



Journal of Organizational Change Management

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Article information:

To cite this document:

Max Visser Beatrice Van der Heijden , (2015), "Nursing under inconsistent organizational conditions", Journal of Organizational Change Management, Vol. 28 Iss 5 pp. 689 - 703

Permanent link to this document:

<http://dx.doi.org/10.1108/JOCM-10-2013-0201>

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Nursing under inconsistent organizational conditions

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Abstract

Purpose – Health care organizations often experience difficulty in aligning competing and changing demands, tasks and other organizational conditions in a consistent way, so that they uniformly influence employee outcomes in desired directions. The purpose of this paper is to theorize about the ways in which inconsistent organizational conditions affect employee outcomes, the authors introduce the concept of double bind situation, and assess its impact on negative employee outcomes among nurses in Dutch health care organizations.

Design/methodology/approach – A survey was held among 4,018 Dutch nurses as a part of the European NEXT study. Various psychometric scales served as “proxy” operationalizations of the characteristics of the double bind situation and employee outcomes.

Findings – Three of the seven distinguished characteristics of the double bind situation showed the expected direction and strength of impact. Together, they accounted for 20 percent explained variance in employee outcomes. The results suggest that a double bind situation does exist for the nurses surveyed and that three of its seven characteristics have an impact on negative employee outcomes.

Originality/value – This study is among the first to empirically assess the impact of the double bind situation in health care organizations. In this way, it contributes valuable knowledge to the development and retention of staff in a relevant public sector, characterized by high personnel turnover and profound organizational change.

Keywords Nursing, Double bind situation, Employee outcomes, Organizational inconsistency

Paper type Research paper

Introduction

Like most organizations, health care organizations often find it difficult to align competing and changing rules, demands, tasks, duties, constraints and norms (hereafter referred to as organizational conditions) in a consistent way, so that they uniformly influence employee attitudes and behavior (hereafter referred to as employee outcomes) in desired directions (Meyer *et al.*, 1993; Siggelkow, 2002). However, inconsistent organizational conditions generally have a negative impact on employee attitudes and behavior: for example, inconsistent conditions negatively affect learning and innovation (Carmeli and Gittel, 2009; Lee *et al.*, 2004), and psychological safety (Edmondson, 1999; Leroy *et al.*, 2012). More in general, inconsistent conditions may lead to symptoms of behavioral disturbance, like anxiety, fear, rigidity, inhibition and aggression (Bowen and Ostroff, 2004; Mineka and Kihlstrom, 1978; Staw *et al.*, 1981).

While physicians and other professionals working in health care organizations all experience inconsistent conditions, to some extent, nurses in particular may be expected to experience these conditions most intensively, given the many competing and



changing demands and tasks they have to face while at work, and given their relatively lower hierarchical position that gives them less possibilities to determine their work conditions. The demands, resulting from a continuous confrontation with serious illness, suffering and death, almost always are of a highly emotional nature (Camerino *et al.*, 2008; Van Vegchel *et al.*, 2001). Tasks imposed on nurses by different parties and stakeholders, inside and outside health care organizations, are of a widely variegated nature, including administrative duties, budget constraints, and professional norms and standards that have to be dealt with and that may change over time (Diestel and Schmidt, 2011; Van der Heijden *et al.*, 2008). Additional inconsistencies may stem from a professional curing and caring attitude vs managerial efficiency and profitability requirements.

To theorize about the ways in which inconsistent organizational conditions affect employee outcomes, in this paper, the concept of double bind situation is (re)introduced. This concept originates from the field of family therapy and psychiatry, in which it was used, at first, to explore the role of family interaction patterns in the etiology of schizophrenia (Bateson, 1972; Watzlawick *et al.*, 1967). Later, the applicability of the concept was extended beyond families to include larger social systems, and beyond schizophrenia to include a larger range of psychopathological symptoms (Bateson, 2005; Sluzki and Veron, 1971; Thomas *et al.*, 2007; Visser, 2003). As a part of this extension, the concept has been fruitfully applied to organizations, facilitating empirical insight on the causes of anxiety, stress, hostility, confusion, frustration and other pathological symptoms occurring in organizations (Argyris, 1977, 1988; Baumard, 2014; Bowen and Ostroff, 2004; Dopson and Neumann, 1998; Ekman, 2014; Espedal, 2007; Luscher *et al.*, 2006; Parush and Koivunen, 2014; Stapleton and Hargie, 2011; Tosey, 2005; Tracy, 2004; Virkkunen and Ahonen, 2011; Visser, 2010; Wendt, 1998).

