Sector Review

Organizational Health & Wellness Trends in the Healthcare/Hospital Sector

Insights from the WarrenShepell Research Group

WarrenShepell

Organizational Health & Wellness Trends in the Hospital Sector

Executive Summary

The Canadian healthcare system has seen radical changes in the last fifteen years. These changes are nowhere more evident than in Canada's hospitals. Government cutbacks and downsizing in the sector have led to a widespread shortage of hospital workers, and in turn to work overload among workers and longer waits for health services. While hiring may be increasing, it may not be sufficient to address the rapidly ageing population and the emergence of new diseases. Lower enrolments in healthcare education, higher turnover and early retirement trends will continue to result in worker shortages.

The purpose of this study was to gauge how hospital workers are coping with current and changing conditions in their work environment and to identify unique employment issues that set them apart from other occupational sectors. Our findings suggest that:

- More and more hospital workers are accessing employee assistance programs.
- Hospital workers face high stress around issues of respect and security, including workplace closure, employee termination, sexual and racial harassment and violence in the workplace.
- The year of the SARS epidemic (i.e., 2003), in particular, saw elevated symptoms of depression, anxiety, workplace stress and marital-relationship discord among hospital workers.

Overall, we found that hospital workers are experiencing progressively higher levels of stress than workers in other sectors. The unpredictable nature of some traumas in the sector likely exacerbates this problem. Stress and burnout are known to affect hospital worker performance, quality of healthcare, and hospital performance - effects that feed back into work conditions and renew the work-stress-performance cycle.The global context of Canadian hospitals is rapidly changing, Governments may not respond quickly enough with new policies and funding to address this change, and so, a 'crunch' appears imminent. Our research suggests that hospital workers are experiencing unique occupational health problems that must be addressed if Canada's hospitals are to deal effectively with future crises and change. The SARS epidemic of 2003 may be viewed as a 'dress rehearsal' for coping with such change.

The Industry

The healthcare sector represents a diverse collection of organizations that provide health services to Canadians. Approximately 70% of these services are funded through the public healthcare system (e.g., physician and hospital visits). Other services are funded by the private sector, mostly through private insurance firms (e.g., pharmacare, dental services). Hospitals account for the largest portion of public healthcare spending (30%).

The healthcare sector employs 824,600 people or approximately 5% of the employed labour force. Among healthcare workers in general, 57% are professional, 26% are support, and 18% are technical personnel. The majority of professionals are nurses (63% or 295,400) followed by physicians (14% or 66,000).

Hospitals have seen their share of crisis over the past 15 years. Cutbacks in the 1990s led to mass wage cuts, hiring freezes and layoffs. Full-time jobs gave way to part-time and casual positions. As a result, the attractiveness of healthcare careers diminished and enrollment in nursing and medical schools declined. Combined with a trend towards early retirement, the result has been little generational replacement among hospital workers. Canada is set to lose as much as 28% of its nurses to retirement or premature death by 2006. The Canadian Nurses' Association, in particular, forecasts a shortfall of 113,000 nurses by 2011. Similar problems have been forecasted for the medical laboratory workforce. While the number of doctors and nurses is beginning to grow again, their ranks have declined on a per capita basis. Canada has fewer doctors per capita than the average nation, as reported by the Organisation for Economic Co-operation and Development (OECD).

Many hospitals, especially in western Canada, are being consolidated into regionalized health centres. Though larger than any one hospital they replace, the economy of scale of many regional hospitals may be inadequate for serving the entire region. The difficulty in recruiting and retaining family doctors in remote areas exacerbates this problem. The overall result is that more marginalized citizens converge on single regional hospitals and workloads increase among hospital staff.

Many of the above factors have created a shortage of hospital workers in Canada and longer waits for essential services. Although funding and hiring of full-time workers is increasing in some areas of healthcare, the increases may not be sufficient to address the growing healthcare needs of Canadians.

The Employer/Employee Experience

Hospitals employ a wide range of healthcare occupations. Hence, much can be said about hospital workers from observing healthcare workers in general. Healthcare workers report higher workloads, greater responsibility for people, and higher levels of job complexity compared to other sectors. Nurses, in particular, deal with intensely emotional issues such as human suffering, fear, death, and difficult patients. Additionally, with personnel shortages, more nurses are taking on the duties of physicians and custodial workers, which detracts from their ability to care for patients. With the disappearance of middle managers, nurses and other healthcare staff have found themselves saddled with extra duties and increased workloads. Trends in healthcare technology also suggest that healthcare workers are accomplishing increasingly more complex tasks.

