

The Pulse of Renewal: A Focus on Nursing Human Resources



Published as a special report by the *Canadian Journal of Nursing Leadership*
with the kind support of the Office of Nursing Policy, Health Canada

May 2005

Work Life Indicators Research Project: Revision of CCHSA Work Life Dimension of Quality and Accreditation Standards

Further Development

Canadian Council on Health Services Accreditation
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Background

The Canadian Council on Health Services Accreditation (CCHSA) has incorporated work life as a key dimension of quality in its standards and accreditation program. When this dimension was first introduced as a part of the quality framework of the CCHSA accreditation program in 2001, very little research had been done to examine the key elements of work life that have a direct impact on the quality of health services delivered to patients. After testing this quality element and its standards over a period of two years, the CCHSA saw a need to revise the dimension further based on learning and developments in the health services environment. To accomplish this task, an Advisory Committee of 17 experts in work life areas met on March 9, 2004 to advise CCHSA on future directions about work life.¹

Findings obtained from this one-day meeting would be used to revise the CCHSA work life dimension and descriptors, improve the work life standards, enhance requirements for information from organizations prior to the accreditation survey and develop a set of guidelines for surveyors to evaluate these standards effectively in health service organizations. Information gathered on these standards would be reported back to organizations in their accreditation reports, and the findings for all organizations could be aggregated and reported at a national level through CCHSA's public accreditation report.

This paper summarizes the results of the first Work Life Advisory Committee meeting and outlines its action plan for the next steps or activities that were to be carried out in 2004.

Findings from the First Work Life Advisory Committee Meeting

The first Advisory Committee meeting, on March 9, 2004 at the Canadian Council on Health Services Accreditation in Ottawa, gathered 17 experts in various areas of work life, including researchers, senior managers and policy consultants. They represented the areas of nursing, organizational behaviour, industrial psychology, occupational health and safety, evaluation and outcome measurement, technology use and ergonomics, leadership, human resources, best practices and innovative initiatives.

The discussion revolved principally around the need for

- a model to conceptualize CCHSA's approach to work life through its accreditation program;
- appropriate and meaningful indicators to support health service organizations to monitor improvements in work life practices; and
- revision of the current CCHSA work life dimension and descriptors to reflect the increasing body of evidence on work life in the field.

The challenge for the Advisory Committee was to work together on a level of abstraction or generality that would support a conceptual approach to work life, rather than viewing work life as an ever-increasing checklist of unrelated concepts and terms. Overall, committee members supported the notion that work life is a fundamental component of quality in health service organizations, and agreed that changes were needed to the existing dimension and descriptors.

An extensive discussion took place on the role of indicators in monitoring improvements and preparing for accreditation surveys. Members reflected on the challenge of increased demands for monitoring a vast array of indicators and producing data for far too many bodies. They viewed the accreditation process as good leverage to promote work life and to determine the "small steps" that health service organizations need to follow. They articulated the need to provide organizations with appropriate, simple, practical and meaningful tools to monitor ongoing improvements effectively in the workplace.

Members were invited to brainstorm on work life-related concepts and build on CCHSA's existing work life dimension and descriptors. Several definitions of work life were proposed, for example: "The organization enables an employee to achieve the highest level of health and well-being as a member of a team/group by providing a healthy work life environment." CCHSA will carry out more work to determine the most appropriate definition of work life for accreditation purposes.

Members identified 10 concepts that best capture work life:

1. Role characteristics;
2. Decision-making;
3. Learning environment;
4. Determinants of physical and mental health;

5. Justice and fairness;
6. Relationships and the social environment;
7. Recognition and support;
8. Shared leadership (strategic and tactical);
9. Culture; and
10. Alignment of values.

Members separated into four groups to explore these concepts further. Their discussions are summarized below.

Group 1: Role characteristics; decision-making; the learning environment

- “Role characteristics” should encompass scope of practice, which is a major driver for dissatisfaction; ambiguity; job control or design; flexibility; and job quality.
- “Decision-making” refers to influence, autonomy, inclusiveness, participation and feedback.
- “Learning environment and change” refers to professional development and innovation/creativity.

Group 2: Determinants of physical and mental health; justice and fairness; relationships and the social environment

- “Determinants of physical and mental health” is better captured by “occupational health and physical hazards.” These terms imply occupational exposure, infections (immunization), harassment, violence and injury rates (both acute and chronic). “Injury rates” includes worker compensation data, number of accidents, lost hours and near misses. Also part of this concept are safety practices such as assessment protocols (hazard identification), training (in safety), accountability, leadership, feedback and justice and fairness.
- “Justice and fairness” includes such notions as equity, diversity, respect and trust. “Justice” was further refined into distributive, procedural and interactional justice. The group emphasized the fundamental aspect of “justice and fairness” and highlighted the need to embed this concept in all others pertaining to work life. “Justice and fairness” involves procedures, employee consultation, values statements and a complaints system.
- “Relationships and the social environment” refers to support and dealing with conflict as well as teamwork. This concept involves procedures, an organizational culture that provides recognition and support, and supervision from all levels of leadership (not necessarily from the “Leadership and Partnership” accreditation level).

