# Frontline nurses' leadership practices in relation to a nursing role differentiation healthcare restructuring: A qualitative study

Thesis


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|---|---|
| Course: | Research Internship: Master Thesis |
| Status: | Definitive version |
| Date: | June 17, 2020 |
| Reference style: | Vancouver |


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|---|---|
| Journal: | International Journal of Nursing Studies |
| Word count article: | 3788 |
| Word count abstract English: | 300 |
| Word count abstract Dutch: | 297 |
| Criteria used for transparent reporting: | APA |

**Abstract**

**Background**: The patient population is ageing and the complexity of healthcare has increased. This necessitates changes in the organization and work of nurses, including competent nurses and fitting skill mix. Nevertheless, differentiating in nursing profession often causes commotion in the professional field. Such negative emotions of nurses are easily transferred to patients potentially resulting in reduced quality of care. Therefore, it is key for frontline nurses to manage their emotions through emotional intelligence. It remains unclear to whether all nurses experienced the impact of a hospital restructuring to the same degree.

**Aim**: To gain insight in nurses' experiences, emotions and leadership practices in relation to a nursing role differentiation healthcare restructuring.

**Method:** A generic descriptive qualitative study was conducted between February and June 2020. The study population consisted of registered nurses working in the frontline of nursing. Semi-structured interviews were conducted and were analysed guided by the six phases of thematic analysis described by Braun and Clarke.

**Results:** Nurses experienced feelings such as being undervalued and agitation, which contributed to emotions such as anger and disappointment. Nurses admitted a grim working culture existed. Several reactions of coping have been identified, from which could be comprehended that the degree of presence of emotional intelligence affected the manner of coping. Moreover, it may contributed to awareness that communication and receiving recognition is crucial.

**Conclusion:** Nurses experienced deep emotions which can be compared with grief. Team managers play a central role in attitude, and acceptance of nurses. Investment in a constant dialogue, where a conflict is not shunned, is necessary to take the profession to a higher level.

**Implications of key findings:** To invest in the emotional side of change and stimulate the communication among nurses in order to implement nursing role differentiation successfully.

Keywords: healthcare – nursing - nurse role differentiation – emotions

**Samenvatting**

**Achtergrond:** De patiëntenpopulatie wordt ouder en de complexiteit van de gezondheidszorg is toegenomen. Dit vereist veranderingen in de organisatie en werkzaamheden van verpleegkundigen, inclusief bekwame verpleegkundigen en passende vaardigheidsmix.
Desondanks veroorzaakt differentiëren in het verpleegkundig beroep vaak commotie in het professionele veld. Dergelijke negatieve emoties van verpleegkundigen worden gemakkelijk overgedragen op patiënten, wat mogelijk kan leiden tot een verminderde kwaliteit van zorg.
Daarom is het voor verpleegkundigen in de frontlinie essentieel om hun emoties te beheersen door middel van emotionele intelligentie. Het blijft onduidelijk of alle verpleegkundigen in dezelfde mate de impact van een ziekenhuisherstructurering hebben ervaren.
**Doel:** Inzicht krijgen in de ervaringen, emoties en leiderschap van verpleegkundigen in relatie tot een functiedifferentiatie herstructurering van de gezondheidszorg.
**Methode:** Een generiek kwalitatief onderzoek werd uitgevoerd tussen februari en juni 2020. De onderzoekspopulatie bestond uit geregistreerde frontlinie verpleegkundigen. Semigestructureerde interviews werden afgenomen en werden geanalyseerd aan de hand van de zes fasen van thematische analyse beschreven door Braun en Clarke.
**Resultaten:** Verpleegkundigen ervaarden onrust en het gevoel ondergewaardeerd te zijn, wat bijdroeg aan emoties als woede en teleurstelling. Verpleegkundigen gaven toe dat er een grimmige werkcultuur bestond. Er zijn verschillende coping-reacties geïdentificeerd, waaruit kon worden afgeleid dat de mate van aanwezigheid van emotionele intelligentie de manier van coping beïnvloedde. Bovendien kan het bijdragen tot het besef dat communicatie en het ontvangen van erkenning cruciaal zijn.
**Conclusie:** Verpleegkundigen ervaarden diepe emoties die te vergelijken zijn met rouw. Teammanagers spelen een centrale rol in de houding en acceptatie van verpleegkundigen. Investeren in een constante dialoog, waarbij een conflict niet wordt geschuwd, is nodig om het verpleegkundig beroep naar een hoger niveau te tillen.
**Aanbevelingen:** Investeren in de emotionele kant van verandering en de communicatie tussen verpleegkundigen stimuleren is noodzakelijk om functiedifferentiatie met succes te implementeren.

