Improving Work Life Quality: A Diagnostic Approach Model

Martin Lees and Sandra Kearns

ABSTRACT
A high quality of work life is essential for organizations to continue to attract and retain employees. The continued restructuring, downsizing and reorganization of the healthcare system has negatively impacted staff morale and job satisfaction across Ontario.

This paper outlines the systematic approach used at Bluewater Health in Sarnia, Ontario, to recognize the importance of quality of work life and progresses from diagnosis to implementation of improvements, with positive outcomes.

INTRODUCTION
Quality of work life in the hospital setting has become the primary focus of many organizations across Canada. Bluewater Health is firmly committed to enhancing the quality of work life for its staff and physicians, who have undergone significant change over the past five years, to ensure a viable healthcare system in their community.

The concept of employee satisfaction is about more than simply providing people with a job and a salary. It’s about providing people with a place where they feel accepted, wanted and appreciated. This is becoming the standard in all manner of industries, as companies both large and small struggle not only to attract the best and the brightest in their field, but to keep them. The reduction in the number of nursing school applicants, combined with the impending retirement of up to 25% of Canada’s nurses, and the lure of American nursing contracts, leaves Canadian hospitals in a precarious situation with their future ability to provide healthcare.

BACKGROUND
In 1998, the health system in Lambton County underwent significant change – like many other hospitals in Ontario. Changes impacting the organization included downsizing and elimination of duplication from the three sites, including the Sarnia General Hospital, St. Joseph’s Health Centre, both located in the city of Sarnia, Ontario, and Charlotte Eleanor Englehart Hospital in Petrolia, Ontario. Staff began to feel that the total restructuring efforts rested upon their shoulders. As the three sites became integrated, staff felt distrust among their site colleagues, fearing a loss of identity, loss of jobs and feeling of lack of support from administration. The changes and integration continued with the creation of the Lambton Hospitals Group, which recognized the three sites coming together, to the final outcome of the creation of Bluewater Health, in April 2003. Bluewater Health is one organization that consists of the Mitton Street site (formerly the location of Sarnia General Hospital), the Russell...
Street site (formerly the location of St. Joseph’s Health Centre) in Sarnia and the Charlotte Eleanor Englehart site in Petrolia, Ontario. The staff endured the alliance formation of three hospitals, the withdrawal of St. Joseph’s Health Centre completely from healthcare and the creation of a single new system – all within four years.

The outcome of the integration, downsizing and internal reorganization created a stressful and sometimes painful environment for the staff. The administration realized that the delivery of high quality healthcare could not be supported with such a demoralized staff and depressed organization. A decision was made to approach the problem in a clinical manner. In January 2001, the first quality of work life committee was formed. This paper outlines the processes used to investigate, diagnose and implement a pathway of recovery for our staff and physicians. The primary goal was to improve the quality of work life for our staff.

Table 1. Organization profile relating to the quality of work life at Bluewater Health

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<thead>
<tr>
<th></th>
<th>Commitment to the organization</th>
<th>Support to staff by supervisor</th>
<th>Support from co-workers</th>
<th>Trust</th>
<th>Perception of leadership</th>
<th>Respect</th>
<th>Recognition</th>
<th>Non-Monetary compensation</th>
<th>Monetary compensation</th>
<th>Communication among peers</th>
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</thead>
<tbody>
<tr>
<td>Administrators</td>
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<td>Managers</td>
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<td>Nursing</td>
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<td>Non-Clinical Support</td>
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<td>Physicians</td>
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<td>Regulated Health Professionals</td>
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<td>Patient-Care Support</td>
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</tbody>
</table>

+ = positive response
• = neutral response
– = negative response

The results from the staff satisfaction survey identified the need to focus on our employees at Bluewater Health. Note that the administrative team was positive in all elements of the survey, but this trend failed to carry through the organization. The results of the survey led to the identification of six areas for improvement at Bluewater Health.

Figure 1: Diagnostic Approach Model

Step 1: Recognition of Work Life issues
Step 2: Commitment to Improvement
Step 3: Formation of Quality of Work life Teams
Step 4: Train Facilitators
Step 5: Conduct Focus Groups
Step 6: Analyze Information from Focus Groups
Step 7: Survey Development
Step 8: Analysis
Step 9: Develop Organization Profile
Step 10: Identify and Implement Improvement Opportunities
Step 11: Evaluate
Step 12: Celebrate
Step 1: Recognition of Work Life issues
In October 2000, the strategic planning exercise of the boards and other key stakeholders identified a strategic priority to “build a people-centred organization.” A key directive evolving from this strategy was to focus on enhancing the quality of work life of our staff. Evidence of increasing absenteeism, poor employee morale and a general sense of apathy of the staff was shared with the board.