Group 3: Recognition and support; shared leadership (strategic and tactical)

- “Recognition and support” comprises the notions of job security, career progression, and salary and nonmonetary benefits. More specifically, this concept involves the agent of support, such as supervisors, coworkers and others; the type of support, i.e., emotional, tangible and informational; the amount of support;

- public acknowledgment (recognition); frequency and quantity or quality of support; formal or structural systems, as opposed to informal ones; and performance management and evaluation.
- “Job security” entails the perceptions of employees, union or nonunion; frequency of agency use; ratio of part-time to full-time hours; tenure of job category; tenure of workforce; choice of type of employment, e.g., part-time or full-time; and clear and fair criteria for layoff, dismissal or termination.
 - “Career progression” refers to career path knowledge; career path opportunity; promotion rates (i.e., inhouse, outhouse); bridging or acting positions; processes for promotion tied to next-level job skills; behaviour-based interviews; application of fair (equitable, transparent) principles; and clinical or professional (as well as managerial) promotion.
 - “Salary and benefits” includes equity (comparisons of external to internal equity) as well as health-related benefits (i.e., health-promoting as opposed to rehabilitation-based).
 - “Shared leadership” is characterized by strategic and tactical leadership (i.e., span of control, supervision), preceptorship and mentorship, and empowerment.
 - “Leadership” encompasses communication (i.e., conditions of the organization; plan and vision); problem solving and conflict resolution; ratio of leaders/managers to staff (span of control); number of working managers who do not/cannot manage people (a negative aspect of leadership) or who know the work (a positive aspect); visibility of managers in the workplace (as opposed to at meetings!); evaluation of leaders (i.e., whether this is done or not, and whether evaluations are acted upon); issues of constant re-engineering; shared or distributed leadership style as opposed to autocratic or hierarchical styles; development through (across) and down the organization, particularly development of front-line staff; organization of work to provide opportunities (e.g., project leadership); and support (e.g., time, money) for mentorship/preceptorship.

Group 4: Culture; alignment of values

- “Culture” implies the organization’s mission, vision and values as well as its supports. This distinction highlights the importance of developing shared values postmerger; having a mission, vision and values that reflect the importance of people in the organization (whether they are explicit, and whether the environment is people-centred); the applicability to all, i.e., physicians, staff, volunteers and stakeholders; engagement of physicians, staff, volunteers in defining/redefining the mission, vision and values; and the orientation of new people to them. Culture requires a precise definition, as it can imply formal and informal norms, rules for interaction and supports that evolve as the elements of a healthy work life model are defined.
- “Alignment of values” underlines the need for an organizational assessment of compliance to mission, vision and values; a communications strategy; a mechanism to integrate values into practice, i.e., team charters; clarity about the operationalization of values; the use of values language in interactions and commu-

nications; and supportive recruitment/retention, performance and development processes to enable people to align or exit. Challenges identified include an approach that is patient-centred as opposed to staff-focused; the difficulty of defining an ideal “people culture”; subjectivity in assessing alignment; intangible mission, vision and values; the question of “where to start?” (i.e., does practice define mission, vision and values, or do these guide evolution); choices in resources and limited dollars; uncertainty over which values take priority; lack of understanding/awareness of how to implement a “person” focus; and impact on outcomes.

Recommendations

Recommendations to CCHSA from the Advisory Committee included the following:

- Develop a conceptual model as a foundation for the accreditation program and standards. This model should apply to all types of organizations and across settings.
- Make sure the model is easy to use, practical and workable for health service organizations.
- Establish some priorities for action.
- Provide greater education to enhance awareness of work life issues within the framework of quality of services, as well as providing organizations with direction to address work life.
- Be cautious about relying solely on evidence-based measures; common sense should be used as well.

Findings of the Literature Review

In preparation for the first Advisory Committee meeting, an extensive literature review was carried out of articles pertaining to work life, healthy workplaces, quality workplaces and magnet hospitals, using five databases (AMED, Medline, CINAHL, Embase and HealthSTAR) and the Internet browser, Google. The search was limited to English-language articles covering an 18-year period (1986–2004). Approximately 60 articles were reviewed, spanning nursing, medicine, healthcare systems, human resources, industrial psychology and occupational health and safety.

The articles provided a body of evidence on the impact of healthy workplace initiatives or quality work life approaches on employee and organizational outcomes. For example, a number of studies explored such questions as the impact of levels of staffing in hospitals and nursing homes, and the effect of organizational structure and physical environment on the quality of care delivered. CCHSA’s interests were (a) to find good models that conceptualized the potential causal links between structures and processes in health workers’ workplace environment and (b) their impact on outcomes of quality work life at the employee and organizational level. A number of models were retained for further analysis and for development of a model that would effectively capture CCHSA’s approach to work life through its accreditation program.

Major work life themes uncovered in the literature review allowed CCHSA to identify gaps across the accreditation standards sections, namely Leadership and Partnership, Support Services (human resources, environment and information management) and Client Services.

Some key studies reinforced CCHSA's conviction that Quality Improvement is an effective approach to improving work life. If effectively applied by health service organizations, Quality Improvement can help organizations successfully improve employees' outcomes, quality of care and other organizational outcomes such as safety, performance and retention of staff.

Findings of the National Consensus Meeting on Work Life Indicators

On March 25, 2004, 28 stakeholders were invited to attend a meeting to discuss a vast array of local initiatives on work life indicators from across the country, including the findings of Phase 1 of the University of Toronto's Nursing Work Life Indicator Study.² The session was facilitated by Graham Lowe, who assisted the group in determining the next steps in the development of work life indicators as well as the formulation of recommendations to CCHSA. (See the paper "National Consensus Meeting on Work Life Indicators," following this one.)

Presentations on what works and what does not, and the lessons learned, were shared, together with conceptual frameworks, methodologies, tools and best practice guidelines.

Participants to the National Consensus Meeting discussed and identified concepts common to those identified by the Work Life Advisory Committee. They recognized the value of the accreditation program to support improvements of work life in health service organizations. Their recommendations for action will provide guidance for further development of CCHSA's work life dimension, descriptors and accreditation standards, and the integration of important work life indicators into the accreditation program.

Findings from the Work Life Regional Seminars

Eight regional educational sessions were delivered across the country between March 24 and May 31, 2004. (See the paper, "Work Life Regional Seminars across Canada: Development, Delivery and Preliminary Analysis," following this one.) The target audience included accredited health service organizations. The purpose of these educational seminars was to build awareness of work life from different perspectives, identify strategies and tools to address work life at the organizational level, obtain information about CCHSA's initiatives to support quality of work life and identify how the accreditation standards could be enhanced to address work life issues.