Kernwoorden: gezondheidszorg – verpleegkunde – functiedifferentiatie – emoties

## Introduction

Over the years, the patient population is ageing and the complexity of healthcare is increased[1,2]. This necessitates changes in the organization and work of nurses, including competent nurses and fitting skill mix of nurses in healthcare settings[2,3]. Moreover, higher education level of nurses and fitting skill mix contributes to quality in patient care and improvement of patient outcomes[4,5]. However, finding a fitting skill mix can be challenging[6–8], which is experienced in several countries[6,7,9]. In the Netherlands, the search for fitting nurse role differentiation has been going on for decades in order to improve patient quality care and make the profession attractive through career paths[10,11]. Nevertheless, history shows that differentiating in the nursing practice is not effortless, as such changes often cause commotion in the professional field[12–15].

In the Netherlands, to become a registered nurse, a nurse can either be a Bachelor educated Nurse (BN) or Vocationally educated Nurse (VN). Up until 1997, education existed to become a Diploma educated Nurse (DN), which was provided by hospitals[16]. However, all level of nurses carry out the same activities in everyday hospital practice[17–19]. A change in nursing healthcare delivery that includes fitting skill mix, a positive practice environment, and high staffing intensity is recommended to optimize patient outcomes, and to improve nurses' work environment[3,6,7,11,20–23]. Skill mix is defined as the combination or grouping of different categories of healthcare workers employed to provide care to patient and includes the number and staff in different roles[24,25]. Several attempts have been made to make clear role distinctions in Dutch nursing healthcare the past decades. For instance, in 1996 a report highlighted a need to differentiate in nursing practice[10,26]. Nevertheless, the mentioned distinction was not incorporated in daily work and healthcare institutional policy, with a status quo as result. Consequently, both levels of nurses did not felt recognised due to inefficient use of their capacities. In 2019, the government was advised to adopt a law that would, finally, make a formal distinction in nursing practice[10,27]. This last attempt to implement nursing role differentiation stranded due to an uprise by, mostly, senior VN's and DN's[28]. These nurses opposed to a transitional arrangement that, in their opinion, degraded their seniority and devaluated their experienced skillset[28], leading to another failure to nursing role differentiation in the Netherlands[29–32]. The Netherlands is unique in the concept of legislative nursing role differentiation, but the search for nursing role differentiation takes place on similar matters in other nations[6,7,9,15]. History shows that such major healthcare reforms as practice differentiation by education affects frontline nurses, working in direct patient care, in various ways and prompts for a wide range of, among others, emotional responses[12,14,15].

Several theories elaborate how people respond to change. Merton's Strain Theory of Deviance demonstrates that individuals have four responses to change: ritualism, withdrawal,

rebellion, and innovation[33]. A more detailed model that incorporates emotions is Perlman & Takacs' ten stages of change in organizations[34]. Another well-known model is Rogers adoption model that describes five group characteristics that corresponds with the stages of changes[35]. In all these changes theories emotions and anxiety for the unknown play an important role[36]. Above all, in literature, it is recognized that hospital restructuring and reform can have a major impact on nurses, for example on job satisfaction, stress, burnout, and decreased opportunity to provide quality care[12,37,38]. A study on emotions at work shows that there is an association between how nurses feel about their work and patient related outcomes[39]. An abundance of literature suggests emotions and negative impact on nurses was transferred to patients resulting in reduced quality of care and increased patient mortality[13,40–42]. Therefore, it is key for frontline nurses to manage their emotions, for example through emotional intelligence leadership practices[37].

