



# Employee emotions in organizational change

**A scoping review on employee experiences in a changing healthcare environment**

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## Abstract:

**Introduction** Due to factors such as nursing shortages and constant change, the situation in healthcare organizations has become increasingly challenging. To find solutions to the increasing staff shortage, it is important to investigate employees' emotional experiences in healthcare. Leaders' capability to hear and react to employees' emotions and to understand what kind of emotions may arise while facing the change is important. The purpose of this study is to provide an overview of employee emotions and experiences during change in healthcare.

**Method** A scoping review design was chosen to identify from previous research how healthcare employee emotions have been described in organizational change and how these employees experience change management. Data was gathered in September and October 2022 using material available in PubMed, Google Scholar and CINAHL databases. A total of 55 articles were evaluated, and 18 articles were chosen. Six themes were identified from the data: sense of control, commitment, employee emotions in change, trust and support in management, the emotional intelligence of management and transparency in change.

**Results** Organizational change alters the sense of control of healthcare workers. Not understanding the change and its meaning often leaves employees concerned and worried. Not receiving adequate information seems to increase change resistance and the cynicism of employees towards change. How employees experience change is strongly connected to the formation of trust towards the management of an organization. There seems to be a clear void in leaders advocating for their employees and providing professional guidance through a change process, and an expressed need for inclusion in the early phases of change.

**Discussion** Data shows that employees require managerial support throughout a change process and that trust and emotionally intelligent leadership are key in the positive experience of change. Employees must be offered the opportunity to influence the change process and receive adequate information openly. A change situation raises multiple emotions in employees, both positive and negative. The viewpoint of employee emotions in organizational change calls for further research.

## Keywords:

Emotions, employee experience, change management, organizational change, scoping review

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# 1 Introduction

Caring for others is a part of humanity and the premise of nursing. Due to factors such as nursing shortages, problems related to creating healthy working environments, the economic recession, and problems in recruiting leaders, the situation in healthcare organizations has been increasingly challenging for the past decade (Saarnio et al. 2016, 1; Ollila 2006).

Hospitals internationally have undergone dramatic changes over the past four decades. Changes include their funding, organization, management, service delivery and regulation, resulting from many public sector reforms. (Oygarden et al. 2019, 687-688.) Hospitals have no option but to continuously change, being subjected to increasing demands, reforms, and policy changes (Oygarden et al. 2019, 698). These phenomena commenced years before the COVID-19 pandemic and deeper crises connected to nurse and energy shortage and political instability. As an example Sydänmaalakka stated already in 2015 that Finland is in a crisis, mentioning challenges connected to globalization and digitalization while demanding a reformation from a welfare state to an intelligent network state (Sydänmaalakka 2015, 9).

To find solutions to the increasing staff shortage, it is necessary to investigate employees' emotional experiences in healthcare. Employee experience has been researched in increasing volume from a business perspective, but few studies exist from a healthcare point of view. Most healthcare related studies focus on job satisfaction, work motivation and engagement as singular phenomena or in relation to patient satisfaction or quality of care. Often these terms are used as synonyms for employee experience, yet employee experience involves the whole organization and all the elements it represents. The aim of a positive employee experience is to create added value for an organization and its customers (Korkiamäki 2019), increasing company productivity and quality.

Nursing as a modern profession is highly demanding but not well rewarded (Ibtissam et al. 2019, 7). Constant and complex change is prone to cause additional stress and exhaustion in personnel at all operational levels (Juuti et al. 2015, 14). Professionally, transitioning has caused multiple challenges in the formation of service culture and professional identity (THL 2019). Leaders' capability to hear and react to employees' emotions and to be able to understand what kind of emotions may arise while facing the change is important. The choice to focus on employee emotions in organizational change relies on topicality knowledgeable

relevance as organizational changes are everyday life in many workplaces, employees operating at the hub of the process. By focusing on the employee aspect something momentous and intriguing is offered especially to the healthcare field. Challenges are however anticipated in validating the scoping review as there seems to be little previously gathered data on the subject.

## 2 Background

Throughout human existence, there has been a need for caring for others, but professional nursing has begun with the actions of Florence Nightingale (Buhler-Wilkerson 2022). Nightingale stressed the comprehensive approach of human care and stated that *genuine presence requires nurses to first understand all aspects of themselves*. This emphasizes the spiritual and emotional aspects of nursing, such as the importance of interaction and addressing basic human needs and biopsychosocial and spiritual needs. (Riegel et al. 2021.) While the world around us is changing and the science behind nursing is evolving, the fundamentals of nursing remain. Nursing as a profession today is undeniably stressful with long irregular hours, health and safety hazards, heavy workload, patient-related stressors, low wages, and sleep disruption. Nurses can be viewed as *the backbone of the medical system* in modern healthcare as they are the initial component of patient care. The number of stressors nurses must deal with in their workplace can affect their physical health and well-being. To ensure nursing quality and quality of healthcare services it is important to take care of nurses' well-being and work-life balance. (Varma et al. 2016, 58-59.)

### 2.1 Emotions in a changing organization

To lead a human, one must understand humanity (Leppänen et al. 2012, 33). According to Encyclopedia Britannica, *emotion is a complex experience of consciousness, bodily sensation, and behavior that reflects the personal significance of a thing, an event, or a state of affairs* (Encyclopedia Britannica 2002). Emotions are multi-levelled and generally difficult to control. Emotions are often born involuntarily and connected to physiological reactions which create a desire to react. Emotions thus help in reaching goals by triggering an appropriate reaction. Basic emotions joy, sadness, resent and confusion are expressed universally in the same manner. Intensity of expression however varies between cultures, risking cultural clashes. (Leppänen et al. 2012, 30-31.) Emotions play a strong role in atmosphere, feelings, mindset, and mood. Ambience is created in communication by a compilation of thoughts, sensory perceptions, and emotions, and is present in all confluences. As ambience is created by one or two signals activating an experience, the experience of ambience is also unique. A good ambience, filled with positive emotions increases productivity, efficiency, and creativity, while negative emotions decrease productivity and cause conflict. (Rantanen 2018, 23-25.) In demanding situations or a weak self-concept, an

individual might resort to using defense mechanisms, which help in maintaining a sense of control. Taken too far, these defense mechanisms hamper with adaptation and might disturb mental well-being. (Leppänen et al. 2012, 34-35.)

Psychological capital is formed by confidence, faith in the future, optimism, and resilience. The success of organizational change relies on the ability of individuals and the team to conduct and find flexibility in their own psychological capital, increased by self-knowledge, attitudes, awareness of personal thinking patterns and the ability of complex thinking. (Leppänen et al. 2012, 50, 230.) The growing demands of working life pose challenges to our thinking, that is, to our psychological and cognitive capacities. Neither is work merely a series of actions, but requires discretion, tolerating uncertainty and the ability for independent decision-making. (Leppänen et al. 2012, 210.) High psychological capital is connected to positive emotion, work motivation and commitment (Leppänen et al. 2012, 50). Those who find meaning and belonging in their work life, as well as having a leader who supports their independence, express greater trust in their employer and have fewer work absences. Modern employees seek to find personal motivators in their work and are likely to be less loyal to an organization, as they are driven by employee experiences and are ready to move on if expectations are not met. (Leppänen et al. 2012, 245-246.)

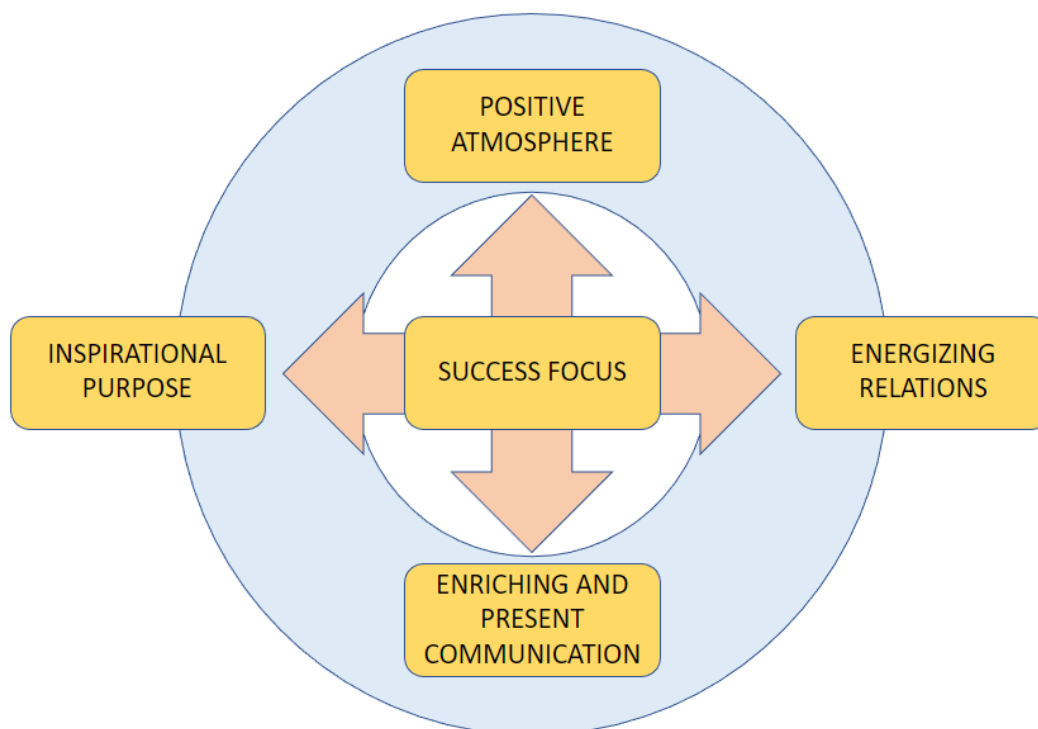


Figure 1: Leading a positive organizational culture. Adapted from Leppänen 2012.

Leadership requirements evolve along with changes happening in operational environments, demanding increasing individuality. A leader's ability to help people and organizations find themselves and their own identity in a multicultural and ever-changing environment is vital (Leppänen et al. 2012, 13). A leader's own positive mood, emotional state and presence affect the energy of managed personnel and thus their motivation. Good leadership is based on a leader's own enthusiasm towards success focus and the positive vibe it generates, demonstrated in Figure 1 above. A good leader can recognize the difference between personal characters and emotions. As emotions are mostly temporary, they can be consciously worked on. (Leppänen et al. 2012, 56.) A leader's greatest asset is thus genuine, attentive presence (Leppänen et al. 2012, 300).

## **2.2 Employee experience**

Employee experience as a term is self-explanatory, yet its deeper meaning is multidimensional and hard to define. According to Morgan (2017), employee experience is the equation consisting of the multiplication of workplace culture, technology, and physical space. All three elements affect emotions generated by the workplace. A positive employee experience cannot be achieved without engagement (Korkiamäki 2019). There seems to be a gap in a universal definition of work engagement, but the connecting factor between definitions is using positive psychology to underline the resources and potential of employees and the organization to increase job satisfaction, meaningfulness, and amenity.