The seminars provided an opportunity to gather meaningful information at the

organizational level from over 500 participants representing the Leadership and Partnership teams, the Support Services teams (Human Resources, Environment and Information Management) and the care teams. Practical input was sought from a series of small group exercises encouraging discussion on Quality Improvement initiatives that proved effective in various settings, particularly actions taken following the monitoring in local organizations of specific quality work life indicators. The groups also examined the CCHSA's work life dimension and descriptors and brainstormed on them.

The information gathered from these seminars reinforced the findings obtained from the Work Life Advisory Committee meeting as well as those of the National Consensus Meeting. Integration of these findings will provide further guidance in the development of CCHSA's work life dimension, descriptors and standards.

Next Steps for Development of Work Life Dimension, Descriptors, Standards and Surveyors' Guidelines

From the discussions, findings and recommendations that emerged from the work completed, CCHSA realized the need for a comprehensive Work Life Strategy that would guide future developments of work life in its accreditation program. A comprehensive Work Life Strategy would identify key goals and objectives that direct the ongoing development of the accreditation program and move the evaluation of work life forward rapidly and significantly for health service organizations.

Specifically, the strategy would target (a) enhancement of the accreditation program to better evaluate work life in health service organizations and support their Quality Improvement efforts; (b) delivery of educational programs and materials to surveyors and organizations; (c) establishment of strategic partnerships to promote work life in health service organizations and the broader healthcare system; and (d) effective communication with stakeholders to build awareness and understanding on the importance of uptake of work life standards, criteria and indicators.

Building on the findings and recommendations from the Work Life Advisory Committee meeting, six specific actions were outlined to describe the steps to be undertaken for the remainder of the year.

Action 1: Development of a model that conceptualizes CCHSA's approach to work life (April–May 2004)

One of the principal recommendations from the Work Life Advisory Committee's meeting was the need to develop a model that conceptualizes CCHSA's approach to work life. CCHSA recognizes that a model would allow internal and external stakeholders to achieve a common understanding of work life for accreditation and quality improvement purposes. To that end, CCHSA set out to analyze various models identified from the literature review to develop its model. Validation of the model would be attained from an internal and external consultation (with Advisory Committee members). Ad-

justments would be integrated into the final model, which would then be presented to the Work Life Advisory Committee for approval. Communication activities of the approved model would be monitored to ensure achievement of a common understanding internally and externally.

Action 2: Refining CCHSA’s work life dimension and descriptors (April–December 2004)

The refinement of the work life dimension and descriptors would derive from the model highlighted in Action 1, but would also build on the findings from the literature review and the recommendations from the Work Life Advisory Committee meeting. In particular, CCHSA would review the definitions proposed by the Advisory Committee and undertake a literature review to revise its current definitions of work life dimension and descriptors. The definitions would be validated through a consultation process with internal and external stakeholders (with the Work Life Advisory Committee, Surveyor Advisory Committee and Scientific Advisory Committee). Modifications suggested from the consultation process would be incorporated into the definitions, which would then be presented to the Work Life Advisory Committee for approval.

Action 3: Enhancement of work life standards and criteria across standards sections (January–July 2005)

Participants from the Work Life Advisory Committee, the National Consensus Meeting and the Work Life Regional Seminars generally supported the need to refine and strengthen work life–related standards and criteria across standards sections, including Leadership and Partnership, Support Services (such as Human Resources, Environment and Information Management) and Client Services. Valuable and substantial feedback was gathered from these various events.

CCHSA would record and integrate all findings; a qualitative data analysis would be carried out, from which the findings would be combined with other analyses – namely, a review of CCHSA’s present accreditation standards related to work life, an examination of a sample of organizations’ self-assessments to identify good practices, and the identification of gaps from the literature review. Altogether, the data would substantiate development of the work life content in the standards and criteria and across standards sections.

A consultation process carried out both internally (with Research and Development, Service Delivery and other key staff members) and externally (with the Work Life Advisory Committee, Surveyor Advisory Committee and Scientific Advisory Committee) would refine and adjust the standards and criteria. Then, these draft standards would be presented to the Work Life Advisory Committee for endorsement.

Action 4: Enhancement of “requirements for information” from organizations prior to the accreditation survey (July–September 2004)

Two aspects were implied in the refinement of standards and criteria. The first is addressed by Action 3, and looks at work life content in the standards and criteria

statements. The second aspect highlights the requirements for information that organizations need to fulfill prior to their accreditation survey.

CCHSA would undertake the following activities: review of its present accreditation standards related to work life; an analysis of findings from the Work Life Advisory Committee, the Regional Seminars and the National Consensus Meeting; an analysis of a sample of organizations' self-assessments; and a survey of a sample of organizational stakeholders and surveyors on expected requirements for information. Overall findings from these activities would support further enhancement of current requirements for information that are outlined in work life–related standards and criteria and across standards sections.

Action 5: Development of a set of guidelines for surveyors to evaluate work life standards more effectively in health service organizations (August–October 2005)

Since consistency is a fundamental feature of surveyors' evaluation and rating of health service organizations through the appropriate interpretation of accreditation standards and the rating scale, CCHSA would establish a set of guidelines for determining the quality of work life by assessing organizational practices.

Action 6: Development and delivery of educational programs (2006)

Critical activities to ensure successful and effective implementation of the enhanced elements of the accreditation program included educational and communications activities. Existing educational programs would be enhanced to increase field awareness about refinements made to the accreditation program in the area of work life. As well, consistent and targeted messaging of CCHSA's development work pertaining to work life would be developed and delivered through appropriate communications channels.

Conclusion

CCHSA is committed to assisting health service organizations to improve work life in their workplaces through (a) development of a sound quality framework as the foundation for its accreditation program; (b) promotion of Quality Improvement as an effective tool to design, implement, monitor and improve specific aspects of work life; and (c) ongoing improvement of its accreditation program, namely the standards, criteria and other components to assist organizations in effectively evaluating their work life practices.

