Positive practice environments for health care professionals

Positive Practice Environments

Today there is a global health workforce crisis – one marked by critical imbalances. Many countries are faced with the challenge of shortages of dentists, doctors, nurses, pharmacists, physiotherapists and other health workers. In some countries these shortages co-exist with underemployed and unemployed health professionals, because of funding shortfalls, planning inadequacies and geographic imbalances between the supply of health providers and the demand for their services.

The reasons for the crisis are varied and complex, but key among them are unhealthy work environments and the poor organisational climate that characterise many workplaces. The ongoing underinvestment in the health sector, coupled with poor employment conditions and policies (such as exposure to occupational hazards, discrimination and physical and psychological violence; insufficient remuneration; unfavourable work-life balances; unreasonable work loads, limited career development opportunities, etc.) have resulted in a deterioration of working conditions for health professionals in many countries. There is clear evidence globally that this has a serious negative impact on the recruitment and retention of health professionals, the productivity and performance of health facilities, and, ultimately, on patient outcomes.

There are key elements in the workplace that strengthen and support the workforce and, in turn, have a positive impact on patient outcomes and organisational cost-effectiveness. These factors, when in place and supported by appropriate resources (both financial and human), go a long way in ensuring the establishment and maintenance of an effective health care professional workforce and, ultimately, the overall quality of health systems.

Establishing positive practice environments across health sectors worldwide is of paramount importance if patient safety and health workers’ wellbeing are to be guaranteed. All health sector stakeholders, be they employer or employee, private or public, governmental or non-governmental, have their respective and specific roles and responsibilities to foster a positive practice environment. They must work in concert if Quality Workplaces for Quality Care is to be achieved.

Positive Practice Environments Defined

Positive Practice Environments (PPEs) are settings that support excellence and decent work. In particular, they strive to ensure the health, safety and personal well-being of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations.
Elements of Positive Practice Environments

Positive practice environments are characterised by:

- Occupational health, safety and wellness policies that address workplace hazards, discrimination, physical and psychological violence and issues pertaining to personal security;
- Fair and manageable workloads and job demands/stress;
- An organisational climate reflective of effective management and leadership practices, good peer support, worker participation in decision-making, shared values;
- Work schedules and workloads that permit healthy work-life balance;
- Equal opportunity and treatment;
- Opportunities for professional development and career advancement;
- Professional identity, autonomy and control over practice;
- Job security;
- Decent pay and benefits;
- Safe staffing levels;
- Support, supervision and mentorship;
- Open communication and transparency;
- Recognition programmes; and
- Access to adequate equipment, supplies and support staff.

Benefits of Positive Practice Environments

The beneficial effects of positive practice environments on organisation performance in general, and health service delivery, health worker performance, patient outcomes and innovation in particular, are well documented.

- Positive changes in the work environment result in a higher employee retention rate, which leads to better teamwork, increased continuity of patient care, and ultimately improvements in patient outcomes.
- A review of performance in more than 3000 UK businesses identified “high performing organisations” and one of their characteristics was that they “Value quality rather than quantity, and keep the focus on the long-term and on outcomes; establish a climate of employee relations that is characterised but not codified by pride, innovation and strong interpersonal relations: and understand that collective mechanisms support this”.
- WHO has identified an “enabling work environment” as one of the four components in strengthening management and leadership of health systems delivery.
- PPEs demonstrate a commitment to safety in the workplace, leading to overall job satisfaction.
- When health professionals are satisfied with their jobs, rates of absenteeism and turnover decrease, staff morale and productivity increase, and work performance as a whole improves.
- Maintaining a level of autonomy over their work allows staff to feel that they are respected and valued members in their places of employment.
- Research demonstrates that nurses are attracted to and remain at their place of employment when opportunities exist that allow them to advance professionally, to gain autonomy and participate in decision-making, while being fairly compensated. A richer mix of qualified nurses is linked to reductions in patient mortality, rates of respiratory, wound and urinary tract
infections, number of patient falls, incidence of pressure sores and medication errors.8

• Physicians get high satisfaction with their work if: a) they have good working conditions, b) they can help patients, and c) if they can utilize advances in health technology.9

• Effective teamwork is essential to the work in health care organisations.10 It improves the quality of work life as well as patient care.11

Cost of Unhealthy and Unsafe Workplaces
Unhealthy environments affect health professionals’ physical and psychological health through the stress of heavy workloads, long hours, low status, difficult relations in the workplace, problems carrying out professional roles, and a variety of workplace hazards. The costs of these unhealthy and unsafe workplaces for health professionals have been well documented:

• Evidence indicates that long periods of job strain affect personal relationships and increase sick time, conflict, job dissatisfaction, turnover, and inefficiency.