Emotional intelligence (EI) represents a set of core competencies for: identifying, processing and managing emotions that enable nurse leaders to cope with daily demands in a knowledgeable, approachable and supportive manner[43]. Effective leadership depends on EI[43]. Nursing leadership is a broad term and is described as an integral part of daily work, involving relationships with others, exercising influence, evidence-based practice, and the context in which one acts[44]. It contains the ability to postpone reactions on ad hoc situations and refrain from judging[45]. Thereby the focus on reflection in action and asking, receiving and giving feedback. Feelings, among moods and emotions, play a central role in the leadership skills[46]. Studies emphasize that nurses' EI has an underestimated effect on the effective completion of significant health care change procedures and transitions[39,47].

As becomes clear, large transitional changes, such as nursing role differentiation, ask for emotional intelligent leadership of frontline nurses[43,48,49]. Literature on hospital restructuring remains unclear to whether all nurses experienced the impact of hospital restructuring to the same degree, or whether nurses working in environments with EI nursing leadership experienced reduced impact[12]. Literature on various experiences and emotions of nurses with regards to nursing role differentiation, in order to improve quality patient care, is scarce. This research will further explore the experiences and emotions of nurses regarding nursing role differentiation restructuring and their leadership practices.

**Objective**

The aim of the study was to gain insight in frontline nurses' experiences, emotions and leadership practices in relation to a nursing role differentiation healthcare restructuring.

## Method

*Design*

A generic descriptive qualitative study was conducted. With this method it was possible to adapt to the natural setting of frontline nurses to explore their behaviour and thoughts regarding a nursing role differentiation[50] and the study was characterized by degree of subjectivity and descriptions[51].

*Setting and participants*

Data was collected in one general hospital in the Netherlands. A deliberate choice was made to explore one setting in order to draw a detailed image. The study population consisted of registered nurses working in the frontline of nursing. For help in selecting participants, the hospital's nurse advisory board was consulted. Prior to the recruitment, a conversation with the nurse advisory board was held on the purpose of this study and the strive for maximum variation. The board was able to invite nurses for interviews by spreading a letter by e-mail, after which nurses could sign up to participate by sending an email directly to the researcher (LA). Nurses who could not read or speak the Dutch language were excluded from the study. In order to pursuit maximum variation, purposeful sampling was used to recruit participants[50]. Variation was obtained within gender (male/female/other), age (in years), level of education (bachelor/vocational/diploma) and work experience (in years). Table 1 describes the baseline data of the sample (insert Table 1).

*Data collection*

Nurses' experiences, emotions and leadership practices regarding a nursing role differentiation were explored through semi-structured interviews between February 2020 and April 2020, conducted by one interviewer (LA), a female registered nurse and student nursing scientist. By using an interview topic list with open ended questions it gave the possibility to ask participants for more detailed information when findings were interesting or unclear[50,51]. The topic list was based on various sources. First, recent literature on nursing role differentiation[6], hospital restructuring[12] and nursing leadership[47,52,53] was searched and studied. Next, a validated emotional intelligence questionnaire, Emotional Skills and Competence Questionnaire (ESCQ)[54], was used as input for the topic list. Furthermore, an expert in the field was approached and asked for input. At last, the topic list has been peer-reviewed with a research team and senior researcher (PBL) on content, which contributed to the credibility of the topic list. For this study thirteen participants were included, three participants dropped out due the COVID-19 outbreak. Ten interviews were conducted, seven face-to-face interviews and three interviews by phone[55]. Due to the COVID-19 outbreak the move was made to

