The Health Care Workplace in Crisis – What to Do

January 23, 2002 – The deteriorating work experience of health care workers threatens the viability of the health care sector.

That's the starting point for a new paper from CPRN.

Recent surveys show health professionals are the least likely of all occupations to describe their work environment as healthy. Their job satisfaction is also below the national average.

The reasons are manifold: poor labour relations, a low level of trust and commitment between employees and employers, high workload, lack of control over work, psychological distress and burn-out, and some of the highest rates of job absence due to personal illness or injury, to name a few.

Doing something to change the situation is the focus of ***Creating High-Quality Health Care Workplaces***, a CPRN discussion paper. The report is the work of a multi-disciplinary team: Graham Lowe and Grant Schellenberg of CPRN's Work Network, Mieke Koehoorn of the University of British Columbia and the Institute for Work and Health, Kent Rondeau of the University of Alberta and Terry Wagar of St. Mary's University. The paper also incorporates the input from a roundtable of experts from the health care sector held in October, 2001.

The Canadian Health Services Research Foundation, the Change Foundation and Health Canada provided funding for this project.

The authors argue that the negative work experience of health care workers today impedes recruitment and retention of essential staff and undermines the provision of effective patient care. A context of cutbacks, restructuring and demographic change makes the need for action all the more imperative.

The Canadian Nurses Association predicts a shortage of 60,000 nurses in Canada by 2011. That's 25% of the current nursing labour force. The College of Family Physicians of Canada sees a shortfall of 6,000 family physicians by the same date. Technologists, therapists, audiologists and speech pathologists will also be in short supply.

"We cannot afford to ignore today's poor working conditions if we want to avoid that future," says Grant Schellenberg, Director of CPRN's Work Network, "The question guiding this paper is; What are the key ingredients of a high-quality work environment in Canada's health care sector, and how do we get there?"

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Drawing on the insights from a variety of research streams, the authors demonstrate that the conditions that contribute to motivated, committed, knowledgeable and well-resourced employees are also those that guarantee optimum oganizational performance.

"We call this a *virtuous circle*," says Schellenberg. "A workplace culture that pays attention to the psychosocial and physical hazards of the work environment, and a job design that fosters a high degree of participation and control over one's work, quality relationships with colleagues and supervisors and the opportunity to develop skills, are vitally linked to improved patient and organizational outcomes."
Schellenberg says that recognizing their common interest in improving the work environment is crucial to cooperation in achieving that goal among the more than 30 health care occupations and professions, unions, managers and others involved in the complex health sector.

The discussion paper presents a series of recommendations targeting ministers and public policy makers, unions and professional associations, and managers. It also identifies areas for further research.

"Our recommendations call for a new vision of health human resources built around recruitment, retention, staff development, and quality of work life. They treat employees as assets to be nurtured, rather than costs to be controlled," says Schellenberg. "Progress depends on all players being committed to this vision."

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