more than 100% and now there's fewer people to do the same amount and actually more work because the acuity increased at the same time; the patients are sicker [older]. So when the layoffs

> occurred now you're working at what I say 200%. Terribly
> exhausting. You feel unimportant. You feel sacrificed. You
> feel very much used and abused. Necessary? Well, not if
> they wanted to keep good care and happy nurses."

When asked if they considered themselves survivors of the layoffs, the nurses

reiterated this discontent with the increased workload since the layoffs. A nurse

remarked,

> "Yes I'm a survivor in that I'm still working and getting a
> paycheque, but I'm also a victim because my stress level is off
> the map for the most part. I know when I go into work that
> eight out of ten times there's going to be fifteen people
> admitted to the department, it's going to be pure and utter
> mayhem. We're already starting busy and it rarely gets better.
> So in a way we're all really victims of this."

Similarly, when asked if the amount of work they performed had increased,

decreased or remained the same since the layoffs, most of the nurses responded

simply with "Increased, definitely." However, several of the nurses were more

explicit about how this workload had changed. A nurse remarked, "The workload

has gotten so much more that you can't do as much. I mean there's more work

but there's only one of you and you might be in a room with eight patients and you

just can't get it all done." Another nurse explained,

> "It has increased for a couple of reasons. We are dealing with
> the sickest and they're needing a lot more things now,
> procedures and attention, because they're older. And
> because our own personal needs are being ignored. I'm back
> to breaks again, we don't get them. But not just breaks, even
> the amount of help we used to have available is just not there
> anymore and you're just having to cope. In order to feel like
> I'm doing my job properly, I'm just in fast forward the whole
> time making sure that everybody has everything that they

need and that their pain is under control and that sort of stuff."

In addition, the nurses referred to the increased workload when asked if the

energy they expended in a shift had changed since the layoffs. A nurse stated,

> "Yes, because we're so short-staffed. Again, it's all staffing.
> You run your ass off and we don't ever get our breaks
> anymore and they don't give us much. I mean three half-hour
> breaks over 12 hours and sometimes these 12 hours go into
> 13 and 14 because we don't have anyone to relieve us. It's
> not a lot to ask in a high energy, high stress, high pace
> running, highly physical job. I mean I'm in really good physical
> shape. I run about 10K everyday and I find myself trashed at
> the end of the day. You are literally run off your feet. You
> don't sit down, it's just run, run, run...[the older nurses] I don't
> know how they cope. I run 10K a day and I'm pooped."

The nurses are short-handed and bombarded with an increased patient

load and decreased number of "admit beds." Working life in the ER following the

layoffs has not only become increasingly chaotic and stressful for the nurses, but

hazardous as well. As one nurse explained,

> "The stress has had a physical effect on me. I have
> developed what you would call a degree of neurogenic bladder
> and it started after the layoffs. It's where you're so busy that
> you don't go on break so you don't go [to the washroom].
> Bladder stasis, bladder infections and I've got a neurogenic
> bladder now."

Another nurse reported that a colleague had suffered a miscarriage as a result of

what she described as an "unchecked increase in workload and stress" since the

layoffs. Following the layoffs, the nurses described having to be content with

getting through their shift without any major mishaps for the patients, as well as

with their own health intact. One nurse explained,

"I think they are honestly just asking too much of us and it is affecting us in our home lives and everywhere. Obviously inside the work environment, but outside too. Physically you're more drained, you work harder, you have more injuries, more sicktime. I'm much more drained and I never thought I possibly could be because I worked hard before. We all did. Your hours are the same, but your workload per hour increased. The stress, the amount of work, all because you're short of nurses now. You have to see more patients, you need to do more IV's, more bloods [tests], you have to work at a faster pace, so you do a less thorough job. You don't have time to do it proper so standard of care drops tremendously. The job has changed for the worse that's for sure."

Again, the nurses were not responding negatively to the way the downsizing was conducted. The nurses' responses to these questions did not call question to the process by which management chose to handle the layoffs. Instead, these negative responses were to the increase in workload that developed subsequent to the layoffs. The nurses did not believe the layoff process was unfair, but they did feel that the consequences of the layoff, namely the increased workload, was unfair. That is, the nurses perceived the increased workload as putting them in an inequitable position. They were now required to do more, but did not receive more in proportion.

Prioritizing Delivery of Care

Not only did the layoffs result in an increased workload for the nurses, they also greatly altered the type of functions the nurses performed daily. The nurses' official job descriptions did not change. However, the increased workload forced the nurses to abandon several duties that they had hitherto performed for the patients. Specifically, the nurses were forced to prioritize the care they deliver to patients in order to continue to deliver rudimentary care. Responding to a question on whether the quality of care had changed, one nurse best summarized the accommodations in care they had been forced to make:

> "People are not getting personal attention. You're very rushed, you end up doing the tasks at hand and you're not able to look at the patient in a holistic manner. You can't listen to their complaints. You just have to do your job. And unfortunately part of your job is listening to those complaints, but you have to put that on the back burner and if you have time then you go back and talk to them. But...you don't often have that luxury. You don't have the luxury to be able to do those things which, to me, are a very important part of what we do. Same with personal care. Somebody asks for a bedpan, they used to get it in ten minutes. Now it takes half an hour. Or somebody's Attends are wet and you know they're wet and three hours later you get to changing them and it makes you feel horrible. You can't even use your assessment skills because you can't take 20 minutes to do a history, you can only take five. And does it really get to the heart of the problem? You identify those factors that are going to be issues, but you can only look at the problem at hand. If they aren't breathing, you deal with that. It's not like `Oh, you're not breathing BECAUSE...' You don't care about the because. Well, you care, but you only have time to treat the here and now."

In response to a question about whether they felt the downsizing had made them a better worker, one nurse explained,

> "I performed better before in terms of the nice nursing things I
> was able to do. I don't get to do that very often. Like some
> old soul needs her hair washed, I don't have time to do that. I
> used to like to shave the old guys. I can't do that, I don't have
> the time for that. They want a bottle, they want a bedpan, I
> have to say `hold on a second, I'm just in the middle of
> something.' I mean, you're telling someone to wait to go to the
> bathroom. It's hard for them and hard for me."

When asked if she felt these things truly aided in the patients' recovery, this nurse responded, "Well, there's no question and it helps me too. It helps me to look at them and say, `Oh, he feels nice and he looks better.' That's what nursing is supposed to be. That's what it was like before all of this change. Now things are bad...It's not good nursing." Others described similar experiences:

> "I'm always looking after the sickest or the squeakiest wheel.
> If someone is yelling real loud, you want them to stop it so you
> tend to them. But the little old soul who's either unconscious
> or stroked or lying there who can't do the hollering, they get
> your care when you get to them. And none of us [nurses] like
> that. They don't get their turns like they should. They don't
> get their diapers changed. They don't get the basic, basic
> stuff."

The layoffs resulted in an increased workload for the nurses. The layoffs have also resulted in a change in the job the nurses performed everyday. They no longer provide good, holistic care. The nurses are now forced to provide what one nurse accurately described as, "adequate band-aid care." Another nurse summarized the situation in the ER following the layoffs,

> "You have to be ready for the `what-ifs [in the ER].' You never

know what is going to be carried or crawl through the door and
you have to be staffed for the `what-ifs.' Sometimes the bad
traumas can tie up three or four nurses at a time for three
hours and that leaves the charge nurse to run two or three
rooms on her own and run triage. The staff cuts have left us
short-handed and when these bad traumas come in it leaves
the rest of the department crippled. We're not equipped for
the what-ifs anymore, so you just pray they don't come up too
often...It's dangerous and stressful."

When asked if they believed the department functioned better prior to or following

the layoffs, the nurses responded with a unanimous "before." A nurse explained,

"It functioned better before. It was neater. There wasn't this
rushing patients through. Things were completed, loose ends
tied up...it was neater before. Things went A, B, C. Now
we're all over the place, jumping all over the place trying to
make things happen because things are so bogged down."

Until the layoffs, the nurses considered it their duty to provide excellent care to

patients, consistent with the standards they had been trained to uphold.

Following the layoffs, the nurses were forced to redefine "care" to best suit the

health care environment they had been left to work in.

Summary

Thus, any possible positive inequity the nurses may have experienced as

a result of surviving the layoffs, which they perceived to have been fairly

conducted, was quelled by the inequity they experienced as a result of the

increased workload which arose immediately following the layoffs. Instead of

believing themselves to be on the winning-end of the layoff, the nurses became

victims to an increasingly demanding, yet progressively deteriorating work environment.

The input required of each nurse in this case study increased dramatically following the layoffs. This differed from the experiences of the survivors in Brockner's work. Similarly, the outcome for the nurses did not remain the same. However, this outcome did not increase in proportion to the change in input required. In fact, the input required of each nurse increased, while their perception of the outcome, the job they retained, decreased. According to the tenets of equity theory, this resulted in an experience of negative inequity for the nurses.

Again, this finding is similar to the change in input to outcome ratio experienced by those survivors in Brockner's single study of job quality (Brockner et al. 1993). However, in that study the amount of input required of the survivors did not change. Instead, the outcome became more enjoyable or more boring depending upon the situation (Brockner et al. 1993). Thus, for those survivors in the more enjoyable post-layoff situation, positive inequity was more greatly pronounced. Presumably, those in the more boring post-layoff situation experienced a less pronounced form of positive inequity or perhaps they did not experience positive inequity at all. Brockner fails to discuss in that study how a change in perceived quality of the job may impact survivors' experience of positive inequity. Regardless, the findings of Brockner's study and the reports of

the nurses in this study reveal that the experience of positive inequity can be tempered for survivors.

It is true that the input to outcome ratio for the nurses in this case study continued to be greater than that of those who had fallen victim to the layoffs. Thus, it would be a mistake to conclude that because the nurses experienced workload inequity, they did not experience any form of positive inequity as a result of simply surviving the layoffs. Perhaps had the nurses not been so burdened by the increased workload after the layoffs, any experience of positive inequity and accompanying feelings of guilt would have been detected. Regardless, the nurses' experience of workload-induced negative inequity overpowered their experience of any form of positive inequity. Positive inequity may very well be an inevitable experience for downsizing survivors. However, what the findings of this study indicate is that there are likely a multitude of factors, such as workload, which impede or quash this experience and each should be empirically scrutinized for their impact on survivors.

As will be discussed next, the nurses' experience of workload inequity also impacted significantly on their commitment, motivation and performance subsequent to the layoffs.

OUTCOMES:

COMMITMENT TO THE ORGANIZATION

Given that the nurses in this case study did perceive the layoff to be fair, it was initially assumed that consistent with Brockner's usual hypotheses, they would respond with an increase in commitment to the Corporation (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992). However, as the following discussion of the nurses' responses will reveal, the opposite was found. The nurses in the ER at City Hospital did perceive the layoff to be fair. However, they did not report an increase in commitment to the Corporation following the downsizing. They fiercely denied *any* continued commitment to the Corporation. Instead, the nurses reported being committed to their peers, to the patients and to health care in general. The nurses withdrew their commitment to the Corporation as a result of the workload inequity they experienced following the layoffs.

Commitment is an attitudinal variable and as such is a reflection of a survivor's affective state. Brockner contends that a survivor's level of commitment can be ascertained by assessing her identification with and desire to be loyal to the organization, her pride in the organization, her belief in the organization's goals and values, her willingness to expend extra effort to the organization's benefit, as well as her intention to remain with the organization (Brockner et al. 1987; Brockner 1990; Brockner et al. 1990; Brockner, Tyler and

Cooper-Schneider 1992, Brockner et al. 1993). These same tools for assessing

survivor commitment were utilized in this case study (Appendix E).

The nurses were unanimous in their responses to questions regarding

their commitment to the Corporation: they simply were not committed. When

asked if they liked working for the Corporation, the nurses unanimously

responded that they did not. A nurse summarized it best when she answered,

> "Nope. Not this big Corporation. Now they're trying to run it
> [the Hospital] like a big business and everybody is really
> insignificant and the bottom line is money. Before I really had
> the feeling that it was more of a family and your employer
> cared about you and tried to help the employees when things
> were happening and work with us, but not now."

All reported that they liked what they did; that is, critical care nursing. They also

reported that they liked working with their peers and for the patients. As one

nurse remarked, "I like working in my department. With the people in my

department that is. I like the trauma and I like making a difference for the

patients. But I don't like the whole Corporation thing." When asked what the

difference was, a nurse explained,

> "It used to be City Hospital. But now it's the Corporation. It
> used to be more of a family, you felt like more of a family. You
> felt committed to the Hospital. But now it's just a big machine
> and I don't know...it's bigger and it's less humane really....It's a
> business now and the patients, well, they don't pay."

Another survivor responded similarly,

> "I try to see myself as still employed by the Hospital, by the
> Department. I try not to see myself as working for the
> Corporation. I work for myself and I work for the patients, but I
> don't see them [Corporate management] as my boss. It's the

program [trauma] and the people; the staff is excellent and
that's why I work here."

The nurses' commitment had changed as a result of the merger and the

subsequent layoffs. The nurses reported that they had been committed to the

Hospital when it was independent. However, none of the nurses expressed a

commitment to the Corporation. The nurses did express continued commitment

to their peers and to the patients.

Similar responses were given when the nurses were asked if they felt

proud to tell their friends they worked for the Corporation. All responded that they

were not proud to be working for the Corporation. A survivor expressed the

sentiment best when she explained, "I'm becoming less and less proud truly all of

the time. Because of the quality of care and the quality of the environment."

When asked if this had changed since before the layoffs, this nurse responded,

"Yes, definitely." Several survivors expressed confused sentiments when first

asked this question, such as "I used to be, but it's getting to the point...I mean I

do my best for the patients, but it's not what I went in to..I started twenty years

ago out of nursing school and it's not the same thing anymore." When probed as

to what they meant, they referred again to the Corporation's business approach to

health care. A nurse explained,

> "It's like a business and I realize that these big corporations
> have to be run like a business, but there just doesn't seem to
> be any caring...I mean you look around at people, pick any
> one person and they're [Corporate management] just putting
> too much work on everyone's' plate. You try so hard and
> there's just too much work for one person. They

[management] just keep adding duties and I think they don't
care."