To assist in achieving this corporate objective, a physician and a vice-president from the organization teamed together to focus on enhancing the quality of work life.

Step 2: Commitment to Improvement
The primary corporate objective for 2001/2002 and 2002/2003 was identified thus:

“To enhance the workplace environment through staff recognition and support programs.”

The continued support from the board for the commitment to making Bluewater Health a great place to work provided a solid foundation to begin and gave a clear message to the staff. The board understood that this was not a “flavour of the month” concept but a culture shift within the organization. The board’s understanding gave support to this large endeavour being undertaken by the staff.

Quality of work life reports are reviewed weekly by the senior executive and monthly at board meetings, ensuring a continued commitment and focus on the employees.

Step 3: Formation of Quality of Work life Teams
January 2001: “Mangers” and “staff” teams formed
In November 2000, a request was sent out to all staff asking for volunteers to become members of the first quality of work life working group. It became evident that trust was an issue that impacted the formation of the first teams. Two teams of managers and staff were formed in January 2001. Front-line staff felt that their issues were different than those of managers and could not speak comfortably if their manager was sitting at the same table. Figure 3 outlines the six-month objectives established by the teams.

The teams were lead by Sam Kearns, Vice-President Corporate Development/Medical Affairs and Dr. Martin Lees, Medical Director of the emergency department.

At first, the primary work of the teams was to identify the issues that they felt might have impact on the quality of work life at Bluewater Health. The main areas identified by the teams were

- loss of morale
- burnout
• loss/lack of trust
• risk adverse environment
• loss of communication links among colleagues
• increased volume/intensity of work activity
• reward/recognition and care-taking function is not supported by Bluewater Health as a whole

The first step to determining the issues facing the hospitals was to conduct focus groups with staff and managers, and analyze the data that were gathered to discover common themes.

Step 4: Train Facilitators
April 2001: Training of facilitators
Members from the Manager’s team and the Staff team were trained in facilitation skills, to ensure consistency of data collection between teams. Both a leader and a note-taker conducted open forum sessions to gather information.

Step 5: Conduct Focus Groups
Focus groups held April and May 2001
A total of 16 focus groups were held. Initially, turnout was low. Staff were unable to be freed up to leave their units. As well, fear, apathy and lack of union promotion of the project appeared to be factors in the small initial numbers. Focus groups continued to be conducted in the two separate forums – managers and front-line staff.

Committee members spent additional time communicating the need for staff input, and messages were shared on the internal e-mail system to promote attendance at the focus sessions. Managers were asked to encourage staff to attend the sessions.

The sessions were facilitated by team members and intended to gather common themes and comments to be used in the development of a staff questionnaire.

Following the collection of data from the 16 focus groups, common themes were identified. It was noted that staff and manager groups had identified similar themes of dissatisfaction.

Based on the findings from the focus groups, and following mutual agreement, the two teams (Managers and Staff) joined to form a single Quality of Work Life Committee.

Step 6: Analyze Information from Focus Groups
Information from the staff and manager focus groups was summarized, and the following common themes were identified:
The survey was developed to pinpoint the issues, determine needs and lead to the creation of an action plan. The eight themes identified would be the focus. Administration of the actual survey was discussed in depth. It was determined that the best way to administer the survey was to mail copies of the survey to staff homes. While mailing surveys may carry a greater expense, it was felt there would be an increased response rate due to the personal nature of a letter, and having every staff member receive a copy of the survey. Mailing the surveys ensured anonymity, as a self-addressed stamped envelope in which employees could return the completed survey accompanied each survey. To attract staff to complete the survey, a postcard was included, which could be returned separately, and would be used to enter respondents into a draw.

To assist in gaining maximum response to the survey, a letter composed by Dr. Lees was included, which emphasized the need for personal participa-
tion on the part of all staff members, as well as describing the impact that this survey would have on the work environment. The survey was an integral part of the diagnostic process, and one of the best ways to ensure that all staff members had their voices heard on the issue of quality of work life.

A quantitative survey was developed, with staff being asked to rate their agreement or disagreement in relation to a series of statements using a Likert type scale. A total of 14 areas were measured, as identified from the focus group issues (see Figure 7).

