Quality of work life in health services:

magnetism and mentorship

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ABSTRACT

Human resources management is important for the survival of health care organisations. There is, however, a concern about the quality of work life, experienced by health care workers. The apparent lack of quality of work life might have a negative effect on the productivity of health care workers. Walton's (1975) eight requirements for a good or desirable quality of work life, is used as a framework to structure the discussion of the lecture. Requirements addressed are: adequate and fair compensation, opportunity to utilise and develop human capacities, opportunity for continued growth and security, social interaction, constitutionalisation in the work environment, work and total life space, social relevance of the work and a safe and health working condition. Suggestions on how to enhance the quality of work life are made.

INTRODUCTION

Health services depend on the capacity and capabilities of their human resources. It is no secret that health care institutions in South Africa, as in the rest of the world, are experiencing problems with the rendering of quality of healthcare. The quality of care received by patients is closely linked to the quality of work life experienced by healthcare workers. Although this lecture includes other healthcare workers, the main focus will be on nurses.

A DEFINITION OF THE QUALITY OF WORK LIFE

Brooks and Anderson (2005) define quality of nursing work life as “thedegree to which nurses were satisfied regarding their important personal needs (growth, opportunity, safety) as well as organizational requirements (increased productivity, decreased turnover) through their experiences in their work organization while achieving the organization’s goals.”

Other authors emphasise quality of work life components such as enhancing the dignity of employees, introducing changes in the organisation’s culture and improving the physical and emotional wellbeing of the employees (Muller, Bezuidenhout&Jooste 2011).

WHY IS THE QUALITY OF NURSES’ WORK LIFE IMPORTANT?

There is an outcry in health services regarding the lack of quality patient care and the poor standard of service delivery. The productivity of nurses is reportedly low. Hall (2003) states “to maintain and improve the quality of work life experienced by professional nurses requires that nurses be more skilled and productive in their work settings”. In hospitals where there is a lack of quality of work life, the absenteeism and turnover rates amongst the nurses are usually very high.

By assessing and improving the quality of work life, staff performance might increase and burnout among nurses might be reduced. The absenteeism and turnover rates might also decrease.

COMPONENTS OF QUALITY OF WORK LIFE

There are different empirical delineations of the concept quality of work life, of which Walton's (1975) viewpoint is best known. In my discussion of the quality of work life of nurses and other health care workers, I will use the eight dimensions identified by Walton as a framework.

The first dimension identified by Walton is adequate and fair compensation

Health workers should receive a reasonable pay for the work they do and theyneed to believe that the pay they receive is fair when compared with others in the same or equivalent jobs. Underpayment, and the resultant sense of unfairness, might lower the productivity and performance of workers. In order to cope, workers might have to resort to moonlighting (dual employment) or might migrate to better labour markets, including employment in foreign countries.

In a study done by Mokoka, Oosthuizen and Ehlers (2010), nurse managers identified the importance of monetary rewards, such as competitive salaries, performance bonuses and scarce skills remunerations, as well as the non-monetary rewards or fringe benefits such as extended leave, promotions, child care facilities and recreation. This dissatisfaction is not just a problem among South African nurses. In a study at selected private hospitals in England by Lephalala, Ehlers and Oosthuizen (2008), more than two-thirds of their respondents indicated that they would leave their current hospitals for better remuneration. Van Rooyen, Telford-Smith and Strümpher's (2010) research revealed that nurses working in the Kingdom of Saudia Arabia (KSA) are earning salaries that are up to 4.5 times greater than the salaries earned by their colleagues in South Africa. The fact that the 4.5 times greater salaries in the Kingdom of Saudi Arabia are tax-free, while the South

Africans have to pay substantial taxes, makes the prospect of working in the KSA financially worthwhile for South African nurses.

Poor wages and economic instability are according to Aiken, Buchan, Sochalski, Nichols and Powell (2004) among the so called “push” factors that encourage nurses to emigrate from developing countries to developed countries with prospects of better salaries, quality of life and better healthcare standards.