The nurses were proud to be working with their fellow nurses and were proud of

their own continued strides to maintain a good quality of care. The nurses'

positive appraisals of their peers were abundant. One survivor remarked, "I have

worked at --- and --- [other Hospitals in the area] and they're all good. But the

nurses here are world class. Their commitment to personal and professional

performance is out of this world. I like being in their company." Similarly,

another answered,

> "I'm proud of the job that I'm trying to do and I tell people about
> that. I don't know if the job I do I would always call perfect, but
> that's sort of out of my hands. I'm squeezed for time. But I am
> proud that I keep on doing it even though I'm exhausted. I'm
> proud of all of us [survivors] for that. But the Corporation? No.
> They put us in this position."

Thus, the nurses were not proud to be working for the Corporation, but were

proud to be working with their fellow survivors and of the job they were trying to

do.

When questioned as to whether they felt their beliefs matched those that

the Corporation claimed to hold, the nurses responded positively. However, all

qualified this response by stating that what the Corporation claimed to believe in

and what they actually strove to accomplish were two separate things altogether.

One survivor summarized these feelings best,

> "I believe in cutting unnecessary spending and I believe in
> good patient care. The Corporation says it does, but really all
> it's concerned about is the money. You can tell just by

watching the things they're doing. Some of the changes they've made, like laying off in our department, it hurts the patients. But do they care? No, because they think they're saving a buck."

However, despite this lack of commitment and faith in the Corporation, all of the nurses reported that they intended to remain with the Corporation. When asked under what circumstances they would consider leaving the Corporation, most jokingly retorted, "Winning the lottery." When probed for a more elaborate explanation, most referred to how their present seniority standing provided them with job security that they would not likely find elsewhere. As one nurse remarked, "Yes, I have to stay. Just because I have so much seniority. My job is safe here." However, all of the nurses made reference to the patients when explaining why they stayed with the Corporation. A nurse stated, "As long as there are patients and as long as I have a job here, I'll take care of them. We're professionals committed to patient care...what the Corporation does makes us more or less committed to them, but no less committed to the patients." Another nurse remarked,

"If I left and all of the other full-timers left, there would only be part-time people left to run the department and care for the patients. This place needs a core to function properly. For the sake of the job and the patients we sort of have to stay. They [the patients] need continuity of care. Only we can do that."

The nurses made similar responses when asked whether they expended extra effort when they knew the result would benefit the Corporation. A nurse

explained,

> "We're not making cars here. If we were [making cars] well,
> yeah, I could see not bothering with any extra stuff. Any extra
> stuff that comes up is usually because a patient's condition
> has worsened or something...You can't take your anger at the
> Corporation out on that patient."

The nurses argued that they put forth extra effort for the patients, not for the

Corporation.

Thus, following the layoffs the nurses were no longer committed to the

organization which employed them. Their commitment to the organization was

replaced by their commitment to their peers and the patients they worked to

serve. This is not to suggest that the nurses were not committed to their peers

and the patients before the layoffs. They presumably were. Regardless, the

nurses came to see their commitment to these two groups, as well as their valid

concern for continued employment, as the most relevant factors linking them to

the organization.

In his standard work on perception of fairness, Brockner does not entertain

the notion that workers may feel committed to work for any reason other than in

support of the organization. However, as the responses of these nurses

revealed, workers can be committed to many things which propel them to

continue to work.

Again however, this finding is consistent with the conclusion Brockner

draws in his study of work content. In this study Brockner concludes that survivor

commitment to the organization will fall if they perceive a negative change in job quality as a result of the layoffs (Brockner et al. 1993). This negative reaction, he argues, is only mitigated by a positive perception of downsizing fairness (Brockner et al. 1993).

Whether or not the commitment of the nurses was mitigated by their positive perception of fairness of the layoff process is uncertain. Regardless, the nurses experienced a negative change in their commitment to the organization despite their positive perception of fairness regarding how the layoff was handled (Brockner et al. 1993). The nurses withdrew their commitment because they did not perceive the Corporation to be committed to them or to the patients. The nurses reacted negatively to layoffs which they perceived to have had a negative impact on the working environment in the ER and the quality of care received by the patients.

MOTIVATION TO WORK

In his series of studies on perception of fairness, Brockner contends that survivors who perceive a layoff to be fair will respond with increased motivation to work (Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992). The nurses in this case study did perceive the process by which the layoffs were conducted to be fair. However, they did not adhere to Brockner's standard hypothesis regarding survivor motivation-response (Brockner et al. 1990;

Brockner, Tyler and Cooper-Schneider 1992). The nurses in this case study reported that their motivation to work had remained the same throughout the layoff process. The nurses' claimed that they had always been motivated to work by their professional ethic and their desire to help patients. The nurses' responses to the questions in this section of the interview revealed that they continued to be motivated by the needs of the patients and their own dedication to professionalism. However, the data also showed that the nurses' motivation was becoming increasingly encumbered by the realities of their work environment.

Motivation is an attitudinal variable closely linked to work effort. Brockner suggests that a worker's motivation to work or work effort can be ascertained by assessing her willingness to expend a great deal of effort in carrying out her duties and her desire to work as hard as possible (Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992). These two criteria provided a basis for the interview questions in this section. In order to more thoroughly assess the nurses' motivation to work, additional questions were devised. These questions dealt with such topics as the survivor's desire to do a good job and whether they felt their job motivated them by providing the opportunity to use and develop their skills and make decisions about the way their work is carried out (Appendix E).

The nurses were first asked if the thought of going to work made it hard for

them to get out of bed. Only two of the nurses responded that they were finding it

hard to get out of bed. However, both qualified this response by stating that it

was their concern for the patients that got them to work. As one nurse explained,

>"Yes, going in there to a place that's so overwhelmed that
>everybody is on the edge, working till they could drop...the
>work is just endless, it's just piling-up. You don't feel that
>you're doing as good a job as you used to either because
>there's just too much. But I get up and go because I think, the
>patients need me and if I don't go the pile will just get bigger."

The rest of the nurses responded to this question by stating that they were tired

of the work situation, not the job itself. As one nurse claimed,

>"Some days, not everyday though. I generally do like my job.
>I generally do love my work. It's not the job. I like what I do. I
>take pride in what I do. It just seems to be getting harder to do
>it right, to do it the way it needs to be done."

Similarly, the nurses reported that while they were motivated to work and

continued to enjoy nursing, whatever energy they possessed was quickly drained

in this work environment. A nurse explained,

>"Sometimes. I'm not at the point where I dread going in. I still
>love nursing and I know the patients need me and that's
>enough to get me there. It's just by the time the day is half
>over I think to myself please let me stay to finish. I'm just so
>tired of all this carry-on and people being angry and so tired of
>the workload. I just want to go home."

Another nurse claimed, "I love to take care of people and I'll try my best as long

as they need me. It's just, I mean I've never been so stressed in my entire life."

This theme continued when the nurses were asked if they looked forward

to doing their job. Not unlike their responses to the first question, the nurses

expressed a love for nursing and a commitment to providing good care.

However, they also complained that good nursing and good care was difficult to

provide in the present work environment. As one nurse summarized,

> "Oh yes. I still get satisfaction out of doing my job. Dealing
> with people and dealing with children. That hasn't changed
> yet. But I can see you getting to a point where you're so
> stressed out that you just don't give a shit anymore. I don't
> know anyone who's there yet, but I could see it happening."

Another nurse explained, "I look forward to caring for people and making them

feel better. I don't look forward to only being able to do a half-assed job making

these people feel better because we're so short-staffed."

Similarly, when asked if they intentionally expend a great deal more effort

in carrying out their duties than might actually be necessary, the nurses

responded that they did. The nurses argued that they have always expended a

great deal of effort to care for their patients. However, they also felt that because

of the staff-shortages, the effort required of them was extreme. As one nurse

explained, "Well, I give it all I have. If I want to get all of the work accomplished

and I want to do it the right way, I have to work quickly. It's just that sometimes

no matter how organized you are, there's too much to do and you feel like you're

losing it...you're just spinning." Another nurse remarked,

> "Well, basically you have to. I work this hard because I have
> to. There's nobody else to do it and if I don't the patients won't
> get the care they need. And besides, I made a promise to
> care for these patients as best I could and I'm going to stick to
> that...when things get really bad I think of the nurses during
> the war who had to keep working with bombs going off all
> around them. Things aren't quite there yet, but I can see them

coming. But what can you do? When they do I'll still be here.
I may be bleeding and battered, but I'll be here."

Another nurse summarized the situation, "For sure. I have to do more work now just to get through the day. It would be better if we had more nurses and we don't have them." Thus, the nurses reported working harder as a result of the new demands placed on them following the layoffs. The nurses were not motivated by any inequity resulting from the process of the layoffs or guilt arising as a result of the layoffs.

All of the nurses claimed they worked as hard as they could and tried to do the best job possible. As one nurse explained it, "The patients deserve no less." However, again the nurses did qualify their answers by stating that the work environment was making it progressively more difficult to do the best job possible. A survivor claimed,

> "I do. I take pride in what I do and I don't want anyone coming
> back and saying I've slacked or haven't done the best I could.
> I don't feel eyes watching, that's not why I do it. It's just when
> the workload is increased, you have to do more to get through
> the day. You can't say `I'll only do this' or `I'll only do that.'
> That sort of thing may help you but it doesn't help the patients.
> But somedays, you really wish you could say that."

Another nurse remarked,

> "Yes, even though I say I'm going to slow down...but it's easier
> said than done because it's just not the kind of job where you
> can make everybody wait. If the patient is ringing the bell,
> they're doing it for a reason. If the phone is ringing, it could be
> lab results, you have to answer it. Sometimes though, no
> matter how hard you work there are just too many bells going."

Thus, despite the nurses' diligence and best efforts, the pace of the work environment has become so accelerated since the layoffs that not all of the work is getting done.

The nurses did report that the skills they were able to use on the job had changed dramatically since the layoffs. The layoffs had left the ER short-staffed and as such, the nurses were forced to prioritize their duties. The nurses explained that this meant that they did not use many of the skills related to those health care duties which fell to the bottom of the list of priorities. As one nurse explained,

> "You have to prioritize. You're not spending time with the patient. You don't have time to sit and talk and really find out what's wrong. You leave it for the doctor to find out. You don't often have time to explain what you're doing -like a cat scan or what to expect after surgery to alleviate someone's anxieties. If you don't have time, you don't have time. Even though that's probably more important to the patient than if their blood gets done and their IV gets put in. So all of my skills? No. But the ones I am using I'm using like crazy."

Such things as patient education, proper patient history assessments, as well as basic bathing and grooming were no longer practised with the same degree of regularity or care.

When asked about the flexibility and power they enjoyed on the job, the nurses reported that these things had remained the same throughout the layoff process. As one nurse explained, "We have always had the flexibility to decide how you would go about your day. How you would prioritize which patients you

needed to see first, which ones needed work that could wait, all of that." In terms

of power, one survivor explained,

> "I don't think that has changed. There are many things that
> we just automatically do, with or without the permission of the
> doctor, because it saves time. If anything has changed it's
> that we're automatically doing these things more often
> because we have a lot less time. That's all."

Another nurse noted,

> "Things have to get done. But one nice thing about the ER,
> maybe it's just ER, is that our doctors have confidence in us
> and we work really well as a team. So yes, you can make
> decisions on your own about the care for you patient and go
> back to the doc and say, `I did this ok?' and they'll say that's
> fine. And that makes you feel like a somebody."

Thus, contrary to Brockner's hypotheses, the nurses did not experience an

increase in their motivation to work despite their perception of the layoff process

as fair. The nurses did remain motivated to work. The nurses continued to be

motivated by the needs of the patients in their care and by the nature of the work

they perform. However, the data revealed that the nurses' level of motivation was

threatened by the increased workload since the layoffs. The nurses were finding

it increasingly difficult to provide good care for the patients despite their continued

desire to do so.

The responses of the nurses are again more consistent with the

conclusion Brockner makes in his study of job content, wherein he argues that

survivors responded negatively to layoffs which they perceived to have negatively

impacted the quality of their job, despite having perceived the layoff process to be

fair (Brockner et al. 1993). Although Brockner did not mention motivation in this study, this conclusion does seem to apply here. Despite the fact that the nurses perceived the layoff to be fair, they were becoming increasingly encumbered by the heightened workload since the layoffs and this was progressively threatening their motivation to work. The nurses perceived their work situation to be inequitable in this way and they adapted their attitudes to match.

QUANTITY AND QUALITY OF WORK PERFORMED

In his studies of the impact of perception of fairness on survivor responses to layoffs, Brockner hypothesizes that when survivors perceive management's' handling of a layoff to be fair, they will respond by maintaining the quantity of work performed and possibly improving the quality of their work (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987). However, what Brockner fails to acknowledge in these studies is that the amount of work that needs to be completed does not always remain constant when the organization downsizes. As such, layoffs can create a situation where survivors are left to complete more work, as was the case in the ER at City Hospital. The nurses were left with a much increased workload following the layoffs. The number of patients coming through the door and the number of procedures these patients required did not decrease simply because there were layoffs in the department.

This had a great impact on the nurses' reported quantity of work

performed. Unlike the survivors in Brockner's studies, who conceivably *chose* to increase the amount of work they performed, the nurses were *forced* to increase the pace of their work following the layoffs. This increased workload also came at the expense of the overall quality of work performed. The nurses maintained that the quality of each procedure they completed for a patient had remained high even after the layoffs. However, the quality of overall nursing care they were able to deliver to patients fell following the layoffs. With fewer staff and more work, the nurses had to prioritize their duties in order to continue to provide the best rudimentary health care to the patients. The nurses' increase in quantity of work performed was simply a result of the very real increase in workload they experienced. The nurses' continued attempts to meet this increased work demand is a testimony to their dedication and allegiance to their professional ethic.

Unlike commitment and motivation, which are attitudinal variables, performance is a behavioural variable. Brockner contends that as a behavioural variable, both the quantity and quality of the survivors' work must be observed and assessed to decipher the impact of the downsizing (Brockner, Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987). Unfortunately, there was no opportunity within the context of this study to observe and measure the nurses' work performance. As a result, the information regarding the impact of the layoffs on the nurses' performance was gained from the nurses' responses.