telephone interviews. Interviews were conducted until data saturation was reached; new information is no longer salvaged[50]. Interviews were held at the ward or by phone, when day and time suited the participant. After approval interviews were recorded using a voice recorder for the face-to-face interviews and the app 'Tape a call'[56] for the interviews by phone in order to enhance the credibility and dependability of the study[50]. The mean duration of the interviews was 46 minutes (range 38-54 minutes). The face-to-face interviews were performed in a closed room to minimize the possibility that the interview was disturbed, which contributes the dependability[50]. Directly after the interviews, field notes were made with first impressions of the interview. The researcher had no personal relationships with the participants of the study.

*Data analysis*

During the study, an iterative process of data collection and data-analyses was proceeded. Data analysis was supported using Nvivo 12 (QRS international, London)[57]. Interviews were analysed guided by the six phases of thematic analysis described by Braun and Clarke[58]. In the first phase, the researcher (LA) familiarized with the data by transcribing the interviews verbally and reading and re-reading the data, while noting memo's with initial ideas. Data was anonymized, and participants were given gender-neutral pseudonyms. In phase two, initial codes were generated by one researcher (LA) by coding interesting features of the data across the entire data set. In phase three there was a search for themes by collating codes into potential themes. The created themes were reviewed with the principle researcher (PBL) to establish trustworthiness and credibility[51]. Discussion and consensus about the codes and themes were reached during multiple online meetings. During the first three phases, methodological memos were made. In phase four, the created themes were reviewed by checking if themes worked in relation to the coded extracts and the entire data set. Phase four ended when a thematic map of the analysis was created. In phase five, themes have been defined and named by an ongoing process of analysis to refine the specifics of each theme and generate clear definitions. In phase six, the report was produced by writing a concept by one researcher (LA). This phase contained the final analysis of selected extracts, relating back of the analysis to literature and the research question. The final report was finished by one researcher (LA). Reporting was in accordance with the Consolidated criteria for reporting qualitative research: COREQ[59]. Credibility and confirmability was enhanced by the data interpretation being tested in a form of member checking by sending a copy of the transcripts asking if the transcript is in line with the vision posed by the participant[50,51]. There were no comments on the member check.

*Ethical approval*

This study was conducted in accordance with the most recent version (version 7) of the principles of the Declaration of Helsinki[60]. The Medical Ethics Review Board of the University Medical Center Utrecht in the Netherlands approved this study, since the study will not affect participants' wellbeing and was non-WMO obligatory, with file number 2019-5992. Written and verbal informed consent was obtained.

## Results

*Participants*

Ten Dutch registered nurses working in one hospital in The Netherlands have been interviewed on their experiences, emotions and leadership practices regarding a nursing role differentiation. Different hospital wards were represented by the participating nurses. Among these nurses, nine were female and one was male. The age of the participants ranged from 27 to 62 years. The level of education differed between diploma educated (5), vocationally educated (4) and bachelor educated (1). Two VN and one DN were in training to become a BN. Six out of ten nurses have completed additional education to become a registered specialised nurse. One DN had a bachelor diploma in management. Work experience varied within 3 to 43 years.

*Findings*

The key themes derived from the data were ‘emotions and resistance’, ‘need for clarity’, ‘emotional intelligence’, ‘cope with change’, and ‘awareness’.