The six actions outlined in this report will help CCHSA bring work life forward at the organizational level and across sectors. A comprehensive Work Life Strategy will set a long-term agenda for CCHSA to determine priorities and set goals that will ensure ongoing and sustainable improvements of work life in the accreditation program.

Notes

1. The participants were: Dr. Heather K. Spence Laschinger, University of Western Ontario, ON; Dr. Ellen Balka, Simon Fraser University, BC; Dr. Heather Lee Kilty, Brock University, ON; Norma G. Freeman, Canadian Nurses Association; Michael Villeneuve, Health Canada; Dr. John K. Yardley, Brock University, Wellness Institute, ON; Dr. Michael P. Leiter, Acadia University, NS; Dr. Arla Day, St. Mary's University, NS; Susan Wagner, University of Saskatchewan, SK; Tanya Dunn-Pierce, Saskatchewan Health Quality Council, SK; Karey Carson, Ontario Hospital Association, ON; Caroline Brereton, Trillium Health Centre, ON; Serge Carrieres, Lakeshore Hospital, QC; Sheila Jarvis, Bloorview MacMillan Children's Centre, ON; Dr. Linda Robson, Institute for Work & Health, ON; Vicki Squires, South East RHA, NB; and Dr. Marie-Pascal Pomey, University of Ottawa, ON.
2. McGillis Hall, L. et al. 2004. "Indicators of Nurse Staffing and Quality Nursing Work Environments." Summary. Retrieved April 15, 2005. <<http://www.nursing.utoronto.ca/lmcgillishall/research/QWLIndicators%20Study%20Summary.pdf>>. The literature review from this project has been completed and is available: L. McGillis Hall (2005), *Quality Work Environments for Nurse and Patient Safety*. Sudbury, MA: Jones & Bartlett.

National Consensus Meeting on Work Life Indicators

Executive Summary

The Canadian Council on Health Services Accreditation (CCHSA) convened a national meeting on March 25, 2004 to share information and knowledge regarding recent work in the area of work life indicators in Canada. CCHSA was also seeking recommendations for future work life indicator initiatives and relevant suggestions for its accreditation program. (See the paper “Further Development,” which precedes this one.)

Graham S. Lowe, a Canadian expert on work life indicators, facilitated the one-day meeting. Participants represented professional nursing bodies from across Canada: Health Canada’s Office of Nursing Policy, CCHSA, the Canadian Nurses Association, executive nurses, registered nurses’ associations, nurses’ unions, healthcare employers, the nursing informatics field, licensed practical nurses, schools of nursing, academic researchers, private research organizations and management consultants.¹

Based on discussions of participants’ presentations, the following key work life issues/themes were identified, and it was suggested that these be addressed by future work life indicators:

- Scope of authority;
- Span of control;
- Communication;
- Professional practice;
- Leadership effectiveness;
- Workplace health and safety;
- Workload and staffing;
- Collaboration/teamwork;
- Supervisory support;
- Organizational support;
- Rewards and recognition;
- Organizational culture;
- Abuse and violence; and
- Stress and burnout.

Participants noted that although the creation of effective and useful work life indicators is an evolving process, the following work life indicators are currently being used fairly widely:

- Staff satisfaction;
- Absenteeism;
- Turnover rate;

- Overtime hours;
- Span of control; and
- Professional development opportunities.

CCHSA planned to follow up this meeting with these steps to advance its work life goals:

- Review and synthesize meeting results;
- Develop and obtain Board approval for a comprehensive Work Life Strategy, outlining goals, key actions (including work life indicator-related activities), deliverables and timelines; and
- Communicate strategy to all stakeholders.

CCHSA is committed to playing a leadership role in supporting the creation of effective work life indicators for health service organizations. This National Consensus Meeting was a major step towards this goal and a catalyst for continued work and partnership with other stakeholder groups and Health Canada's Office of Nursing Policy.

National Consensus Meeting on Work Life Indicators

The Canadian Council on Health Services Accreditation (CCHSA) convened a national meeting on March 25, 2004 to share information and knowledge regarding recent work in the area of work life indicators in Canada. The specific focus was to identify what is working, what is not working and why; lessons learned to date; and implications for next steps in relation to work life indicators in Canadian health services. CCHSA was also seeking recommendations for future work life indicator initiatives and relevant suggestions for its accreditation program.

The Consensus Meeting was a followup to a national workshop convened by the Canadian Nurses Association in 2002, at which eight quality of work life indicators for professional (regulated) nurses were identified. Five of these eight indicators were included in CCHSA's Achieving Improved Measurement (AIM) document, Indicators 2003, for use in accreditation. Meeting participants agreed that work life issues are central to the public policy goal of creating a cost-effective health services system that delivers excellent client care.

Graham S. Lowe, a Canadian expert on work life indicators, facilitated the one-day meeting. Participants represented professional nursing bodies from across Canada: Health Canada's Office of Nursing Policy, CCHSA, the Canadian Nurses Association, executive nurses, licensed practical nurses, registered nurses' associations, nurses' unions, health-care employers, the nursing informatics field, schools of nursing, academic researchers, private research organizations and management consultants.

Participant Expectations

Participants' expectations of the meeting may be summarized as follows:

- Transfer knowledge about work life best practices;
- Learn more about current work life research and initiatives across Canada;
- Discuss measurement and work life indicators; and
- Agree on next steps and how to coordinate work life–related activities.

Creating Consensus

Time allowed 18 of the 28 meeting participants to provide their perspectives of work life issues. Presentations focused on current work life initiatives, research projects and key findings. Participants shared experiences, exchanged knowledge and emphasized the importance of identifying best practices that may improve quality of work life in health service organizations. The meeting also enabled CCHSA and participants to reach consensus on recommendations for future work life indicator initiatives and next steps.