The nurses were forthcoming with inquiries into the quantity and quality of their work (Appendix E). They were much more candid with their responses than it was assumed they would be.

When asked if they felt the amount of work they completed in a shift had changed since the downsizing, the consensus among the nurses was that it had increased, and increased a great deal. A survivor described the situation best when she stated simply, "Oh definitely increased. Oh yeah. It has just gradually increased as we've gone along in the last two years [since the layoffs and reductions in hours]. It's to the point where you think how fast can I peddle?" Another nurse explained,

> "The workload has increased immensely. There's just fewer hands to do the same amount of work. Actually there's more work because there are more patients coming in now than there were two years ago. People are getting older so they're getting sick more often and they're more seriously ill when they do come in. The amount of work is just crazy."

When probed as to whether they simply felt compelled to work harder because of the layoffs, the nurses were adamant that the increase in work was very real. A nurse replied, "Sometimes I think they [the victims] got the better deal." Another nurse explained,

> "I don't work harder now because I feel I have to, I just have to and that's it. It's sink or swim here. There are fewer people and more patients and fewer beds available to put them in. You've got to run, run, run or else the whole place is going to sink."

When this nurse was asked why she cared so much if "the place" remained

afloat, she explained:

> "I wouldn't care if the Corporation died tomorrow. I really
> wouldn't because they've done this to themselves. But I
> wouldn't want to see one of my patients die tomorrow that
> shouldn't have just because I got fed up and decided to let the
> excess lapse. That's not my style."

This sentiment was shared by all of the nurses. This increase in quantity of work

performed is simply the result of an increased workload and the nurses' continued

attempts to tackle this load is simply a testimony to their high work ethic.

Interestingly, the nurses' assessments of the quality of the work they

performed was divided. When asked about the amount of work they performed,

all nurses responded that the amount had increased. However, when asked

about the quality of their work, the nurses seemed to waver. All reported that the

quality of each procedure they performed had remained the same. In some

cases, the nurses even reported that their performance of certain procedures had

improved since the downsizing. One nurse stated, "Well, if practise makes

perfect, then my IV's must be perfect." This nurse explained that because of the

increased workload since the downsizing, the number of simple procedures, such

as IV's, she completed had undoubtedly risen. However, all commented on what

they believed to be a reduction in the overall quality of care. When asked about

the workload one nurse explained, "Well, it depends what you're talking about

when you say workload. The workload has increased, the amount of work we get

done. If you count the number of IV's we put in, yes. If you count the number of

baths we give, then no." Another nurse remarked, "They're [the patients] still getting treated, but you're treating only what they're there for...they're still getting treated, but you can't spend anymore time with them." As one nurse explained,

> "You don't have as much help as you used to. So people don't get turned as often as they should. It's easier to put somebody on a bedpan than it is to get them up. Although, it would be better if they got up and walked. But you just can't leave the room for the amount of time it would take for you to get them over there [to the washroom]. You just have too much to do. You don't get to check people the way you should. I mean, basic College of Nursing standards say if you give somebody DrugX, you should reassess them within the hour to see if it worked, but you don't. You don't go back to do it and I mean, that's basic."

The nurses contended that while each patient consistently received quality care for the ailment which brought them to the ER, the overall care they received had dwindled.

The nurses explained that while they strove diligently to maintain quality in the procedures they were required to perform for any given patient, they had by necessity had to prioritize care in order to manage the increased patient load. Summarizing the situation, a nurse remarked,

> "You don't do the little niceties because you just don't have the time. Whereas before you wouldn't have thought to send a patient out with blood on their face from a cut because you would have taken the time to make sure they were cleaned up before they went home. Now you say to them, `There's the bathroom' and if they do it fine. If they don't, you don't worry about it...Health care teaching -we're good at it but we don't always have the time. When we're sending somebody home we may recite the instructions and say, `Ok, well bye, bye' and we don't really know if they've actually heard what we've said

or that they understand."

In terms of health care education, several nurses explained that because the time to educate falls to the bottom of most of the survivors' list of priorities, many patients are released without proper instructions. This problem, the nurses explained, is exacerbated when the situation involves elderly patients who live alone and are solely responsible for their own care once they leave the hospital premises, as well as when it involves patients for whom English is not their first language. As one nurse explained, "You have some old fellow looking at you and you have to explain to them how to take their meds and you know that they probably can't hear too well. But you have to talk fast and get out of there because there's ten other, more acutely ill people who need you. It's just nuts." Many patients return to the ER more acutely ill than they were when they left as a result of not following medication and care instructions properly. Another nurse remarked,

> "I mean stuff like social issues aren't always dealt with as well
> as they could be. Like sometimes maybe they [the patient]
> need to talk to a social worker, or they're living on their own
> and they need to be assessed a bit more for how they are
> dealing -but all of these services are stretched to the max and
> more and more you don't even have time to ask them [the
> patient] if they need these things or to assess them. We've
> got a major elderly population now and sometimes you don't
> know whether they're truly safe to go home, but we don't really
> have time to deal with that. And sure enough a lot of them
> end up coming back sicker because they weren't taken care of
> at home."

The nurses explained that while having to prioritize their duties was nothing new,

they now found themselves in a position where certain duties were ignored

altogether. As one nurse explained,

> "People lie in dirty diapers longer, their sheets don't get
> changed, they don't get proper baths anymore, you don't have
> time to talk to them anymore. You just go in, do your job and
> get out because the next person is wanting something. And
> it's sad because sometimes you're looking like, `I'm sorry
> you're crying for that bedpan, but I have somebody bleeding
> here and I have to get an IV started.' It's that kind of thing.
> We always had to prioritize our work, that's the nature of the
> job. But now we prioritize things right off the list."

When probed as to whether they felt these "niceties" of care impacted a patient's

recovery, all of the nurses responded positively. All of the nurses voiced concern

over the increasing "prioritizing" of care and many predicted that it would, in time,

reach a dangerous level.

The increase in workload had even had an impact on the nurses'

administrative duties. The nurses reported that their ability to properly chart a

patient's care was impeded by the workload. Charting, it should be noted,

provides a written record of all procedures completed for a patient and the

patient's progress. This is an important record not only for the treatment of the

patient, but to protect the caregivers against litigation. Naturally, the increase in

patient load has resulted in an increase in the amount of charting that has to be

completed by each nurse since the layoffs. A nurse remarked,

> "We have to do the paperwork because it's a legal thing.
> That's the thing that comes back and gets thrown in your face.
> I'm doing just the basic stuff just to get by so that I don't get
> my ass burned in court. I still try to do a good job, but I don't
> necessarily write a lot of helpful stuff that might help the next

shift coming in. It's a more editorialized version now. Very short-form."

Another nurse added,

> "You only chart what's necessary. You don't give the information that's nice to know or good to know but not required. Documentation has really become poor. You should have documentation on each patient every hour, even if they're just sleeping. But you don't find that now. I mean you can look at a chart now and ask, `Did anyone even look at this patient in eight hours?' You just can't tell because there's nothing written down."

Inadequate charting is risky legally and it can also impede the patients' treatment.

The full impact of this situation became more clear as the survivors were questioned on the increased use of agency nurses in the ER. Again, all of the nurses explained that while the patients continue to receive proper care for the condition which brought them to the ER, the rest of their care is tenuous. A nurse explained,

> "Using an agency nurse in the ER is almost useless. In the emergency they can't start IV's, they don't know where anything is. They're like fish out of water because they can't even find their way around. I don't have anything against them because they're just trying to make a living. But they really are useless and all it does is increase the work we have to do because we have to stop and explain things to them and show them where things are. The simplest things."

When agency nurses are brought into the department to cover shifts for those who call in sick, the nurses explained, the patients are no longer receiving even that basic care from a nurse who is emergency qualified and experienced to make prioritizing decisions regarding their care.

Thus, the nurses made a conscious differentiation between the quality of the care they were providing and quality of care as a whole. The nurses reported that while the quality of each individual treatment measure had remained the same since the layoffs, the amount of care and attention each patient received was lower relative to that received before the layoffs. When asked if the quality of their work had been impacted at all by their impression of how fairly the downsizing had been conducted, the nurses again responded negatively. Quite confidently one survivor stated,

> "I work the way I work because I have to. Because there's so much to do and I only have so much time to do it in. It's true that I have this much work to do because of their [management] decisions, but for the patients you just have to sort of suck it up and plug-on. We don't really have time anymore to think of the people who were laid-off. Besides most of them are just as busy working right next to you...you just work and sweat and pray that things don't get to a point where they're so unsafe that you're risking people's lives and your own job."

The nurses' responses have revealed that unlike the survivors in Brockner's perception of fairness studies, these survivors are driven by the realities of their new work environment and the needs of the patients. These nurses do not feel particularly lucky; they are simply struggling to maintain the provision of good, quality care despite an ever-increasing workload. It is the nurses' dedication which keeps them going despite these negative changes to their work environment.

Again, a link can be made between the experiences of the nurses at City

Hospital and the conclusion Brockner draws in his isolated study of work content

(Brockner et al. 1993). Brockner does not address survivor performance-

response in this study. Nor does he acknowledge that survivors' perception of a

negative change can be the result of increased workload (as opposed to

decreased intrinsic quality of work). However, he does make the general

conclusion that survivors will respond negatively despite their perception of the

layoff as fair, if they perceive the layoff to have had resulted in negative

consequences for their work environment (Brockner et al. 1993). Now, this

conclusion must be expanded somewhat to include behavioural responses.

Unlike survivors' attitudinal responses, there is not necessarily an element of

choice to how survivors' react behaviourally. The argument must be made that

while the nurses chose to withdraw their commitment to the Corporation, they did

not choose to increase the quantity and decrease the quality of the work they

performed. Consistent with Brockner's conclusion, the nurses definitely

perceived their jobs to have become less enjoyable since the layoffs. However,

their performance was not a response to this perception, but was instead simply a

reaction to the actual needs of the patients and demands of the job. Thus,

Brockner's conclusion does apply to the experiences of the nurses in this case

study if it is expanded to include the fact that not only will survivors choose to

respond negatively to a negative change in their job (whether quality of the job as

Brockner contends, or quantity of work demanded as the findings of this study

imply), but they may be compelled to do so by the new demands of the job.

Summary

These findings reveal that despite the nurses' perception that the layoffs which occurred in the ER were fair, they did not respond as Brockner's customary hypotheses argue they should. Like their emotional reactions, the nurses' attitudinal and behavioural responses to the layoffs were driven by the workload inequity they experienced following the layoffs. The changes in the nurses' commitment, motivation and performance were either responses to, or caused by, this increased work performance expectation. The nurses were expected to increase the amount of work they performed while receiving what they perceived to be less in terms of the job they retained.

While unique to this study, this finding is consistent with the general conclusion Brockner draws in his isolated study of the impact of change in work content on survivors' responses to layoffs (Brockner et al. 1993). In this study Brockner concludes that survivors will respond with decreased commitment to the organization, despite a positive perception of fairness of the layoff, if they perceive the intrinsic quality of their job to have been negatively impacted by the layoffs (Brockner et al. 1993). Unlike the survivors in Brockner's study, the nurses did not experience a change in job quality, but the quantity of work expected of them following the layoffs. However, the basic premise is the same.

The nurses in the ER at City Hospital did perceive the layoff to be fair. However, their emotional, attitudinal and behavioural responses to the layoff were negative. The nurses not only withdrew their commitment to the Corporation, as Brockner hypothesized they would (Brockner et al. 1993); the data also revealed that they were becoming increasingly less motivated to work. Similarly, the nurses were forced to react with increased quantity and decreased quality of work performed by the new realities of their work environment. The nurses both chose and were compelled to respond negatively to the downsizing despite their perception that the layoffs were fair. These findings not only offer credence to Brockner's conclusion regarding the impact of variables other than those related to perception of fairness on survivor reactions to layoffs, but especially to those variables related to the possible consequences of downsizing.

BROCKNER'S MISSING LINK:
HOW THE NURSES RESTORED EQUITY

The greatest omission in Brockner's work is his failure to provide concrete insight into how survivors come to deal with a work situation which they perceive to be negative. In his work, Brockner describes how survivors react to downsizing, what attitudes and behaviours layoffs may evoke. He even comments briefly on what emotions one might expect from survivors of layoffs in different situations. However, Brockner does not discuss how survivors of layoffs

might come to rationalize for themselves their continued participation in a work environment they find inequitable.

Equity theorists posit that situations of inequity give rise to distress for survivors (Hatfield and Sprecher 1984). Brockner acknowledges this fact, but does little to explain how survivors cope with this distress in the long-run. How do survivors justify to themselves their continued tolerance of what they perceive to be a negative work environment? The attitudinal and behavioural responses Brockner discusses provide some insight into the answer to this question. However, presumably a survivor has only so much commitment and motivation with which to battle an increasingly demanding and degraded work environment and the negative emotions performing in this environment would evoke. As the proceeding discussion will reveal, this was the case for the nurses in the ER at City Hospital. In order to continue functioning in this environment, the nurses needed to find a way to rationalize their continued commitment, motivation and performance while acknowledging and justifying their negative emotions. Only in this way could the nurses restore some form of equity to this work situation.

Equity Theory and the Nurses' Experience

As discussed in detail in Chapter Two, the basic premise of equity theory, as Homans and Adams proposed, is that justice or equity is proportional (Deutsch 1985). Equity theory holds that people expect their rewards (outcome) to be

commensurate with or proportioned to their contributions (inputs) (Deutsch 1985).

Equity theorists believe that individuals judge rewards by comparing themselves

with others who are somehow close or similar to them (Deutsch 1985). They

measure their input and outcome in terms of relevant others (Deutsch 1985).

This can include others who work within the same organization, for example.

Consistent with the principles of equity theory, Brockner proposes that

layoffs create an inequitable situation within the workplace (Brockner, Davy and

Carter 1985). Brockner contends that simply surviving a layoff will cause one to

feel advantaged in comparison to the victim (Brockner, Davy and Carter 1985).