### Emotions and resistance

Nurses had different opinions on the stranded law which would create a formal distinction between the level of nurses, as Elliott stated:

> *‘’Well, there would be a whole new law of course … I have to be honest, I think it is ridiculous, because doctors don’t have a different law either, the current law BIG contains it all. Why should we suddenly get a different law for bachelor educated nurses?’’[Elliott]*

The fragment showed that Elliott thought it was absurd that nursing role differentiation would be enforced in a law. However, Noel, BN in training, described the law’s stranding as giving her mixed feelings due to her position as a VN, who understood the commotion about the law. As a BN, however, the importance of putting the competences acquired from school into practice was emphasized, as Noel stated:

> *‘’For me, I was very happy to be honest, that it was carried out so nationwide … that it received national attention … but I was a little disappointed when the law stranded because now it’s without obligation whether the employer will do something with it yes or no …’’[Noel]*

The fragment showed the happy feeling first, and then the disappointed feeling afterwards due the stranded law. Moreover, the proposed law and the associated transitional arrangement caused agitation among nurses. Therefore, the failure of the law caused some temporary tranquillity to return, but some nurses were damaged in their value, as Alex stated:

> *''I thought where are you going to draw that line? I think they just took a date … and then I think: but someone with a lot of experience, do you have to say sorry you graduated before 2016? So now you have to do an extra education or module, so we can see if you can handle the nursing level? When they said to me if I could handle the BN thinking level, I thought that's an insult''[Alex]*

The fragment showed it felt as an insult. Moreover, DN's and VN's expressed their opinion of being undervalued because there are no or minor gaps between the bachelor education now and the education of VN and DN from the past. In particular, DN's said the diploma education was a full-fledged course and equivalent to the contemporary bachelor education, as Ari stated:

> *''Well I was very angry and disappointed, because … the group that is DN is lied to because we are maybe a little bit less then BN, but definitely a lot more then VN. And now we are all lumped together…''[Ari]*

Ari described angriness and disappointment. Furthermore, some DN's and VN's completed an additional specialised education, which is why these nurses were in the opinion that their standard of thought was comparable to BN, as Alex stated:

> *''Well, just like a BN, who has to coordinate. Dude we had to coordinate it all for years, did everything that a BN does now. Only yes, you have a diploma education, so you don't count anymore because you didn't finish a bachelor education …. I think it is an insult, a degradation of my profession''[Alex]*

Alex described it as an insult and degradation, as most DN's and VN's experienced intense feelings of being undervalued or set aside, which contributed to feelings of anger, disappointment, or pain. In addition, VN's and DN's described their concern about losing responsibilities, as Quinn stated:

> *''Yes that triggered a great deal of emotions. I have noticed that, many are scared … many nurses were like oh now the BN's are going to do it and we're going to become their doormat, we're going to become their handyman, so a lot of emotions…''[Quinn]*

Quinn described it triggered a great deal of emotions and more nurses explained it hurts to lose responsibilities to young BN who have been given coaching to perfect this role. Moreover, DN's and VN's clarified that the attitude of BN's was annoying and caused frustration and resistance, as Alex stated:

> *''Well if people are like 'look at me I'm a BN, I'm going to take care of it all', that causes frustration, certainly when the BN just left school … But I think you've got to show some respect for the people who've been working here for some time now''[Alex]*

Alex and more nurses stated some BN's had an arrogant attitude and were lecturing DN's and VN's. However, BN's experienced feelings of insecurity due to several causes, as the feeling of passing the DN's and VN's as a young BN and the resistance from DN's and VN's to nursing role differentiation, as Noel stated:

> *''Well, colleagues do call it into question like 'yes the nursing role differentiation is off the table, so why are you still doing this education and what do you want to achieve with it?' As BN you have to constantly prove yourself, you notice that that an enormous negative pressure has been placed on the BN's, so you constantly have to prove yourself why you're a good bachelor educated nurse''[Noel]*

Noel described the negative pressure on BN's and the constant feeling of having to prove yourself. More BN's described DN's and VN's' lack of understanding, resistance, and frustration led to frustration and fatigue among BN's.