The competence and experience of the employees should be used as a key resource in the development of organizations (THL 2019), enabling work satisfaction and a positive employee experience. Employee competence promoting change refers to attitudinal and personal capabilities affecting the organization's operation. Employee competence manifests itself as flexibility, initiative, innovation and the courage to reform and test. Change promoting employee competence requires faith in one's own abilities and opportunities for influence. Especially management should genuinely give employees an active role in change practices. Managers need to be able to motivate and support employees with innovative experiments, while attention paying to the ways in which motivation and support is provided. Employees can experience the strengthening of autonomy negatively if it is communicated



only one-way. This can result in employees' mistrust in management. (THL 2019.) Utriainen et al. (2015) call for managers to support wellbeing at work through fair and supportive leadership while allowing nurses to implement their own ideas and experience meaningfulness. Conflict-sensitive areas of managing a new service network are perceptions of autonomy, impartiality of management and trust (THL 2019).

*Decent work*, also integrated into the 2030 sustainable development agenda (ILO 2015), not only describes forms but also conditions of work, such as feelings of value and satisfaction, using multiple statistical indicators including intrinsic job quality, social dialogue and worker participation as well as work organization and work-life balance, to name a few (Eurofound 2018). A significant positive relation between empowerment and nurses' job satisfaction has been found, calling for leaders to develop and maintain an empowering work environment that enhances job satisfaction (Cicolini 2013). Research also proposes that intrinsic factors (e.g., spiritual intelligence, professional identity, and awareness) will always surpass extrinsic factors (e.g., salary and rewards) in the maintenance of job satisfaction (Niskala et al. 2020), supporting the need for empowerment in organizational culture. Strategies to support nurses' job satisfaction and positive employee experience may partly address the anticipated nursing shortage. It has been found that negative affectivity and low job status increase likelihood of burnout and decreased job satisfaction (Rouxel et al. 2016). Inversely, there are indications of significant changes in the emotional states of participants after receiving interventions based on positive psychology (Angelopoulou et al. 2019). As an employee is an organization's best asset, successful HR management lies at the center of changing routines of working life (Rantanen 2018, 295).

### **2.3 Change in an organization**

In this scoping review, change is understood as both a planned or a sudden event, leading to the reorganization of tasks or other work processes. Organizational change can be holistic and affect all activities, very differentiated and project-like or everything in between. Despite the diversity of change processes, it is possible to recognize clear separate steps: creating a foundation, start-up steps, controlled progression, and consolidation (Mattila 2007, 132).

Change is about doing key things differently and about reasoned action. Change starts with passion and planning for progress and having robustness and resilience to venture on to that path with bravery and commitment. Managing change is led by example, by being focused, energized, decisive and engaging. (Azzolini et al. 2018, 7.) Change leadership is defined as teamwork (Issah 2018, 3). As leadership faces multiple challenges amid the changing world, the competence, creativity, and well-being of employees have become strategic competitive factors. Leaders are also responsible for work culture and managing the skills and well-being of their employees. (Juuti et al. 2015, 15-16.) For strategic management to succeed, all employees should be able to influence the process. A well-managed strategy process strengthens interaction between management and employees. (Salminen 2021.) A leader must understand the complexity of systems, as detailed change may have great effects on future outcomes (Leppänen et al. 2012, 15). A talented change leader can lead the emotional ambience of oneself and others, creating enthusiasm and room for success (Rantanen 2018, 26), while being on top of situations and guiding their employees in the right direction (Rantanen 2018, 77).

Change inevitably creates emotions in employees. The active role of employees as agents of change supports change management (THL 2019) and the birth of positive change experiences. In successful transformations the whole management team pulls together. Coalition and a sensible vision are always powerful in the most successful transformations, playing a key role in producing useful change by helping to direct, align, and inspire actions on the part of many people. (Kotter 1996, 8.) Negative employee attitudes during change are often defined as resistance, pessimism, or cynicism (Albrecht et al. 2020). The background of resistance to change lies in fear of a new situation, lack of tolerance for uncertainty, or reluctance to leap into an area of discomfort. Usually there are competing commitments and aspirations that one wants to hold onto, consciously or unconsciously, for self-protection (Leppänen et al. 2012, 103), possibly due to fear of incompetence, losing dominance or professional identity or simply due to unaccepting the crumbling of existing work culture (Virtanen & Stenvall 2019, 169).

To achieve major change is impossible unless most employees are willing to help, often to the point of making short-term sacrifices. But even if people are unhappy with the status quo, they will not make sacrifices unless they think the potential benefits of change are attractive and they really believe that transformation is possible, proving communication to be

irreplaceable in capturing the heart and minds of employees. (Kotter 1996, 9.) Real transformation takes time, requiring short-term goals to be met and celebrated. Too many employees give up or actively join the resistance without short-term wins (Kotter 1996, 11). Deep processing allows a mind to form new inner models, leading to willingness and commitment to change (Leppänen et al. 2012, 39). The emergence and delivery of commitment is important for the implementation of change. Briefings on important projects to explain backgrounds and goals do not allow active commitment to coming changes, but the increase of peoples' own thinking about the issue at hand. (Juutilainen 2022, 142-144.) Expectations of the future and personal attitudes towards change are not based merely on images of the future painted by management but on the past experiences of employees (Mattila 2007, 47; Leppänen et al. 2012, 200), not overlooking the importance of trust in the beginning of a new situation (Mattila 2007, 50).

Healthcare organizations are built on structure, systems, and culture. Structural change being the most common target of modification in a healthcare organization, it is also the easiest to implement (Azzolini et al. 2018, 6). Emotional intelligence has, however, become a principal element in changing operating environments (Sydänmaalakka 2015, 20), consisting of a positive, appreciative atmosphere and communication, high motivation, and work satisfaction (Sydänmaalakka 2015, 40). Improving organizational performance culture partly affects successful change, yet it is difficult to alter (Azzolini et al. 2018, 6), requiring culture to be considered at an early stage (Mattila 2007, 35). An organizational culture holds significance as it is powerful, latent, and often consists of an unconscious set of forces that determine both individual and collective behavior, ways of perceiving, thought patterns and values.

## **2.4 Summary of the theoretical background**

Caring for others is a part of humanity and the premise of nursing. For example, nursing shortages and the economic recession (Saarnio et al. 2016, 1) have caused the profession in our modern society to become stressful and demanding, threatening the physical health and well-being of employees and thus the quality of care (Varma et al. 2016, 58-59). Mentioned factors also play a role in the need for organizational changes. Change creates a variety of emotions in employees, which affect work ambience and through that, productivity, job satisfaction and work well-being. An organization relies on positive employee experiences

for its success (Rantanen 2018, 295). An employee's experience of ambience and perceptions of organizational change are unique, complicating the provision of positive change experiences (Rantanen 2018, 24). As nursing environments are changing and caring work has become less appealing as a profession, it is necessary to understand and support employee emotions in organizational change.

## **3 Method**

### **3.1 Purpose and aim**

The purpose of this scoping review is to examine how employees experience organizational change, its management and to explore employees' emotions triggered by the change. The aim is to identify from previous research how healthcare employee emotions have been described in organizational change and how these employees experience change management.

The research questions of this scoping review are:

- How have employee emotions been described in research handling organizational change in healthcare?
- How do employees experience management of organizational change in healthcare?

### **3.2 Research method**

The significance of literature reviews to reliability is undeniable. Like the primed research itself, the literature review must be repeatable. It also must be based on a comprehensive knowledge of the subject area and the development of the phenomenon over time. (Stolt et al. 2015, 7.) The most common division in scientific research is done between qualitative and quantitative research. Qualitative research is seen as descriptive studying, where quantitative research leans on statistics and numbers. The chosen study method may affect sample sizing, where qualitative research might require fewer samples than quantitative. (Lacey 2010.) The most important task of a literature review is to develop theoretical understanding and conceptualization of the subject. With the help of a literature review, it is possible to form an overall picture of a certain subject area or a set of issues. Literature reviews can be done for different purposes, effecting the genre of the chosen review method. (Stolt et al 2015, 7-8.) Conducting a scoping review was chosen as a method for this study, as it is relatively simple to form in the given timeframe and quickly reveals general trends in the research area.

Scoping reviews are a relatively new phenomenon in the healthcare field, although they have been used for several years across a range of academic disciplines (Coughlan & Cronin 2021, 16). Because the approach is new, rigorous and transparent methods are required in their

conduction to ensure that results are trustworthy (Munn et al. 2018, 1). Scoping reviews are used to identify knowledge gaps, to set research agendas, and to identify implications for decision-making (Tricco et al. 2016, 1). Scoping reviews are also used to map the concepts underpinning a research area and the main sources and types of evidence available (Tricco et al. 2016, 2). A scoping review is considered ideal for determining the scope of the literature on a particular topic and its general aim is to identify and map available evidence (Coughlan & Cronin 2021, 16). In general, a scoping review aims to quickly create an understanding of the target concept and the nature of existing knowledge and can provide information for strategic decision-making (Stolt et al. 2015, 10-11).

### **3.3 Data search and selection process**

The methodological framework for conducting a scoping review by Arksey and O'Malley also utilized in this review contains five steps: identifying the research questions, identifying the relevant studies, selecting the studies, charting and collating the data and summarizing and reporting the results (Coughlan & Cronin 2021, 17). While choosing studies for the analysis, attention was paid to the applicability of found research, such as the quality and reliability of the research and ethnography of the study sample (Booth et al. 2016). We openly examined studies following qualitative and quantitative methods, or utilizing a mixed method approach to avoid closing out relevant data from the scoping review as long as it attempted to answer phenomena connected to our research questions. Caution will have to be used in analyzing results of this scoping review, as going through diverse data having used various statistical measures does not provide unequivocal answers to our research questions. Heavy source criticism was used to avoid bias, i.e. negative and positive discrimination of research findings, aiming to make this scoping review a credible data source for future researchers.