Thesecond dimension involves theopportunity to utilise and develop human capacities

Building capacity refers to “interventions by an organisation or group to assist others to improve their abilities to carry out certain functions or achieve certain objectives” (Ogilvie, Allen, Laryea&Opare 2003). It requires long term support to be sustainable and comprises a process of sharing expertise and knowledge by the parties involved. The health care workers and nurses in particular need to be empowered and “needed to believe that they could make important changes that would significantly advance the practice of professional nursing and improve the health of the population they served” as reported by Wright, Cloonan, Leonhardyand Wright (2005).

This dimension includes autonomy, which allows employees to plan and schedule their work as they choose to. As much autonomy as possible should be granted to lower level health workers to make decisions about problems they face in their daily working situations. They will, however, be held accountable for their decisions, combining responsibility with accountability. The extent to which superiors actively direct or intervene in the activities of their subordinates has an effect on subordinates who value autonomy (Fourie 2004).

Dimension three has to do with future opportunity for continued growth and security

Oosthuizen and Ehlers (2007) during their research to identify which factors might influence nurses to emigrate from South Africa, established that more than 70% of their respondents indicated that they had inadequate career advancement opportunities in South Africa. Fourie (2004) reported that "jobs, which offer little opportunity for advancement towards leadership, seem to result in a work-related stress reaction".

Social interaction is the fourth dimension Walton identified.

According to Park, Wilson and Lee (2004) social support at work can alleviate depression and stress, and help to provide solutions for work problems.

Effective team work is of paramount importance as health services workers are not working in isolation, but as teams. According to Shader, Broome, Broome, West and Nash (2001) there is a positive relationship between the level of identification with colleagues and the work environment and the conformation of employees with the group's values and norms. Trust is an important requirement in any relationship, and it also applies to relationships at work. Lephalala et al (2008), in the United Kingdom study reported that nearly 80% of the respondents in their study trusted the people with whom they were working, while about 70% were satisfied with social relations with peers and with their perceived levels of group cohesion.

Constitutionalisation in the work environment is the fifth dimension

This dimension includes the right to privacy and freedom of speech in the organisation, protection of the employee's rights in terms of the Labour Relations Act

(Act 66 of 1995). Employees should enjoy dignity and respect from management, fellow workers, clients and patients.

Equity forms part of the constitution and workers expect the right to equitable treatment in all matters for example promotions, rewards and job security.

The sixth dimension contains work and total life space

Successfully combining work and home is a major issue for many employees, and sometimes creates serious problems or conflicts between the two domains. Research by Geurts, Taris, Kompier, Dikkers, Van Hooff and Kinunnen (2005) has shown that work demands can affect workers' private lives negatively (such as creating work-home interference; WHI) more often than the other way around (namely home-work interference). Work-home-interference may occur in three distinct ways. It may arise from time demands that make it physically impossible to be in two places at the same time (working long hours in paid work might prevent participation in family activities); from the spillover of strain from one domain to the other (when strain accumulated at work makes it difficult to relax in the home environment); or when specific behaviours expected at work are incompatible with behaviours expected at home (teachers may continue to act as teachers in their relationships with their own children or spouses).

There should be a balanced relationship between an employee's working time and time away from work to spend with family and on recreational activities. Richardson, Dabner and Curtis (2003) emphasised the National Health Department's (United Kingdom) "suggestion that staff may perform better for patients when a balance between work and life outside the work can be achieved." For example in a

balanced work life, shift work, job requirements and travel obligations should not interfere with the person's family life and obligations on a regular basis.

The seventh dimension comprises social relevance of the work

The job should be to the benefit of all in the organisation and the community. Fundamental to the social relevance of the work, is the social responsibility of organisations, for example to honour human rights, which have an effect on employees' self-esteem.

A general lack of recognition of the work of nurses within the institution, media, and in the general public might cause nurses to undervalue their own contributions to the health and welfare of the community. Whatever level of work people do, it is important to be able to feel that the work is meaningful and worthwhile. These perceptions are impossible to achieve unless one's contributions are valued and one feels that he or she has an important role to play. In an organisation, such as a hospital, it is easy to see the important role of the cleaners where an operation cannot commence before the theatre has been thoroughly cleaned.