For Brockner, survivors attempt to restore equity following a layoff by increasing

their input in order to justify the outcome they received -specifically, the job

retained. Downsizing survivors, for Brockner, are beneficiaries of a situation that

Homans termed term relative advantage; that is, their work situation is

advantaged relative to the victim(s) (Deutsch 1985). The survivor is apt to

experience a degree of guilt for having survived, and to increase what she gives

in a social exchange to assuage this guilt (Deutsch 1985). Brockner stresses in

his standard work that which inputs and to what extent the survivor increases

these inputs depends upon her perception of fairness of the layoff (Brockner,

Davy and Carter 1985; Brockner et al. 1986; Brockner et al. 1987; Brockner

1990; Brockner et al. 1990; Brockner, Tyler and Cooper-Schneider 1992).

What has come to light in this case study, however, is that not all

downsizing survivors find themselves in a situation of relative advantage following

a layoff. This was the case for the nurses in the ER at City Hospital. The nurses

experienced a very real change in the quantity of work expected of them following

the layoffs and this resulted in a change in the quality of care they were able to

deliver to patients. The nurses were left to do more work with fewer hands. The

nurses became angry and frustrated with their work situation, despite the fact that

they perceived management's' handling of the layoff to be fair. The nurses did

not perceive themselves to be the beneficiaries of the layoffs. They did not

perceive theirs to be a situation of relative advantage. Instead, they saw

themselves as victims of the layoffs; not victims of the same calibre as those

displaced by the layoffs, but victims nonetheless. The nurses were not

advantaged relative to their peers, the other survivors and most relevant others in

this work environment. Like their peers, each survivor was experiencing

deprivation as a result of the workload. In addition, the work situation for the

nurses did not change simply in perception or in relation to any relevant others,

but through a very real increase in their own workload. In comparison to their

work situation prior to the layoffs, the nurses had experienced what could be

referred to as "real deprivation."

The nurses compared their input to outcome ratio prior to the layoffs with

that following the layoffs and found themselves to be in a situation of real

deprivation (Deutsch 1985). Following the layoff, they were no longer in receipt

of the same or a better outcome for the increase in input that was now required of them. Specifically, the amount of input, work effort for example, that the nurses were required to invest in order to continue to effectively perform and retain their job, the outcome, increased dramatically following the layoff. While, as far as the nurses were concerned, the value of the outcome, their job and quality of work environment, fell following the layoff. This gave rise to a situation of inequity for the nurses and placed them in a position of real deprivation in comparison to their pre-layoff work situation.

The Impossibility of Restoring Actual Equity

As also discussed in Chapter Two, equity theorists contend that experiencing inequity gives rise to distress for survivors (Hatfield and Sprecher 1984). Equity theorists hold that there are two methods by which individuals can strive to reduce the tension created by experienced inequity. Individuals may restore actual equity to the situation or they may respond by psychologically restoring equity (Hatfield and Sprecher 1984). For the nurses in the ER at City Hospital, the actual restoration of equity was impossible. The nurses did not have the power or influence to bring back the victims of the layoffs. Nor could they influence the Corporation to hire more staff. Similarly, the nurses had no control over their workload. The nurses could not control the number and acuity of patients entering the ER, for example. The nurses did alter their performance

in an attempt to meet this new workload demand. However, this action was not

taken to restore equity to the workplace. This action was forced; the nurses did

not volunteer to change their input in this way. Instead, it was this involuntary

change in input which gave rise to the inequity experienced by the nurses. Thus,

neither the experience nor restoration of actual equity in any positive way was

possible for the nurses in this case study.

Equity theorists posit that individuals experiencing deprivation as a result

of inequity may instead choose to restore actual equity by punishing or retaliating

against the perpetrator of the injustice (Deutsch 1985). Actions such as quitting,

increased absenteeism or sabotage can restore actual equity in this negative

way. However, the restoration of actual equity in these ways was not possible for

the nurses. The nurses could not quit their jobs. As previously discussed,

although the nurses did believe they were employable outside of the Corporation,

the nurses did not relish the idea of relinquishing their seniority and what job

security that provided to start again somewhere new. The nurses were also

adamantly opposed to any negative action which may have jeopardized the care

of the patients. The nurses were explicit in their responses that what was of the

utmost importance to them was the provision of good health care for the public.

When probed as to whether they or their peers had ever retaliated against the

Corporation in ways such as developing a calloused attitude toward the patients

or ignoring or mismanaging specified duties, the nurses unanimously explained

that for them, sabotage of this sort would come at the expense of the patients

and this, they explained, was not an option in their minds. Similarly, while the

nurses did report an increased rate of absenteeism since the layoffs, they did not

believe these absences were unwarranted. A nurse explained,

> "Yes, there has been an increase in people calling in sick. But
> I think people are honestly just sicker. They're tired and
> stressed-out and after two shifts of running your tail-off I can
> see how some people find it hard to come in for the third
> [shift]...I don't think they're trying to rip-off the Corporation or
> anything because I think everybody realizes that when you
> call-in sick you leave the rest of the department short and the
> patients don't get as good care. And I don't know of one
> person here who doesn't care about that...I think they're really
> not feeling well enough to come in and that's that."

In this case, increased absenteeism as documented by the nurses and later

confirmed officially in a telephone interview with a member of the Corporation's

administration, was not the result of intended sabotage on the part of the nurses.

As will be discussed, negative retaliation such as this was not in line with the

nurses' strong professional work ethic. The nurses were devoted to the provision

of good health care and such negative actions were seen as counterproductive to

their cause. Thus, the restoration of actual equity for the nurses in this situation

was not possible.

The Possibility of Restoring Psychological Equity

Unable to restore actual equity to this situation, the nurses were forced to find alternate means of dealing with the distress and tension generated by their continued employment in the ER. Equity theorists suggest that workers can attempt to restore equity psychologically by trying to convince themselves that they are being treated fairly (Hatfield and Sprecher 1984). The nurses were not successful at this. The nurses were able to rationalize their continued tolerance of what they perceived to be an inequitable situation. However, they never became convinced that they were being treated fairly.

The nurses needed to justify to themselves and to others their continued tolerance of what they perceived to be an increasingly degraded job and work environment. For equity theorists, individuals may psychologically reduce the distress created by experienced inequity by changing their perception of the situation (Hatfield and Sprecher 1984). There are several strategies by which survivors can accomplish this. Two such strategies apply most aptly to the post-layoff reactions of the ER nurses at City Hospital. Taken from Adams (Deutsch 1985:13), these include:

> "distorting one's perceptions so as to alter the perceived value of any of the four items in the equity formula [own outcome, own input, others' outcome and other's input]...[and] changing the object of one's comparison so that one compares oneself with someone whose ratio of outcome to input is more similar to one's own than is the case in the inequitable comparison."

Drawing from indirect evidence, the nurses in this case study appeared to practise both of these psychological coping strategies.

The nurses appeared to justify to themselves and to others, their continued tolerance of a work situation wherein they were forced to contribute more in terms of performance (input) in order to get out less in terms of quality of work (outcome), by appealing to their professional ethic. Specifically, the nurses did not refer to theirs as just a "job." Instead, nursing is considered a "calling" amongst these nurses and a calling that justifies their tolerance and submission to the workload demanded of them and the increasingly degraded quality of care they are able to deliver. By perceiving their work to be a calling, as having a higher purpose than simply providing them with a paycheque, the nurses were able to increase their perceived value of the outcome of their labour. In addition, the nurses appeared to come to compare their own devotion to a calibre of professionalism which they perceived to be in line with the present level of work demanded of them in the ER. These apparent modifications in perception worked to restore some semblance of equity to this work environment for the nurses.

As previously explained, the nurses harboured many negative feelings toward the Corporation despite their perception that the layoffs were handled fairly. In a variety of ways, each nurse reported struggling with a version of the question, "If the Corporation doesn't care about me, why do I care what happens

to the Corporation?" All of the nurses appealed to their professional ethic in answering this question. As one nurse explained, "I don't care about the Corporation, I care about the patients. I'm a professional and I won't let them [the patients] down just because the Corporation doesn't care about me." Another nurse summarized it best when she stated,

> "Things can go to pot and nobody cares except us. We're the only ones who keep the real important things in mind. We're the ones not sacrificing patients for money. They [management] can do anything they want to us to save money, but we're still going to be here taking care of patients. No matter what."

The nurses had even gone so far as to rationalize their continued commitment to their professionalism despite the seeming lack of appreciation on behalf of the patients themselves. A nurse remarked,

> "The Corporation doesn't care about us. We're just cattle to them, working cattle. So I don't pretend to care about them anymore. I couldn't care less about the Corporation. I care for the patients. I'm committed to them. I used to think that even if the Corporation didn't care about me at least the patients would be happy that I was there and working hard. But now I don't know. I think they [the patients] don't really know any better...they're still getting cared for no matter how bad things get because we have to rise to the challenge...but what can you do? I mean that's what we do...we care for patients. If we don't they'll suffer and the Corporation won't care so it's our business to care. We're professionals."

Similarly, the nurses reported feeling they had an obligation to bear the brunt of the negative results of the layoffs on the department. A nurse explained,

> "All of these changes have seemed to hurt the department. Things don't run smoothly anymore and we constantly have to scramble to get things sort-of done. If we didn't care so much

the place would fall apart. But we do care, we have to. We're professionals and we can't let the patients down. No matter what."

The nurses appealed fervently to their professional ethic in order to justify their continued efforts despite the increasingly degraded and hectic environment within which they worked.

The nurses' responses to the interview questions revealed that they believed that as professionals, they had a moral obligation or duty to perform regardless of how degraded the work situation became. The nurses saw themselves not only as workers, but as having a more exalted purpose, the health and well-being of the public as a whole. This is not to suggest that the nurses did not consider themselves professionals before the layoffs. Nor is this to suggest that the nurses perceived their occupation to be "just a job" before the layoffs. However, what is argued here is that in order to justify their continued tolerance of a job and work environment which they perceived to be increasingly degraded, the nurses seemed to stress their dedication and professionalism. The nurses sustained their work effort and increased the amount of work they performed in the ER, all the while receiving less and less in terms of outcome. The nurses appealed to "professionalism" in an effort to justify their tolerance of this situation.

Thus, consistent with the tenets of equity theory, the nurses in this case study probably did distort their perception of the outcome in this situation

(Deutsch 1985). In order to justify their continued participation in this work situation and to assuage their negative feelings, the nurses appear to have come to believe that for the benefit of the patients, the work was worth it. The nurses were responding to what equity theorists consider self-concept distress (Hatfield and Sprecher 1984). This post-layoff work environment did not meet with the nurses' self-expectations regarding what nursing should be. Nor did the quality of care they were able to deliver to patients following the layoff meet the nurses' moral standards. This gave rise to distress for the nurses. Unable to restore actual equity to their work situation, the nurses sought to relieve their distress and rectify this inequity in their work environment through psychological means. By appealing to their professional ethic, the nurses could justify to themselves and to others their inability to quit a situation that had already seemingly quit them. Apparently, the nurses' oath to care became the rationalization for their continued tolerance of what they described as an increasingly degraded work situation.

However, the nurses never became convinced that they were being treated fairly. Equity was not restored to this situation in this way. Instead, the nurses were able to restore equity to this situation by convincing themselves that the Corporation was wrong. This finding harkens to the research conducted by Lawler et al. (1968). To summarize briefly, in a series of laboratory experiments, Lawler et al. (1968) set out to test the hypothesis that piece-rate workers who were told they were overpaid for their qualifications would first attempt to restore

actual equity, but would over time turn to a more profitable mode of equity restoration; that is, psychological equity. They hypothesized that in time the workers would come to restore equity through psychological means by convincing themselves that they were in fact qualified and did have a higher quality of input, thus justifying their overpayment. Lawler et al. (1968) found their hypothesis to be true. In each subsequent session of the experiment, the workers became increasingly convinced that the employer was wrong and that they were qualified to receive the level of payment awarded to them (Lawler et al. 1968).

A similar phenomenon may have occurred amongst the nurses in the ER at City Hospital. By convincing themselves that they were professionals forced to work in an environment wherein the management did not care about good health care, the nurses were able to restore equity to this situation. The nurses' ardent professionalism and the higher moral cause of their work balanced-out, in their minds, the calloused and seemingly ill-thought-out cutting by Corporate management. The nurses never conceded that they were being treated fairly. They simply used the fact that they were being treated unfairly to convince themselves that the Corporation was ultimately wrong in the choices it had made. With equity restored in this way, the nurses were able to continue to function in this work environment.

CONCLUSION:
SURVIVORS AS VICTIMS

Perhaps the greatest insight provided by this detailed examination of the layoff experiences of the nurses in the ER at City Hospital, is that downsizing makes many victims. Not only are those displaced by layoffs victims. Those left to deal with the remnants of a work environment changed by downsizing can be victims as well.

The responses of the nurses to the layoffs in the ER are not characteristic of beneficiaries of inequity. Instead, the affective, attitudinal and behavioural responses of the nurses are those of victims of inequity. The nurses were not happy with the changes in their work environment following the downsizing. Nor did they feel lucky for having survived the layoffs. Instead, the nurses understood themselves to be exploited by management and the new work environment created by the downsizing. The nurses did benefit from the retention of their jobs. However, these jobs did come at a price, leaving the nurses in a inferior position to the one they held prior to the layoffs. The nurses were expected to contribute more to their work, but were in receipt of less in terms of the jobs they retained. The continuous and serious needs of the patients, combined with a hectic pace of work and shortage of resources, primarily human, forced the nurses onto a performance treadmill which they could not perceive dismounting. The nurses did not experience positive inequity of the kind described by Brockner. Nor did they

enjoy relative advantage as a result of the layoffs. The nurses were victims of a kind hitherto unacknowledged in the downsizing literature.

A quick analogy best exemplifies the point being made here: Two children riding bicycles down the street encounter a gang. The gang members proceed to steal the bike of one and damage the bike of the other. For Brockner, the child whose bicycle is stolen is a victim, while the child of the damaged bicycle is a survivor. What the findings of this case study suggest, however, is that both children are victims; one for having lost their bike and the other for being left with a bike he may be able to continue riding, but at best with some level of difficulty.