Given the many competing and changing demands and tasks nurses in health care organizations are exposed to, it may be expected that double bind situations are particularly prevalent in their daily work situation (Engeström and Sannino, 2011; Kerosuo, 2011; Leroy *et al.*, 2012; Tomm-Bonde *et al.*, 2013; Weimand *et al.*, 2013). Therefore, in this paper, the impact of double bind situations on (negative) outcomes is assessed empirically among nurses in Dutch health care organizations. More specifically, we concentrate on whether and/or how nurses subjectively perceive and experience double bind situations in ongoing interaction with managers and physicians. Thus, this paper aims at providing more insight in the links between health care organizations' internal conditions and nurses' attitudes and behavior, and thus to contribute to the development and retention of staff in a sector, characterized by high personnel turnover and often profound organizational change (Janiszewksy-Goodin, 2003; Price and Mueller, 1986). Further, this paper also aims at bringing some theoretical order and coherence in the current diversity in conceptualizations of the double bind situation, thus making the concept more amenable to empirical research.

In the next section, we provide an outline of the core concept of double bind situation. Next, we operationalize this concept by using appropriate "proxy" scales from the Nurses' Early Exit (NEXT) study, a large scale European research project among nurses. After providing the results, the paper ends with a discussion section wherein the main conclusions and some practical, theoretical and methodological implications of our study will be dealt with.

Organizational double bind situation and employee outcomes

The concept of double bind situation has been rather extensively used to theorize about the ways in which inconsistent organizational conditions may affect employee outcomes. In Table I, we have collected 22 definitions of the double bind situation,

Source	Definition
Baumard (2014)	"An untenable position where the subject is given two conflicting alternatives, both of them being inherently impossible to fulfill simultaneously" (p. 7)
Parush and Koivunen (2014)	"When an individual or group is presented with two or more injunctions that conflict with one another, so that compliance with one injunction entails failure to comply with the other and vice versa" (p. 112)
Ekman (2014)	"There is a relationship of dependence in which one party communicates two mutually exclusive demands to the counterpart, combining this with some form of threat about sanctions [...]. An important additional element is that there is an absence of 'meta-language' capable of addressing the contradictory demands, plus that the possibility of simply leaving the situation is absent too" (p. 148)
Weimand <i>et al.</i> (2013)	"Nurses sometimes thought of the relatives' own needs, which seemed to put them in a double bind situation. We understand this double bind situation as a possible moral distress to the nurses" (p. 294)
Tomm-Bonde <i>et al.</i> (2013)	"Being responsible for changes without having the means to enact them put managers in a double bind and left people feeling frustrated and burdened" (p. 64)
Leroy <i>et al.</i> (2012)	"Leaders advocating strict adherence to company protocols, thus scrutinously avoiding errors, while at the same time hoping for the reporting of errors against those same company protocols [...]. As a result, employees may experience a double bind between these seemingly conflicting behaviors" (p. 1273)
Kerosuo (2011)	"Individual experience of contradictions [...] psychological and experiential representatives of systemic contradictions" (pp. 390-391)
Engeström and Sannino (2011)	"Processes in which actors repeatedly face pressing and equally unacceptable alternatives in their activity system, with seemingly no way out. Such repetitive processes tend to get aggravated, to the point of reaching crises with unpredictable and 'explosive' consequences" (p. 374)
Stapleton and Hargie (2011)	"Avoidance conflict, in which all available actions seem to have negative consequences, which one would therefore want to avoid" (p. 282)
Virkkunen and Ahonen (2011)	"Different elements of the system draw [practitioners] in opposite directions while carrying out their actions [...] [and] also prompt individuals to attempt innovative new solutions" (p. 235)
Espedal (2007)	"Defensive reasoning and opportunistic acting violate the intention behind the precommitment, and if the actors become aware of their impact they will claim 'that they are in a double-bind, helpless but to act as they do'" (p. 103)
Luscher <i>et al.</i> (2006)	"A paralyzing recursive cycle [...] [with] only a few ingredients: a strong emotional relationship, paradoxical demands, and an inability or inhibition to assume a meta-perspective and thereby examine the pattern" (pp. 496-497)
Tosey (2005)	"Where content and relationship messages are contradictory [...] in the sense that obeying either one of [...] instructions would mean disobeying the other" (p. 342)
Tracy (2004)	"Especially debilitating pragmatic paradoxes – a process requiring three interactional ingredients [...]. First, the interactants must be involved in an intense relationship; second, the message must be structured as a paradox (so as to obey is to disobey and vice versa); third, the recipient must be 'prevented from stepping outside the frame set by this message' [...] debilitating response patterns [include] confusion, displeasure, and anxiety" (p. 122)
Bowen and Ostroff (2004)	"When a person is faced with significant communication involving two separate messages [...]. The messages are related to each other and deal with the same content area, but they are incongruent or contradictory. Consequences of inconsistency can be severe" (p. 211)
Dopson and Neumann (1998)	"Requires repeated experiences of contradictory communication within an intense superior-subordinate relationship [...] the subordinate must feel that he cannot