The eight dimension mentioned by Walton is safe and healthy working condition

This includes the physical and psychological environment. Workplace safety has become one of the highest operational priorities facing organisations in general and human resource management in particular (Nunez 2009).

Needle stick injuries expose employees to life-threatening blood-borne illnesses such as HIV/AIDS, Hepatitis, Congo and Lassa fever, while ergonomic injuries, for example back injuries also place health workers at risk.

Job burnout is a continuing concern for human resource management, as it affects employees' levels of productivity and well-being. The nursing profession is a particularly stressful occupation that could cause burnout among nurses (Lee &Akhtar 2011). This might also affect nurse educators and managers, where their offices at work are just extended to their homes through their computers, Tablets and cellphones. To them, it seems as if they can't leave their work where it belongs – at the office.

Nursing is a caring profession. It often happens that nurses and other health care workers get over involved with very ill/dying patients and their families. This might also trigger compassion stress and fatigue and should be an area of concern for managing human resources.

The infrastructure, equipment and supplies form a crucial part of the health care environment. No matter how motivated and skilled health care workers are, they cannot do their jobs properly in facilities that lack clean water, adequate lighting, heating, vehicles, medicine, linen, working equipment and other supplies. Many health care organisations in developing countries report on a regular basis that they have no supplies (mainly medicines) to treat patients. It is critical that patients will receive their medicines regularly without disruptions to prevent the development of drug resistant strains of micro-organisms. I quote: "*Where I am working we don't have electricity, water, telephone… I have to use my own cell phone to meet clients' needs*" was a response in the research done by Oosthuizen and Ehlers (2007). Patients are dissatisfied when visiting a health facility and find that the diagnostic machines and medications are not available. It is, however, also an embarrassment for the employees who take pride in their service delivery and who have their patients' welfare at heart. This is accentuated by Mokoka et al (2010) where an

interviewee claimed that and I quote "*hospitals have deteriorated. This is really not good for patients and the nurses themselves*". In many instances the lack of supplies relates to corruption and misappropriation of funds, where money allocated for the delivery of health care, is misused by management to their own advantage causing agony of patients and other employees.

Scheduling of working hours is another problematic area in the working life of health services employees, especially nurses, who have to provide around the clock services to the patients. Mokoka et al (2010) reported that the older nurses in the Gauteng Province of South Africa found the strain of the long hours too much, while the younger nurses were unhappy with shift work that impacted negatively on their family and social lives. The long working hours (especially during the night), might lead to depression.

Workplace violence contributes to an unhealthy health care environment and can be defined as "violent acts directed toward workers and includes physical assault, the threat of assault and verbal abuse" (Magnavita & Heponiemi 2011: 203)." The perpetrator could be a colleague, a supervisor, manager or even a subordinate, but often the abuse originates from the external environment. The latter may take place due to abusive visitors, members of the broader public, criminals or gangs. In South Africa, there are examples of patients or other criminals who enter health care settings, not with the aim to seek medical assistance or comfort loved ones, but to attack the unexpected members of the health team. One of the best known cases is the rape and assault of a young female doctor at the Pelonomi hospital in Bloemfontein during 2010 as reported in Die Volksblad dated 1 November 2010. Unfortunately this is not the only case. We are reminded on a regular basis by

newspaper reports that our hospitals are unsafe – for patients and for health care workers, attending to the patients.

IMPLICATION FOR MANAGEMENT

It is important that management of health services will implement strategies to improve the quality of work life for their employees. I believe if hospital management focus on so called “forces” of magnet hospitals, it might lead to the improvement of the quality of work life of the staff. In 1980 the American Nurses Association’s (ANA) survey discovered that 41 out of 163 hospitals had low nurse absenteeism and turnover rates and high job satisfaction levels. The ANA later named those hospitals as Magnet Hospitals. “Magnet hospitals are defined as organizations able to attract and retain a staff of well-qualified nurses and therefore consistently able to provide quality care” (Flynn & McCarthy 2008).

It will not be possible to discuss all fourteen forces of magnet hospitals. I will therefore just discuss those forces that I regarded that could make a considerable change in the quality of work life of the employees.