Based on discussions of the presentations, the participants identified the following key work life issues/themes, and suggested that these be addressed by future work life indicators:

- Scope of authority;
- Span of control;
- Communication;
- Professional practice;
- Leadership effectiveness;
- Workplace health and safety;
- Workload and staffing;
- Collaboration/teamwork;
- Supervisory support;
- Organizational support;
- Rewards and recognition;
- Organizational culture;
- Abuse and violence; and
- Stress and burnout.

Participants noted that although the creation of effective and useful work life indicators is an evolving process, the following work life indicators are currently being used fairly widely, and three were included in the 2003 AIM indicators list:

- Staff satisfaction;
- Absenteeism;
- Professional development opportunities;
- Turnover rate;
- Overtime hours; and
- Span of control.

It was agreed that these measures, and others, would require further assessment and development to help organizations evaluate performance and ultimately improve the quality of work life for healthcare providers.

Work Life Lessons

A number of key lessons can be drawn from the Consensus Meeting, specifically:

1. Quality of work life progress has been made, but more must be done. It was agreed that evidence is important, but that this must be balanced with action. Health service organizations must implement work life interventions, assess results, make adjustments and move forward on a regular basis. Including quality of work life indicators in accreditation would help advance the field.
2. Work life improvement is necessary. Participants stressed the importance and urgency of improving work life for all health service providers. Ensuring a high-quality workplace will ultimately benefit patients/clients.
3. The link between work life, organizational outcomes and quality client/patient care must be emphasized. While some gaps in the research exist, a number of important linkages have been made among work life, organizational outcomes and quality client/patient care. Established linkages need to be communicated, and best practices need to be shared.
4. Leadership support is regarded as a key success factor, and involvement of all stakeholders is required. Organizational and system leadership are key to making sustainable improvements in work life. Leaders must champion work life causes and show equal commitment to patients/clients and service providers.
5. The need for a strongly multidisciplinary and collaborative approach to indicators was emphasized. Most health service disciplines face the same or similar work life issues. More progress will be made using a unified approach to improvement. Meeting participants noted that creating indicators is an ongoing process that requires continuous improvement through the active engagement of many parties.
6. More sharing and coordination across the country is needed to advance the work life agenda. Participants noted the variety of useful and important work life meetings, initiatives and research projects going on across Canada. Improved coordination of efforts would advance progress more rapidly and effectively. Partnerships should be formed, and key stakeholder groups should be encouraged to share and communicate information.

Next Steps

CCHSA planned to follow up this meeting with steps to advance its work life goals, namely:

- Review and synthesize meeting results (March 2004);
- Develop a comprehensive Work Life Strategy, outlining goals to be achieved through accreditation, key actions (including work life indicator–related activities), deliverables and timelines (April 2004);

- Obtain Board approval of Work Life Strategy (May 2004);
- Meet with CCHSA's work life advisory committee to obtain recommendations on key activities in support of a comprehensive Work Life Strategy (June 2004);
- Communicate strategy to all stakeholders (June–July 2004);
- Educate surveyors about Work Life Strategy and key activities in support of accreditation (fall 2004 Surveyor Conference);
- Develop and implement refinements to the accreditation program for improved evaluation of work life (fall 2004); and
- Pursue another Consensus Meeting (spring 2005) with the support of Health Canada.

In relation to the suggested development of CCHSA's Work Life Strategy, meeting participants provided a number of recommendations for consideration. These included the need for a solid understanding of work environment problems (e.g., stress, burnout, absenteeism) in healthcare settings. Specifically, these problems needed to be linked to organizational and patient/client outcomes (including patient safety). It was recommended that CCHSA consider using a model that includes quality of work life drivers and moderators, and individual and organizational outcomes, showing how these factors are interrelated. It was also recommended that CCHSA integrate work life more fully into the AIM standards and consider some form of award as an incentive to demonstrate the importance of work life. Education about work life, for improved uptake of information among health service organizations and surveyors, was also recommended.

Conclusion

CCHSA is committed to playing a leadership role to support the creation of effective work life indicators for health service organizations. The National Consensus Meeting was a major step towards this goal and a catalyst for continued work and partnership with other stakeholder groups and Health Canada's Office of Nursing Policy.

Acknowledgments

The Canadian Council on Health Services Accreditation wishes to thank those who attended the National Consensus Meeting on Work Life Indicators on March 25, 2004 in Ottawa.

The CCHSA would also like to thank Health Canada and its Office of Nursing Policy for their support.

Notes

1. The participants were: Barb McGill, Region 2 Health, New Brunswick; Lynn Redfern, Alberta Association of Registered Nurses; Norma Freeman, Canadian Nurses Association; Christian Vandenberghe, HEC; Nora Hammell, Canadian Nurses Association; Jennifer Dobbelsteyn, Big Cove Health, NB; Judith MacBride-King, Conference Board of Canada; Ginette Lemire-Rodger, The Ottawa Hospital; Michael Villeneuve, Office of Nursing Policy, Health Canada; Deb Elias, College of Registered Nurses of Manitoba; Patricia O'Connor, Academy of Canadian Executive Nurses; Greta Cummings, University of Alberta; Riek van den berg, Canadian Association for Nursing Research; Debbie White, Calgary Health Region; Linda Silas, Canadian Federation of Nursing Unions; Francine Anne Roy, Canadian Institute for Health Information; Sharon Sholzberg-Gray, Canadian Healthcare Association; Margaret Synyshyn, Registered Psychiatric Nurses of Canada; Gabrielle Bridle, Canadian Practical Nurses Association; Irmajean Bajnok, Registered Nurses Association of Ontario; Isser Dubinsky, Miltom Consulting; Sally Remus, Canadian Nursing Informatics Association; Julie Gregg, College of Registered Nurses of NS; Karen Eisler, Saskatchewan Registered Nurses Association; Ruth Rogers, Nurses Association of New Brunswick; Heather Laschinger, University of Western Ontario; Wendy Winslow, Registered Nurses Association of BC; Jane Winder, Canadian Association of Schools of Nursing; Elma Heidemann, CCHSA; Graham Lowe (facilitator), Graham Lowe Group; Paula Greco, CCHSA; Marty Huynh, CCHSA; Duyen Nguyen, CCHSA; and Tracy Murphy, CCHSA Consultant.