Table I.
Sources and
definitions of the
double bind situation
(continued)

Source	Definition
Wendt (1998)	leave the situation and that his efforts to calcify the communications are unsuccessful or blocked in some way [...]’ (p. 57) “Organizational members who become caught up in no-win situations are experiencing double binds, [...] stuckness, frustration, and powerlessness is fostered by empowerment paradoxes, or discursive dilemmas that create situational dilemmas” (p. 336)
Hennestad (1990)	“When the individual is involved in an intense relationship; that is, a relationship in which he feels it is vitally important that he discriminate accurately what sort of message is being communicated so that he may respond appropriately. And, the individual is caught in a situation in which the other person in the relationship is expressing two orders of message and one of these denies the other. And, the individual is unable to comment on the message being expressed to correct this discrimination of what order of message to respond to, i.e. he cannot make a meta communicative statement” (pp. 266-267)
Putnam (1986)	“A paradox cycle [...] is a self-reflexive contradiction in that the incongruent alternatives are embedded in one another [...]. A particular type of paradox cycle, one that emerges from family therapy research, is the double bind [...] [in which] the relationship is so important that neither party can leave the scene” (p. 158)
Soldow (1980)	“Paradoxical communication [...] defined in terms of its three essential ingredients: 1. A strong complementary relationship; 2. Within the frame of the relationship, an injunction that must be disobeyed in order to be obeyed; and 3. The inability of the person occupying the one-down position in the relationship to step outside the frame and thus dissolve the paradox by commenting on or ‘metacommunicating’ about it [...] the double bind is a response to repeated experiences entailing paradoxical communication” (pp. 501-502)
Wagner (1978)	“An individual is placed in a situation of being subject to punishment if he or she behaves in a manner judged as inappropriate by other individuals. The person interacts with these individuals on a regular basis and has an interest in maintaining this interaction. Yet, the threat of punishment brings with it the possibility of losing the needed interaction so the individual attempts to avoid being punished [...]. The secondary injunction is a statement that is paradoxically related to [this] primary injunction. It also poses the threat of punishment [...]. The tertiary negative injunction states that the victim is prevented from escaping the double bind situation. Cyclical learning may follow if the individual ‘learns’ to perceive other interpersonal situations as double binds, irrespective of the presence or absence of double bind determinants” (pp. 791-792)
Argyris (1977)	“When employees adhere to a norm that says ‘hide errors’, they know they are violating another norm that says ‘reveal errors’ [...]. The employees are thus in a double bind” (p. 103)

Table I.

derived from the management and organization literature that has appeared between 1977 and 2014.