Quality of leadership

Every health service needs to be headed by a strong, visible and accessible leader. This visionary leader should be knowledgeable and advocate and support staff and patients. The health care workers and patients like to see the health service manager doing nursing rounds and taking time to talk to them. A relevant example of this practice is Unisa’s current principal and vice-chancellor, Prof Mandla Makhanya. With his weekly Blog on Unisa’s intranet, he is highly visible, inviting staff members to engage with him. If nurse managers could increase their

accessibility to all nurses, and hospital directors could enhance their accessibility to all cadres of healthcare workers in their hospitals, by following Prof Makhanya's example, then the quality of these people's work life might improve. However, such improvement will depend not only on Intranet accessibility, but also on the subsequent quality of communication and the implementation of remedial actions, where necessary.

Organisational structure and management style

The quality of work life might benefit from the flat and decentralised structure of the magnet organisation. A characteristic of a more decentralised structure is that managers adopt a more collaborative and participative approach. They are accessible and communicate effectively with the staff. Managers should conduct meetings and ask for and incorporate feedback from staff members.

Another participatory management technique is the use of quality circles where groups of employees meet on a frequent basis with their supervisors to identify and discuss problems in service delivery programmes and make plans as a team to resolve these problems.

Employees could find social support at work in the form of comfort and emotional security, direct assistance in the form of financial help or practical assistance and information to help employees to solve their problems (Fourie 2004) which should enhance quality of work life.

Management encompasses the management of the workforce. Managers should take note here that at present there might be three different generations in the nursing workforce. Profiles of these generations are commonly used to help us

understand how significant life experiences impact a generation at a formative stage in their lives and lead to personal core values. The Baby Boomers (1946 -1964) is the largest cohort in the current nursing workforce and occupies many nursing leadership positions. This generation has a strong drive to be successful in their careers, but also want to meet the needs of their children and parents and maintain a healthy lifestyle. This produces for many role overload and conflicting demands and loyalties.

Members of Generation X (1960-1988) desire a balance between work and home life and are very comfortable with technology.

Generation Y (1980-2000) starts entering the workforce now. They are self-sufficient problem solvers and like multitasking. Most of them have grown up with computers. They are described as the ideal workforce. They have the strong work ethics of the Baby Boomers, the technological expertise of Generation X, while they value participation and collaboration and make good team workers.

Cowen and Moorhead (2011) refer to the work of Zemke and colleagues (2000) on how to deal with a multigenerational workforce. Through aggressive communication the needs and preferences of the employees can be discovered. Secondly, by means of the “difference deployment”, employees can be placed in positions that fit them best. They suggest managers to use the acronym *ACORN*

A = Accommodate employee difference

C= Create workplace choices

O= Operate from a sophisticated management style

R= Respect competence and initiative

N= Nourish retention

Personnel policies and programmes

Managers should include health workers in the personnel policy formulation process. They should help to put employee friendly policies and programmes in place. Salaries and benefits ought to be competitive and market related.

Alternative work schedules which will provide employees with more freedom to choose their working hours will increase the quality of work life. Examples of alternative work schedules are:

- Flexi-time, where an employee is able to begin and end his shift within certain predetermined limits.
- Part-time employment or job sharing could be an attractive alternative to working mothers with other commitments and who do not wish to work eight hours a day.
- Shorter work weeks in nursing has become a common practice where nurses work for four days twelve hour shifts, resulting in a longer time off duty.

An example of a programme that could contribute in meaningful ways to the quality of a person's work life is job enrichment. Five core job characteristics comprise job enrichment, namely skill variety, task identity, task significance, autonomy and feedback.

- Skill variety – employees require a variety of different activities in carrying out their jobs, involving the use of a number of the employee's skills and talents. I can only imagine how boring it is for a nurse to take thirty temperatures, while another nurse has to take thirty blood pressures.