• A survey of Swiss primary care practitioners reported that one third presented a moderate or a high degree of burnout, which was mainly associated with work-related stressors.12

• A study in Finnish hospitals reported that workplace bullying of staff is related to an increase in sickness absence13. Another by the same research team reported that poor teamwork seems to contribute to physician sickness absence rates.14

• Research on pharmacists in South Africa15 reported that stressors that had high severity ratings included the unavailability of medicine frequent interruptions, high levels of workload and insufficient salaries.

• A study of nurses in the United States, Canada, England, Scotland and Germany showed that 41% of hospital nurses were dissatisfied with their jobs and 22% planned to leave them in less than one year; findings confirmed the relationship between workplace stress and nurses’ morale, job satisfaction, commitment to the organisation and intention to quit16.

• A study of emergency care physicians in Canada reported17 that the resource factors that have the greatest impact on job satisfaction include availability of emergency room physicians, access to hospital technology and emergency beds, and stability of financial (investment) resources.

• A study of physiotherapy interns in Nigeria18, reported that whilst most were satisfied with the support from their senior colleagues, many were grossly dissatisfied with their salaries (91%), equipment available (79%), and office environment (58%).

• A survey of physiotherapists in Zimbabwe19 highlighted that 78% reported experiencing work-related musculoskeletal disorders (WMSDs), and that one in four physiotherapists took sick leave or required treatment because of WMSDs.

• Overworked nurses may display slower reaction times, less alertness to changes in patients’ conditions, and medication errors, which translate into adverse risks to patients20.

• Physicians express dissatisfaction when facing high levels of bureaucracy and loss of self regulation.21

• The demands on health professionals’ time is being challenged by various non-clinical factors, (i.e. indirect services such as arranging community resources, travel to/from the patient, case management, documentation, tracking statistics and other administrative duties) which compete with direct hands-on therapy time required to achieve positive patient and system outcomes.22
High turnover, a symptom of a poor work environment is likely to lead to higher provider costs, such as in recruitment and training of new staff and increased overtime and use of temporary agency staff to fill gaps. Turnover costs also include the initial reduction in the efficiency of new staff and decreased staff morale and group productivity. One study of turnover costs in the USA estimated that total turnover costs for a hospital system employing 5000 employees was between $US17 and $29 million.

Making Positive Practice Environments a Reality

Developing, promoting and maintaining positive practice environments is multifaceted, occurs on many levels of an organisation and involves a range of players (e.g. governments, employers, professional organisations, regulatory bodies, unions, education institutions, etc.). For their part, health professionals and their representative organisations can advance the development of positive practice environments by:

- Improving the recruitment and retention:
  - Continuing to promote the role of health professionals.
  - Defining the scope of practice so that health professionals work to their full potential for patient care. This legal framework can then be used to raise the awareness of other disciplines, as well as the public, of the profession’s competencies and evolution.
  - Lobbying for professional recognition and remuneration.

- Support research which focuses on why workers will stay, rather than why workers leave. This has been termed “job embeddedness”; i.e. the extent to which the individual worker is “embedded” within the organisation.

- Developing and disseminating a position statement on the importance of a safe work environment.

- Promoting the use of staff surveys as a monitoring tool of health well being and motivation of staff. The Healthcare Commission in England conducts an annual health check of National Health Service employers, which includes a survey of staff well being and organisational performance indicators. These findings are published annually.

- Building capacity of health professionals and others involved in health sector management and policy-making positions.

- Ensuring that the health professional voice is heard
  - Strengthening health professional organisations
  - Having access to decision-making bodies.

- Supporting research, collecting data for best practice, and disseminating the data once it is available.

- Encouraging educational institutes to enhance teamwork by providing opportunities for collaboration and emphasising teamwork theory.

- Working with management and government to ensure that the principles of PPE are fully embedded. For example, the UK government Cabinet Office has promoted an overall rewards strategy framework which includes an “Enabling Environment”, covering Physical Environment, Tools and Equipment, Training for Current Role, Sound Work Processes, and Safety/Personal Security.

- Presenting awards to health care facilities that demonstrate the effectiveness of positive practice environments through recruitment and retention initiatives, reduced drop-out rates, public opinion, improved care and patient satisfaction.

- Establishing alliances across different health professional groups and health sector stakeholders, e.g. patients/consumer associations.

- Ensuring that other disciplines are involved in the development of policies for safe work environments.

- Developing a Call to Action detailing core elements of a positive practice environment that organisations and individuals can sign up to and support.
• Raising awareness, understanding and support of all relevant stakeholders about the positive impact healthy and supportive work environments have on the recruitment and retention of staff, patient outcomes and the health sector as a whole.

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21 Consensus Research Group, Inc and APCO Worldwide, Inc, research on 1200 physicians and 1000 nurses in 10 countries (USA, Canada, Europe) from 2004-7.

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