This analogy is simplistic, but it does illustrate a major shortcoming of Brockner's work. For Brockner, victims are simply those displaced by downsizing, while survivors exist in varying degrees depending upon the changes to their work and work environment caused by layoffs. What is suggested here is that this way of conceptualizing survivors is limiting and may result in a failure to acknowledge all possible factors influencing survivor responses. For example, in adhering to this ardent distinction between victims and survivors, Brockner has as yet failed to see the possibility of a workplace becoming less enjoyable for survivors because of anything more detrimental than work becoming more boring. What is being suggested here is a shift in this kind of thinking. If future research were to approach the study of survivors with the idea in mind that they too can be victims, and grave victims of downsizing, such omissions and oversights might be

prevented.

CHAPTER FIVE: DISCUSSION

The findings of this case study reveal that the increase in workload expected of the surviving nurses as a result of the layoffs had a much greater impact on their affective, attitudinal and behavioural responses to the layoffs than did their positive perception of fairness of the downsizing process itself. The nurses' affective response to the layoffs in the ER were negative despite their perception that management's' handling of the layoff was fair. The nurses harboured resentment toward the Corporation for the increased workload resulting from the layoffs. The nurses were angry and frustrated with this workload and what they perceived to be an increasingly degraded work environment. As a result of the layoffs and the subsequent increase in workload expected of them, the nurses withdrew their commitment to the Corporation. They also reported that their motivation to work, albeit fuelled by their devotion to good patient care, was becoming encumbered by the increased workload and the sacrifices they had been forced to make in terms of overall quality of care. This very real increase in workload created by the layoffs forced the nurses to respond with an increase in the quantity of work they performed. This increase in work performance came at the expense of the overall care received by the patients, as the nurses were forced to prioritize the care they delivered to the patients. The workload also influenced how the nurses chose to restore equity to their work

situation. Unable to foresee a way that actual equity (or a real decrease in workload) could be restored without impairing the care received by patients, the nurses were forced to pursue psychological means of restoring equity.

Support For Equity Theory

These findings both support and refute the work done by Brockner. Specifically, these findings support the use of equity theory to explain how the nurses reacted to the layoffs in the ER. However, these findings refute Brockner's use of equity theory and his hypotheses regarding the impact of perception of fairness on survivors' reactions to layoffs. The findings of this case study have revealed that there may be multiple forms of inequity experienced by downsizing survivors. For Brockner, there appears to be only one inequity resulting from simply surviving the layoff. However, the nurses in this case study experienced another form of inequity: inequity resulting from an increased workload following the layoffs. Whether or not the nurses experienced positive inequity for having survived what they perceived to be a fair layoff, as Brockner hypothesizes they should in his standard work, is uncertain. However, what is of greater importance is that the nurses did experience inequity as a result of the consequences of the layoffs or what has been referred to in this thesis as "workload inequity."

Immediately following the layoffs, the amount of work expected of each

nurse rose tremendously. The nurses were forced to respond by increasing the amount of work they performed -their input, all the while receiving what they perceived to be less in terms of outcome. The nurses perceived their jobs to be less enjoyable and rewarding following the layoffs. Similarly, the nurses did not receive a raise in wages or benefits in compensation for this increased work expectation. Thus, the nurses were contributing more to their work relationship, but were receiving less reward. This placed the nurses in an inequitable situation. The nurses' exchange relationship with their employer was inequitable. Similarly, the nurses' experienced real deprivation in comparison to their pre-layoff work situation. The nurses did not just perceive an increase in workload. The increased workload was very real in the ER after the layoffs.

The nurses' reactions to the layoffs can be explained by understanding their experience of workload inequity. As previously discussed, equity theory contends that situations of inequity give rise to distress for those involved. For those who find themselves the victims of inequity, this distress can be manifest as anger or resentment toward the perpetrator of the inequity (Hatfield and Sprecher 1984). In this case study, the nurses did respond to the layoffs with anger, resentment and frustration toward the Corporation and their work situation that resulted from the layoffs. Similarly, the nurses responded to the inequity created by the layoffs with decreased commitment to the Corporation. This motivational response by the nurses was less than complete as they believed that withdrawing

commitment completely would greatly hurt the patients. The nurses did not see the patients as the perpetrators of this injustice and thus, did not want to punish the patients in this way. Similarly, the nurses had no real control over their work performance. The nurses did not choose to increase the amount of work they performed. Nor would they have chosen to prioritize the care they delivered to patients if they did not have to. The nurses' adherence to their professional ethic would not allow them to retaliate against the Corporation in these ways. However, the nurses did respond to the layoffs with negative emotions and a decrease in commitment to the Corporation. Both were means of retaliation which they perceived to not be hazardous to the patients.

Equity theory also contends that individuals will to try to eliminate the distress caused by inequity by restoring equity to the situation. As discussed in detail in the previous chapter, the nurses did make strides to restore psychological equity to their work situation. Consistent with the tenets of equity theory, the nurses appeared to have pursued a cost-benefit strategy in determining which type of equity they could restore to their work situation. Unable to restore actual equity without inhibiting or relinquishing the care they delivered to patients, the nurses sought solace for their victimization in their professional ethic. In order to justify to themselves and others their toleration of what they believed to be an increasingly intolerable work situation, the nurses appealed to their professional ethic. The nurses justified their continued hard

work by emphasizing their belief that their work has a higher moral cause. The nurses believed their work to be a "calling" as opposed to a job, thus justifying their continued efforts. By increasing their own perception of the outcome in this way, the nurses were able to justify their adherence to the increased input required of them. Similarly, by comparing their own efforts and dedication to a calibre of professionalism they believed justifiably demanded such hard work, the nurses were also able to validate their continued attempts to meet the workload demand.

Thus, the tenets of equity theory can be used to interpret the responses of the nurses to the layoffs in the ER at City Hospital. However, unlike Brockner's use of the theory, the nurses' experience of inequity does not involve feelings of guilt for having simply survived the downsizing. The nurses' reactions to the layoffs were not driven by positive inequity or inequity induced by how fair they perceived the process of downsizing. Instead, the inequity experienced by the nurses was a form derived from the consequences of the layoffs, namely, workload-induced negative inequity. It was this inequity which drove the nurses' affective, attitudinal and behavioural responses to the layoffs.

VALIDATING AND CHALLENGING BROCKNER'S CLAIMS

All of the nurses' reactions to the layoffs, affective, attitudinal and behavioural, were the result of a very real change in the workload expected of them and did not appear to be jointly affected by their positive perception of fairness of the downsizing process itself. These findings reveal that Brockner's early hypothesis, that actual layoffs would likely evoke a multitude of affective states, was correct (Brockner et al. 1986). Brockner's standard work on the impact of a survivor's perception of fairness on their responses to layoffs is strong and compelling. However, as the findings of this case study reveal, Brockner's decision to look beyond survivors' perception of fairness and to expand his research to study the possible impact of other variables on survivors' reactions to layoffs was well-grounded. Therefore, the conclusion he derives in his single study of the affect of job content on survivor responses to layoffs has proven quite applicable to the experiences of the nurses in this case study (Brockner et al. 1993).

Validating Brockner's Hypothesis

In *his* study, Brockner hypothesizes that survivors will react positively or negatively in terms of their commitment to the organization following a downsizing, depending upon how they perceive the quality of the job they have retained to have changed since the layoffs (Brockner et al. 1993). If the survivors

perceive their job to have become more interesting, they will respond with increased commitment (Brockner et al. 1993). Conversely, if they perceive their job to have become more boring, they will respond with decreased commitment (Brockner et al. 1993). The survivors' reactions, Brockner suggests, are only mitigated by their perception of fairness of the layoff (Brockner et al. 1993). That is, survivors will react more positively or negatively depending upon their perception of the work context (perception of fairness) following the downsizing, but their commitment-response to the layoff is determined by their perception of change in job content (job quality) (Brockner et al. 1993). Both Brockner's survey and laboratory findings confirm this hypothesis in this study (Brockner et al. 1993).

The findings of *this case study* confirm Brockner's general hypothesis as well. In Brockner's study, he found that survivor perception of fairness was a contributing factor to how survivors reacted to layoffs (Brockner et al. 1993). For example, survivor-commitment was more positive in the "positive change in job quality" scenario when their perception of fairness of the layoff was also positive (Brockner et al. 1993). However, this is not to suggest that had the survivors perceived the layoff to be unfair, they would have responded negatively. Survivor perception of fairness simply made their reactions more or less positive or negative depending on the situation (Brockner et al. 1993).

The same can likely be said of the nurses' reactions to the layoffs in the

ER. The nurses' attitudinal, behavioural and affective responses were determined by the change in their workload or "work quantity." The nurses' perception of fairness of the downsizing, if anything, could have mitigated their negative response. The nurses possibly responded less negatively because they believed the layoffs were handled fairly. However, the nurses were adamant when questioned that their reactions had everything to do with their anger over the increased workload and resulting decrease in quality of care they could deliver to patients, and nothing at all to do with how fairly they perceived the downsizing to have been undertaken. Similarly, the nurses' commitment, motivation and performance responses were more in line with what Brockner predicted in his body of work on the impact of perception of fairness for survivor responses to unfair layoffs. Thus, if the nurses' perception of the downsizing process as fair did influence their responses at all, this influence was minute and undetectable in this case study. Whether or not the nurses' perception of fairness was a contributing factor influencing their responses to the downsizing is uncertain. However, what is certain is that the nurses' responses were determined by the change in the quantity of work expected of them following the layoffs. Future research in this field should strive to uncover exactly what role survivor perception of fairness plays in comparison to other variables which influence survivor reactions to downsizing.

Going Beyond Brockner

Besides validating certain of Brockner's claims, the findings of this case study went beyond the ideas expressed by Brockner in his study of the influence of work content. As mentioned in the previous chapter, there are several weaknesses and limitations to Brockner's study of the impact of a change in work content on survivor reactions to layoffs (Brockner et al. 1993). Many of these weaknesses and limitations have been addressed in this case study. For example, in the laboratory part of his study, Brockner assumes that workers would perceive their work quality to be less if their job became more boring as a result of layoffs (Brockner et al. 1993). Similarly, in the survey section of that study, Brockner measures job content using Hackman and Oldham's (1980) five dimensions of job quality. Brockner does not acknowledge in either section of that study that survivors' may perceive the enjoyment of their work as less because of an increase in quantity of work or workload subsequent to downsizing. The nurses did not perceive their work to have become more boring following the layoffs. Similarly, the nurses' descriptions of their work reveal that they would likely measure high in all five of Hackman and Oldham's (1980) job quality dimensions. However, despite this, the nurses in this case study reacted negatively to the layoffs. They reacted negatively because of the real increase in quantity of work.

In addition, in his study, Brockner examined only the impact of a change in

job quality on survivors' commitment to the organization (Brockner et al. 1993). In this case study it has been shown that a change in workload can also influence a survivor's motivation to work and performance. The nurses in this case study not only withdrew their commitment to the Corporation because of the increased workload and subsequent decrease in the quality of care they were able to deliver to patients following the downsizing; the nurses also found that the increased workload was progressively inhibiting their motivation to work. Similarly, the nurses were forced to react to this very real increase in workload by increasing the quantity of work they performed and again, a decrease in the quality of care they delivered to patients. This change in workload subsequent to the layoffs had a tremendous impact on all of the nurses' attitudinal and behavioural responses to the layoffs.

It should also be noted that in this case study the quantity and quality of the nurses' performance were not independent, as it is in Brockner's work. The quantity of work performed by the nurses rose following the layoffs. However, this increase was forced and not a reaction to the layoffs decided upon by the nurses themselves. The nurses were forced to increase the amount of work they performed subsequent to the layoffs. In addition, the quality of the nurses' work or the quality of care they were able to deliver to the patients fell as a result of this increased workload. The nurses were constrained by the workload to prioritize the care they delivered to patients. In Brockner's work, quantity and

quality of survivors' performance are not linked in this way. Brockner does not acknowledge that the two aspects of performance can be causally linked as they are in this case study.

Similarly, Brockner fails to acknowledge in any of his work that survivors' attitudinal responses can be influenced by a multitude of factors. For example, in his study of the impact of work content on commitment (Brockner et al. 1993), Brockner does not entertain the possibility that survivors may be committed to their work through anything other than the company they work for. As the findings of this case study reveal, the nurses were committed to City Hospital before the merger and the subsequent layoffs undertaken by the management of the new Corporation. Consistent with Brockner's hypothesis (Brockner et al. 1993), the nurses withdrew their commitment to the Corporation as a result of the layoffs and the increase in workload they experienced following the layoffs. However, unlike the survivors Brockner presents in his study, the nurses shifted their commitment to their peers and the patients they served. The nurses continued to be committed to their work, but no longer committed to the organization which employed them. The same can be said of the nurses' motivation to work. The nurses did report that their motivation was becoming increasingly encumbered by the negative change in workload. However, the nurses also reported that they continued to be motivated by their peers and the needs of the patients. Thus, Brockner is partially correct in his assumption that a

negative perception of change in job quality (and/or work quantity) will result in negative attitudinal responses. What Brockner fails to recognize and what the results of this case study have confirmed, however, is that there are multiple sources influencing survivors' attitudinal responses.

SUPPORT FOR FINDINGS IN THE BROADER LITERATURE

The findings of this case study are supported by the conclusions drawn in the broader literature on the consequences of downsizing. As discussed in Chapter Two, the literature on the entire phenomenon of downsizing itself is not extensive. However, what work there is does support the conclusion drawn here; that is, that downsizing often inhibits the overall performance of survivors.

To briefly summarize, Cameron, Freeman and Mishra (1991) questioned downsizing survivors and found that they perceived the quality of production and the overall quality of the company to have been reduced as a result of the downsizing. These survivors also perceived employee morale to have fallen since the downsizing. Similarly, Cascio (1993) found that the morale, productivity and trust of survivors for management fell subsequent to downsizing. Cascio explains that organization decision makers and managers consider the well-being of their employees of lesser importance than their concern for short-term cost reductions. As such, survivors come to feel used and abused as a result of downsizing, and, therefore, do not respond positively.

This was the case for the nurses in the ER at City Hospital. While the nurses were not asked about morale directly, the nurses' opinion that the layoffs had broken their motivation to work certainly came through. In addition, the nurses also reported feeling as though they had been mistreated by the Corporation. The nurses believed themselves to be exploited by the workload that resulted from the layoffs. However, unable to foresee any way of freeing themselves from this exploitation, the nurses were forced to find alternate means of coping.