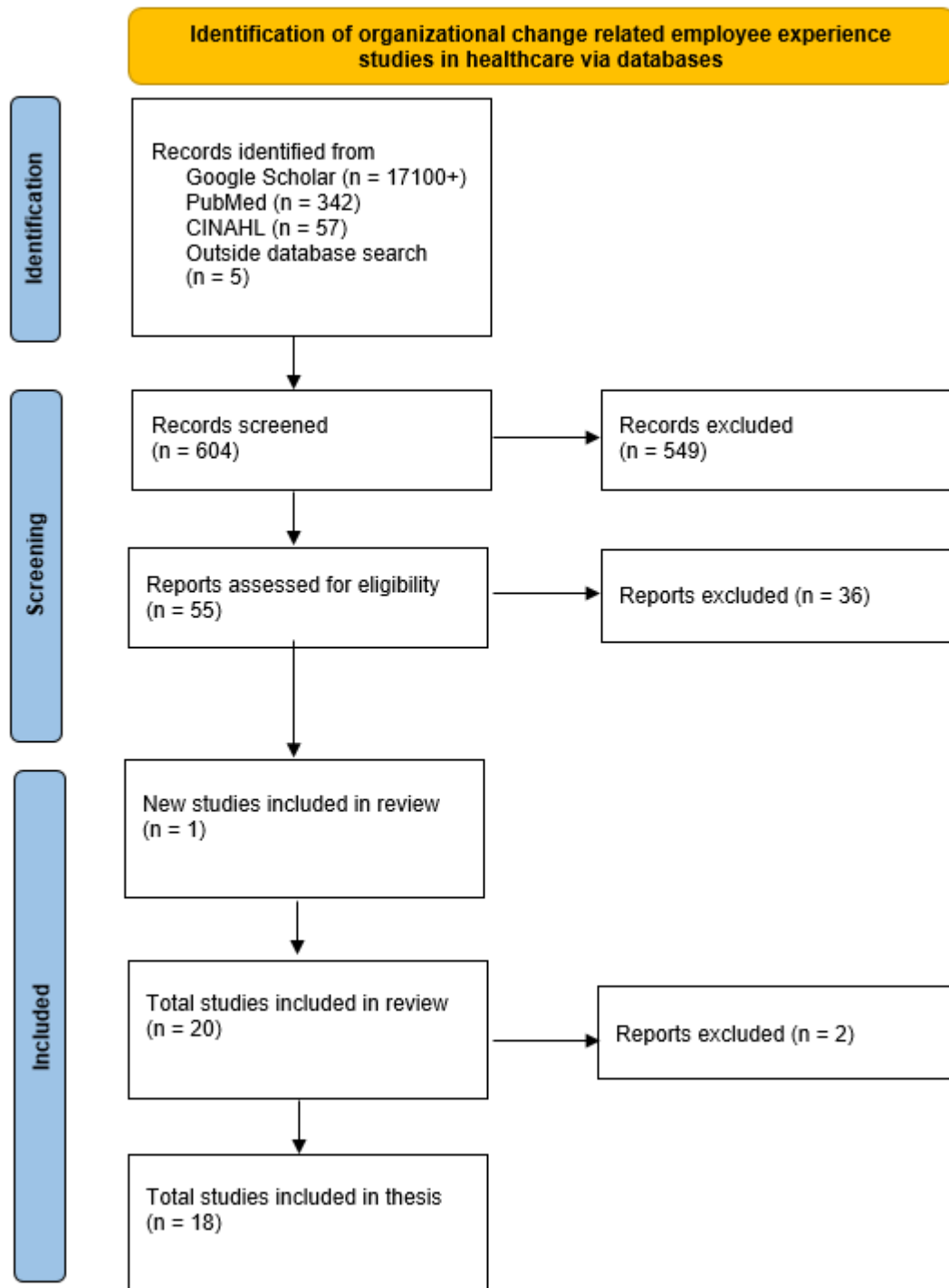
Data for the scoping review was gathered in September and October 2022 using material available in PubMed, Google Scholar and CINAHL databases. As science progresses and the state of the world changes, the publishing year of the study was considered when searching for applicable background information to ensure relevance. Inclusion criteria for the scoping review data thus consist of scientific research conducted between 2012 and 2022 handling frontline staff experiences or emotions in a nursing environment going through or having already experienced change, and research written in English or Finnish, as they are the

spoken languages of the researchers. Free full articles were to be available. Exclusion criteria for research material included studies that did not take place in a healthcare setting, data describing personal perceptions of work or employee innovations rather than organizational change, studies focused on students, as they usually do not form a permanent part of a team and research conducted from the point of view of physicians, although they could be handled if equal focus was set on healthcare personnel.

Keywords included the following combinations:

1. Employee experience change leadership
2. Employee experience change leadership nursing emotion\* peer review
3. “employee experience” change leadership nurs\* emotion\* peer review
4. “employee experience” and “change leadership” nurs\* emotion\*
5. “employee experience” and “change” nurs\* emotion\*
6. “employee” and “change” nurs\* emotion\*
7. Healthcare emotion\*
8. Healthcare leadership emotion\*
9. employee perception\* "organizational change" nurs\*

Two people were involved in both the screening and extraction of data. Search criteria were consistent throughout screening and assessment phases. After initial review, 55 studies were assessed, and 20 papers included in our scoping review. However, after deeper examination, two articles were discarded after not meeting inclusion criteria, dropping the total number of included studies to 18. Chosen sources were evaluated to be trustworthy, valid, and reliable, as the selected articles have been peer-reviewed and published in scientific periodicals. The studies have been conducted in accordance with good research practice, such as scientific integrity, clarity of expression and practical relevance. No research permits for this scoping review were required, as human study was not implemented and no delicate, personal information was handled, as only open-source data was used. The search process is pictured in the PRISMA chart below.



*Chart 1: Identification of studies related to theme, process description*



### 3.4 Presentation of chosen studies

Suter et al. (2020) conducted a qualitative study to examine the subjective experiences of employees 6 and 12 months after an organizational change in a UK mental healthcare environment. The objective was to evaluate how employees in acute mental healthcare settings perceive a new 12-hour shift system from a well-being perspective. 70 participants were interviewed 6 months and 12 months after the change. Interviewees included both managers (n=15 in total) and frontline staff (n=55 in total). Data was analyzed thematically using Nvivo software. (Suter et al. 2020.) The length of postpartum hospital stays is decreasing internationally. Levorstadt et al. (2022) conducted a qualitative study where the aim was to explore the midwives' experiences of an organizational change in early postpartum care services from hospital to home-based care in Norway. Interviews were conducted in two separate focus groups and ten midwives participated. Systematic Text Condensation (STC) was used to analyze the data. The focus-group interviews were conducted one year after the organizational change in the year 2019. A semi-structured interview guide was prepared, containing 10 open-ended questions. (Levorstadt et al 2022, 1-2.) Allan et al. (2014) relied on qualitative data to examine *the experiences of governance and incentives during organizational change* of those working in newly formed teams taking care of complex patient cases in primary health and social care. In their study, three group interviews were conducted three group interviews, with frontline staff forming a little under a half (n=56) of the total participants. Data was analyzed after transcription using the Realistic Evaluation framework.

Dubois et al. (2013) approached the question of employees' perceptions of organizational change by *exploring resource loss over time, burnout, and attitudes towards change*. Three hypotheses were tested among Quebecois healthcare employees going through work reorganization in a prospective longitudinal study at two time points 12 months apart. The questionnaires were sent out during the preparation phase of the change (baseline) and after implementation and experience accumulation of the change (12-month point). 254 (65% of eligible personnel) returned the questionnaire at baseline and 202 (51%) at the 12-month follow-up. Conclusions were drawn from the data of 96 participants who participated in both questionnaires using a variety of instruments. Perceptions of management may be more directly derived from the indicator of supervisor support, whereas emotional phenomena may be interpreted via indicators connected to autonomy, group cohesion and informal power.

(Dubois et al. 2013.) Laker et al. (2018) examined challenges connected to change in UK acute mental health wards. Their aim was to investigate the *relationships between burnout, occupational status and nurses' perceptions of barriers to change*, more specifically whether burnout predicts barriers to change, how burnout and workforce characteristics play a role in barriers to change and how barriers to change occur in significant staff groups and whether burnout relates to barriers to change. Data was collected using a questionnaire examining staff demographics and measuring barriers to change and burnout utilizing pre-existing VOCALISE (powerlessness, confidence, demotivation) and Maslach Burnout Inventory (emotional exhaustion, personal accomplishment, depersonalization) scales. 125 psychiatric nurses took part in the study that was analyzed quantitatively using Pearson's and partial correlations. (Laker et al. 2018.) The theme of burnout among nurses was approached in Pisanti et al.'s study (2016) by testing the Job Demand-Control-Support (JDCS) model and to see whether *changes in psychosocial job characteristics* affect burnout. A longitudinal quantitative study was carried out on 217 Italian nurses in two waves over a period of 14 months. Data was analyzed using hierarchical regression. The objective was to examine whether changes in work conditions have a unique effect on burnout, as working conditions are dynamic by nature and thus have a complex relationship to work-wellbeing. However, in contradiction to the objective of this scoping review, Pisanti et al. wanted to rule out the causality of organizational change in the results in order to confirm experiences concerning changes in job demands. (Pisanti et al. 2016.)

The COVID-19 pandemic caused unintentional changes globally, healthcare workers having faced ongoing pandemic response. Three studies were chosen for this scoping review handling nurses' experiences and merged emotions connected to pandemic-driven organizational changes. Sanches-Romero et al. (2022) chose to examine these experiences especially from the point of view of suffering using a qualitative method. 19 interviews were carried out in March and April 2021 among Spanish nurses having worked in the pandemic. Data was analyzed using ATLAS.ti 9.0 software. (Sanches-Romero 2022.) Ting et al. (2022) explored the effects of the pandemic on Heartware, by which they refer to morale and commitment of the healthcare workers and identify how to improve Hardware, or ways of enabling operational safety and functioning. Data was collected using qualitative methods via an online survey of N=3616 healthcare workers of all cadres. Applied thematic analysis was undertaken and organized according to Heartware and Hardware. (Ting et al. 2022, 1.) Peter et al. (2022) have conducted a scoping review to identify the challenges and sources of

support in nurses' efforts to meet their ethical responsibilities during SARS, MERS, and COVID-19 outbreaks. After a search, 5204 records were identified, out of which 41 studies were included. The review revealed how substandard care and public health measures resulted in nurses not being fully able to meet ethical responsibilities of care. In meeting ethical responsibilities three themes were identified: *substandard care, impeded relationships and organizational and system responses*. Relating to sources of support were six themes identified: *team and supervisor support, team and supervisor relationships, organizational change leading to improved patient care, speaking out, finding meaning, responses by patients and the public and self-care strategies*. (Peter et al. 2022, 1.)

Heikkilä et al. (2021) aimed to study the relationship between *intensified job demands and stress of conscience* among nurses and whether their relation was affected by organizational change. 511 Finnish nurses undergoing organizational change answered questionnaires that utilized pre-existing scales for stress of conscience (SCQ), intensification on job demands (IDS) and experiences of organizational change. Experiences of organizational change aimed to measure three dimensions, how employees experienced management actions, their own actions and worry of coping in a change situation. Data was analyzed quantitatively using SPSS for statistical analysis. (Heikkilä et al. 2021.) Brown et al. (2017) have examined the relationships between change fatigue, resilience, and job satisfaction among novice and seasoned hospital staff nurses. 521 hospital staff nurses employed a descriptive correlational design. Three online surveys were completed by the participants. The surveys consisted of a) Change Fatigue Scale, b) Connor-Davidson Resilience Scale and c) McCloskey/Mulleller Satisfaction Scale. (Brown et al. 2017, 306.) To examine associations among change fatigue, resilience, and job satisfaction between novice and seasoned RNs were bivariate analyses conducted using correlations and T tests (Brown et al. 2017, 308).