**Cope with changes**

While some nurses expressed deep emotions towards nursing role differentiation, four nurses stated that they did not fuss about is, as Remi stated:

> *''I just didn't really fuss about it. I figured we're going to see because the hospital hadn't taken a stand in it yet … So I was like we will wait and see''[Remi]*

Remi stated she had a wait-and-see attitude. In comparison, six nurses admitted to being critical to changes in healthcare as they had to prove their worth, as Alex stated:

> *It's not bad at all to counter the change for a while. I think it might be typical for a nurse, I don't know, but I'm not one to take over things blindly''[Alex]*

The fragment showed the attitude to counter change. In addition, some nurses stated that they preferred to keep the old as it was. Moreover, two nurses explained they obeyed the organization policy, as Quinn stated:

> *''In the beginning, I could kick it … as if, well okay I will do it, but more with an attitude of it's because you have to, I'm asked to do it, I get paid for it. I chose this job and they want me to go that way, so I will go that way … I'm doing something because I have to do it, but I don't stand behind it''[Quinn]*

The fragment showed some nurses do something because they are expected to do so, rather than standing behind it. In contrast, seven nurses described that they were innovative by identifying problems, or looking for information themselves when something is not clear. One VN explained she had participated in a workgroup about nursing role differentiation, as Alex stated:

> *''Because I'm like, you cannot complain until you've participated. You're entitled to give your opinion when you have taken part in it, then you can complain. You shouldn't stand on the side-line and whine, no, then you've got to join a group and complain and think along''[Alex]*

Alex emphasized the importance of participating. However, two DN's described overthinking withdrawal due to the feeling of degradation. Moreover, two BN's overthink their future at the organization, as Charlie stated:

> *''I hope the hospital will be clear on this, because otherwise it may result in staff leaving the organization simply because there is no clarity and you cannot use your qualities as you would like to''[Charlie]*

Charlie stated to overthink her future at the organization given the lack of clarification that comes with nursing role differentiation.

**Need for clarity**

Almost all nurses described they need clear perspectives, as Noel stated:

> *''I think the unfamiliarity that many people have. Obviously, there has been a lot of dissemination in the media, even some incorrect information and there has been very little communication within the organization … because it remains so unknown, there is room for speculation and I think that speculation creates a lot of confusion''[Noel]*

Noel described the unknown contributed to speculation and speculation created confusion. Moreover, three nurses described their need for clear agreements and uniformity about nursing role differentiation in all hospital organizations in the country, as Blake stated:

> *''When you asked what it will mean for me, specifically for the ward where I work, 'we don't know' … And I just find that very annoying. There were a lot of rumours … functions had to change and who knows what else, but no one could say what it meant for registered specialised nurses, and that really frustrates me''[Blake]*

The fragment showed the lack of clarity and uniformity caused agitation and frustration.

**Emotional intelligence**

The deep emotions felt by nurses as stated in a previous theme led to a grim working culture and grim relationships between DN and VN versus BN, as Charlie stated:

> *''At first it felt a bit strange … we have one nurse who is the end responsible of the day … The other nurses said: 'you really want to be in control so bad, then you can do it' and then they went to the breakroom which wasn't pleasant and then you think do I have to become angry? … and then I straightened my back and responded according what I felt that day, one day is easier than the other''[Charlie]*

As Charlie stated, cynical jokes were made during workdays. In addition, Quinn stated:

> *''BN's who flow straight into a high position and then there is you, who has been in the business for years with a lot of knowledge and experience, then suddenly there is someone who just finished school and is above you … because that's how it was seen … and then you get tension … they were jokes, but with underlying statements … 'yeah but you're a BN, I can't do that because I'm VN' … So you get a grim relationship''[Quinn]*

The fragment stated that nurses did not treat each other kindly, and some nurses admitted they were even mean sometimes. In most cases, nurses told the grim situations influenced the work culture and job satisfaction. However, it stood out that most nurses told the emotions and working culture did not influence their work performance, as Elliott stated:

> *''I didn't have my annual meeting last year … but I hear nothing special, I don't get any comments, so I expect it goes well, and I feel it is going well''[Elliott]*