Additional information that was gathered included quantitative categories, including age, number of years working in hospitals, number of years in current position and number of downsizings the respondent had experienced. The qualitative characteristic categories included type of position (administrator, manager, nurse, non-clinical support, physician, regulated health professional, patient care support services), gender, employment status (casual, full time, part-time), highest education achieved, asking whether the respondent had previously experienced downsizing and where the respondent expects to be in five years, with set response choices offered.

**Step 8: Analysis**
The results of the survey were analyzed using a statistic program, providing a defined score for each of the items measured, and allowing for comparison among the various groups.

Surveys were mailed to all staff and physicians in September 2001. The response was impressive. Seventeen hundred surveys were distributed, and 1,043 were returned – a response rate of 61.4% was achieved. By November 2001, the analysis was complete and the results were compiled. The report was broken down into seven categories:

- administrators
- managers
- nurses
- non-clinical support (e.g., housekeeping, maintenance)
- physicians
- regulated health professional
- patient-care support (e.g., pastoral care, social work)

A number of staff chose to offer written comments. Many of the comments mirrored those that were made in the focus groups, and were consistent with the results seen from the quantitative data gathered in the survey.

**Step 9: Develop Organization Profile**
The results from the survey indicated that the perceived strongest area among the 14 categories was “communication between peers.” According to the results, there were no observable differences among the seven occupational groups in their ratings of respect, communication among peers, support from co-workers and burnout. However, in all remaining measures, there were significant differences between at least two groups. The nurses’ and physicians’ groups scores were noticeably lower than those from the
other five groups, with the highest scoring group being administrators, followed by managers.

The other three groups, regulated health professionals, non-clinical support workers and patient care support workers all tended to score relatively the same, and in the mid-range between the two poles.

**Step 10: Identify and Implement Improvement Opportunities**

Six areas for improvement were identified from the survey.

1. **Communication**
   - High scores for communication were noted among peers, but communication between managers/supervisors and staff, and the overall communication system needed improvement. The development of a “communication strategy” is proposed in consultation with all members of the organization.

2. **Attendance Management Program**
   - The attendance management program was in place before the quality of work life initiative. It was designed as a method to reduce absenteeism. However, most staff has a negative attitude toward the program and consider it a form of punishment. It is recommended that this program be reviewed.

3. **Support**
   - Increased workloads and fiscal restraint that occurred in recent years has left staff feeling increased pressure in their jobs. It is recommended that improving the support structure at Bluewater Health be seen as a “priority area” for improvement, through such avenues as improving the interaction between managers and staff, making resources available to alleviate work pressures and generally making staff feel like a valued part of the organization.

4. **Practice of Leadership**
   - Areas outlined for improvement included visibility of senior leaders, increased awareness of staff needs and allowing opportunities for participation in decision-making.

5. **Recognition and Non-Monetary Compensation**
   - A formal, organization-wide system of recognizing and rewarding staff for their accomplishments would be highly beneficial.

6. **Nurses and Physicians**
   - Due to the consistently low scores from both nursing staff and physicians on the survey, it was felt that a group be formed to deal specifically with those two groups, to determine if there are any issues that are specific sources of frustration not examined by the previous recommendations.
Implementation
The core Quality of Work Life Team developed six sub-teams, which each focused on one area for improvement. Each of the six initiatives were given equal importance and launched at the same time. Information sessions were held in January 2002, outlining the results of the survey and seeking involvement of staff on the new teams. Each team was given a mandate.

**Communication Team mandate** – to establish clear communication strategies, focusing on linkages between Managers and staff

**Attendance Management Team mandate** – to re-evaluate the attendance management system, focusing on removing the negative aspects as perceived by the staff

**Support Team mandate** – to review the support structures available to staff, including review of workload and support from supervisors

**Leadership Team mandate** – to review the practice of leadership from a staff perspective, including increasing opportunities for decision-making

**Reward and Recognition Team mandate** – to review current reward and recognition systems and to enhance informal recognition across the system

**Nurses and Physicians Team mandate** – to establish focus groups to address the unique needs of the Physician and Nursing staff – based on the consistent low scores in survey results

The teams were launched in April 2002. Each team was championed by a senior executive, to ensure staff were aware of the commitment by the organization to the quality of work life initiative. Each team reported to the core team monthly, outlining their progress and any barriers they needed assistance to overcome.

**Organization Renewal Focus**
Progress and commitment by staff to the quality of work life initiative became evident. It was decided that there needed to be full-time commitment to the project for regular support of the teams and coordination among them. In November 2002, the position of Director of Organization Renewal was created, to continue with the quality of work life initiative. This position was responsible for the ongoing enhancement of quality of work life and the quality improvement program for Bluewater Health.