The theme for Lundmark et al.'s (2020) study was to *examine the association between organizational change, turnover intentions, overcommitment and perceptions of quality of care* of nursing staff in Spanish and Swedish eldercare organizations. Organizations were not initially selected for carrying out organizational change, but both countries reported various major changes providing valuable data from an organizational change perspective. 226 nursing employees were studied using a longitudinal survey at baseline and after 12 months. Data was analyzed quantitatively using a structural equation modelling. (Lundmark et al. 2020.) Teo et al. (2014) aimed to examine stress and work engagement in times of change by

integrating a particular dimension of personal resources, that is, psychological capital (PsyCap), into the Job Demands-Resources (JD-R) model. The research also examined whether PsyCap buffers change-induced job demands on role stress as there have not been many studies which examine the buffering role played by an individual's PsyCap in a stressful job context. Data was collected in 2013 utilizing an electronic survey consisting of questions regarding demographic characteristics, perceptions of change to work organization, stressors, job demands and job resources, and job-related attitudes. Overall, 401 usable responses were received equating to a response rate of 30%. (Teo et al 2014, 3, 13.)

Nilsen et al. (2020) investigated what characterizes successful organizational change in health care. Data was extracted from semi-structured interviews of 30 health care professionals in Sweden. An inductive approach was used in analyzing the data and the participants' responses were analyzed using directed content analysis. (Nilsen et al. 2020, 3.) An Italian hospital went under massive organizational change starting in 2012. Guglielmi et al. (2017) assessed the hospital's organizational well-being resulting from the change in two phases two years apart, firstly by quantitatively evaluating employees' attitudes towards the change and secondly by qualitatively conducting a workshop to identify and solve functional challenges following the change. 88 healthcare workers, most participants (85,7%) being nurses and care assistants, took part in the first phase that consisted of answering a structured questionnaire. Indicators linked to management and emotions included commitment to change, emotional exhaustion, work engagement, inadequate preparation, role conflict, role clarity, supervisor support and information about change. The second phase workshop utilized SWOT analysis and the NGT technique to identify critical risks and threats and to find solutions. (Guglielmi 2017.) The purpose of the qualitative research of Katsaros et al. (2014) was firstly to examine how perceptions regarding organizational readiness to change, supervisory support, trust in management and appropriateness of the change differ during a planned organizational change. Participants used a seven-point Likert type scale ranging from "never" to "always" to complete the survey (Katsaros et al. 2014, 42). The research was conducted with approximately 800 employees in a public hospital (Katsaros et al. 2014, 41).

The purpose of Giaever et al.'s (2014) research was to explore the nature and intensity of emotional reactions to change and the contextual triggers that made them vary. The study was conducted in a Norwegian public hospital with 11 nurses experiencing the introduction of electronic care plans in their ward. They were interviewed at three points in time on

change in technology, one month prior to implementation, three months after the implementation and one year after the implementation. (Giaever et al 2014, 105.) The data was analyzed with NVivo software and field notes were adopted throughout the entire process to deepen and support the analysis of the interview data. Findings show that the interviewees reported a wide range of emotional experiences, both positive and negative, at all three points in time regarding various aspects of change. (Giaever et al 2014, 114.) The University of Tampere established a new laboratory services unit, under which the employees of the medical unit and BioMediTech were transferred. In addition, the functions of the units were centralized to the new Arvo-building. Luhtasela et al.'s (2022) purpose of the study was to research the opinions of laboratory workers working in different units of the University of Tampere about the change management of the new Laboratory Services unit. The goal was to compile information for the development of change management in the renewal of university organizations. The data was collected using an electronic survey and analyzed using statistical methods. Employees who were selected for the research group (N=86) had worked in their own units for at least half a year before the merger and moving to new premises. This was done to ensure the respondents' ability to evaluate the change and its effect on their own work. (Luhtasela 2022, 269,272.)

### **3.5 Data analysis**

To complement the analysis, we carefully considered how the extracted data fits the theorization of employee emotions in change management and employee experience in change. Scoped data was finally analyzed in three phases (after Popenoe et al. 2021), firstly by identifying data describing healthcare employee emotions and perceptions of managerial actions in organizational change and secondly by organizing the data into appropriate themes. The chosen articles described a variety of emotions and perceived managerial actions connected to change, pictured below in Figure 2. The third phase consisted of merging, analyzing, and presenting extracted data under appropriate themes. After profuse analysis, emotional and managerial markers were merged into six main themes, pictured in Figure 3.

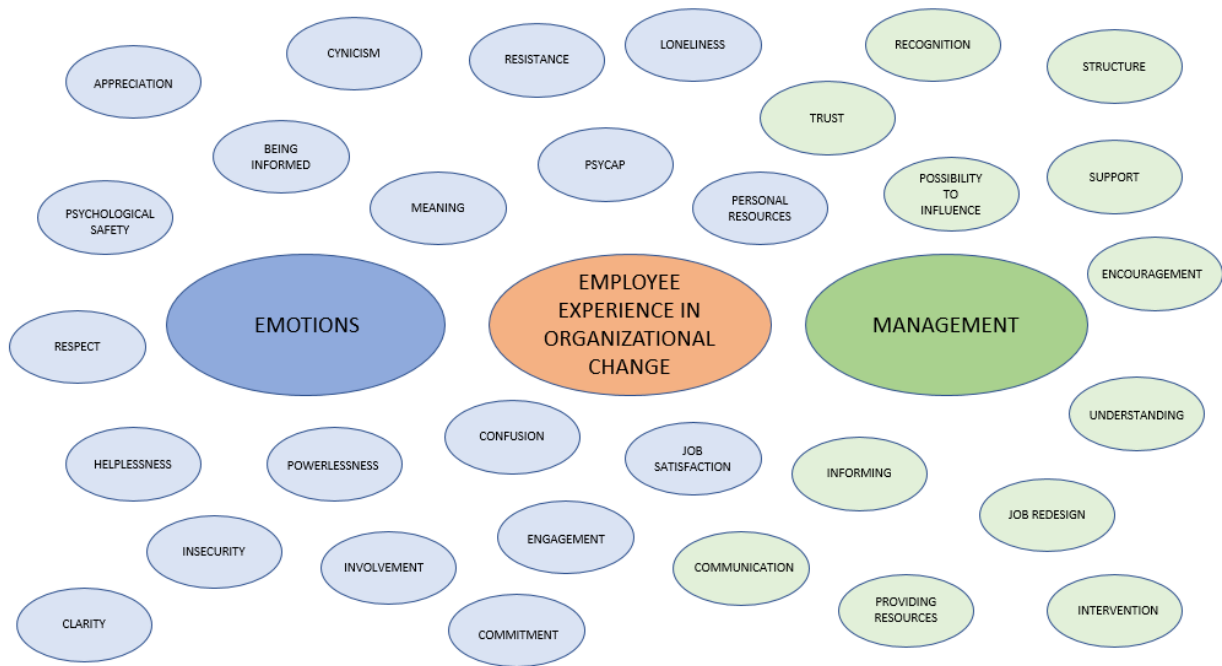


Figure 2: Identifying factors describing healthcare employee emotions and perceptions of managerial actions in organizational change

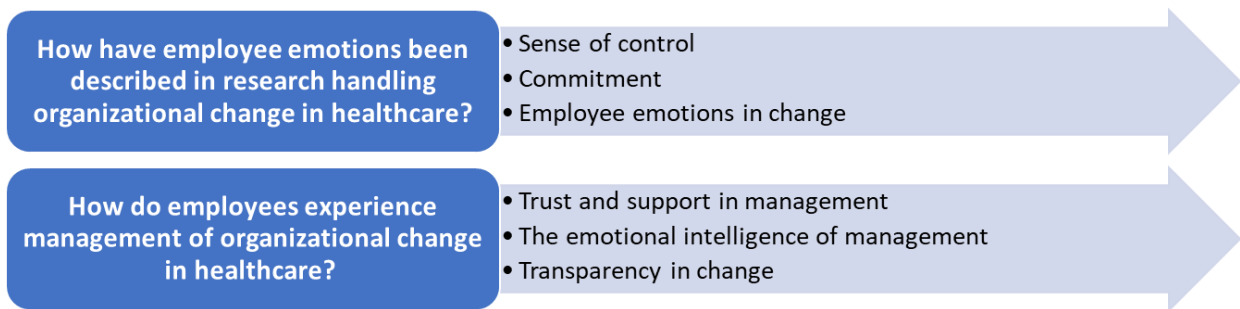


Figure 3: Themes extracted from scoped data

## 4 Results

### 4.1 Sense of control

Change itself can cause a decrease in job satisfaction, yearning for previous routines, feeling out of clinical knowledge (i.e. a decrease in professional self-regard), worry and anxiety indirectly caused by change and feeling upset due to limitations caused by change (Suter et al. 2020). Confusion associates with an employee losing their sense of control, both in the context of the actions of management and the lack of knowledge about the meaning of change and expectations of new tasks. This may cause distress or frustration in all counterparts. Stress, change fatigue and even the urge to give up connect to feeling powerless. (Allan et al. 2014.) Nurses who are hopeful and optimistic retain their wellbeing over and above their less psychologically fortunate counterparts. These nurses also mobilize self-efficacy and resiliency in times of high stress and strain. (Teo et al. 2014, 3,13,19.) Likewise, the experience of continuity, self-development and coping all contribute to a positive attitude towards experienced change (Levorstadt et al. 2022, 6).

Organizational change may be seen as a threat to employee resources, including energy resources (knowledge and emotions). Overcommitment can be understood as one conservation method of resources. Turnover intentions positively correlate with overcommitment, and turnover intentions, overcommitment and quality of care associate with organizational change. (Lundmark et al. 2020.) Psychological capital on the contrary is a potentially constructive resource that nurses could deploy in helping them cope with stress and job demands placed on them during change events. By developing their personal psychological capital, nurses could create new ways of engagement while simultaneously increasing their personal resources. (Teo et al 2014, 3.)

A positive correlation between *a decrease in resources over time with an increase in burnout over that same time* has been found, as loss of resources impacts one's psychological state, increasing levels of stress, anxiety and dejection, and thus risking burnout. Likewise, burnout has strongly been associated with negative attitudes and cynicism towards change. This only highlights the importance of *emotional states and subsequent behaviors and attitudes* of employees in organizational change. (Dubois et al. 2013.) Obviously, exceeding personal resources by being overworked and emotionally exhausted leads to cumulative burnout.