Work Life Regional Seminars across Canada: Development, Delivery and Preliminary Analysis

Project Background

The 2001 Canadian Institute of Health Information report, “Canada’s Health Care Providers,”¹ which provides an overview of the health industry in Canada, reports higher than national average incidents of disabilities and absenteeism rates for healthcare providers. Numerous other reports from academia and the Canadian Nurses Association have provided research information on the indicators that, when monitored and addressed, provide a potentially healthier work environment for nurses. A substantial shortage of both nurses and physicians is predicted by 2011, in addition to overall labour shortages throughout the healthcare industry. It is clear that the Canadian health industry will need to boost its reputation with quality of work life issues both to recruit and retain staff and to remain competitive in the global economy.

The Canadian Council on Health Services Accreditation (CCHSA) developed and integrated work life as a key component of quality for healthcare organizations between 1997 and 2000. In late 2003, CCHSA reviewed recommendations from all 2002 accreditation surveys and found that two of the top 10 compliance issues for 2002 directly related to work life. Surveyors for CCHSA made nearly 200 recommendations about human resource planning, specifically the need to plan, anticipate and respond to current and future human resource needs.

In response to this clearly identified need, CCHSA embarked on a project sponsored by the Office of Nursing Policy, Health Canada to refine work life issues as part of the accreditation process. This paper specifically addresses development of the Work Life Regional Seminars and analysis of the five regional sessions delivered.

Work Life Regional Seminar Development

The development team for the Work Life Regional Seminars included representation from educational development, service delivery, research and development, communications, marketing and external consultants. The team met six times over a two-month period. Objectives delineated for the seminars included:

- Description of work life from diverse perspectives in the research literature;
- Identification of strategies and tools to address work life at the organizational level;
- Obtaining information about CCHSA’s initiatives to support quality of work life; and

- Identification of how the accreditation standards/criteria can be enhanced to address work life issues.

Separate sub-groups dealt with communication and messaging of the seminars, a literature review, development of an agenda and content, exercise development, pre- and post-tests and an evaluation tool.

A full literature review was undertaken using the keyword “work life” on the following databases: Cochrane BPG, Medline, CINAHL, ERIC, PsycINFO, Sociofile and Dissertation Abstracts International. A limit was placed on the search for abstracts in English over a 10-year period (1993–2003). The 61 articles found, together with data already in use (Canadian Policy Research Network, Canadian Nursing Advisory Committee recommendations), were tabulated to form the basis of the content.

The Work Life Regional Seminar agenda covered a full day and included the following topics:

- Welcome and Warmup;
- Why Work Life? Why Now?;
- The Unhealthy/Healthy Workplace;
- The International Perspective;
- The Canadian Participant Experience;
- Work Life and the AIM Accreditation Process;
- Report on Work Life Case Studies;
- CCHSA's Future Directions;
- Recommendations and Evaluation; and
- Tips for Success.

Pre- and post-tests

Pre- and post-tests were designed and piloted in the first five Work Life Regional Seminars. This simple evaluation of knowledge and skills used a 5-point Likert scale ranging from “poor” to “adequate” to “comprehensive.” Participants filled out the pre- and post-test sections to address the statement: “The level of my understanding of the subject...” in the following areas:

- Evolution and history of work life;
- Importance of work life quality;
- Unhealthy and healthy workplaces;
- Achieving Improvement Measures (AIM) and work life; and
- Indicators related to work life.

Of returned pre- and post-tests in the first four regional sessions completed (n=287), all participants reported an increase in knowledge in all areas. A full analysis of the pre- and post-tests was to follow in Phase 2 of the Work Life Indicators Research Project (currently a proposal under review).

Work Life Regional Seminars

The following sessions were conducted between March and May 2004:

1. Toronto (March 25):	104 participants
2. Winnipeg (March 29):	51 participants
3. Halifax (March 29):	58 participants
4. Vancouver (March 31):	74 participants
Total participants:	287

Owing to initial lack of registrants for the sessions for Montreal planned for March, a team decision was made to postpone these until April 2004. All costs associated with registration, travel and hotel were prepaid in the March 31, 2004 budget year. Two further sessions were planned for Montreal on April 15 (in French) and April 16, 2004 (in English). At the time of writing this paper, 51 and 25 participants had signed up for each seminar, respectively.

After requests were received from across Canada and following a discussion with Health Canada, two further sessions were scheduled: a second Toronto session for May 27, 2004, and a session in Saskatchewan. A full proposal including budgeting for these sessions was to be submitted to Health Canada.

See Appendix A for a demographic breakdown of seminar participants.

The seminars were designed to allow for full participant sharing, and centred around six different exercises throughout the day.² The exercises were conducted to share and collect information related to work life practices, cultures and tools used in the diverse organizations represented. All organizations were CCHSA clients who had already undergone at least one survey, or were going to have their first accreditation survey in the near future.

The exercises covered :

- work life issues considered from a personal perspective;
- unhealthy work life environments (causes and symptoms);
- brainstorming the description and characteristics of a healthy workplace;
- Canadian participant perspective (perception from a regional perspective, impact of work life issues on quality improvement outcomes, requirements to successfully address work life issues);
- a standards exercise for input to CCHSA regarding work life as part of the AIM accreditation program (using the work life descriptors of open communication, role clarity, participatory decision-making, maintaining a learning environment and well-being); and
- work life indicators in use (list of indicators, targets and recommendations for responding to poor performance).

All exercises from all regions were to be analyzed for content.

Recommendations to CCHSA

All participants were asked the following question: “What key recommendations do you have for CCHSA regarding supporting/improving work life initiatives through the accreditation process?”