Fifty-seven percent of healthcare workers are full-time. While this is increasing, it has yet to match the percentage of full-timers in other sectors. Many nurses still work part-time, casual, or on a 'flexible' basis. The unpredictable scheduling and shiftwork associated with these arrangements can be disruptive to personal and family life. Part-time nurses do not always receive benefits, paid holidays, vacation time, or seniority. Full-time healthcare workers may experience greater security in their jobs, but shortages in the sector translate to higher workloads and work intensification. This is especially so for physicians, who work longer hours than other workers and are experiencing growing caseloads.

Age & Gender

The average age of Canadian healthcare workers is 41 years. This average is increasing with the lack of generational replacement. Women make up the vast majority of Canadian healthcare workers (79%). They account for 94% of nurses and 33% of physicians. Women also account for 98% of all new general practitioners. It is estimated that by 2015, 40% of all physicians will be women. Since women are still the primary caregivers in families, work-life balance will continue to be a challenge for many healthcare workers. Eldercare is adding an additional source of stress as families age. Despite the added stressors that are faced by female healthcare workers, they continue to earn less than their male counterparts. This is so for general practitioners (20% less) and specialists (44% less), even after controlling for hours worked.

Workplace violence is increasing within healthcare settings. Stress, anxiety, anger, mental illness, and chemical impairment among patients combine to create dangerous situations for workers, both mentally and physically. Given the large representation of women in healthcare, and the fact that most workplace violence is perpetrated against women, workplace violence will continue to be a divisive issue in maintaining occupational health among healthcare workers.

Education

Education varies according to occupation, from community college certificates for technical personnel to medical and post-graduate degrees for medical specialists. Licensed practical nurses have at least one year of postsecondary training. Registered nurses have a full college education. While 90% of RNs possess a basic diploma, a growing number of them are receiving Bachelor's degrees. This may soon become a prerequisite for RNs in many provinces as

nurses continue to take on duties traditionally carried out by physicians.

Training

The healthcare sector is highly dependent upon medical science and technology. Healthcare workers require continuous education to apply new methods of treatment and to operate increasingly complex equipment. Although various groups recognize the importance of continuous education (e.g., Canadian Nursing Association), advances in science and technology are quickly outstripping training opportunities in Canada. To complicate matters, many nursing graduates are being recruited by American hospitals with a promise of on-going training and development. Thus, training will continue to be a hot button for healthcare workers and a key factor in a potential 'brain drain.'

Unionization

The majority of healthcare workers are unionized (62%). Many white-collar workers, technicians, labourers, and skilled tradespeople are represented by the Canadian Union of Public Employees (CUPE). Other unions include the National Union of Public and General Employees (NUPGE) and the Canadian Auto Workers (CAW-TCA). Nurses are represented by provincial unions and nationally by the Canadian Federation of Nurses Unions (CFNU). The CFNU represents nurses within the Canadian Labour Congress. It acts as a lobbying body to the federal government and strives to ensure that nurses' and patients' needs are reflected in health and budgetary policies. Although physicians are not unionized, they wield significant negotiating power through their professional associations.

Language / Culture / Ethnicity

Hospitals and healthcare in general are slowly increasing in diversity as more immigrants gain employment in these settings. While the proportion of immigrants among support and technical personnel has risen slightly over the past ten years, it remains unchanged among healthcare professionals. In general, immigrants are being employed at greater rates within other sectors. These trends have prompted governments to consider policies for greater acceptance of foreign healthcare workers, suggesting that diversity may soon increase. While there are many advantages of increased diversity in the healthcare sector, it may also lead to greater levels of cultural conflict, discrimination, and stress if it is not planned for and managed appropriately.

EAP Trends

Average Utilization

EAP trends were tracked in the hospital sector for four years between 2000 and 2003. Since 2003 national norms were not yet available at the time of publication, three-year comparisons are made for 2000 to 2002. Despite the absence of national norms, it was deemed important to show absolute changes in the hospital sector for 2003, as this was the year of the SARS epidemic.