Experiences of burnout in certain institutions are contributed by not being able to take adequate leave and self-care (Ting et al. 2022, 5). Laker et al. (2018) have found a moderate, *positive correlation between barriers to change and burnout*. Young age and representing frontline staff correspond to negative perceptions of change barriers. Furthermore, elevated levels of emotional exhaustion result in an employee feeling powerless and predict demotivation. (Laker et al. 2018.)

In Levorstadt et al.'s (2022) study midwives found the start-up of the organizational change difficult, although they had known about the planned organizational changes for some time before the changes were set out in practice. An organizational change may also feel rushed (Allan et al. 2014). Unfortunately, not all changes can be carefully planned and controlled. Nurses expressed intense feelings of helplessness and perceptions of futility during coronavirus outbreaks. They also expressed concern when the usual standards for care could not be met and not being able to form adequate caring and humanizing relationships with patients given the barriers presented by the need to wear PPE masks and limit direct contact. (Peter et al. 2022, 10-11.) Further evidence shows how nursing staff become concerned about the potential consequences of a change process on the quality of patient care partly due to the worry that information might get lost (Giaever et al 2014, 120).

Surprisingly, Pisanti et al. (2016) found contrary results to their original hypotheses. Firstly, there was no statistical evidence of *high demands, low control and low social support* in contributing to burnout over time. This was assumed to originate from existing burnout indicators at the baseline of the study. However, the study established a positive relationship between high job demands and high job control, which leaves an employee feeling motivated and able to learn, master and accomplish. Overall, data did reveal a longitudinal relationship between JDCS variables and burnout, highlighting the importance of providing possibilities for a sense of control, stability and support among employees. (Pisanti et al. 2016.)

## **4.2 Commitment**

Data presents healthcare workers having a sense of devotion to service (Ting et al. 2022, 8) and to their organization (Allan et al. 2014) and finding purpose in their work, cross-cutting age, gender, and nationality (Ting et al. 2022, 8). Feeling involved, resilient and up-to-date seems to enhance commitment and positive emotions in change. Job involvement and goal



clarity have a positive relationship with organizational readiness to change, supervisory support, trust in management and appropriateness of change. (Katsaros et al 2014, 45- 46.) Also Brown et al. (2017) found that nurses who are more resilient have higher job satisfaction. Age has a nonlinear relationship with job satisfaction, where younger and older nurses have greater job satisfaction. After adjustment for resilience, job satisfaction, and other nurse and employment characteristics, no significant association with nursing experience and change fatigue seems to exist. (Brown et al. 2017, 308.) Increased commitment to change decreases emotional exhaustion and increases work engagement. Taking an active part in the change process further increases engagement and commitment. (Guglielmi et al. 2017.)

### **4.3 Employee emotions in change**

Although there is a clear gap in descriptive research on employee emotions in healthcare, Sanches-Romero et al. (2022) managed to catch numerous emotional codes connected to subthemes of *continuous contact with other peoples' suffering, organizational difficulties, emotional dimension and physical deterioration and social isolation*. Although most emotions may be categorized as negative, such as anxiety, frustration, helplessness, fear, sadness and loneliness just as in Suter et al.'s (2020) study, positive emotions, for example empathy, compassion and courage were also recited. Giaver et al. (2014) spotted consistency in employees expressing uncertainty, insecurity, compassion, joy and fear/anxiety/worry, while excitement, pride and feeling cared for (by colleagues) appeared in the beginning of the study and negative feelings such as anger, frustration, not feeling cared for by management, cynicism, and feeling overwhelmed/exhausted later in the study. (Giaeever et al 2014, 122.) Another included study describes nurses speaking of developing strength and resilience by finding meaning and expressing pride in their work, despite the experienced hardships (Peter et al. 2022, 12).

Insecurity links to a sense of control but also represents a personal emotion, being mentioned in several chosen studies and affecting the entity of emotional experiences. Insecurity might be born from uncertainty of the future as well as unclarity of what said change really means. (Luhtasela 2022, 280.) The feeling of not being heard (Suter et al. 2020) and the lack of profession-oriented leadership (Levorstadt et al 2022, 4) are seen as frustrating. These

findings might have a direct connection to the theme of feeling unappreciated which emerged across genders in the study of Ting et al. (2022). Unfortunately, organizational change further inhibits the possibility to recover from physical and mental strain that is already difficult in normal circumstances (Lundmark et al. 2020), making it difficult for an employee to reach optimal mental wellbeing.

In Luhtasela et al.'s (2022) study, the changes had trivial effect on the employees' work and work environment. However, feelings of loneliness might emerge depending on the nature of the change (Levorstadt et al 2022, 4; Suter et al. 2020) due to feeling self-employed (Levorstadt et al 2022, 4) as a cause of being isolated from or losing overlapping shift time (Suter et al. 2020) with colleagues. Reduction in social support from colleagues leads to the birth of negative attitudes and undesirable behavior towards staff members (Suter et al. 2020). Intrinsic motivators, such as pleasure or satisfaction of doing *a good job* and extrinsic motivators, such as collegial support acted as more powerful drivers of job satisfaction than presumptive organizational improvements (Allan et al. 2014).

Nilsen et al.'s (2020) research showed that organizational changes that were perceived to be implemented unexpectedly and/or without prior communication did not get the health care professionals' support. It was important for the healthcare workers to understand the need for organizational changes and how they benefitted themselves and/or the patients. Otherwise, the changes might be perceived as meaningless and unjustified, which may create change resistance. (Nilsen et al. 2020, 5.) When health care professionals could influence and feel prepared for the change and recognize the value of the change, organizational changes in health care are more likely to succeed (Nilsen et al 2020, 6). Unexpectedly, high levels of experienced social support can reveal higher levels of emotional exhaustion. This may be connected to the stress transfer theory, in which strong social bonds predispose to the absorption of stress rather than staying protected. In addition, high job demands do not walk hand in hand with high emotional exhaustion. This may be explained by the fluctuation of these factors over time. (Pisanti et al. 2016.)

## 4.4 Trust and support in management

Most chosen studies highlighted the role of supervisor support or creating a trusting, encouraging environment during change in one way or another. Managerial actions during change have a significant connection with how the employees trust the organization's management. If employees feel that the management does not support them and does not solve the problems arising during the changes, they may not trust the management either. Actions of the supervisor thus have a connection with having trust in the process. (Luhtasela 2022, 280.) Guglielmi et al. (2017) found the mean of supervisor support for nurses in their study to be lower ( $M=2,63$ ) than that of physicians ( $M=3,54$ ), opposing Giaever et al. (2014) who found the interviewees having a general sense of having received enough support from management. It seems that nursing staff rely heavily on managers when dealing with uncertainty. (Giaever et al 2014, 120.) Luhtasela et al. (2022) detected mostly positive experiences in their study connected to the actions of the organization's management, trust in the organization's management and the possibility to influence the process. This pinpoints the importance of the ability to trust management in creating a positive change experience. (Luhtasela et al. 2022, 281.)

In Katsaros et al.'s (2014) research, measures of perceived organizational readiness to change, supervisory support, trust in management and appropriateness of change increased significantly five months after the implementation of a planned organizational initiative change. Dubois et al. (2013) also found staff members experiencing an increase in supervisor support over the 12-month study period despite perceived loss of various resources. Evidence exists of negative moderating relationships between organizational commitment and trust in management and appropriateness of change, and between autonomy and trust in management (Katsaros et al 2014, 46). As previous research shows, an inverse relationship between employee experiences in change and supervisor support exists, in which staff members are exposed to heavier workloads without the increase of managerial support (Dubois et al. 2013). In addition, research shows empirical evidence that management should try to influence their employees' cognitive and emotional attitudes by delivering a point of necessity, suitability, and effective outcomes of change for them and the whole organization. It is likewise important to note management's continuous support during the change process. Senior management should try to employ dynamic approaches to change, such as

appreciative inquiry that seeks to detect the unique qualities and special strengths of an organization. (Katsaros et al 2014, 46.)

Ting et al. (2022) isolated the lack of appreciation or support at work as a dominant theme deeply affecting the morale of healthcare workers. The need for better spaces and environmental design among healthcare workers was pointed out, especially related to having dedicated eating areas, better space management and ventilation, and smarter zoning of teams (Ting et al. 2022, 10-11). Nurses are responsible and accountable for their nursing practice as healthcare professionals, yet nurses working during SARS, MERS and COVID-19 also often lacked adequate resources, such as appropriate staffing and equipment, and were working under strict public health measures, not always being able to fully meet their ethical responsibilities of care simultaneously (Peter et al. 2022, 13). However, a leader who goes the extra mile both for staff and patients when navigating uncharted territory is lauded by both local and non-local staff (Ting et al. 2022, 5-6). Strong data stands behind the significance of team relationships and support received from supervisors and leaders (Peter et al. 2022, 12). Workforces who are motivated and inspired, mostly by strong leadership, are protected from workplace burnout and other cumulative stressors and those who are given the recognition, pride, sense of purpose and solidarity with the public, will altogether be more committed (Ting et al. 2022, 17).

#### **4.5 The emotional intelligence of management**

Teo et al. (2014) suggest managers should provide activities that help establish networks with change plans, as *major, prolonged organizational problems* have a negative impact on employees (Sanches-Romero 2022). Managers and leaders who attune themselves to what constitutes PsyCap for nurses may recognize and anticipate where support might be needed by encouraging and sponsoring activities that enhance PsyCap as part of their change plan (Teo et al 2014, 20). Further evidence shows that *job redesign interventions improving psychological job characteristics* can reduce burnout (Pisanti et al. 2016).

Brown et al. (2017) expressed an interest in expanding the current knowledge on change fatigue among nurses practicing in acute care hospitals. They establish how nurse leaders must understand the negative effects of change fatigue and monitor passive behavior so that

change fatigue does not go unnoticed and under-researched. (Brown et al. 2017, 308.) Previous research has already established the *need for interventions* by managers and institutions, as the continued experience of professional suffering leads to negative work-wellbeing outcomes (Sanches-Romero 2022). After adjustment for job satisfaction, the association of resilience and change fatigue was no longer significant in Brown et al.'s research. The association of job satisfaction and change fatigue was still evident (Brown et al. 2017, 309-310.), calling for the emotional intelligence of management in leading change.

#### **4.6 Transparency in change**

Heikkilä et al. (2021) found a clear positive correlation between growth in work intensification and growth in stress of conscience. There was, however, also a clear indication that *a positive experience of management's actions* decreases levels of stress of conscience. A positive experience is created with the help of an employee feeling adequately informed about the phases of change by the manager, and the manager considering employees' viewpoints, holding open discussion, and creating a feeling of security, in other words, a manager creating *structural empowerment*. (Heikkilä et al. 2021.) Lundmark et al. (2020) highlight workplace innovation, supervisor support, job crafting and the possibility for employees to actively take part in the change process. Comprehensive change management plans providing open communication acts as a facilitator for decreasing staff burnout levels. Data exists of managers having more optimism towards change compared to staff (Laker et al. 2018). Allan et al.'s (2014) findings suggest that managers tend to focus on strategy and financial issues while nurses do their best to meet the expectations of patients regardless of surrounding change. This only enforces the role of transparency and employee considerate leadership, allowing everyone involved to be on the same page, understanding and committing to the change at hand.