Analysis shows the following grouped themes seen in the responses:

- Provide “keys for success”;
- Action plan for work life in organizations;
- Include work life in more standard sections of the AIM accreditation program;
- Keep work life outcomes “people focused”;
- “Walk the talk” in management;
- Education re: work life;
- Involve front-line staff;
- Provide resource tools;
- Indicators (mandatory/recommended); and
- Make work life a key focus in organizations and in accreditation.

The recommendations were to be incorporated with the findings detailed in the reports for the March 9, 2004 Work Life Advisory Committee and March 25, 2004 National Consensus meetings. (See the papers “Further Development” and “National Consensus Meeting on Work Life Indicators,” which precede this one.)

Next steps

The next steps for the Work Life Regional Seminars project team include the following:

- Proposal submission for Phase 2 of the project (covering full analysis and further work life sessions); and
- Full analysis, detailed report and potential publication of results of the exercise content, pre- and post-tests and evaluations.

Conclusion

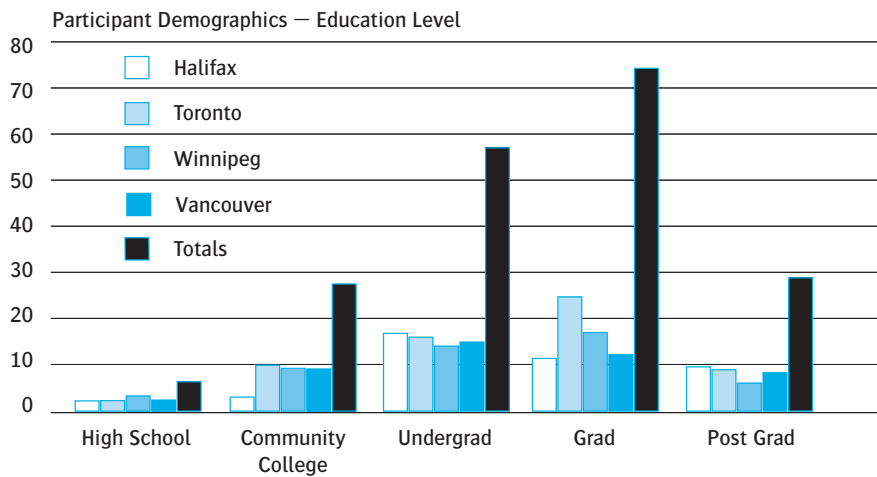
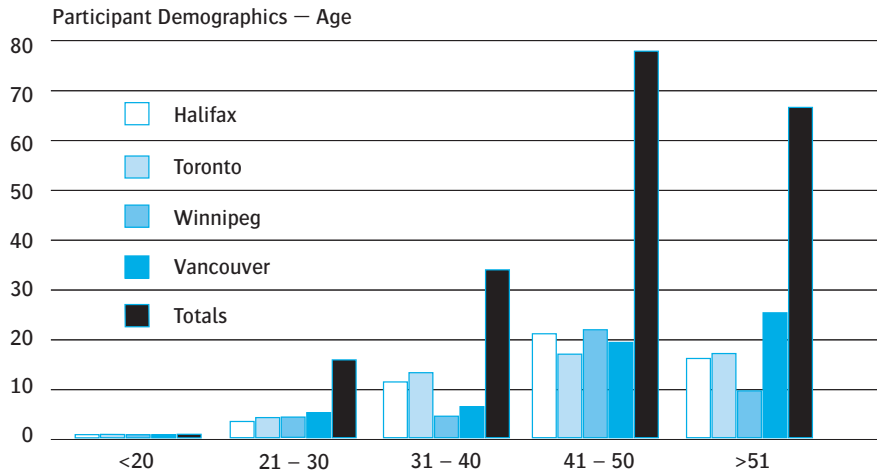
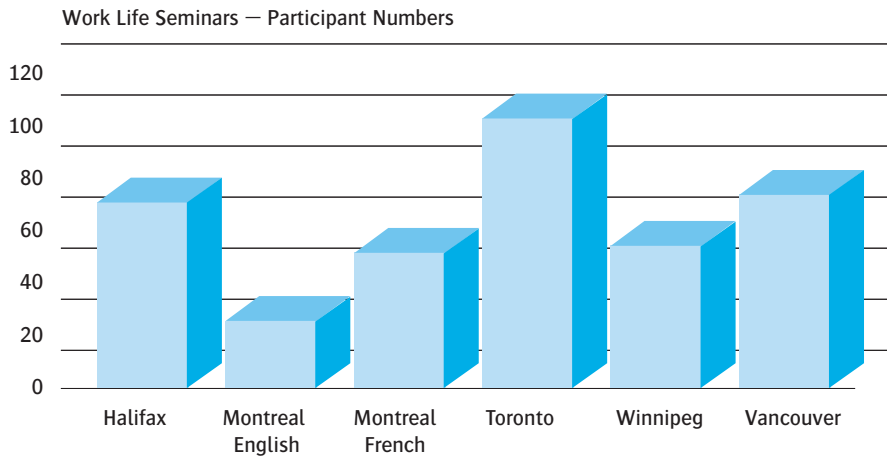
The Work Life Indicators Research Project, specifically the development of the Regional Seminars content and exercises and delivery across Canada, can be considered a success. The information received from participants across Canada will provide valuable direction for CCHSA in revamping the work life component in the AIM accreditation program.

Notes

1. Retrieved April 15, 2005. <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_35_E>.
2. The full Work Life Regional Seminar handout was made available on CCHSA’s website, <<http://www.cchsa.ca>>.

Appendix A

Demographic Breakdown of Participants, Work Life Regional Seminars, 2004



CCHSA Work Life Indicators Research Project: Collaborative Pulse Survey

The Canadian Council on Health Services Accreditation (CCHSA) convened a meeting on March 29, 2004 to explore the feasibility of working with the Ontario Hospital Association (OHA) to collaborate on a Work Life Indicators research project. The meeting was attended by CCHSA representatives, OHA staff and representatives of organizations that pilot tested OHA's Healthy Hospital Employee Survey (HHES; see below).