As Table I shows, the various definitions tend to differ, although most of them refer in a general sense to inner contradictions, dilemma’s and conflicting tendencies, pulling employees in different, often irreconcilable directions of a subjectively experienced “damn if you do, damn if you don’t” nature. However, these diverse and general definitions make it difficult to arrive at a more precise theoretical understanding of the concept that is amenable to empirical research. Therefore, in order to distinguish the concept of double bind situation from more generally conceived contradictions, dilemma’s and no-win situations, and in order to bring some theoretical order and coherence to the various elements that previous work on the double bind situation has

distinguished, we propose to return to Bateson's (1972) original conceptualization. He distinguishes seven interrelated characteristics of a double bind situation (Bateson, 1972, pp. 206-207):

Two or more communicants are involved in (1) an intense relationship with (2) a high (physical or psychological) survival value for at least one of them. In this relationship, on a regular basis, (3) incongruent messages are given, that, at one level, assert something, yet, at another level, negate or conflict with this assertion. At both levels, these messages are enforced by (4) threats of punishment or signals that threaten survival. The receiver of the incongruent messages is (5) prevented from withdrawal from the situation and/or (6) from commenting on it. The receiver may be prohibited from escaping the field or (s)he does not know on which level of communication to respond. Double binding is (7) a long lasting characteristic of the situation, which, once established, tends toward self-perpetuation.

The first characteristic, the intensity of the relationship, has been empirically related to the degree of identification employees feel toward their organizations and/or to their job. When employees feel psychologically attached and emotionally involved, they experience difficulty in dealing with inconsistent organizational conditions (Luscher *et al.*, 2006; Tracy, 2004). Nurses, in particular, show high levels of psychological attachment to and emotional involvement in their work (Diestel and Schmidt, 2011; Weimand *et al.*, 2013).

The second characteristic, survival value of the relationship, has been empirically related to power and authority differences, and hence to dependency, in organizations. When employees perceive a large power distance between themselves and their managers, they come to feel more dependent on them for their job security and working conditions, and hence for their organizational survival (Dopson and Neumann, 1998; Steier, 1995). Especially nurses are dependent on managers and physicians, given their relative less powerful position in the hierarchy within health care organizations (Leroy *et al.*, 2012).

The third characteristic, messages that at one level assert something, yet at another level negate or conflict with this assertion, has been empirically related to incongruence in managerial communication. To cover all possible consequences that may result from inconsistent organizational conditions, managers may consciously or unconsciously send ambiguous or mixed messages, in two ways. First, they may send messages that are verbally incongruent. Examples are: "You are running the show, however [...]"; "You make the decisions, but clear with [...]"; "That's an interesting idea, but be careful [...]" (Argyris, 1988). Second, managers may send messages that are verbally and nonverbally incongruent. Their nonverbal behavior seems to convey a different message than their verbal utterances, for example when a manager praises the work of an employee with a cynical tone of voice (Konst *et al.*, 1999; Visser, 2010). Nurses, in particular, pay close attention to the verbal and nonverbal behavior of managers and physicians, given the latter importance for their daily work and functioning (Leroy *et al.*, 2012; Weimand *et al.*, 2013).

The fourth characteristic, the threat of punishment, has been empirically related to the degree to which the atmosphere in an organization may be characterized as supportive or punitive, and the amount of openness to the reporting and discussion of failures and errors. This characteristic is closely linked to psychological safety (Carmeli and Gittel, 2009), and to the differences between a closed and defensive Model I vs an open and productive Model II learning climate (Argyris, 1977, 1988). Nurses, above all, are vulnerable in this respect, given their daily involvement with health, life and death issues, and given their dependent position *vis-à-vis* managers and physicians (Edmondson, 1999; Leroy *et al.*, 2012).

The fifth characteristic, being prevented from withdrawal from the situation, has been empirically related to the personal and financial status and benefits employees receive from their organizations, and to their beliefs that alternative organizations do not provide equal status and benefits, or worse, to beliefs that being fired and unemployment are imminent possibilities. Especially late career employees or employees with work ability problems, and/or relatively obsolete skills and qualifications may feel “trapped” in their organizations (Dopson and Neumann, 1998). Nurses, in particular, experience these feelings of being “trapped” given the high physical and psychological demands and expectations of their job and working organizations (Camerino *et al.*, 2006; Van der Heijden *et al.*, 2009).

The sixth characteristic, being prevented from commenting on the situation, has been empirically related to the “total institution” atmosphere of organizations that deal with life-death emergencies and emotionally intense problems. According to Goffman (1961, p. xiii), a total institution is “defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.” Examples are jails, prisons, correctional facilities, police, armed forces, fire departments and, to a certain extent, health care organizations (Tracy, 2004; Visser, 2007). For nurses in particular, the large differences in emotional intensity between life inside and outside their organization, the many competing and changing demands and tasks they face, and the confidential nature of many of their activities may limit the possibilities of commenting on their situation, both inside and outside their organization (Diestel and Schmidt, 2011; Weimand *et al.*, 2013).