Midwives call for a leader with more available time for the project and their employees and find themselves with little opportunity to influence in the beginning of an organizational change process (Levorstadt et al 2022, 4). Likewise in Suter et al.'s (2020) study, few participants felt they had been able to influence the change process despite there having been a prior consultation process of switching to a longer shift pattern. Employees experienced that the change was implemented quite quickly and rather as a cost-saving procedure than an

employee benefiting procedure. Still, *many participants were reluctant to complain about their circumstances* out of loyalty to their employer, despite the change causing physical and emotional exhaustion. (Suter et al. 2020.)

Nilsen et al. (2020) found that having the opportunity to influence implemented organizational changes was found important by healthcare professionals. Changes that were considered easiest and rarely encountered resistance were those initiated by the professionals. (Nilsen et al. 2020, 4.) Sadly, Guglielmi et al.'s (2017) study found that nurses felt they received less information about the change process than physicians, although expressing commitment to change increased managerial support and receiving information about the change process. Healthcare professionals see that organizational changes that are clearly communicated and allow time to prepare increase the chances for successful changes and enhance a positive change experience (Nilsen et al. 2020, 4; Luhtasela 2022, 279). The planning of healthy change leadership processes thus increases work-wellbeing that may be interfered with frequent organizational change (Lundmark et al. (2020).

Luhtasela et al. (2022) found the laboratory workers to be quite dissatisfied with the notification during the changes, because according to their assessment there was too little information shared and the information shared was unclear, as informing was mostly top-down, and there were not necessarily opportunities to ask questions. Giaver et al. (2014) had previously reached equivalent results. Collective unclarity and confusion complicates change management. When managers are confused and make different interpretations regarding the new arrangements, it places employees in unequal positions. Unclarity leaves room for invisible hierarchy which creates additional perplexity. (Allan et al. 2014.) Failure to ensure sufficient support in a change process could be avoided by management's active hearing of employees and providing more efficient response to faced challenges on different forums, such as more frequent joint planning meetings and monthly information about the current critical issues connected to the change process (Luhtasela 2022, 279-280.) Encouraging teamwork and manager supervision support adaptation to organizational changes, as regular meetings provide a forum to *process painful emotions and defenses* (Allan et al. 2014). Interestingly, data reveals that there is a positive correlation between a supervisor's actions and an employee's own opportunities for influence, showing how the supervisor can affect employees' possibilities to influence the change process (Luhtasela 2022, 280).

## 4.7 Summary of results

Personal resources and psychological capital are a common denominator in an employee's capability to face and adapt to change. It seems that organizational change alters the sense of control of healthcare workers. An employee losing a sense of control after change was emphasized in most studies. Not understanding the change and its meaning often leaves employees concerned and worried. Feeling left out by not receiving adequate information seems to increase change resistance and the cynicism of employees towards change. Understanding the complexity change is expanded through individuals' perceptions shaping their behavior (Allan et al. 2014). Background factors are multidimensional and may include concern about adequate staffing and changes in previous collegial collaboration, in addition to change induced fatigue and dubiety (Heikkilä et al. 2022). Without appropriate interventions, employees face emotional exhaustion potentially leading to burnout.

Most chosen studies highlighted the role of supervisor support or creating a trusting, encouraging environment during change in one way or another. How employees experience change is strongly connected to the formation of trust towards the management of an organization. A positive change experience also relies on received collegial and supervisor support, as well as feeling adequately informed throughout the change process, being heard and able to express one's viewpoints and psychologically secure. Employees value the opportunity to influence the change process. In conclusion, there seems to be a clear void in leaders advocating for their employees and providing professional guidance through a change process, and an expressed need for inclusion in the early phases of change (Levorstadt et al 2022, 4).

## **5 Discussion**

The purpose of this scoping review was to provide an overview of employee emotions and experiences during change in healthcare answering two specific questions: “How have employee emotions been described in research handling organizational change in healthcare?” and “How do employees experience management of organizational change in healthcare?”

### **5.1 Reliability**

The norms of a scientific research process were followed, although the process itself resembled a zigzag of progress and reversion with stops in between (Booth et al. 2016). The formal research processes consisted of gathering background information, forming the final research questions based on the findings, collecting new data for the actual scoping review and by analyzing said data, finishing with a reflection and conclusion (Lacey 2010). Three of the chosen studies had a small sample, but the rest had a relatively large number of participants. There are no unethical factors behind the study, which was performed with benevolence and integrity.

### **5.2 Strengths and weaknesses**

Some graduate level theses have been conducted, but as predicted, few scientific studies for this scoping review were found fundamentally handling employee experience or describing employee emotion in change. In addition, these studies fail to describe successful employee driven factors in organizational change. Although change leadership has been researched extensively, almost no research has been conducted in a university setting, especially concerning employee experience (Luhtasela et al. 2017, 272), neither much data exists on midwives' experiences of organizational change (Levorstadt 2022, 2). Limited research can be found examining changes to nursing work and the resulting effects on employee attitudes (Teo et al. 2014, 2). The physical and psychological well-being of nurses in relation to organizational change has been grossly overlooked and under-researched (Brown et al. 2017, 306). There are few empirical studies that examine employee perceptions regarding organizational readiness to change, supervisory support, trust in management and appropriateness of change although these are considered vital to successful organizational



change. Some longitudinal data exists on employee perceptions before and after a planned change event. (Katsaros et al. 2014, 37.)

As stated above, the lack of research has been repeatedly established over the last decade. Despite the scarcity of previous research, we found 18 articles addressing employee experience and emotions in planned or sudden change were chosen for our study. All the articles offered data to our research questions, though some valuable articles might be missing from this scoping review due to situating behind a paywall. Although the studies were made in differing units around the world and with varying research methods, it was clear that the experience of change had many similar features, offering us common themes regarding our research questions. Direct comparison of data was difficult due to the variety of indicators. However, a couple of common measures were found in the studies, for example, burnout was researched adapting Maslach's Burnout Inventory.

### **5.3 Review of the process**

The scoping review process started with an initial, intuitional idea of factors connected to employee experience and change leadership that later were refined into the specific research questions. As phrasing the questions can lead to different outcomes, a reasonable amount of time was spent choosing the angle in which the research aim was approached and defining the key words (Booth et al. 2016).

One important phase of the research process is analyzing data, which is perhaps also the most crucial phase of any research project (Lacey 2010, 23), allowing found results to be arranged into a meaningful ensemble (Lacey 2010). Attention was paid to scientific validity by trying to avoid bias or falsification of background factors affecting the data and reliability by following measurements of consistency and plausibility. In addition, results were summarized with appropriate accreditation and by actively focusing on assessing the methodological quality of produced text to reach clarity and traceability. After final analysis six themes were formed in relation to our research questions: the sense of control, commitment and emotions of an employee, managerial trust and support, the emotional intelligence of managers, and transparency of the change process.

## 5.4 Review of the results

This scoping review leads to an understanding that organizational change alters the sense of control of healthcare workers, leading to concern and worry. Not receiving adequate information seems to increase change resistance and the cynicism of employees towards change as employees had a need to be part of the change and required the possibility to influence the process early on. Left unaddressed, negative emotions induced by change may lead employees to face emotional exhaustion potentially leading to burnout. The role of supervisor support or creating a trusting, encouraging environment was highlighted, pointing out the need for leaders to provide professional guidance and inclusion throughout a change process (Levorstadt et al 2022, 4).

Chosen studies described emotions and experiences during or quite shortly after a change and excluded prior events. It seems that threats should be taken into account even before change taking place in order to promote commitment, and that removing threats has a greater impact on successful change for employees than strengthening positive elements (Kaltiainen et al. 2018), emphasizing managerial actions in the genesis of positive employee emotions in change. Although we initially aimed to examine previously researched independent emotions of employees in organizational change, the scoped studies almost invariably returned us to the importance of leadership in the generation and management of emotions. Such an intervention however fails *to capture the complexity and dynamism of employees' change-related experiences and reactions* (Kaltiainen et al. 2018), which on its part could explain the scarcity of available descriptive data.

A positive employee experience has in a short time become an essential part of the personnel strategy of organizations, even though management taking employee needs into account has already trended for longer (Laitinen & Sipponen 2021). Sadly, this has not transferred to the healthcare field with the same speed, even though Pangallo et al. (2022) have freshly examined *current key drivers specific to the healthcare employee experience*. Albrech et al. (2020) note that neither employee engagement in change has been widely examined despite vast research in change processes and employee engagement as independent phenomena, continuing to motivate how understanding positive attitudes towards change, such as acceptance, openness and change readiness, is a more productive method of increasing employee motivation, commitment and engagement in and after organizational change (Albrech et al. 2020). This sidelines Kaltiainen et al. (2018) who found that guiding

employees away from contemplating on negative perceptions of change events may pose great importance in generating work-related positivity during organizational changes. Presumably, due to research settings, most emotions in the chosen studies may be understood as undesirable and negative, frustration and emotional exhaustion as examples. Undeniably, humanity and good leadership also recognize negative emotions in the workplace (Leppänen et al. 2012, 42) and naturally employees need to keep their basic work tasks in mind, noting that personal chemistry is not connected to professional roles (Järvinen 2008, 80). To our delight, some positively charged emotions were detected, such as joy, compassion, and empathy.

Pahkin & Vesanto (2013) describe the emotional pattern of change, where the phases of fear and anger are followed by sadness and finally acceptance and joy. In the selected studies, there was no direct connection to the mentioned pattern, as, for example, Giaver et al. (2014) describe pride and enthusiasm at the beginning of the change process, and frustration and fatigue as the change progresses. Neither did any longitudinal study detect a clear increase in positivity. Alarmingly, more than one study identified emotional exhaustion and burnout in their examinees. Pangallo et al. (2022) point out that as impactful as the pandemic was, it cannot be labelled as a sole source of increased distress in the healthcare sector. They note that even before the pandemic, there have been high numbers of turnover despite recognizable employee engagement. Despite the nonexistence of an exhaustive answer, we must remember that behind all formal structures lies humanity, needing to address motivation and emotion (Virtanen & Stenvall 2019). For an employee to engage, they need to understand the vision and strategy of the organization and set expectations for each employee. Engagement can be created through sufficient information, emotional encounters, and correct actions (Korkiamäki 2019). Lack of information was one carrying theme throughout the analyzed studies.