The meeting's specific focus was to gather information about the HHES and to hear from HHES pilot sites about key learnings and interventions. It also explored the feasibility of developing and implementing a pulse-type survey tool for work life indicators.

OHA Healthy Hospital Employee Survey

This partnership between the Ontario Hospital Association and Brock University's Workplace Health Research Unit spotlights organizational health (quality of work life and key organizational outcomes), employee well-being (health conditions, risk behaviours and readiness to change) and employee opinion (overall wellness culture and interest to participate in improvement efforts).

The HHES enables organizations to set priorities and address issues related to the quality of the work environment and individual employee health attitudes and practices.

Interventions have included service excellence initiatives; reviews of patient care; strategic plan revision; specific actions to influence organizational culture; clinical reorganization; relevant staff focus groups; activities/training to improve staff communication, trust, engagement, workload, supervisor training and conflict resolution; transitional return-to-work programs; integration of patient and staff satisfaction initiatives; improvements to senior management visibility; and employee health initiatives including use of pedometers, fitness programs, nutrition and stress management.

Work Life Indicators Research Project Plan

Objective

CCHSA's goal for this project was to test a selected number of work life indicators and their usefulness in a sample of accredited health service organizations across Canada. Given OHA's experience with HHES, CCHSA established a partnership with OHA to

build on the HHES, and solicited the involvement of the 20 organizations that had used it to date.

A pulse survey would allow organizations to participate in a smaller survey to obtain some rapid feedback (a pulse) regarding key work life indicators. CCHSA would ensure that the survey indicators related to Achieving Improved Measurement (AIM) standards. It planned to provide the survey tool on its website, with password protection for use by accredited organizations at any time.

The pulse survey would be one way for an organization to “check in” on these particular indicators between surveys. In this way, organizations could use the tool, implement interventions and continue to monitor their work life indicators on an ongoing basis. Opportunities for indicator benchmarking and sharing work life best practices would also be provided. CCHSA could use this information to provide ongoing assistance to its clients, and to help plan and prepare for the next accreditation survey.

Indicator selection

Participants at the March 29 meeting suggested that the full pilot test group measure a core set of three to five work life indicators, with the option to measure other work life indicators (from a menu of possible selections) relevant to their organizations at that time.

The most problematic areas relating to work life that were identified through the HHES were satisfaction with communication, trust in the organization, a manageable workload and satisfaction with involvement in decision-making.

Meeting participants suggested that the core set of work life indicators be identified from the following areas:

- Absenteeism;
- Staff turnover;
- Manageable workload;
- Staff satisfaction;
- Satisfaction with supervisor;
- Satisfaction with communication (e.g., staff attendance at meetings, staff access to e-communication, etc.);
- Satisfaction with physical work environment;
- Feeling safe at work;
- Staff engagement/involvement in decision-making (e.g., % staff on committees);
- Professional development (e.g., % allocation of funds to education);
- Rewards and recognition (% staff suggestions explored and implemented, internal promotions, performance evaluations completed annually, staff receiving letters of thanks);
- Grievances;
- Accidents/injuries;

- Cost of benefits;
- Professional practice (communication, scope of practice, regulatory issues);
- Individual stress; and
- Body mass index.

Planning with OHA

A planning meeting was scheduled with OHA for mid-April 2004 to agree on key aspects of the research project, including overall goal, key activities, processes, responsibilities, timelines and evaluation components.

Sample of organizations

The 20 health service organizations that had completed the HHES were invited to participate in the CCHSA–OHA pulse survey. To ensure national participation of health organizations from across the continuum of care, CCHSA also solicited involvement of up to 10 other organizations from across the country.

Planning with pilot sites

Once organizations committed to participate in the Work Life Indicators Research Project (pulse survey), a planning teleconference, jointly delivered by CCHSA and OHA, was held in late April 2004 to obtain input, discuss all relevant issues and clarify next steps.

Request for proposal and required resources

OHA prepared the request for proposal (RFP) for the development and pilot test delivery of a Healthy Organization Pulse Survey. This included a call for proposals from shortlisted vendors, as well as a response to any queries these vendors had regarding the proposal. OHA was to evaluate responses to the RFP and award the contract to the successful vendor.

Following the RFP process, as well as discussions with key stakeholders, a detailed analysis of resources required to support this research project was completed.

Evaluation

CCHSA, in conjunction with OHA, developed an evaluation plan to determine the usefulness of the work life indicators tested in the pulse survey. This plan was shared with participating organizations at a planning meeting in May 2004.

Survey tool development, pilot test and implementation

CCHSA worked with OHA and the successful vendor to develop a survey tool based on the identified work life indicators by summer 2004.

The survey tool was pilot tested by a sub-set of the participating organizations for validity, reliability, feasibility of collecting data and usefulness of the indicator data. Based on pilot test results, any adjustments and changes to the survey tool, work life indicators or pulse survey process were to be made prior to implementation in October 2004.

The pulse survey was implemented across all participating organizations between October 2004 and February 2005.

Report on research project

A full report on the research project – specifically, the effectiveness of the selected work life indicators – was submitted to Health Canada in March 2005, after the pulse survey had been used at least once by each participating organization.

Conclusion

CCHSA and OHA agreed to partner in developing and implementing a useful survey tool to measure a key set of work life indicators in healthcare organizations. The project plan described above outlines the steps CCHSA took to test a set of work life indicators in healthcare organizations.

CCHSA looks forward to continued work and partnership with other stakeholder groups and Health Canada's Office of Nursing Policy to advance the quality of work life agenda in Canadian health service organizations.

Acknowledgments

The Canadian Council on Health Services Accreditation would like to thank those who attended the Work Life Indicator Research Project meeting on March 29, 2004 at the Ontario Hospital Association in Toronto. CCHSA also thanks OHA for its willingness to collaborate on the survey.

The CCHSA gratefully acknowledges Health Canada's support for this project.