The seventh and final characteristic refers to the amount of time employees are exposed to a double bind situation.

The seven characteristics that have been outlined above are interdependent and should be jointly operative in order for a double bind situation to occur. Thus, we hypothesize that the higher the intensity, and survival value of a relationship, the higher the degree of incongruence of managerial messages, and threat of punishment, the higher the degree of being prevented from withdrawal from and/or commenting on the situation, and the longer this situation lasts, the higher the prevalence of negative employee outcomes will be (Visser, 2007).

Method

Empirical research on the double bind situation, and its effects, has long been the province of experimental psychology. However, reviewers of double bind research have repeatedly emphasized the limitations of the experimental method in bringing out the various interrelated elements of double binding. In addition to experiments, they have advocated an ethological or natural history research approach, taking relationships in real-life social settings as the appropriate level of analysis (Abeles, 1976; Sluzki and Ransom, 1976; Visser, 2010). Our research takes a first step in this direction by surveying nurses in health care organizations, using Bateson’s (1972) original seven-dimension definition of double bind situation.

In order to assess the occurrence of double bind situations among nurses, we analyzed data from the European NEXT research project (Hasselhorn *et al.*, 2003, 2005). For this paper, we used the data of 4,018 Dutch nurses, sampled across nine hospitals, nine nursing homes and four home care organizations (Van der Heijden *et al.*, 2008).

Further, in order to operationalize the concept of double bind situation, we employed thoroughly validated scales from the NEXT study, that in our view best approximated the

characteristics of double bind situation (hence the term “proxy” scales is used in the remainder of this paper). The first characteristic, intensity of the relationship, was best captured by the “overcommitment” scale, expressing the amount of emotional involvement and commitment of nurses toward their jobs. The second characteristic, survival value of the relationship, was best captured by the “quality of leadership” scale, expressing the amount of confidence and trust nurses have in their immediate superiors. The third characteristic, incongruence of messages, was best captured by the “uncertainty concerning treatment” scale, expressing the amount of verbal and nonverbal ambiguity and uncertainty nurses experience when interacting with physicians and managers in work situations. The fourth characteristic, threat of punishment, was best captured by the “quality of interpersonal relations” scale, expressing the degree of hostility or friendliness nurses experience in their relations with physicians, managers and colleagues. The fifth characteristic, being prevented from withdrawal from the situation, was best captured by the “reward” scale, expressing the amount of distress nurses experienced regarding their job security, work and promotion prospects, and respect and prestige at their jobs. The sixth characteristic, being prevented from commenting on the situation, was best captured by the “influence at work” scale, expressing the amount of influence nurses experience in determining their tasks, work pace and task fulfillment. The seventh characteristic, the long lasting nature of the double bind situation, was measured by means of tenure within the current organization.

The negative employee outcomes were measured with two scales. The first was the “negative affectivity” scale, expressing the extent to which nurses generally feel jittery, nervous, irritable, upset, distressed, scared, guilty, afraid, ashamed and hostile. The second was the “personal burn-out” scale, expressing how often nurses feel physically and emotionally exhausted, tired and worn-out. Table II provides an overview of all variables, proxy scales and some example items (for a more detailed description of these scales see Hasselhorn *et al.*, 2003, pp. 237-258).

Results

Before testing our hypothesis, we computed means, standard deviations and reliability coefficients for all study variables (Cronbach's α) (see Table III). The reliabilities for all scales are sufficient or good. Seven scales score a Cronbach α higher than 0.70, while one scale scores slightly below 0.70, where 0.60 is generally regarded as the lowest acceptable minimum value (Hair *et al.*, 2005). We looked at possible improvement of the α of the lowest scale by deleting items, but in the light of its construct validity we have decided to not eliminate any of the scale items.

Subsequently, we conducted correlation analyses to test whether the relationships between the model variables showed the hypothesized direction and strength. Next, multiple hierarchical regression analyses were performed in order to test the joint influence of the double bind situation variables on the two negative employee outcomes, being the dependents.