Sharing information openly decreases the possibilities of employees turning against change and forming competing inner circles (Rantanen 2018, 293). It is hard to define the optimal amount of shared information in each phase of a change process. It seems that employees value openness and transparency, yet a manager must consider what information is handled in which forum and especially the way information is presented (Ravantti 2022). An employee's psychological capital, resources and past experiences may influence the interpretation of the received information, not to mention the linguistic and working life skills of a typically

multicultural staff, as well as the clarity of communication. A leader's capability to communicate the need for the change to members of the organization is a key determinant to the level of success (Issah 2018, 2). Unfortunately, the current labor shortage in the health industry and three-shift work both contribute to the challenges of effective communication, as the entire staff is not present at one given time. Hybrid work offers its added challenges, in which the manager does not see their employees as often and the employees do not come in contact with another, inhibiting social grouping, collegial support and mental commitment to work.

Ravantti (2022) and Pahkin & Vesanto (2013) call for employee liability and activity in carrying out organizational strategies and not simply following top-down orders, as misinterpreted strengthening of autonomy may lead to mistrust in management (THL 2019). Conversational leadership allows for employee commitment and work motivation to grow. Inversely, commanding leadership gives birth to low motivation and mental strain. (Juuti et al. 2015, 26.) This scoping review did not come across any data that would support change actions from the bottom-up, but rather orders came from top-down. Employees felt excluded from the development process and more like a target of change rather than an active party. Although interest in influencing the change process was expressed, we did not find answers as to how staff would have concretely taken part in the process or how activity could be scientifically measured. The selected studies dealt with permanent employees or staff with long fixed-term contracts, whilst part-time or on-call work is a norm, the employee thus not forming a personal need to truly commit to a unit. This scoping review fails to answer how this phenomenon affects the implementation of organizational changes and whether the quality of employment has a significant effect on the reactions to change. It is important to notice that conversational culture may decrease ethical burden, which is a great stress factor in the healthcare sector (Maury et al. 2019, 59) and was also handled in three of our studies in the form of stress of conscience, ethical responsibilities, and experiences of suffering.

Interaction skills are emphasized especially in connection with organizational change (Virtanen & Stenvall 2019, 79). When a leader finds a connection with their own emotions, they are then able to grasp the emotions of others (Juuti et al. 2015, 51.), giving a leader a better perspective of other people's emotions and feelings. In healthcare services in particular, the demanding nature of management skills is based on a broad integrated approach that must consider strong work ethics, the human nature of the basic task and a

large number of personnel into account during the implementation of activities and the use of personal expertise in work situations. Pangallo et al. (2022) recognize that *70% of the variance in engagement* connects to management, correlating with other previous research that trust in management and leadership plays a leading role in job satisfaction and even burnout, especially among nurses. Scoping outcomes highlight trust as a key factor during change. Trust must not be valued only during the process by management, but also before and after to sustain readiness to change at all times. Trust, among all feelings, is something that we experience individually. The actions of management must be transparent and consistent to create trust among employees. The feeling of trust during change is also linked to support from management. Trust can be valued in situations where management or supervisors give or receive constructive feedback. Trust is formed by peoples' actions and respectful behavior towards one another. A respectful atmosphere leaves room for diversity. Being treated with respect has a strong connection with work well-being and creating a psychologically safe environment (Pangallo et al. 2022). Most chosen studies highlighted the role of supervisor support or creating a trusting, encouraging environment during change. Managerial actions during change have a significant connection with how the employees form trust towards the organization's management (Luhtasela 2022, 280).

A good leader can directly influence work-life quality as well as nurse satisfaction and retention (Varma et al. 2016, 59). According to a questionnaire commissioned by TEHY (The Union of Health and Social Care Professionals in Finland) in 2019, many nursing supervisors feel the need for more time to concentrate on leadership and to hear and support their employees. Also, the number of nursing managers decreases yearly (Aula Research 2019). Today, units are increasingly larger and difficult to manage. Scoped studies presented the number of examinees but did not clearly introduce the number of personnel in the unit. Results present a clear need for dedicated support from management. It may be hypothesized that bigger units have increased challenges in individual management and meeting the emotions of employees, possibly acting as a background influencer to end data. Considering a unit where the number of employees may reach 70 people, it is impossible for the leader to relate to the staff that does irregular three-shift work (Aula Research 2019). Smaller units could have opportunities for true emotional supervisor support. Obviously moving towards smaller units increases vulnerability in the times of staff shortage, not making the transition straightforward.

At the beginning of a change process, everyone must have internalized the benefits of the change and understand the expectations set on employees, managers and the whole organization (Maury et al. 2019, 136). Adequate personal resources and psychological capital support an employee's ability to integrate to change. In the hierarchical hospital setting compassion and softness are not the most valued features of a leader, but both features could change the atmosphere of the ward to something that is easily approachable. *Healthcare organizations are typically hierarchical workplaces and introducing organizational changes to co-operational procedures could be a small step for an organization, but a giant leap in renewing the management of healthcare work* (Turja 2022). Organizational change seems to reduce personal resources and decrease an employee's sense of control. Managers who support the psychological capital of their employees are better equipped to recognize and anticipate the need for interventions during change (Teo et al. 2014, 20), thus reducing the risk of burnout (Pisanti et al. 2016). Unambiguous evidence was not found on how employee resilience or other psychological resources may be evaluated or fostered. It was also left open as to how the emotional intelligence of a manager might be evaluated and strengthened.

In the acute phase of change, people often become static as they are unaware of their specified roles (Leppänen et al. 2012, 112). Tensions may arise as to who can or may lead the network (THL 2019), especially if room is left for invisible hierarchy due to dubiety induced unclarity and confusion (Allan et al. 2014). Throughout the world most nurses are female, which was also reflected in the chosen studies. In behavioral health, gender is an influential factor, especially with women postulated to be exposed to more actual perceived stressors. The risk of conflict is greater with women as they take greater responsibility of the family and home than men, therefore leading to lower psychological well-being. For nurses, the reality of being forced to balance two identities built on caring creates an even more complicated situation (Varma et al. 2016, 59). It is important to prevent, identify and address employee burnout in the workplace. Unfortunately, organizational change interferes with physical and mental recovery (Lundmark et al. 2020) which may already be challenged by suboptimal work-life balance. General well-being at work, the attractiveness of the industry and the success of change may be increased by recognizing employee emotions and strengthening personal resources.

The research data presents healthcare workers having a sense of devotion to service (Ting et al. 2022, 8) and to their organization (Allan et al. 2014) and finding purpose in their work

(Ting et al. 2022, 8). While the meaning of work in healthcare is relatively strong and obvious, there is a growing concern that businesses, markets and capitalism do not serve society in the best way possible (Hunnes & Liland 2021, 80). Data points out that especially nurses experience strong purpose in their work, although employee loyalty has decreased (Leppänen et al. 2012, 245). Lately there has been public discussion on the lack of nursing staff and how healthcare professionals struggle with low salaries and heavy duties. While the struggle is real and the problems extraordinarily complex, the purpose and aim of the profession in daily work and the need for care have not altered. Focusing on these issues also in a leadership setting could have positive influences on healthcare staff. Leading purpose could result in increased commitment to change, decreasing emotional exhaustion and increasing work engagement (Guglielmi et al. 2017).

## **5.5 Future research**

Despite it not being a part of our research aim, it would have been interesting to see the effects of employee personality traits in the willingness to actively take part in change initiatives and how managers have been able to enable equal participation in the change process. Extroverts are prone to assert oneself and their perceptions more easily than introverts, who may leave valuable viewpoints unexpressed. Data suggests that those engaged are more likely to be actively involved in and perceive the change process more positively (Albrecht et al. 2022), leaving room to interpret how optimal employee engagement and involvement are expressed and to what extent employees' personal resources should and can be modified in the light of their personality traits. Workplace culture can be taught and therefore changed, although it cannot be directly commanded (Mattila 2007, 35).

It must be admitted that this scoping review left many open questions. It must be kept in mind that things most often are not black and white and that there is a need for multilevel information processing. This applies especially with understanding and reacting to emotions in a workplace. This scoping review trending towards conceptual humanism may be seen as a strength as focusing on human welfare on a larger scale can hardly be labelled as reprehensible. Findings of this scoping review could be used in increasing attraction and holding force in the healthcare sector and as a competitive advantage in healthcare organizations. In the future, more research focus should be put on the employee experience from a healthcare perspective. Considering the current trend of job satisfaction of nurses, or

rather dissatisfaction, it would be beneficial to study employee experience in healthcare in its entirety, rather than focusing on single factors. The role of emotional intelligence in leadership and more specifically in change leadership should be researched further also from the frame of employee experience (Turja 2022).

## **5.6 Conclusion**

The viewpoint of employee emotions in organizational change has little previous researched data. We managed to extract six themes from our chosen studies: a sense of control, commitment, employee emotions in change, trust and support in management, the emotional intelligence of management and transparency in change. Employees lose a sense of control in a change situation and perceive a threat to personal resources, which in their part effect the ability to commit to an organization, as well as decrease job satisfaction and work well-being. Employees must be offered the opportunity to influence the change process and receive adequate information openly. A change situation raises multiple emotions in employees, both positive and negative. An employee's psychological capital plays a part in the perception of change. Data shows that employees require managerial support throughout a change process and that trust and emotionally intelligent leadership are key in the positive experience of change.



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## 7 Appendix

Table 1: Studies selected for scoping review

| Author, year, publishing platform                                                       | Title                                                                                                                                                                 | Country        | Study objective, participants                                                                                                           | Timing of study in relation to occurred change | Method                                   | Key research findings on emotional employee experience of organizational change                                                                                                                                                                                           | Key research findings on how employees experience management of organizational change                                                                                                                 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allan et al. 2014<br>HSR Health Services Research                                       | People and teams matter in organizational change: professionals' and managers' experiences of changing governance and incentives in primary care                      | United Kingdom | Exploration of the experiences of managers and clinical staff during organizational change<br><br>120 participants                      | N/A<br>(During change)                         | Descriptive qualitative study            | The study revealed feelings of uncertainty, concern, frustration, personal distress and being overworked during change.                                                                                                                                                   | Collective unclarity and confusion complicates change management. Encouraging teamwork and manager supervision supports adaptation to organizational changes.                                         |
| Dubois et al. 2013<br>International Journal of Environmental Research and Public Health | Why some employees adopt or resist reorganization of work practices in health care: associations between perceived loss of resources, burnout and attitudes to change | Canada         | Exploration of care workers' relationships between resource loss over time, burnout and attitudes towards change<br><br>96 participants |                                                | Longitudinal quantitative study          | There is a positive association between decrease in resources and increase in burnout in the context of change due to psychological impact. The study points out the significance the emotional state and subsequent behaviors of employees during organizational change. | Staff members experienced an increase in supervisor support over the 12-month study period despite perceived loss of various resources.                                                               |
| Levorstad et al. 2022<br>European Journal of Midwifery                                  | Midwives' experiences of an organizational change in early postpartum care services in Norway: A qualitative study                                                    | Norway         | To explore midwives' experiences of an organizational change in early postpartum care services from hospital to home-                   | One year after the change                      | Qualitative Systematic text condensation | The midwives had both positive and negative experiences of the organizational change. The study indicates that employees need to be more included when changes in midwifery practice are planned and implemented.                                                         | Midwives call for a leader with more available time for the project and their employees and find themselves with little opportunity to influence in the beginning of an organizational change process |