Elliot said she had not received any comments, so she believes it to be going well. Furthermore, one BN described her way of reacting as overthinking these reactions before responding. However, two DN's and one VN explained they have responded from a first emotion, as Alex stated:

> *''Oh yeah I can describe that I'm an open person also in my emotions … my face says it all … I can't hide it and sometimes that is really helpful and sometimes it's not, but sometimes it's useful because you know exactly what you will get from me''[Alex]*

Alex explained not overthinking things but responding instantly. In addition, Alex stated being well aware of the emotions she felt when dealing with change:

> *''It's just like dying, first you're like 'it is not like this', then you get angry and at some point you accept it. And if you're not accepting it, you've got to look for another job, otherwise it will not work''[Alex]*

Alex was comparing it with dying. Furthermore, some nurses described they keep their emotions to themselves, others emphasized the importance of discussing the experienced emotions among nurses and with a team manager, as Alex stated:

> *''But I think you've got to talk to each other and the culture was there to do so. Sometimes it would clash, but well, then you would shake hands again and then move on, but it's good to know where the irritations are''[Alex]*

Alex explained the importance to know where the irritations are.

**Awareness**

Despite all the resistance and emotions among nurses, nurses concluded that they need each other and each level of nurses, as Charlie stated:

> *''I hope … we will put ourselves on the map as nurses because in the past the nurse was the king of the castle within the hospital … qualities must be used so that you can lift the standard of nurses together … you have to do it together … I think that in the profession we are man enough and yes we can be proud that we can support each other'' [Charlie]*

The fragment showed that with a healthcare restructuring as this, it is important to connect and support. Moreover, nurses described the importance of getting appreciation, as Alex stated:

> *''I think it is important that you are appreciated in what you do and our head of department is very good at that, expressing gratitude to people … if it goes well ... that just gives you a boost to get even more involved in the business. It benefits everything, it benefits the department, it benefits patient care. So it is a win win situation''[Alex]*

The fragment showed recognition from colleagues and a team manager benefits the department and patient care.

## Discussion

This study aimed to provide insight in the experiences, emotions and leadership practices in relation to a nursing role differentiation healthcare restructuring. The themes that have been identified showed that nurses responded differently regarding nursing role differentiation. In addition, nurses described their need for clarity on nursing role differentiation. Furthermore, it could be comprehended that the degree of presence of EI affected the manner in which nurses coped. Moreover, nurses' EI may have contributed to awareness for the necessity of communication, and that receiving recognition is crucial. The different reactions of nurses were expected, however the researcher did not expect to find a grim work culture.

Within the varied reactions to role differentiation, all of Merton's four reactions occurred[33]. However, nurses experienced deep emotions such as pain, disappointment, and anxiety due to aforementioned causes. These deep-felt emotions seem to correspond with the Kübler-Ross's grieving phases[61]. Therefore, it is plausible that nurses had to renounce the previous status quo and the accompanying unfamiliarity evoked feelings of grief. The importance of investment in both the cognitive and emotional side of changes is described in literature[62]. The lack of emotional investment in this process resulted in intentional or unintentional degradation of motivation to adopt nursing role differentiation and cooperation to integrate the change amongst nurses, which is in line with the hypotheses in Voronov & Vince[62]. Their hypotheses described that a weakened emotional attachment may cause difficulty in adopting emotional facets of the field-prescribed habitus as defined by Bourdieu[62,63].

The need for clarity and uniformity is understandable but in contrast with what a healthcare transitions characterizes, namely uncertainty and ambiguity[12]. Being able to manage emotions during change is considered an important part of nurses' leadership, as studies emphasize that EI has an underestimated effect on the effective completion of significant health care transitions[39,47]. Moreover, initiative in participation in decision making about restructuring events may contribute to job satisfaction and patient outcomes[64].