The first step in our analysis was aimed at determining whether the correlations between the seven characteristics of the double bind situation, on the one hand, and the two negative employee outcomes, on the other hand, show the expected direction and strength. As Table III indicates, with one exception, this appears to be the case. Specifically, the first characteristic, the intensity of the relationship (as measured by “overcommitment”), appeared to correlate positively and fairly strongly with the distinguished negative employee outcomes (respectively; $r = 0.41$, $p < 0.01$, and $r = 0.40$, $p < 0.01$), while the second characteristic, survival value (as measured by “quality of leadership”), appeared to

Variables: double bind situation "Proxy" scales

1. Intensity of relationship	6-item "overcommitment" scale. An example item was: "work rarely lets me go, it is still on my mind when I go to bed." A 4-category response scale was used, ranging from "strongly disagree" to "strongly agree"
2. Survival value of relationship	4-item "quality of leadership" scale. An example item was: "to what extent would you say that your immediate superior gives high priority to job satisfaction." A 5-point response scale was used, ranging from 1 ("to a very small extent") to 5 ("to a large extent")
3. Incongruence of messages	5-item "uncertainty concerning treatment" scale. An example item was: "please indicate how often you are stressed by the following situation: A doctor ordering what appears to be inappropriate treatment for a patient." A 4-point response scale was used, ranging from 1 ("never") to 4 ("very frequently")
4. Threat of punishment	"Quality of interpersonal relations" between nurses and 5 relevant groups ("nursing management," "the sister/charge nurse," "colleagues," "doctors" and "administration"). A 5-point response scale was used, ranging from 1 ("hostile and intense") to 5 ("friendly and relaxed")
5. Prevented from withdrawing from situation	11-item "reward" scale. An example item was: "my job security is poor." A 4-category response scale was used, ranging from 1 ("no distress at all") to 4 ("very much distress")
6. Prevented from commenting on situation	4-item "influence at work" scale. An example item was: "I have a say in what type of task I am asked to fulfill." A 5-point response scale was used, ranging from 1 ("totally inaccurate") to 5 ("totally accurate")
7. Long lasting	Tenure within current organization, categorized in two groups: (1) 1-5 yrs; and (2) > 5 yrs
8 and 9. Negative employee outcomes	10-item "negative affectivity" scale. An example item was: "to what extent do you in general feel distressed." A 5-point response scale was used, ranging from 1 ("very slightly or not at all") to 5 ("extremely")
	6-item "personal burn-out" scale. An example item was: "how often do you feel emotionally exhausted." A 5-point response scale was used, ranging from 1 ("never/almost never") to 5 ("(almost) every day")

Table II.
Variables and
"proxy" scales

Variable	M	SD	1.	2.	3.	4.	5.	6.	8.	9.
1. Intensity relationship	11.88	2.65	<i>0.76</i>							
2. Survival value	3.06	0.79	-0.09**	<i>0.87</i>						
3. Incongr. messages	1.85	0.42	0.21**	-0.16**	<i>0.72</i>					
4. Threat punishment	3.72	0.56	-0.19**	0.41**	-0.22**	<i>0.69</i>				
5. Prevented withdr.	50.23	4.70	-0.22**	0.44**	-0.22**	0.34**	<i>0.74</i>			
6. Prevented comm.	3.19	0.66	-0.18**	0.23**	-0.15**	0.19**	0.23**	<i>0.71</i>		
8. Negative affectivity	1.50	0.45	0.41**	-0.11**	0.22**	-0.16**	-0.24**	-0.13**	<i>0.85</i>	
9. Burnout	1.68	0.60	0.40**	-0.11**	0.20**	-0.14**	-0.24**	-0.15**	0.37**	<i>0.86</i>

Notes: N = 3,998. **p < 0.01 level (two-tailed)