EAP utilization in the hospital sector runs below national norms by almost three per cent (three-year average 5.01% versus national norm 7.89%). However, it increased over three years (3.96% in 2000 to 5.36% in 2002). It also spiked in 2003 (6.59%) accounting for an increase of over 700 accesses. This latter trend may reflect the SARS epidemic. As the rate of new infectious diseases increases in the coming decades, so may utilization rates as hospital workers struggle to treat the infected and maintain preventive measures in hospital settings while caring for their own personal wellbeing.

EAP and Work/Life Services Utilization Ratio

There are few differences between the hospital sector and national norms in patterns of program use. Similar to the norm, the bulk of EAP access (three-year average 74.21%) is for mainstream rather than work/life programs. Legal services are the highest-utilized work/life program among hospital workers, as is the norm across most sectors. Although access for these services is higher in the sector (three-year average 18.04% versus national norm 14.66%), it is trending downwards (to 16.41% in 2003).

Mainstream Counselling Presenting Issues

The most frequent presenting problem among hospital workers is marital and relationship discord, similar to national norm. Although it is lower on average among

Fig. 1: Marital and Relationship Discord issues in the Hospital Sector

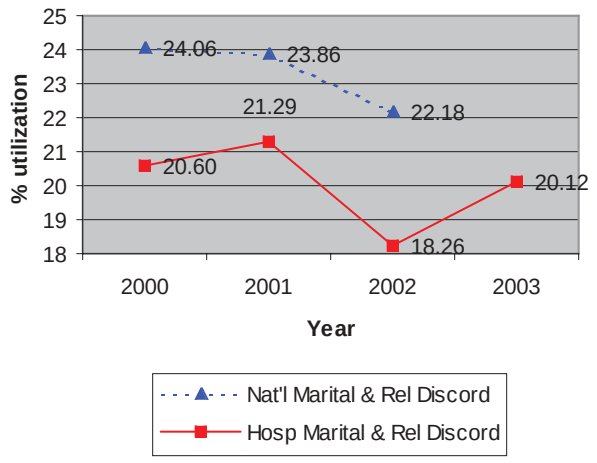
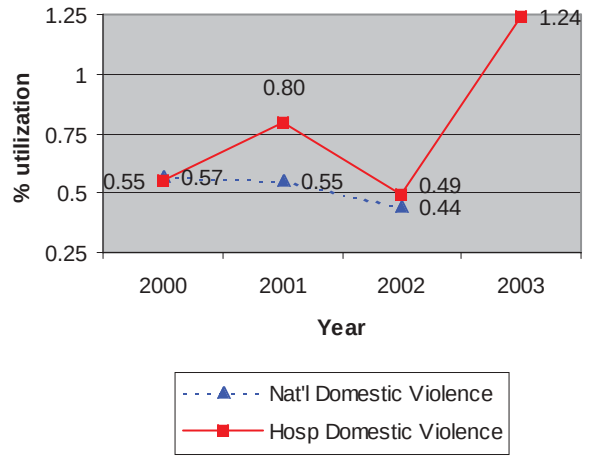


Fig. 2: Domestic Violence issues in the Hospital Sector



hospital workers (three-year average 20.05% versus national norm 23.37%), it has recently increased from 18.26% to 20.12% (see Figure 1). Separation (divorce) has also increased steadily in the sector each year (3.71% in 2000 to 5.04% in 2003). Overall, increasing marital separation signals fewer social supports at home, which are important for coping with stress and burnout, particularly among hospital workers.

Especially problematic are more frequent reports of domestic violence. While trending down at the national level, this issue spiked to 1.24% of all presenting problems in the hospital sector in 2003 (see Figure 2). Although levels of depression and anxiety symptoms among hospital workers have been comparable to norms in the past, both increased for hospital workers in 2003 (see Figure 3).

Among workplace issues, workplace stress is higher for hospital workers (three-year average 5.80% versus national norm 5.36%) and has increased from 5.79% to 7.63% in 2003 (see Figure 4) -- again, likely the impact of SARS. Reports of harassment in the workplace have also trended upwards (0.48% in 2000 to 0.66% in 2003 - see Figure 5).