**Step 11: Evaluate**
The outcome of the teams’ work has been impressive. A number of different initiatives were attempted by the individual groups to meet their mandate.

**The Communication Team** began looking at the only facility-wide communication system, the Meditech Program, and investigated ways not only to enhance employee skills on the OA system, but to keep the system updated and organized, ensuring that important information posted for employee edification is readily and easily available.
The Attendance Management Team turned the pre-existing attendance management policy from one that appeared to punish staff members for absenteeism, to one that rewarded employees for working to reduce their absenteeism. This was achieved by developing a reward system for employees who worked for a three-month period without taking an unscheduled day off. Each quarter, a draw is held for prizes, usually gift certificates from local merchants. To create further incentive, approval was received to create a grand prize draw for a vacation and an additional week. There has been one vacation winner to date, with very positive feedback from staff and resulting in a reduction in absenteeism. Absenteeism cost savings was calculated at over $2 million during the first year of the incentive draws. The team will continue the program for another year based on the positive results.

The Support Team found that they were working on the same issues as the leadership team. This resulted in the team combining efforts and joining the Leadership Team.

The Leadership Team investigated leadership methods and literature, attempting first to gain a better understanding of leadership techniques at other hospitals and industries in an attempt to find what works best for other companies, and how practices at Bluewater Health contrast with those from other organizations. The outcome to date has been the development of a leadership education program – to educate our managers on the concept of leadership.

Reward and Recognition of our staff has significantly improved. One initiative included the development of a “star performer” program to allow all staff to recognize each other in their day-to-day work. Any staff member that receives a Star performer note is visited by a member of the senior team and presented with a “QWL star” – to recognize how important each one of them is to our organization.

The Nurses and Physicians Team held a planning session/dinner, where there was a facilitated discussion as to what was required to make Bluewater Health one of the Top 10 workplaces in Canada, and to identify the barriers that prevent that from happening. This meeting resulted in information for future planning for the Quality of Worklife Core Team.

In January 2003, the quality of work life team felt it needed to continue to develop and expand its efforts. This discussion led to the decision to partner with the Baptist Health Center in Pensacola, Florida, which is an award-winning employer in the United States. Baptist Health Care Center holds managers and executive accountable for employee and patient satisfaction (Sandrick 2003). This was the direction that Bluewater Health wanted to take.

The original six quality of work life teams have changed significantly over the past year. New teams have formed and a quality of work life “organization” has been developed (see Figure 9).

In September 2004, the quality of work life survey was repeated. We look forward to reviewing our progress.
Step 12: Celebrate
Bluewater Health has chosen to take this journey and stay committed to enhancing the work environment. It is a different place today. Managers and executives can be found “rounding” and meeting with patients and staff on a daily basis – in the cafeteria, on the patient care units and in the operating rooms. Creating awareness in our managers and senior leaders to stay in touch with our staff and our patients has been one of our greatest achievements to date. We have come out of the meeting rooms, to spend time with other staff and work with them – to make this a great place to work.

One of the initial goals of the teams was the collaborative effort to define what an organization looks like with a high quality of work life. The teams created the following philosophy, which continues to be celebrated today:

An organization with a high quality of work life is…

An organization that promotes and maintains a work environment that results in excellence in everything it does – by ensuring open communication, respect, recognition, trust, support, well-being and satisfaction of its members, both personally and professionally.

Qualitative outcomes to date
- establishment of “communication boards” in every department across the system, with five key headings relating to the strategic plan as a tool to enhance communication
- CEO conducts quarterly staff information sessions to provide updates and celebrate achievements;
- revision of the attendance management program to that of an attendance recognition program – resulting in a positive focus on attendance and savings during the first year of approximately $2 million
- establishment of leadership education program to teach our managers how to be leaders
Qualitative outcomes to date continued

- establishment of a formal recognition program through development of the star performer program
- inclusion of physicians in the annual service award event – to recognize their individual contributions to the organization
- increased visibility of the senior administration through regular “rounding” to all departments
- CEO meeting with all new employees 90 days after hire to identify improvement areas
- completion of physician satisfaction survey to identify key areas of improvement specific to this group

Reference

About the Authors
Martin Lees is the Medical Director of the emergency room at Bluewater Health. He has a PhD in management with a focus on organizational change, and he teaches in the school of Business for Capella University as well as consulting in Organizational development.

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Both authors are surveyors with the Canadian Council on Health Services Accreditation.

Special recognition is offered to Dawn Sidenberg – Director Organization Renewal for her continued commitment and contributions to the ongoing enhancement of the quality of work life at Bluewater Health.