Table III.
Means, standard
deviations, reliability
coefficients
(Cronbach's Alpha,
in bold) and
correlations
(Pearson's r)

correlate negatively and weakly with those outcomes ($r = -0.11$, $p < 0.01$, in both cases). Regarding the third characteristic, the incongruence of messages (as measured by "uncertainty concerning treatment"), we found that it correlates positively and moderately with negative employee outcomes (respectively; $r = 0.22$, $p < 0.01$, and $r = 0.20$, $p < 0.01$),

while the fourth characteristic, threat of punishment (as measured by “quality of interpersonal relations”), appeared to correlate negatively and weakly with those outcomes (respectively; $r = -0.16$, $p < 0.01$, and $r = -0.14$, $p < 0.01$). Regarding the fifth characteristic, being prevented from withdrawal from the situation (as measured by “reward”), we found a negative and moderate correlation with negative employee outcomes (respectively; $r = -0.24$, $p < 0.01$, in both cases), while the sixth characteristic, being prevented from commenting on the situation (as measured by “influence at work”), appeared to correlate negatively and weakly with the distinguished employee outcomes (respectively; $r = -0.13$, $p < 0.01$, and $r = -0.15$, $p < 0.01$).

The seventh characteristic, the long lasting nature of the double bind situation, was included in order to test for possible differences depending upon the tenure of the nurses within their current organization. It is expected that the influence of the six previous characteristics of the double bind situation on negative employee outcomes will become stronger, the longer an employee is exposed to these characteristics. On the basis of our cross-sectional data, this implies that nurses with tenure of more than five years are expected to exhibit higher correlations between double bind characteristics and negative employee outcomes, compared to nurses that are employed between one to five years. However, this expectation is not supported by the data. A comparison of correlation coefficients between the two distinguished tenure groups revealed no or very small differences.

As a second step, using multiple regression analyses we tested the joint influence of the double bind situation characteristics on the two negative employee outcomes. Table IV shows the results for the two dependents separately.

It appears that the double bind situation characteristics have an impact on both negative employee outcomes, but not uniformly so, and with moderate explanatory power. Only intensity of the relationship (as measured by “overcommitment”) appeared to have a significant and moderate effect on both employee outcomes (respectively, $\beta = 0.36$, $p < 0.001$ for negative affectivity; and $\beta = 0.34$, $p < 0.001$ for personal burnout), while incongruence of messages (as measured by “uncertainty concerning treatment”) and being prevented from withdrawal from the situation (as measured by “reward”) have significant but small effects on both dependents (for uncertainty concerning treatment: $\beta = 0.10$, $p < 0.001$ for negative affectivity; and $\beta = 0.09$, $p < 0.001$ for personal burnout) (for reward: $\beta = -0.13$, $p < 0.001$ for both negative affectivity and personal burnout). For the other double bind characteristics, small or nonsignificant effects were found (see Table IV for more specific outcomes). Together, the double bind characteristics appeared to account for about 20 percent explained variance in both negative employee outcomes.

Double bind var./scale	Negative affectivity		Personal burnout	
	β	Sig.	β	Sig.
1. Intensity of relationship	0.36	0.00	0.34	0.00
2. Survival value of relationship	0.00	0.98	-0.01	0.65
3. Incongruence of messages	0.10	0.00	0.09	0.00
4. Threat of punishment	-0.02	0.20	0.01	0.47
5. Prevented from withdrawing	-0.13	0.00	-0.13	0.00
6. Prevented from commenting	-0.02	0.36	-0.04	0.02
Adj R^2	0.20		0.19	
n	3,295		3,289	

Table IV.
Regression analyses'
outcomes for double
bind characteristics
and employee
outcomes

Discussion and conclusions

In this contribution, we have elaborated on the concept of double bind situation to account for the ways in which inconsistent organizational conditions affect negative employee outcomes. In particular, we hypothesized that the higher the intensity, and survival value of a relationship, the higher the degree of incongruence of managerial messages, and threat of punishment, the higher the degree of being prevented from withdrawal from, or commenting on the situation, and the longer this situation lasts, the higher the prevalence of negative employee outcomes will be. From an empirical test using a large sample of Dutch nurses, it appeared that the relationship between three out of seven characteristics of the double bind situation (intensity of the relationship, incongruence of messages and being prevented from withdrawal from the situation, as measured by several proxy scales), on the one hand, and the two employee outcomes, on the other hand, show the expected direction and strength. Our expectation regarding the impact of the seventh characteristic, i.e. long lasting situation, was not supported by the data. Thus the characteristics of the double bind situation appeared to have an impact on negative employee outcomes, but not uniformly so, and with moderate explanatory power. Thus we conclude that, strictly speaking, the hypothesis was not supported, since an interdependent and jointly operative effect of all characteristics of the double bind situation could not be demonstrated.