Some connections can be made between the downsizing experiences of the nurses and the literature on the economic consequences of downsizing as well. This literature suggests that organizations which undergo downsizing often do not enjoy the anticipated economic benefits associated with the practise, such as increased profits, stock prices and ROI. Scholars such as Cascio (1993) and DeMeuse, Vanderheiden and Bergmann (1994) found that layoffs do not promote improved organizational financial performance, nor are they useful in preventing a decline in organizational financial performance. Findings of similar studies concluded that to a large extent downsizing does not bring about improvements in productivity or overall performance of the company ("Pink Slip Productivity" 1992). It would be a mistake to generalize beyond the level of analysis of this thesis and to conclude definitively that the nurses' decrease in motivation, commitment and quality of care delivered to patients can be linked to the overall

performance of the Hospital. The performance of the Hospital has not been

assessed here, nor has there been any attempt to link the changes in the nurses'

individual performance with the overall performance of the Hospital. However,

the experiences of the nurses can be logically linked to support the findings in the

broader literature. The diminished performance experienced by the organizations

in the studies listed above could be the result of the negative consequences of

the downsizing on the survivors in those companies. For example, it could be

that the negative changes in the nurses' commitment, motivation and quality of

work could come to impede the overall performance of the Hospital.

However, this argument is difficult to support without making a direct

connection between the individual performances of the workers and the

performance of the organization. For example, it could be that while the

individual performances of the survivors may have diminished as a result of the

downsizing, the organization may have at the same time adopted new

technologies which could have improved the organization's performance overall.

In this case the performance enhancement provided by the new technology would

nullify any negative affect the survivors' diminished performance would have had

on the organization. In this case, the organization would not experience a change

in overall performance.

Similarly, the point must be made that while the nurses did experience a

decrease in commitment and motivation to work and an inhibited capacity to

provide good, quality care to the patients, they did increase the pace of their work. That is, they did come to see an increased number of patients in their shifts following the downsizing. The ER did continue to function, and function at an increased pace following the layoffs. Thus, it could be argued that the ER did in fact become more productive as a result of the layoffs. From the perspective of the department as a whole, more patients were being treated by fewer employees and with fewer nursing hours on the schedule. Thus, it can be argued that the layoffs did make this department more productive. However, this argument does harken back to the "warning" extended by McKinley, Sanchez and Schick (1995). Their study found that while, on average, most organizations which downsize enjoy a marginal rise on most financial markers in the first year following a downsizing, these levels quickly fall-off in the year following. Now, it is true that the downsizing of the ER at City Hospital did occur two years prior to this study and the nurses continue to function at this increased pace of work. However, as the responses of the nurses to these interviews overwhelmingly indicate, something has to give, and likely soon. The nurses' responses hint loudly that McKinley, Sanchez and Schick's warning should not be ignored.

Summary

Thus, the conclusions drawn from the experiences of the nurses do receive some support from the literature on the consequences of downsizing. Similarly, the findings of this thesis offer some support to the literature. The findings of this thesis present several clear assumptions regarding the impact of downsizing on survivors. Specifically, downsizing is not a positive experience for survivors, and while it may appear to positively enhance their productivity through increased quantity of work performed, this is at best a short-term gain for the organization. Eventually, the negative repercussions of downsizing on the survivors' commitment, motivation and quality of work will likely override any positive gains.

Again, this conclusion should not be taken out of context. While the warning it sends to organization decision makers is a strong one, the message may only be true for organizations which employ workers with a professional work ethic similar to that of the nurses in this study. The professionalism of the nurses in this study appears to have lessened the negative effects of workload inequity. Had this professionalism been lacking, the negative effects of this increased workload would probably have been much worse. It could be that workers with less or no adherence to a professional ethic would react very differently to layoffs. Perhaps their lack of professional commitment would make it easier for them to quit such a situation much earlier than the nurses. That is, by rationalizing their

work as "just a job", such workers might be more apt to become angry and frustrated with the system and what the nurses perceived as exploitation. In contrast, it could be that their lack of professional commitment would make it easier for them to continue to function. However, less dedicated workers might not be as conflicted as the nurses about doing a less than satisfactory job. It is important to note such possible exceptions to any study when the literature in a particular area, such as that for the consequences of downsizing for survivors, remains in its infancy. It is to this topic which the discussion will now turn.

ALTERNATIVE POSSIBILITIES AND AREAS FOR FUTURE RESEARCH

Scholarly research on this topic remains scant and for this reason it is crucial that each study be rigidly examined for its conclusiveness. Each work should be reviewed for possible alternative explanations. Throughout this thesis indications have been made where future research on a particular point would be valuable to the literature. These will not be repeated here. However, the findings of this thesis do lend themselves to other possible explanations and these will be discussed here. Specifically, as discussed in Chapter Two, equity theory does have several limitations. Admittedly, by no means does equity theory provide an exhaustive empirical basis from which to examine the experiences of all downsizing survivors. There is, as yet, no overall theoretical framework with which to study the consequences of downsizing for survivors. Thus, it is

important to discuss any other theoretical or empirical possibilities which could be examined in future research.

The Impact of Social Interaction

As discussed in Chapter Two, a major critique of equity theory stems from the fact that it does not address social interaction in exchange relationships. The theory ignores the possibility that individuals may come to their thoughts and feelings about a certain matter through interaction with others. Social networks are a very important aspect of working life. Social networks and social interaction are an inherent element of all organizations. However, equity theory does not acknowledge this. Instead, the theory holds that individuals react on the basis of their own thoughts and feelings and do not discuss these with or influence the thoughts and feelings of others.

While the nurses were asked directly and did report on their own, individual conclusions regarding how they felt about and reacted to the layoffs, the fact that social interaction did take place in this work environment cannot be ignored. As was shown in the previous chapter, there was considerable discussion of the layoffs amongst the nurses. While the nurses did not enjoy a vast amount of time to interact given the increased workload they experienced following the layoffs, they did nonetheless discuss them. In conducting these interviews, the aim was to assess the applicability of equity theory to the

experiences of the nurses. In so doing, the nurses were not questioned on the nature and extent of the social networks within the department. Nor were the nurses asked how these social networks affected their responses to the layoffs. Thus, it is possible that in discussing the layoffs amongst themselves, the nurses became influenced by the thoughts and feelings of others and their reactions to the layoffs reflected a more collective response than is identified in this thesis. As was found in this thesis, equity theory can be used to explain the reactions of survivors to layoffs. However, future studies must look beyond what explanations can be provided by the tenets of equity theory in order to ascertain to what extent social networks influence survivors' affective, attitudinal and behavioural responses to layoffs.

Issues of Power, Control and Alienation

Other themes that emerged throughout the interviews with the nurses were those of alienation, power and control. The nurses' anger and frustration was definitely in response to the fact that the work became more burdensome following the layoffs. The increased workload following the layoffs was the catalyst for the nurses' responses. However, the nurses were subject to the dictates of others in terms of the workload they were forced to accept following the layoffs and this did affect their reactions to the layoffs.

As was exemplified in the nurses' responses to questions regarding their affective state after the layoffs and in their discussion of the increased workload since the layoffs (discussed in the previous chapter), the nurses did express that they felt exploited and taken for granted by management and in some cases even the patients. The nurses did not feel completely in control of their work environment and the care they delivered to patients. Similarly, the nurses demonstrated some feelings of alienation in their interviews.

Both Marx and Blauner discuss alienation in terms of both objective and subjective, or psychic experiences. For Marx, alienation refers to the experience of work under capitalism (Krahn and Lowe 1998). Marx considers capitalist production objectively alienating because it leaves workers with little or no control over the conditions of their work and few opportunities for workers to develop themselves as creative human beings. Objective alienation occurs when the entire structuring of work, how it is done, when and by whom, falls under the decision making power of the owners (or managers today) of production. Under capitalist production, Marx argues, workers become alienated from the products that they labour to produce, the work itself and eventually from themselves. The products they work to produce are owned by the capitalist owners of enterprise. All decision making power over work becomes concentrated with the owners or managers of production, leaving the workers with no control over their work. Finally, in selling their labour power for money, workers not only lose ownership

and control over their labour power, but in making their work a commodity workers become alienated from themselves. Similarly, for Blauner (1964) objective alienation occurs when workers become like powerless objects controlled by others or their systems of work. A worker is objectively alienated from their work when he "reacts rather than acts...is directed or dominated, rather than self-directing" (Blauner 1964:16).

Arguments can be made both in support and opposition of the notion that the nurses in the ER of City Hospital became objectively alienated after the layoffs. Whether or not the nurses experienced alienation at work before the layoffs is unknown. However, the argument could be made that the layoffs relinquished the nurses of some of the decision making power they held over how they did their work. Following the layoffs the nurses were no longer able to care for the patients as they saw fit. They could only care for the patients to the extent that time and the workload allowed. Similarly, the increased workload following the layoffs diminished the nurses' capacity to communicate effectively with the patients and use all of their skills in caring for them. In this way, the nurses were robbed of some of their creative power over their work and work became, to an extent, repetitive and to their own admission, somewhat limited. That is, the nurses were not using all of their all of their skills in treating their patients, only those skills required to provide the patients with the most essential care. In addition, the nurses were frustrated with the conditions of their work environment.

However, they believed that acting to promote change would only be futile. In these ways the nurses did demonstrate that they felt powerless over some aspects of their work.

In contrast, arguments can be made against this idea that the layoffs promoted objective alienation amongst the nurses. It is true that the control they enjoyed over providing complete care for the patients was diminished following the layoffs. However, the pace of the nurses' work was always dictated by the activity in the ER. How hard the nurses worked, even before the layoffs, was the direct result of how many patients came through the door for treatment that day. Similarly, the nurses never had control over the number of employees in the department. Thus, how many nurses were laid-off and when did not signify a loss of power for the nurses who remained. In these ways, it could be argued, the nurses never enjoyed complete control over their work environment. It could also be argued that the heightened workload following the layoffs, led to an increase in the power and control enjoyed by the nurses in their work. The nurses were increasingly constrained by time and the dictates of management after the layoffs. However, albeit unofficially, they became empowered to begin treatment for patients without the prior consent of the doctor on duty in some cases.

According to Marx, workers can also be subjectively alienated when they develop feelings of estrangement from their work. Marx explains that workers can also withdraw emotional attachment to others and activities and to self when

they feel they cannot influence or control their work. Blauner (1964) further develops these ideas of subjective or psychic alienation and defines it in terms of meaninglessness, social alienation and self-estrangement. Again, whether or not the nurses were subjectively alienated is uncertain. The nurses did demonstrate some forms of subjective alienation. The nurses reported that they were not committed to the corporation which employed them. The nurses distanced themselves from the Corporation which they believed to be responsible for the state of the ER following the layoffs. In this way the nurses were socially alienated from their employer. Similarly, the loss of a degree of objective control over their work may have violated the nurses' sense of self following the layoffs in that they could no longer provide the quality of care to patients that they would have liked. Not being able to provide good, quality care to the patients may have threatened the nurses' identity as caregivers placing them in a situation of role strain or conflict. In this way, the nurses may have been somewhat alienated or estranged from themselves. However, the nurses did not express in their interviews that their work became increasingly meaningless as a result of the layoffs. In fact, it was to the meaning and importance of their work that the nurses referred when justifying their continued tolerance of this work environment. Similarly, the nurses were not socially alienated from those they worked with. In fact, the nurses referred often to their professional kinship when trying to justify their continued efforts. While the nurses may have been isolated

in that they did not identify or want to identify with the Corporation and its "goals", they did believe themselves to be active members in this work environment and continued to be committed to their work role and loyal to the patients and their peers. Finally, the nurses did not demonstrate complete self-estrangement. For Blauner (1964) self-estrangement occurs: "when an individual lacks control over the work process and a sense of purposeful connection to the work enterprise, he may experience a kind of depersonalized detachment rather than an immediate involvement or engrossment in the job tasks" (26). The nurses may have lost some control over their work following the layoffs. However, they were adamant when explaining that it was their direct involvement in caring for the patients that allowed the ER to continue to function. The nurses understood and professed the magnitude of the contribution their work made to the functioning of the ER. In this way, the nurses did not adhere completely to Blauner's (1964) conception of self-estrangement.

This was not a study of issues of alienation, power and control and how these might affect survivors' reactions to layoffs. This study was not designed to substantially investigate these issues. However, the nurses did demonstrate reactions to alienation and powerlessness as a result of the layoffs and this should not be ignored. The fact that these themes emerged in this study strongly indicates that they likely play a large part in determining how survivors react to layoffs. It may be that the reactions of the nurses to the layoffs in the ER were

the result of a joint effect between inequity and issues of alienation and powerlessness. Future research into this area must attempt to uncover means of discerning between the effects of these states. It would be committing a disservice to scholarly research in this area if these themes were ignored in future work.

The Element of Fear

There are a gamut of emotions which workers may experience as a result of surviving a downsizing process. As discussed in Chapter Two, equity theory does address individuals' feelings of guilt and empathy, as well as anger and resentment, for example. However, equity theory does not adequately account for a wider range of emotions. One such emotion which likely develops in workers who are going through and those who survive downsizing, is fear. The nurses in this case study did not report feeling afraid throughout the layoff process. When asked directly, the nurses unanimously reported that they did not believe that they too could fall victim to the layoffs. As a result of the seniority they had accumulated, the nurses interviewed reported that they did not fear for their jobs. The nurses believed they had security in their jobs despite the fact that others were being laid-off. However, it is likely that not all workers feel the same sense of security. Fear over losing a job can greatly affect a survivor's reactions to downsizing. This was not a factor influencing the reactions of the

nurses in this case study. However, not all workplaces follow the same seniority guidelines as this unionized health care Corporation.

Fear could have many repercussions on survivors' responses to downsizing. Feelings of fear could explain why some survivors do not feel guilty for victims following a downsizing. Much like the nurses' feelings of anger and frustration over the increased workload that accompanied the layoffs, these feelings of fear for one's job could supersede any feelings of guilt the survivors may develop. Similarly, fear for one's job can be a great motivator, compelling survivors to increase the amount of work performed in order to secure their continued employment.