Furthermore, a grim working culture existed. As opposed to a warm conflict (not wanting to frustrate or hinder, while facing confrontation), the conflict that seemed to be existing amongst nurses is described as a cold conflict, which is characterized as dormant and associated with feelings of disappointment, frustration, and cynical behaviour[65–67]. According to Matthias, these conflict have dominated the field for a longer period of time[15]. Despite nurses describing the importance of communication, the question arises as to whether good communication actually occurred: according to literature, conversation and confrontation become increasingly rare and eventually die out completely in cold conflicts[68]. According to Vivar, power conflict is an important source of tension within nursing units[69]. The literature on conflict and gender suggests that cold conflicts are more easily related to female than male

conflict resolution styles[70,71]. Moreover, according to Valentine, avoiding and compromising are predominantly used by nurses as conflict management strategies[71]. This learns that nurses should invest in having warm conflicts to make these conflicts valuable, as this helps progress and professionalize the profession[72]. Team managers can play a central role in the attitude and acceptance of nurses, as literature states that the EI of nurses depends upon the leadership style of managers[73].

A number of limitations exist within this study. Firstly, all data was gathered in one hospital, which means that the data offered insight into the practices of a limited range of participants. However, a variety in visions was attempted to be established by striving for maximum variation. Secondly, less interviews were conducted as a result of the COVID-19 outbreak and three out of ten interviews were held over the phone. Still, the data were rich with an average interview time of 46 minutes. The researcher noticed some differences between interviewing face-to-face and interviewing over the phone, such as difficulty to connect with the participant and it was hard to notice when a participant was thinking or when a participant took the time to consider an answer. This is in line with literature, which describes these challenges, but also states that telephone interviews are a good substitute for face-to-face interviews[55,74]. Thirdly, the researcher might have influenced the participants unintentionally by being empathetic during the interviews. However, the researcher perceived that by being empathic, the participants were willing to share detailed information, which contributed to the interview being more in-depth.

An implication for clinical practice is to invest in both the cognitive and emotional side of change in order to adopt nursing role differentiation in current practice. Moreover, an implication is to encourage nurses to engage in a constant dialogue, where a conflict is not shunned, in order to implement nursing role differentiation successfully and progress and professionalize the profession. Future research is needed and can be accomplished by examining the experiences and emotions of nurses in other hospitals in the Netherlands.

## Conclusion

In this study, the experiences of ten nurses towards nursing role differentiation were explored. The findings illustrated that nurses experienced deep emotions which can be compared with stages of grief. Nurses' competence on EI seemed to have had an influence on how nurses were able to cope with change. Despite the emotions, nurses were aware that communication and receiving appreciation was crucial. Investment in a constant dialogue, where a conflict is not shunned, is necessary to implement nursing role differentiation successfully and take the profession to a higher level. Team managers can play a central role in the attitude and acceptance of nurses.

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## Tables and figures

Table 1

*Table 1 baseline data*

| Participant | Gender | Age category | Level of education | Additional education | Years of work experience |
|---|---|---|---|---|---|
| **Jamie** | Man | 31-40 | Vocationally educated | Bachelor nurse in training | 24 |
| **Alex** | Female | 21-30 | Bachelor educated | | 3 |
| **Blake** | Female | 61-70 | Diploma educated | registered specialised nurse | 40 |
| **Charlie** | Female | 41-50 | Diploma educated | registered specialised nurse<br><br>Bachelor nurse in training | 32 |
| **Remi** | Female | 31-40 | Diploma educated | registered specialised nurse | 19 |
| **Quinn** | Female | 51-60 | Vocationally educated | registered specialised nurse | 19 |
| **Spencer** | Female | 51-60 | Diploma educated | registered specialised nurse | 35 |
| **Ari** | Female | 51-60 | Diploma educated | Bachelor in management | 39 |
| **Elliott** | Female | 61-70 | Vocationally educated | registered specialised nurse | 43 |

| | | | | | |
|---|---|---|---|---|---|
| **Noel** | Female | 21-30 | Vocationally educated | Bachelor nurse in training | 9 |