Several practical, theoretical, operational and methodological implications follow from these findings. Practically, we attempted to achieve more insight into which interrelated characteristics of double bind situations among nurses in particular may lead to negative outcomes, and thus might induce them to consider turnover or, even worse, leaving their profession. Nurses experiencing an intense relationship and high-emotional involvement with their organizations and their jobs may show a high commitment and zeal in their work, but beyond a certain point, they may become overcommitted, and hence be more susceptible to negative outcomes. Health care organizations should take this into account in their implementation of personnel policies, and, concretely, in the assignment of work duties and schedules. Similarly, incongruent communication by managers and physicians may lead to negative outcomes for nurses, as does their feeling of being prevented from withdrawal from the situation. Managers, physicians and head nurses should be careful to “walk their talk” and “practice what they preach” in their communication to employees (Bowen and Ostroff, 2004; Leroy *et al.*, 2012; Visser, 2007).

Theoretically, the concept of double bind situation seems only partly capable of capturing the ways in which inconsistent organizational conditions affect employee outcomes, in our particular case nurses’ outcomes. Its current conceptualization presents a somewhat pessimistic view of relations and interaction between organization and employee, which could be balanced by a broader and more optimistic view that, for example, also incorporates the role of creativity, problem solving and humor (e.g. Beech *et al.*, 2004; Hatch and Ehrlich, 1993; Wendt, 1998). Further, given the moderate level of explained variance, other factors that might predict negative employee consequences (such as job demands, job resources, work schedules, work ability, physical load, effort-reward imbalance, work-home interference), have to be taken into account in future research as well (see also Van der Heijden *et al.*, 2008).

Operationally, the use of proxy scales has positive and negative sides. On the positive side, it allows us to empirically test the prevalence of double bind characteristics using larger samples than experimental and qualitative methods would permit. On the negative side, proxy scales, by definition, only partly approximate the theoretical nature of the double bind characteristics, leaving more room between the

concept-as-intended and the concept-as-measured in comparison with what an original operationalization might have left. This is particularly true for the seventh characteristic, the long lasting nature of the double bind situation. But, given the paucity of quantitative research on the double bind situation and possible practical advantages for nurses and health care organizations, we find the current approach both defensible and relevant for theory and practice.

Methodologically, this study has some limitations. First, all data were collected through survey research only, opening up the possibility of response set consistencies. Further research, for instance, combining quantitative and qualitative methods, might add to our understanding. Moreover, it may be argued that a survey cannot accurately capture the relational nature of double bind situations, since only single employees were surveyed, instead of dyads or groups of employees, and/or dyads of employees and their direct supervisors. Also, survey research measures a retrospective account of persons' perceptions of, and experiences with, relationships, and thus ignores much of the dynamic nature of instant, face-to-face communication in which the double bind situation is formed and maintained. Further, all data were collected at one point in time, that is, the study was cross-sectional. This made it particularly difficult to measure the seventh, long lasting, characteristic of the double bind situation, for which a longitudinal research design is necessary, in which the same sample is repeatedly surveyed. Further research is needed to address issues of causality.

Finally, further research is also needed to investigate the extent to which the findings in this paper would generalize to other occupational settings and/or to other countries. As indicated above, such research should preferably be carried out through a combination of methods. It should include quantitative methods (like surveys and tests), together with more qualitative methods (like interviews, participant observation and informal conversation). Moreover, we expect these to add to the construct validity of our measures. Ideally, the researcher should be committed to an organization for a longer period of time, in order to be able to experience first-hand the ongoing verbal and nonverbal communication. It is by combining these methods that we may hope to further unravel empirically the mysteries of the double bind situation and, in Abeles' (1976) terms, to succeed in "researching the unresearchable."

Acknowledgments

The NEXT study was financed by the European Commission within the Fifth Framework, Project ID: QLK-6-CT-2001-00475, and was academically coordinated by Dr Hans-Martin Hasselhorn from the University of Wuppertal, Germany (web site: www.next-uniwuppertal.de). An earlier version of this paper was presented at the 7th Bi-Annual International Conference of the Dutch HRM Network, November 10 and 11, 2011, Groningen, the Netherlands. The authors thank the participants and the editor and reviewers of *Journal of Organizational Change Management* for their valuable and inspiring comments and suggestions.

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