- Task identity where the completion of the job requires the completion of a "whole" identifiable piece of work. Nurses who are responsible for the total nursing care of one or two patients as in the case method one might feel more satisfied and enriched in their work situation.
- Task significance refers to the extent to which the job has a sustained impact on the lives and work of others. This characteristic relates to the social relevance of the work. Magnet hospitals are portrayed by community engagement where hospital staff offer outreach programmes that benefit the community (Malloch & Porter-O'Grady 2010). When there are special days, for example organ donation week, diabetes or hypertension awareness days, special programmes are offered by the hospital staff to raise the awareness of patients and the community.
- Autonomy is the scope of freedom the job provides to the employees to fulfil their tasks independently, using their own discretion in terms of scheduling work and determining procedures. Professional autonomy is a highly desirable nursing feature and there seems to be a strong association between professional autonomy and job satisfaction (Dehghan, Tahmineh & Asadi 2011). The quality of work life improves with increased levels of independence and autonomy, granted to individual professional nurses for their clinical practice. They are expected to function autonomously within their Scope of Practice as set down by the South African Nursing Council (Regulation R2598 of 1984 as amended).
- Feedback implicates that employees will receive information about the results of their performance without delays.

Daly (2012) mentioned other programmes which could assist employees to combine work life and home such as the childcare and elder-care assistance, “employee assistance programmes” (EAPs), employee wellness programmes (EWPs), fitness centre facilities, medical aid assistance, study loans or bursaries, bonusesand subsidised transport programmes.

Policies need to be formulated and implemented to prevent needle stick injuries and violence at the workplace.

Consultation and resources

It is important that student nurses and newly registered nurses will have the support and guidance of a more experience registered nurse at hand for consultation. Nurses are encouraged to participate in professional organisations such as the Forum for Nurse Leaders, Nurse Education Association, Denosa and Sigma Theta Tau for continuing growth. In these groups members can find support and encouragement and could strategise as a unified group on matters concerning the quality of their work life such as compensation and safety at work.

The necessary resources should be available for health workers and equipment should be upgraded to reduce the time and effort to complete tasks, reduce the number of accidents and to promote pride in work.

Image of nurses

Nurses are regarded as vital and professional elements of the service delivery. Nursing is not regarded or perceived as worthwhile or lucrative by young people in South Africa. This is a result of changes in the social positioning of nurses and teachers who used to be respected in communities as people of high social standing

(*Nursing Strategy for South Africa 2010*). Over the past thirty years new job opportunities open up for women. School leavers are attracted to the more traditional male jobs such as medicine, law, computing science and engineering, mainly because of the better salaries which these jobs offer. Nurses and nurse managers have to work hard to make nursing as a profession more attractive to school leavers. The manager as mentor could act as a role model to the younger andless experienced health workers. By modelling professional behaviour and ethical decision making, the standard of nursing and health care in the country might be restored to previous levels. However, this is not something that will happen overnight. Managers should intentionally look for opportunities to act as role models for the upcoming generation of health workers.

IMPLICATIONS FOR NURSING EDUCATION

We as nurse educators could not sit back and pretend that the quality of work life of nurses and other health workers has nothing to do with us. We are responsible and owe it to our profession to improve the quality of work life in health services.

That brings me back to **Quality of nursing leadership**

The development of strong leaders to head health services should be our ultimate goal. The *Nursing Strategy for South Africa* (2010) emphasised that "… a conscious decision should be taken to put in place leadership programmes for nurses such as mentorship and coaching programmes, succession planning, and carefully planned deployment to increase exposure to diverse leadership environments, recognition and reward for expertise and excellence."

Nurses as teachers

Nurses are seen as teachers of patients and preceptors or mentors to colleagues and students. This viewpoint is not unique to the magnet hospitals. I remember well when I was a student nurse in the 1970s how Prof Searle, a leader in nursing and nursing education in South Africa and internationally always said: "A nurse is a teacher, a teacher."

As mentors to younger nurses and health workers, mentors will look for and find opportunities to pass on knowledge and share experiences with their protégés.

IMPLICATIONS FOR RESEARCH

The Department of Health Studies could encourage post graduate students to engage in studies about the quality of work life in nursing or the forces of Magnet hospitals. The results and recommendations of these studies could be shared with policy makers and health services managers and nursing managers. If health workers enjoy a better quality of work life, the retention rates of employees will increase, while the absenteeism rates and the turnover rates will decrease, which will also raise the quality of health care delivery.

CONCLUSION

I want to conclude with the words of the late Albert Schweitzer, which is also my wish for you all. "Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful."

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