Why Focus on the Health of Frontline Workers?

Workplace related mental illness is becoming an increasingly serious problem across Canada. The National Population Health Study revealed that 11% of nursing assistants sought healthcare attention for mental health reasons compared to 7% of other Canadian workers.¹

The same study found that registered nurses, nursing assistants, orderlies, and nursing attendants had proportionally higher levels of distress due to psychological job demands, job insecurity, and low social support than Canadians in other occupations.²

Within the BC workplace, mental health disorders are the fastest growing reason for long-term benefit claims, with depression accounting for 73% of mental health claims.³

Furthermore, demographic information shows potential labour shortages in the future and a worse situation for the nursing workforce. For the healthcare sector, this will happen at a time when the aging Canadian population will likely be in need of more services.

This convergence will require leaders in the healthcare sector to develop creative programs that ensure an adequate labour supply in a labour-intensive sector. This demographic push coupled with the increase in workplace mental illness in recent years has put undue pressure on an already overburdened healthcare workforce, a workforce that must remain healthy in order to maintain high levels of quality patient care.

The Initiative

The Healthy Workplace Initiative is conducting a five-year initiative to evaluate interventions that improve the mental health of healthcare workers, including RNs, RPNs, LPNs, Care Aides and Unit Clerks in acute care settings. During the first phase, January-June 2006, we conducted focus groups with frontline workers and interviews with manager, executives and union representatives regarding the full spectrum of work of frontline workers including:

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1. Job Satisfaction;  
2. Unit and Organizational Work Experiences;  
3. Work-Life Balance;  
4. Coping;  
5. Mental Health, Physical Health and Behavioural Outcomes;  
6. Solutions;  
7. Facilitators and Barriers to Program Access and Implementation.

This approach provided information on the agreement between frontline workers, manager, executives and union representatives for these issues, as well as, information to ensure the validity of a survey which will be administered in Phase 2 (see Next Steps).

Findings

1. **Job Satisfaction**
   All groups reported that interaction with patients, as well as co-worker support and teamwork were the most significant factors that contribute to job satisfaction.

2. **Unit and Organizational Work Experiences**
   Workload: Frontline workers reported that the greatest contributors to workload were the combination of lack of staff, volume of work, poor layout of their work environment, number of patients and patient acuity (See Graph 1). A high percent of all groups agreed that these were the top workload issues facing frontline workers.

   **Leadership:** Management and administration were seen by frontline workers as lacking in their responsiveness to requests, general availability, awareness of the needs of frontline workers and skill level (see Graph 2). Managers, executive, and union representatives were most aligned with frontline workers regarding a lack of leadership availability. Managers felt they were responding well to requests (88%) but because of their workload were not able to be as present on the units as they would like.

   The Perception of Policy Ineffectiveness: was another job stressor for frontline workers (79%) Administration and union representatives were less likely to regard this as a concern (range: 14%-56%).

   ![Graph 1. Workload](image1)

   ![Graph 2. Leadership](image2)
Communication: Frontline workers perceived there to be a lack of effective communication with managers and senior administration (61%). The ineffective communication with administration may be more apparent due to the frequent changes that frontline workers experience (68%). Conflict with patients (79%) and coworkers (61%) were other major concerns for frontline workers.

3. Work Life Balance
Frontline workers reported that they are frequently called on their days off to work an extra shift. Difficulties with scheduling were seen by all groups as causing the greatest stress in work life balance (See Graph 3).

Graph 3. Work/Life Balance, Outcomes and Solutions

4. Mental Health, Physical Health and Behavioural Outcomes
Over 60 percent of frontline workers reported that they experience burnout, depression, anxiety and irritability in response to work stressors. Executive and union representatives were most likely to report that stressful work conditions led to an increase in depression, anxiety and irritability (See Graph 3). The outcome most frequently mentioned by managers (38%) was increased sick time, short term disability and long term disability for frontline workers and 54% of frontline workers agreed.

5. Personal Coping
The top five forms of coping for frontline workers included using mental preparation and self reflection (57%), exercise and hobbies (53%), spending time with family and friends (39%), humour (36%) and proactive action (25%).

6. Solutions
The most frequently reported solution for frontline workers and executive was to increase or re-evaluate the distribution of resources; this included increasing staff. Managers also recommended improving communication and union representatives recommended improving respect in the workplace (43%); 39% of frontline workers agreed.

7. Facilitators and Barriers to Access and Implementing Solutions
Cost of coming in on days off was seen by front line workers as the greatest barrier to taking part in programs (54%), followed by inadequate access (50%) and time constraints (47%). Time constraints was seen by union representatives (71%), managers (62%), and executive (37%) as the most significant barrier for frontline workers.

METHODS
In this first phase, 187 frontline workers participated in twenty-eight focus groups held in four health authorities (Fraser Health, Interior Health, Provincial Health Services, and Vancouver Coastal Health). In addition, 19 executives, eight managers and seven union representatives were interviewed one-on-one to assess their alignment with frontline workers. Major themes were identified using a standardized “constant comparison methodology”.

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Conclusions

The results indicate that there was alignment among the four groups for many of the top work stressors, as well as areas for improvement, such as leadership concerns and increased communication between frontline workers and administration in regards to policy effectiveness.

Next Steps

1. The full report will be distributed in the Fall of 2006.
2. Informed consents for the next phase will be collected in the Fall of 2006.
3. Baseline telephone surveys will be conducted with RNs, RPNs, LPNs, Care Aids, and Unit Clerks from a random selection of acute care units in Fraser Health, Interior Health, and Vancouver Coastal Health in the Spring of 2007.
4. Unit and organizational level interventions will be held between Fall/Spring 2008.
5. Follow up surveys will be conducted throughout Spring/Summer 2008, Spring 2009.
6. Validation meetings and a review of the findings will be held in the Summer of 2008/09.

Upon the completion of the study, we will have achieved:

1. Greater awareness and commitment from all levels of leadership in hospitals.
2. Identification of targeted areas for business case development for improvement of the workplace.
3. Evaluation of the model for engaging simultaneously in organizational and unit level change to integrate both top down and bottom up improvement.
4. Development of monitoring system for ongoing improvement.

In achieving these outcomes, we will have addressed the primary concerns of all stakeholders to achieve a healthier work environment for those who care for patients.

References


We thank the participants, health authorities, and union representatives who helped make phase one a success. For more information about this initiative, please go to www.ohsah.bc.ca/517/1195, or contact Camille Rozon (Project Manager) at 778.328.8049, or Elizabeth Smailes (Co-Principal Investigator) at 778.328.8061.

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