|                                                           |                                                                                                                                                      |           |                                                                                                                                                                                                                         |                                        |                                                        |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           |                                                                                                                                                      |           | based care in Norway<br>10 participants                                                                                                                                                                                 |                                        |                                                        |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |
| Nilsen et.al<br>2020<br><br>BMC Health Services Research  | Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant head nurses. | Sweden    | To investigate the characteristics of changes of relevance for the work of health care professionals that they deemed successful<br><br>30 participants                                                                 | N/A                                    | Qualitative<br>An inductive approach in analyzing data | Organizational changes in healthcare are more likely to succeed when health care professionals have the opportunity to influence the change feel prepared for the change and recognize the value of the change, including perceiving the benefit of the change for patients. | Supervisors and management need to be able to give professionals the necessary amount of information prior the implementation.                                                  |
| Brown et.al<br>2018<br><br>Journal of Nursing scholarship | The relationship among change fatigue, resilience, and job satisfaction of hospital staff nurses                                                     | USA       | To examine relationships between change fatigue, resilience and job satisfaction among novice and seasoned hospital staff nurses<br><br>521 participants                                                                | N/A                                    | Descriptive<br>Quantitative study                      | The results are consistent with job satisfaction among hospital staff being negatively influenced by change fatigue and positively influenced by resilience, although reverse casual connections are possible.                                                               | Nurse leaders must understand the negative effects of change fatigue and monitor passive behavior so that change fatigue does not go unnoticed and under-researched.            |
| Katsaros et.al<br>2014<br><br>Econstor                    | Exploring employees' perceptions, job related attitudes and characteristics during a planned organizational change                                   | Macedonia | The study explores employee perceptions regarding organizational readiness to change supervisory support, trust in management and appropriateness of change during a planned organizational change in a public hospital | Prior the change and five months after | Quantitative                                           | The paper demonstrates how employee perceptions change during a planned organizational change and it suggests that as employees become more aware of the change process: their support for the change effort will increase.                                                  | Negative moderating relationships between organizational commitment and trust in management and appropriateness of change, and between autonomy and trust in management exists. |



|                                                      |                                                                                                       |         |                                                                                                                                                                                                               |                        |                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      |                                                                                                       |         | 801 participants                                                                                                                                                                                              |                        |                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |
| Guglielmi et al. 2017<br>Italian Journal of Medicine | Assessment of organizational well-being in an Italian general hospital after an organizational change | Italy   | Evaluating attitudes toward change and workers' well-being (quantitative phase) and conducting a consulting process aimed to identify critical issues and the related improvement actions (qualitative phase) | 2 years                | Mixed methods study            | During the organizational change, greater commitment was associated with lower levels of emotional exhaustion and a higher degree of work engagement. Nurses were less committed and felt more unsupported than physicians.          | Nurses received less information about the change process than physicians. Taking an active part in the change process increases engagement and commitment.                                                                                      |
| Heikkilä et al. 2021<br>Nursing Ethics               | Intensified job demands, stress of conscience and nurses' experiences during organizational change    | Finland | Investigating the association between intensified job demands and stress of conscience and whether their association is moderated by organizational change experiences among nurses                           | N/A<br>(During change) | Quantitative study             | Research found an association between work intensification and personal worry with more severe stress of conscience among nurses during organizational change. Results reflect worry and concern caused by intensified job demands.  | There was a clear positive correlation between growth in work intensification and growth in stress of conscience. There was also a clear indication that a positive experience of management's actions decreases levels of stress of conscience. |
| Peter et al. 2022<br>Canadian Journal of Nursing     | Nurses' experiences of their ethical responsibilities during coronavirus outbreaks                    | Canada  | To identify the challenges and sources of support in nurses' efforts to meet their ethical                                                                                                                    | N/A                    | Qualitative:<br>Scoping review | The findings show that the need for healthcare organizations to formally involve front-line nurses in this process is essential to promote transparency, accountability and opportunities for feedback. Nurses providing direct care | Strong data stands behind the significance of team relationships and support received from supervisors and leaders.                                                                                                                              |
|                                                      |                                                                                                       |         | 88 participants                                                                                                                                                                                               |                        |                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |
|                                                      |                                                                                                       |         | 511 participants                                                                                                                                                                                              |                        |                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |

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|                                                                         |                                                                                                                                                                                                        |                  | responsibilities during SARS; MERS and COVID-19 outbreaks<br><br>Participants N/A                                                                                                                   |                                    |                                           | also need to be included in decision making regarding the prioritization of patients as they have the insight into how these decisions will impact patient care.                                                                                |                                                                                                                                                                                      |
| Laker et al. 2018<br><br>International Journal of Mental Health Nursing | Why is change a challenge in acute mental health wards?<br><br>A cross-sectional investigation of the relationships between burnout, occupational status and nurses' perceptions of barriers to change | United Kingdom   | Exploration of the effects of nursing staff burnout and workforce characteristics on perceptions of barriers to change<br><br>125 participants                                                      | N/A                                | Cross-sectional quantitative study        | The study found a significant effect of burnout on staff perceptions of barriers to change. Occupational status predicted confidence or feeling powerless. Increase in direct patient work also increases pessimism towards change.             | A moderate, positive correlation between barriers to change and burnout was found. Young age and representing frontline staff correspond to negative perceptions of change barriers. |
| Lundmark et al. 2020<br><br>Nursing open                                | Cold wind of change: associations between organizational change, turnover intention, overcommitment and quality of care in Spanish and Swedish eldercare organizations                                 | Spain and Sweden | Examining the association between organizational change, turnover intentions, overcommitment and perceptions of quality of care among care staff in eldercare organizations<br><br>226 participants | Baseline with a 12-month follow up | Longitudinal quantitative study           | Turnover intentions are positively associated with overcommitment. The study points out the need for actions to decrease mental strain during organizational change.                                                                            | Workplace innovation, supervisor support, job crafting and the possibility for employees to actively take part in the change process were highlighted.                               |
| Teo et al. 2014<br><br>QUT ePrints                                      | Psychological capital as moderator of organizational change demands on nursing stress                                                                                                                  | USA              | To examine stress and work engagement in times of change by integrating a particular dimension of personal resource that is psychological                                                           | N/A                                | Cross-sectional<br><br>Mixed method study | Findings contribute to the positive psychology literature by showing how role stress resulting from changes to work context and job design could be reduced by not just seeking job resources, but also by activating psychological attributes. | Research suggest managers should provide activities that help establish networks with change plans                                                                                   |

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|                                                                                       |                                                                                                                                                                                                                              |           | capital into the Job Demands-Resources model.<br>401 participants                                            |                                                    |                                 |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| Ting et al. 2022<br>International Journal of Environmental Research and Public Health | “Well, I signed up to be a soldier; I have been trained and equipped well”: Exploring healthcare workers experiences during covid-19 organizational changes in Singapore, from the first wave to the path towards endemicity | Singapore | To explore healthcare workers’ experiences during covid-19 organizational changes<br><br>630 participants    | During the first wave of the pandemic in Singapore | Qualitative                     | The research suggests an urgent need to increase the size of the healthcare workforce, offer better pay and provisions and foster an employee-centric culture where leave can be taken and self-care promoted long term.                                       | Workforces who are motivated and inspired, mostly by strong leadership, are protected from workplace burnout and other cumulative stresses and who are given the recognition, pride, sense of purpose and solidarity with the public, will altogether be more committed |
| Pisanti et al. 2016<br><br>Frontiers in Psychology                                    | How changes in psychosocial job characteristics impact burnout in nurses: a longitudinal analysis                                                                                                                            | Italy     | Analyzing whether changes in psychosocial job characteristics are related to burnout<br><br>217 participants | A two-wave study over 14 months                    | Longitudinal quantitative study | The study showed that employees experiencing elevated levels of social support have elevated levels of emotional exhaustion and depersonalization later. There is a strong connection with emotional exhaustion to decrease in job control and social support. | Job redesign interventions improving psychological job characteristics with the help of management can reduce burnout.                                                                                                                                                  |

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| Sanches-Romero et al. 2022<br>Elsevier                                                                   | Experiences of suffering among nursing professionals during the COVID-19 pandemic: a descriptive qualitative study       | Spain          | Understanding experiences of suffering among primary care and hospital care nurses during the COVID-19 pandemic<br><br>19 participants      | 1 year since the beginning of the COVID-19 pandemic                                                    | Descriptive qualitative study  | Nurses experienced suffering during their work in the pandemic. End results are seen in social and emotional dimensions.                                                                                                                                                   | Major, prolonged organizational problems have a negative impact on employees, establishing the need for interventions by managers.                                                                                                                                                                                 |
| Suter et al. 2020<br>International Journal of Nursing Studies                                            | The impact of moving to a 12h shift pattern on employee wellbeing: a qualitative study in an acute mental health setting | United Kingdom | Exploring the impact of moving to a 12h shift pattern on employee wellbeing<br><br>70 participants                                          | 6 months and 12 months after change                                                                    | Qualitative study              | A 12h shift pattern in a mental health service setting may not be feasible, having caused several negative wellbeing outcomes. The new shift pattern caused anxiety, stress and feelings of isolation among staff.                                                         | Few participants felt they had been able to influence the change process. Many participants were reluctant to complain about their circumstances out of loyalty to their employer.                                                                                                                                 |
| Luhtasela et al. 2017<br>Hallinnon tutkimus                                                              | Tampereen yliopiston laboratoriopalveluiden muutosjohtamisen toteuttaminen: työntekijöiden näkökulma                     | Finland        | The purpose of the study is to explore how the employees experienced the changes regarding establishing a new unit.<br><br>86 participants  | N/A                                                                                                    | Quantitative study             | The results showed that a positive experience of change arises from how well the employees themselves can influence the change, how well they are able to trust the management of the organization, and how well the organization's management performs during the change. | Mostly positive experiences were detected in their study connected to the actions of the organization's management, trust in the organization's management and the possibility to influence the process. This pinpoints the importance of the ability to trust management in creating a positive change experience |
| Giaever & Smollan 2014<br>Qualitative Research in Organizations and Management: An International Journal | Evolving emotional experiences following organizational change: a longitudinal qualitative study                         | Norway         | To explore the nature and intensity of emotional reactions to change and the contextual triggers that made them vary<br><br>11 participants | One month prior to implementation, three months after implementation and one year after implementation | Longitudinal Qualitative study | The informants reported mixed emotional experiences to change at all three interviews. The emotions arose from ongoing issues about nurses adapting to new technology against backdrop of other changes occurring in the hospital.                                         | It seems that nursing staff rely heavily on managers when dealing with uncertainty.                                                                                                                                                                                                                                |

