Creating High Quality Health Care Workplaces

A CPRN Roundtable

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Roundtable objectives

- Generate dialogue among researchers across disciplines and between researchers and practitioners
- Assess the paper's multidisciplinary approach to health care HR, suggesting improvements
- Identify gaps in the research: What do decision-makers need to know?
- Identify barriers to organizational and HR changes in the health care sector
- Identify opportunities for action: implications for strategic HRM, change management, public policy

How we complement other initiatives
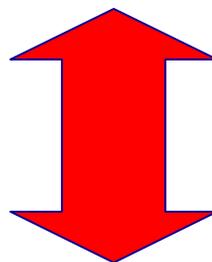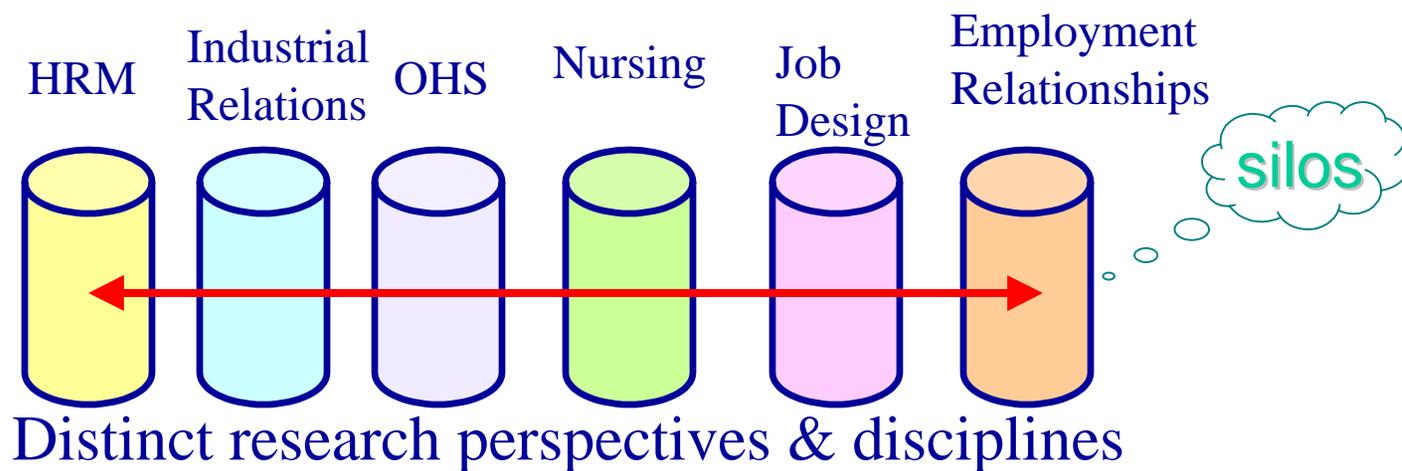
Guiding question:

- *"What are the key ingredients of a high-quality work environment and how can this goal be achieved in health care?"*

How we approach this question:

- multidisciplinary perspective
- focus on the workplace
- apply a generic model of high-quality work environments to highlight distinctive features
- stakeholder view of quality (employees, employers, customers/citizens)

Our holistic, action-oriented approach

HRM Industrial Relations OHS Nursing Job Design Employment Relationships

silos

Distinct research perspectives & disciplines

Practitioners and policy makers

Generic model of a high-quality workplace

- Context:
  - environmental pressures
  - demographic and labour market trends
- Work environment and HRM practices
- Industrial relations
- Employment relationships
- Job design and organizational structure
- Outcomes:
  - for individual employees
  - for the organization
  - for clients

Adapt to health care workplaces

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Unique features of the health care sector

✔ Highly unionized, adversarial industrial relations

✔ Diverse mix of unions and professional associations

✔ Strong and transparent political and public pressures

✔ Demographic and labour market crunches

✔ Constant restructuring, often cost-driven

✔ Low morale, commitment, trust

✔ Occupational and functional diversity

✔ Technology-intensive

✔ Complex governance structures

Key workplace issues in the health sector

Problems:

✔ Work environment: psychosocial and physical

✔ Pay, benefits, HR supports

✔ Lack of training and learning opportunities

✔ Downsizing, hyper-turbulence

✔ Technological change

✔ Other…?

Solutions:

✔ Cooperative union-management relations

✔ Collaborative change strategies

✔ Leadership and vision

✔ Resources

✔ Respect

✔ Job redesign

✔ Organizational redesign

✔ Other…?

Documented outcomes

Individual:

✔ Interpersonal tensions

✔ Reduced job satisfaction

✔ Turnover

✔ Work-family conflict

✔ Occupational injuries

✔ Reduced physical and mental health

Organizational:

✔ Reduced job performance

✔ Increased absenteeism

✔ Reduced commitment and trust

✔ Demoralized work climate

Patients:

✔ Perceived reductions in quality of patient care

Moving from insights to action

✔ More information needed on the processes linking work environments, job and organizational factors, and outcomes

✔ Build patient outcomes into this model -- need new tools

✔ Addressing workplace values, culture, leadership

✔ Build on current initiatives --

  ⇨ Health Service Organization model

  ⇨ Cox's model of Organizational Healthiness for HCOs

  ⇨ Magnet hospitals

  ⇨ Others??

✔ Researcher - practitioner dialogue and collaboration

✔ Governance issues - clarify roles and responsibilities

Morning agenda

- 10:45 – 11:15   Assessing multidisciplinary approaches to work environments

    - General reactions to the paper
    - What's missing?

- 11:15 – 12:00   Gaps in our knowledge

    - Gaps in existing research
    - Building bridges between disciplines
    - What decision-makers need to know

Afternoon agenda

- 1:00 – 2:10   Challenges to the creation of high quality work environments in health care
    - Barriers to change in the health care sector
    - Identifying and seizing opportunities

- 2:10 – 3:20   Implications for practice
    - Strategic human resource management
    - Change management
    - Public policy

- 3:20 – 3:50   Next steps

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