Trauma

There is currently a lack of appropriate national norms on trauma reports. Hence, trauma-related trends are evaluated within the hospital sector. The largest single source of trauma for hospital workers in any one year was workplace

Fig. 3: Depression and Anxiety issues in the Hospital Sector

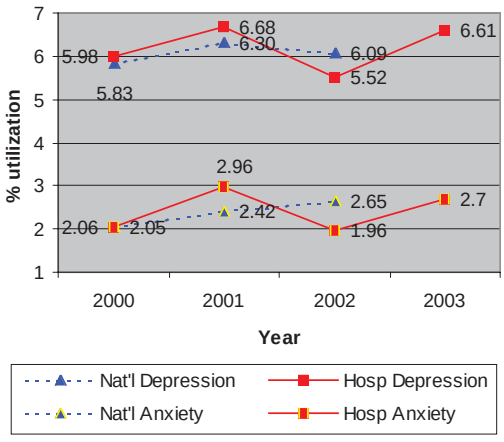


Fig. 4: Workplace Stress in the Hospital Sector

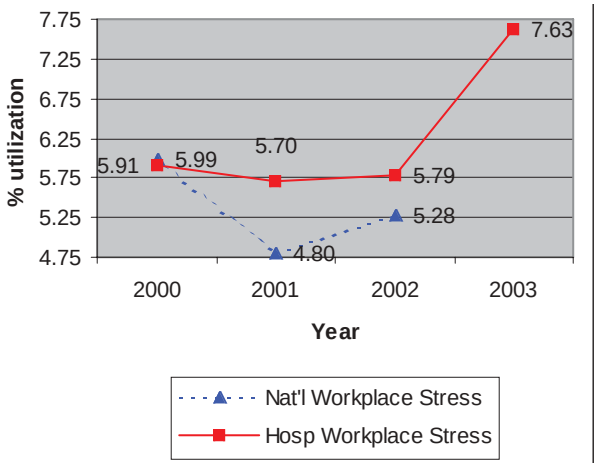
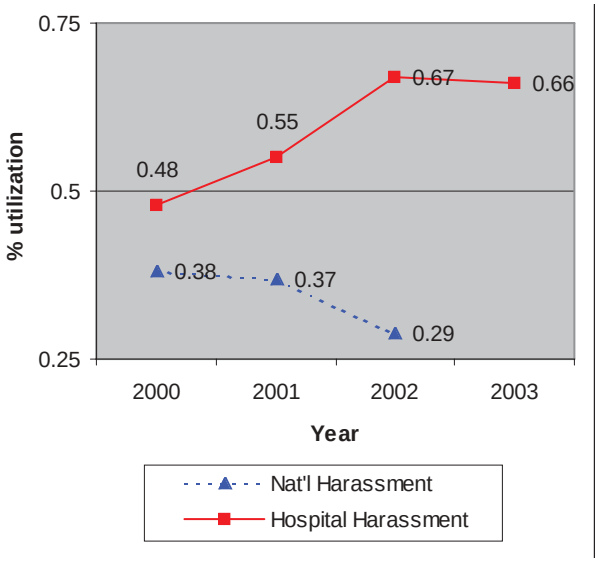


Fig. 5: Harassment issues in the Hospital Sector



trauma, accounting for over 92% of trauma counselling in 2003. This finding was so exceptional that it swamped reports of other trauma in 2003 and reduced four-year averages in other types of trauma. Thus, we have chosen to report three-year averages from 2000 to 2002. Generally, this finding may point to the excessive stress, anxiety, overwork, and quarantines that accompanied the SARS epidemic in 2003.

The 'story' of the hospital sector appears to one of trauma. The themes that consistently emerge are security and respect. For example, employee termination continues to be a stable source of trauma from year to year (three-year average 14.30%). Reports also spiked for workplace closure (9.56% of trauma) in 2000, and employee termination (24.74% of trauma) in 2001. Thus, despite recent hiring trends for some occupations, the effects of ongoing restructuring continue to be a source of trauma in the hospital sector. Counselling for homicide is also consistent over time (three-year average 13.23%). All of these events may contribute to a collective sense of insecurity among staff. Occasional spikes in some trauma suggest that such events may also be viewed as unpredictable by workers. It is critical for hospitals to address feelings of insecurity and unpredictability among staff, as such feelings are well-known causes of anxiety and depression. Insecure and overly-vigilant employees are also less productive.

Threats to respect and dignity may also characterize the hospital environment. For example, the percentage of trauma counselling accounted for by racial harassment (three-year average 9.80%) and emotional harassment (three-year average 12.57%) are significant and stable over time. The level and consistency of sexual abuse counselling over time is also surprising (three-year average 8.74%). The rate of treatment in this area has increased six times over the past three years. Given that women comprise a large portion of the hospital workforce, and that diversity will increase in the coming years, the impact of respect and dignity-related trauma will increase exponentially if these malignant social behaviours are not addressed and proper interventions are not readily available.