The tenets of equity theory do not address emotions such as fear that may develop in exchange relationships. However, this does not negate the fact that some workers do fear for their jobs, before, during and following layoffs. Again, this was not the case for the nurses in this study. However, fear over job security is a factor which should not be ignored in future research, including that research using equity theory.

CONCLUSION

Thus, while equity theory has been effectively applied to the downsizing experiences of the nurses in this case study, equity theory does not provide a complete theoretical framework with which to study the affect of downsizing on all

survivors. Research in this area remains too sparse and too impressionistic for such a conclusion. Empirical analysis and theoretical debate about this phenomenon and the consequences of downsizing for workers needs to be expanded beyond that which exists in the literature as it stands, if a more thorough understanding is to be reached. For example, Brockner's particular use of equity theory, while perhaps applicable to the experiences of the survivors in his laboratory and survey studies, did not apply to the experiences of the nurses in this case study. Unlike the survivors in Brockner's standard studies, the nurses' reactions to the layoffs in the ER were driven by the inequity they experienced as a result of a very real increase in workload following these layoffs. In this way, equity theory does help to explain how the nurses reacted to the layoffs and why they reacted as they did. However, the method with which equity theory was used in this thesis differs from Brockner's interpretation. Thus, much like the alternative application of equity theory adopted to explain the reactions of the nurses in this study, future researchers must be sure that they do not inappropriately discount competing theoretical explanations for their findings, in order to ensure that the literature on this topic can develop substantively.

CHAPTER SIX: CONCLUSION

SUMMARY OF FINDINGS AND CONCLUSIONS

This thesis has investigated the impact of layoffs on the emotions, attitudes and behaviours of emergency room nurses in a large trauma hospital. The purpose of this study was to uncover the answers to two questions related to the existing literature on the consequences of downsizing for survivors. These questions were based on the hypotheses drawn by Brockner in his laboratory and survey studies wherein he used equity theory to analyze the responses of survivors to layoffs. These two questions include: Do survivors experience positive inequity as a result of layoffs? And, do survivors respond to this inequity as Brockner hypotheses stipulate?

The findings of this study have not truly answered these questions. Whether or not the nurses experienced positive inequity simply for having survived the layoffs is uncertain. However, unique to this research is the finding that the nurses' affective, attitudinal and behavioural responses to the layoffs were dictated by the increased workload they experienced following the layoffs. The work in the ER for these nurses became much more burdensome after the layoffs. The nurses were required to input more in terms of effort and quantity of work performed, all the while receiving what they perceived to be less outcome. Simply surviving the layoffs did not increase the value of their jobs in proportion to

the increased amount of work they had to accomplish. In this way, the nurses did not believe themselves to be the beneficiaries of the layoffs. Instead, they perceived themselves to be another type of victim of the layoffs. The nurses perceived this disjunction between the amount of labour they contributed and the outcome of the job they retained as a form of workload induced negative inequity.

The nurses responded with anger and frustration to these layoffs, despite the fact that they perceived the process by which they were managed to be fair. These negative emotions were not in response to the process by which the layoffs were handled. Instead, the nurses reacted to the workload inequity which emerged as a consequence of the layoffs. As a result of this workload inequity, the nurses relinquished any commitment to the Corporation. Similarly, the nurses reported that while they continued to be motivated by the needs of the patients and the dictates of their own professional ethic, their motivation was becoming increasingly wearied. In addition, the nurses explained that the quantity of work they performed and the quality of care they were able to deliver to patients was dictated by this increased workload. Finally, this workload inequity also influenced how the nurses' chose to restore equity to their work situation. Believing that any means taken to restore actual equity to the situation would only hurt the patients, the nurses sought to redress this inequity psychologically. The nurses turned to their professional ethic for solace and justification for their continued efforts in this inequitable work environment.

IMPLICATIONS: SUBSTANTIVE AND THEORETICAL

Thus, whether Brockner's hypotheses are right or wrong, I do not know. However, what can be concluded from the findings of this thesis is that Brockner's hypotheses and his employment of the tenets of equity theory are too narrow. Analysis of the nurses' interview responses has revealed that workload had a much more significant impact on their responses to the layoffs than did any other factor, including their perception of fairness of the layoff. Parallels have been drawn throughout this thesis between this finding and the conclusions Brockner draws from his study of work content (Brockner et al. 1993). However, given the fact that many organizations downsize without restructuring (Mishra and Mishra 1994), it is believed likely that more survivors fall victim to an increased workload subsequent to downsizing than they do to a change in the quality of their work as defined by Brockner in that study.

Equity theory has been used effectively here to analyze the responses of the nurses to the layoffs in the ER. However, as discussed in the last chapter, the form of equity theory used in this thesis differs from that employed by Brockner. Brockner did not entertain the possibility that downsizing can result in a change of workload for survivors and that this may impact or eliminate altogether their experience of positive inequity for simply surviving. Equity theory has been used here to introduce a new form of inequity which arises in post-downsizing workplaces, namely workload induced negative inequity. The nurses

in this case study did not perceive themselves to be the beneficiaries of these layoffs simply because they survived. Instead, the nurses believed themselves to be victims of workload inequity and responded in turn.

The implications of these findings for research in this field are straightforward. First, these conclusions offer credence to the assertions made by others who have argued that downsizing is not a positive experience for survivors (Cameron, Freeman and Mishra 1991; Cascio 1993). As noted, this literature has been, to date, largely anecdotal. However, the findings of this thesis offer more analytically rigorous support for this general conclusion. Second, by adopting equity theory to examine the nurses' responses to the layoffs in the ER, I have expanded upon our knowledge of the strengths and weaknesses of this theory in providing insight into the experiences of survivors. I have shown that equity theory is not limited to the application presented by Brockner. Equity theory has been used effectively in this thesis, albeit differently from Brockner, to analyze the nurses responses to layoffs. However, I have also explored the limits of equity theory and have presented other possible theoretical schema which might also be applied to analyze the experiences of downsizing survivors.

Admittedly, there are several weaknesses in this thesis. These weaknesses are in large part related to methodology. As discussed, not unlike all of Brockner's work, this thesis research has been done two years after the layoffs

took place in the ER at City Hospital. This kind of ex post facto research is not

ideal. Time can blur respondents' recollections of part events, thus challenging

the accuracy of their responses. Second, there was no opportunity to establish a

control group within this study. Most nurses in Ontario, especially those working

in emergency, it could be argued, have been subject to downsizing in their work

environment over the past few years. Thus, finding nurses in a comparable ER

work situation who had not experienced layoffs, with whom a control group could

have been established, was unlikely. Third, the sample of nurses who

participated in this study were not randomly selected. The nurses who comprised

the sample for this study volunteered to participate. This does raise issues of

potential non-response bias. However, it should be noted here that measures

were taken to explore this possibility and all efforts uncovered no evidence that

those who chose not to participate did so because their opinions or experiences

differed from those of the participants.

Ideally, future research will come to expand upon the findings of this study

and further examine the impact of workload on downsizing survivors, as well as

that of others factors such as perception of fairness and work quality introduced

by Brockner and discussed here. Researchers should also strive to contribute to

the development of a theoretical framework with which to analyze the

experiences and consequences of downsizing for survivors. Thus far, this

framework is premised solely upon the tenets of equity theory and as has been

discussed, equity theory is not fully developed. Equity theory can not adequately deal with all of the potential factors and situations which affect downsizing survivors.

Finally, and perhaps most importantly, all efforts must be made to make the study of organizational change more accepted. Research on downsizing in the field is extremely difficult and access to field research settings is limited. Organization leaders are reluctant to permit researchers access to their workers and work environments in order to uncover the nature and results of implemented change. As discussed above, this places tremendous methodological constraints on the researcher, thus limiting the credibility and generalizability of scholarly work in this field. Without more liberal access to fieldwork settings any attempts at a more complete substantive and theoretical understanding of the consequences of downsizing for survivors will be in vain.

IMPLICATIONS FOR HEALTH CARE IN ONTARIO

If the leaders of the federal and provincial governments, economists, efficiency experts and the like were questioned on how they interpreted the findings of this case study, they might have a very different view of the consequences of these layoffs. As discussed previously, in taking an economic stance, one could argue that this ER seems to be functioning more productively. Thus far, this department has continued to function despite fewer nurses and

without having the quality of care that is delivered to patients slip below minimum standards. Recalling the discussion of institutional theory presented in Chapter Two, this fact could stand to boost the reputation of those civil service leaders who instigated the downsizing of the health care industry in Ontario (Budros 1997). From an organizational perspective, this ER department has become "leaner and meaner" with more patients being attended to by fewer nurses. One could also argue that this has, in fact, resulted in the securing of scarce resources by these organization decision makers (Budros 1997). Premier Mike Harris, for example, was initially elected under the banner of downsizing, making the streamlining of all public service agencies in Ontario the central mandate of his campaign; and the vote, it could be argued, is the most elusive, yet powerful, resource the public has to offer.

In contrast, the Harris government has reportedly begun to inject "emergency money" back into the health care industry (Boyle 1999a). These funds do come from increased federal government transfer payments to the provinces. However, it is interesting to note that the areas of health care which are to receive these monetary allotments are those which the provincial government most stringently downsized in the first place. Reports of money being sent to alleviate problems in geriatric facilities, oncology, maternity and neo-natal wards and emergency rooms reflects where the cuts were made initially (Boyle 1999b). An intriguing research project could be premised upon this

question: Why were these areas of health care chosen to be downsized over others, especially considering that they apparently needed the funds in the first place? It is true that transfer payments to the hospital were cut by government (Morrison 1999). However, individual CEO's and hospital administrators were given the power to decide what areas within their hospitals would receive less funding (Morrison 1999). An argument could be made that the areas selected for downsizing were those that hospital decision makers knew, at some level, would receive the most public attention. It is not a challenge to foresee that long line-ups and mishaps in these areas in particular would leave very compelling victims and would be met with the greatest public outcry.

This has, in fact, been the case. The news media have been quick to report stories of long line-ups for procedures such as MRI's (Walker 1999) and expectant and new mothers being flown to the United States for delivery and post-natal care for their infants (Buist 1998). Perhaps the greatest number of reports have involved backlogs in emergency rooms across southern Ontario (Gillespie and Pron 1998). One case in particular involved the death of five year old Kyle Martin at the Credit Valley Hospital in Mississauga (Boyle 1999b). Kyle was brought to the emergency room suffering from vomiting and diarrhea (Boyle 1999b). Due to backlogs in the department, the boy was not assessed by nurses until an hour and 12 minutes after his arrival, and another two hours passed before he was examined by a doctor (Boyle 1999b). The boy lapsed into shock

and died 15 hours later from a toxic shock-like syndrome caused by a Group A streptococcal infection (Boyle 1999b). An inquest into the incident gave rise to recommendations that a new standard be applied that every patient entering a hospital ER be assessed within 15 minutes of registering (Boyle 1999b). Under this new policy it was recommended that nurses prioritize patients for treatment during this initial assessment (Boyle 1999b). In order to accommodate the new policy, Health Minister Elizabeth Witmer announced a $15 million plan to bring seven emergency department restructuring projects in the Greater Toronto Area up to speed on the new policy (Boyle 1999b). It would be callously inaccurate to suggest that hospitals and hospital administrators have benefitted from incidents such as these. The points being raised here are purely speculative. However, the fact remains that these incidents and the coverage they receive by the news media have propelled the public to demand a greater input of funds into these health care areas and have compelled the federal and provincial governments to respond in kind (Ruimy 1998). A survival resource for hospitals that had hitherto appeared elusive, namely money, has been secured as a consequence of downsizing. The ER's, it would appear, might finally receive some relief.

IMPLICATIONS OF SAMPLE: THE UNIQUENESS OF NURSES

However, a factor which has largely been omitted from this debate on public service downsizing, is the professionalism of the workers employed within these sectors. While the government has seemingly responded to public demands for increased funds for health care, it has been slow to commit funds to the education and hiring of more nursing staff. The fact remains that without the professionalism of the nurses at work within the ER at City Hospital, this department would have ceased to function long ago. The ER at City Hospital, as a whole, has been surviving downsizing by clinging to the coat-tails of some very tired yet dedicated nurses.

This is yet another factor which should be taken into consideration by future researchers investigating the consequences of downsizing for survivors. The nurses' responses to the layoffs in their ER were dictated by the increased workload subsequent to the layoffs. However, as explained, the nurses' responses were also driven by their strict adherence to a professional ethic. Presumably, workers in a non-unionized work setting and/or those with no professional loyalty might exhibit very different responses to downsizing. Likely, they would chose different means by which to restore equity to their work situations as well. As scholars, we can come closer to a substantive understanding of survivors' responses to downsizing. However, as noted here, workers' responses may differ by factors such as dedication and professionalism.

Scholars must be aware and sensitive to such factors and others which may lie more subtly below the surface of survivors' responses.

It has never been my intention in this thesis, from initial study design to the editing of this conclusion, to tackle the issue of whether the downsizing in this ER department was warranted. Nor was it my intention to build a "nurse-is-hero" argument. However, it has become impossible to ignore the dedication and professionalism of the nurses in this case study and how very real and urgent the situation would be for this work environment, if these nurses were not such ardent professionals. It would appear that two years after comparing nurses in Ontario to "out of fashion `hoola-hoop' factory workers", Premier Harris ("Witmer Accused of Hypocrisy" 1999) and his associates are becoming aware of the value of these workers to health care. The work of nurses greases the wheels of the entire health care system.

Recently, 8,400 members of the Saskatchewan Union of Nurses launched an illegal strike after their concerns over wages and working conditions went ignored by provincial health care leaders and hospital administrators ("Saskatchewan Nurses End Walkout" 1999). These nurses had long complained that they were underpaid, forced to work overtime and unable to properly care for patients because their workplaces were understaffed ("Saskatchewan Nurses End Walkout" 1999). The concerns are strikingly similar to those voiced by the nurses in this case study. The strike lasted ten days

before the province forced the nurses back to work and settled the labour dispute by promising the nurses a 6 percent wage hike over three years and another 7.7 percent of the total payroll to address benefits and working conditions ("Saskatchewan Nurses End Walk Out" 1999). This settlement fell remarkably short of the 22 percent wage increase the nurses were striving for, but was about 4 percent higher than the offer made before the strike began on April 8 ("Saskatchewan Nurses End Walk Out" 1999). Launching an illegal strike is a radical move for any labour dispute. However, this labour dispute caused hospitals to shut to all but the most urgent cases and also led to the forced transportation of some patients across the border in the U.S. for treatment ("Nurses Strike Gives Birth to New U.S. Citizens" 1999). Undoubtedly, the health care systems in these two provinces differ on many vital points. However, it is interesting to note the parallel that nurses in both provinces appear to be pushed to the brink of their professional dedication as a result of workload and concerns for patient care. It is also noteworthy that despite the strike, these nurses did report for essential work throughout the ten days ("Saskatchewan Nurses End Walk Out" 1999).

Understanding their ardent professionalism makes it hard to fathom the nurses in Ontario going on strike. The nurses in this case study appear to have found a sufficient means to cope with the increased workload by leaning heavily on their professional ethic. However, everyone has their breaking point and the

downsizing has brought the nurses in the ER at City Hospital well within the scope of theirs. As it stands, the short-term care of patients in Ontario's emergency rooms may be covered. However, without some alleviation of the work burden assumed by nurses, the long-term functioning of ER's does not look promising.

LETTER OF INTRODUCTION

ARE YOU AN ER NURSE SURVIVING DOWNSIZING?
If so, the following will interest you!

Hello, my name is Shelley Martin and I am a Masters student in Sociology at McMaster University. I am presently seeking volunteers for a study of the impact of downsizing on ER Nurses at "City Hospital."

The objective of this study is uncover how downsizing and the subsequent hiring of temporary and agency nurses has impacted the commitment, motivation and performance of full-time nurses in these emergency departments. I am also interested in how these occurrences, in the opinions of these nurses, has impacted the quality of care in the ER units.

While there may be other studies and reports which fall along similar lines to the one I propose here, most ignore one critical element -the perspectives of the nurses themselves! A study of the affects of downsizing on nurses and nursing functions has no value unless it is based *exclusively* on the opinions and experiences of those nurses who have survived and are surviving the downsizing.

The study I am planning will do just that. If you are an ER Nurse at these sites who is trying to survive the downsizing of these departments and are interested in making a contribution to our understanding of this phenomenon, please read on...

Volunteers are asked to participate in an interview to uncover their perspectives on the issues outlined above. This study is meant to be based on the experiences and perspectives of you - the nurses. This is your opportunity to make your perspective known -beyond the restrictions of a survey or questionnaire. For this reason, it is preferred that the interviews be conducted in person. This interview will be scheduled at a date, time and place of your convenience. I am completely flexible to meet with you *anywhere* and at *anytime*. If you feel you are too busy to provide an in-person interview, a telephone interview can also be scheduled.

It is estimated that the interview will take approximately 45 minutes. Please be assured that in conjunction with policy on academic ethics, the identities of all volunteers will remain confidential.

Attached please find a consent form, which outlines the conditions of the study and a preliminary questionnaire for those interested in participating in this study. These are to be returned to "Ruth" (real name of contact used for the distribution of these packages) upon completion.

This is your chance to have your voice heard -please take it!!

I thank you for your consideration of this study and hope you choose to participate.

Sincerely,

Shelley Martin, B.A.

APPENDIX B

CONSENT STATEMENT

I agree to participate in a study to examine the impact of downsizing on the Emergency Department nursing staff of "City Hospital."

This research is being conducted by Shelley Martin, a graduate student who will use this information for completion of her Master's Thesis in Sociology at McMaster University. She will answer any questions I have concerning this study and may be contacted by telephone at (905) 523-7630, by E-mail at martinse@mcmail.mcmaster.ca or by message at the Sociology Department at (905) 525-9140 extension 23613. Dr. Art Budros, the Faculty Supervisor for this study, may also be contacted at the Department of Sociology at (905) 525-9140 extension 23619.

The purpose of this research is to learn more about how downsizing affects employee morale and perceptions of equity in the workplace. Given the fever with which downsizing has and is continuing to take place within organizations, it is imperative that a thorough understanding of the overall affects of this practise on all those involved be achieved.

I agree to take part in one interview with Shelley Martin as part of the study described above. I also consent to being contacted by telephone if there is need for further clarification or information following my interview. Each interview will last approximately 45 minutes and will be arranged at a time and place of my convenience. I agree to allow this interview to be audio-taped.

I have been assured that all information which I provide will be treated with the utmost confidence. I understand that all identifying criteria will be removed from the interview material and that this information will be used for research purposes only. No individual will be identified in any way in the research report. A summary of research findings will be made available to me when the study is complete.

I understand that I may refrain from answering any questions asked in the interview and that I may withdraw from the study anytime. If I decide to withdraw, all notes and tapes concerning my interview will be destroyed.

I give my consent to participate in this study.

_____

Signature   **Date**

PARTICIPANT SURVEY

Please complete the following preliminary information:

Name (Please Print):   _____

Telephone Number: _____

Best time to call: _____

I can be available for an in-person interview: _____

I would prefer to participate in a telephone interview: _____

Possible interview date and time: _____

Possible alternative interview date and time: _____

Personal Information

Gender   Male___   Female___

Age Range   20-30___   30-40___   40-50___
                50-60___   60+___

Salary Range   20-30K___   30-40K___   40-50K___
                50-60K___   60K+___

Education/Training

_____

_____

_____

Length of Service in Years/Months   ___/___

Position/Rank

_____

Brief Job Description/Description of Duties

_____

_____

_____

_____

**Please return completed forms to "Ruth."

***Thank you for participating in this study. I will be in touch soon.

APPENDIX D

SURVEY DATA

FACI POPULATION INFORMATION

GENDER   FEMALE   17

AGE RANGE(YEARS)   20-30   1
                                          30-40   9
                                          40-50   5
                                          50-60   2

SALARY RANGE (DOLLARS/CND)   30-40K   3
                                          40-50K   4
                                          50-60K   9

   (*NOTE: One interviewee did not respond to this question.
   Therefore N=16)

JOB STATUS   PART-TIME 8
                                          FULL-TIME 9

   (*NOTE: This is consistent with the Registered Nurses Association of
   Ontario statistics which show that 47% of Ontario RN's are part-time
   or casual workers -Theresa Boyle and Michelle Shepard,
   The Toronto Star,   Friday, January 1, 1999, P. A2)

NUMBER OF PART-TIME INTERVIEWEES   3
WHO CLAIMED TO BE WORKING
FULL-TIME HOURS

AVERAGE YEARS OF NURSING   12

AVERAGE YEARS OF NURSING   10
IN CITY HOSPITAL ER

EDUCATION/TRAINING   ALL HOLD DIPLOMAS IN NURSING
                          ALL ARE CRITICAL CARE NURSES

SEMI-STRUCTURED INTERVIEW QUESTIONS

INITIAL QUESTIONS:

Are you a full-time or part-time nurse in the ER?

How long have you been an ER nurse at City Hospital?

Were you around for the layoffs in 1996?

Did these layoffs affect you directly?

THE DOWNSIZING AND RESTRUCTURING
POSITIVE INEQUITY AND PERCEPTION OF FAIRNESS

THE LAYOFFS

What were you told about why the layoffs had to take place?

How were you told about the layoffs? Do you think that was fair? (Note: Some subjects made reference to the "grapevine" of information. In these cases subjects were questioned as to their perception of the accuracy of the grapevine information -Did the information conducted through the grapevine underestimate or exaggerate the circumstances of the layoffs?)

Does this match how those nurses who were laid-off were told about the layoffs? Do you think the way they were informed was fair?

Do you feel that the layoffs were necessary?

How was it determined who would be laid-off and who would stay? Do you think that was fair? Why or why not?

How were those who were laid-off compensated? Do you think that was fair?

Overall, how did these layoffs make you feel? (Note: Subjects were questioned as to the nature of the "emotion" they spontaneously responded with. Following this, if the subject did not spontaneously mention guilt they were questioned as to whether or not feelings of guilt ever arose.)

What do you feel for those who were let-go? (Note: Subjects were questioned as to the nature of the "emotion" they spontaneously responded with. Following this, if the subject did not spontaneously mention guilt they were questioned as to whether or not feelings of guilt ever arose.)

Do you consider yourself a "survivor" of the downsizing? Why or why not?

Do you feel "lucky" for having survived the downsizing? Why "lucky" do you think?

Do you feel that you too could be removed at anytime? Why or why not?

THE RETURN OF VICTIMS AS TEMPORARY WORKERS

How do you feel about the hospital taking those nurses who were laid-off back on temporary contracts?

If you were one of those nurses, would you have returned under these circumstances?

Do you feel that these nurses who were let-go differ from you in some way?

How do you feel toward these nurses? (Note: Subjects were questioned as to the nature of the "emotion" they spontaneously responded with. Following this, if the subject did not spontaneously mention guilt they were questioned as to whether or not feelings of guilt ever arose.)

Would you have preferred that these nurses not return to work in the ER?

Has having these nurses return to work influenced your commitment to the Corporation? Hospital? Do you think this effect would have been less had these nurses not returned?

Has having these nurses return hurt or helped the morale in the department?

Has having these nurses return hurt or helped your job performance?

Has having these nurses return impacted the level of competition between nurses in the department?
Do people seem anxious to perform at their best because of the presence of these (contract) nurses?

THE DECREASE OF NURSING HOURS IN THE ER

How do you feel about the Corporation cutting back nursing hours in the ER?

Who was involved in the planning of hour cuts?

Were you consulted at all during the planning process of the cuts in hours?

How were you informed of the cuts in nursing hours? Do you think that was fair?

Do you think the cuts in hours of work were necessary?

How was it determined who would lose hours? Do you think that was fair? Why or why not?

Was there any compensation for those who lost hours? Do you think that was fair?

ASSESSING CHANGE IN COMMITMENT, MOTIVATION AND PERFORMANCE

(Note: Questions are arranged to establish whether the respondent is referring to change as caused by the layoffs, return of victims on contract, reductions in hours or a combination of these.)

COMMITMENT TO THE ORGANIZATION

Do you like working for this Corporation? Hospital? Department?

Are you proud to tell your friends that you work for this Corporation? Hospital? Department?

Do you feel you believe in the same things the Corporation claims to believe in?

Do you ever find yourself putting-in extra effort when you know the result will benefit the Corporation?

Do you have every intention of continuing to work for this Corporation/Hospital rather than in a different corporation/hospital in the foreseeable future? Department? (In some cases the subjects were asked if they would continue to nurse or had they considered a career change?)

Under what circumstances (if any) would you consider leaving this Corporation? Hospital? Department?

Do you think your impressions of how fair these changes have and continue to be implemented has influenced your commitment to the Corporation? Hospital? Department?

MOTIVATION TO WORK

Does the thought of having to go to work and do your job make it hard for you to get out of bed in the morning? Is this different from your attitude before the changes?

Do you look forward to doing your job? Why or why not?

Do you intentionally expend a great deal more effort in carrying out your job than might actually be necessary?

Do you try to work as hard as possible/to do the best job possible?

Does your job allow you the opportunity to develop your skills? Was this different before the downsizing and restructuring? How does this affect your attitude toward your work?

Does the Corporation/hospital allow you the flexibility to make decisions about how your work is carried out? Is this different from before the changes?

Do you think you were allotted more power over how to do your work before or following the downsizing and the restructuring?

Do you think your impression of how fair the changes have been has influenced your motivation to work? How?

PERFORMANCE

Do you feel that the amount of work you get done in a shift has increased, decreased or remained the same since the downsizing and restructuring?

Do you think the quality of care you are able to deliver to patients has improved, diminished or remained the same since the changes were implemented? (Often subjects made reference to having to prioritize their duties. In these cases subjects were asked how they prioritize their duties, including what tasks and elements of patient care are given high and low priority and whether or not they found this process dangerous.)

Do you feel that your ability to perform your other duties (administrative/charting -other than patient care) has suffered, improved or remained the same since the changes?

Do you think that your impression of how fairly the downsizing was carried out and the restructuring has been implemented has influenced your performance as a worker? How?

OTHER AREAS OF INTEREST

INCREASED USE OF AGENCY NURSES/
INCREASED RATES OF ABSENTEEISM

I understand that there has been an increased use of agency nurses in the ER, are you aware of this?

Do you know when and why these nurses are called in?

Can you explain why the use of agency nurses has increased lately?

Can you explain why the rate of absenteeism (nurses calling in sick) has increased lately?

How do you feel about the use of agency nurses to cover shifts when staff call-in sick? (Note: Subjects were questioned as to the nature of the "emotion" they spontaneously responded with.)

How do you feel when you know that you are going in to the hospital to work a shift with an agency nurse?

AWARENESS OF SHORTAGE OF CRITICAL CARE NURSES IN ONTARIO

Are you or could you be classified as a critical care nurse?
If yes, are you aware that there is a reported shortage in critical care nurses?

Depending on how the subjects responded, they were asked how this affects their feelings toward work:
                    -their commitment to the hospital
                    -their motivation to work
                    -their performance

QUALITY OF CARE

Do you think the department functioned better before or following the changes?

Do you think you performed better before or following the changes?

Do you think patients received better care before or following the changes? Elaborate -how?

Do you think the downsizing and restructuring has benefited or hurt the hospital?   Department? How?

Do you think the downsizing and restructuring has benefited or hurt the quality of care received by patients? How?

If you could return things to the way they were before the downsizing and restructuring, would you?

If you were asked to conduct the downsizing and restructuring, what would you do differently? What would you do the same?

Overall, in your opinion, did the downsizing and restructuring make you a better employee?

ENSURING A REPRESENTATIVE SAMPLE

Do you know of any nurses in the ER at the General who think these changes are a good thing?

Has anyone expressed confusion at the complaints of other staff members over these changes?

FINAL COMMENTS:

*   Subjects were thanked for participating.
*   Subjects were assured of their confidentiality and were asked not to discuss the interview with their coworkers.
*   Subjects were asked if it would be permissible to contact them again if further questions arose or to clarify aspects of the interview if necessary.
*   Subjects were asked not to discuss the content of the interview with their co-workers. However, they were told to freely give out my telephone number to anyone interested in participating.
*   Subjects were assured that a copy of the study findings would be made available to them upon completion.
*   Subjects were told to feel free to contact me at anytime of they had questions, concerns or something to add to their interview.

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