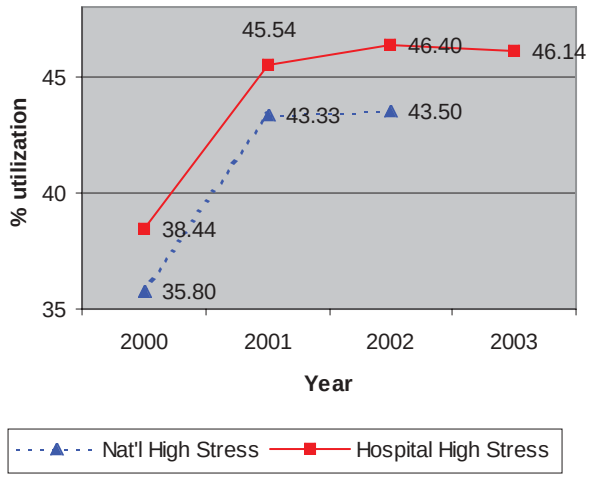
In general, it is important to note that while traumatic events are relatively rare, such events may have widespread, lingering effects due to social contagion effects. Feelings of group identity tend to be very strong in hospital settings. As such, when traumatic events directly impact single individuals, the effects are felt very strongly by others in the organization and can 'jump' to other hospital settings. For example, incidents of sexual abuse can poison a climate indefinitely because empathetic staff members view the transgression, in part, as a personal affront.

On a final note, trauma counselling for death of an employee has increased 4.5 times in the last three years (2.21% in 2000 to 10.00% in 2002). As age and premature death increase among healthcare workers and generational replacement continues to flag, we should expect to see more evidence of this trauma in the near future. It would benefit hospital organizations and their EAPs to offer adequate support in this area.

Other trends to note

Most access of the EAP in the hospital sector are made by women (three-year average 84.46%). A greater number of hospital employees over 50 are accessing EAP relative to the norm (three-year average 9.87% versus national norm 7.34%). These data reflect the demographics of the sector, including the increasing average age. Hospitals and their EAPs alike will need to be sensitive to this, as some counselling issues may become increasingly age-dependent.

Fig. 6: Self-reports of 'high stress' in the Hospital Sector



Self-reports of 'high stress' at the time of intake are slightly higher in the hospital sector (three-year average 43.46% versus national norm 40.88%). Like the national norm, the rate of high stress at intake is also increasing (38.44% in 2000 to 46.14% in 2003 - see Figure 6). These findings, which are robust across sectors, have been interpreted as: a sign that personal issues are growing more acute; an indicator that people may be waiting longer to access help for their problems; and/or, more generally, that stress levels are on the rise in general as a factor of modern-day life. Regardless of these similarities, treating stress in the hospital sector may be even more important than in other sectors since stress-related errors in patient care are less tolerable.

Trends And Approach To Organizational Health

Over the years, a variety of global, political, economic, social, and demographic trends have coalesced to produce employment relationships that compromise the occupational health of hospital workers. As globalization increases and privatization looms, hospitals are adopting 'lean production' techniques that increase competitiveness, but also increase work intensity.

Workloads are also affected by rapid changes in healthcare technology, reimbursement methods, patient record-keeping and patient expectations. Additionally, the SARS and West Nile epidemics point to the emergence of new, resistant diseases that will continue to tax the limited resources of hospital staff. Researchers contend that at least 30 such diseases are expected to appear over the next three decades as a result of social and environmental change. Spikes in depression, anxiety, workplace stress, workplace trauma, and even marital/relationship discord in 2003 may be indicative of the psychological fallout to come. Finally, the Canadian population is aging, leading to higher rates of age-related illness and treatment. Together, these problems in the hospital sector will be exacerbated by current recruitment, retention and retirement trends.

One of the most significant threats to occupational health among hospital workers is job burnout, which is a depletion of coping resources following long periods of stress. While burnout is practically synonymous with the 'helping professions', workers in this sector are poised to feel its effects even more strongly in the face of recent trends. Among nurses, burnout is associated with client caseloads, shiftwork, and regular exposure to trauma and death. In other healthcare professions, burnout may be caused by high workload, and a lack of job qualities such as control, clarity, feedback and social support. The effects of burnout are not trivial. They include higher absenteeism and lower levels of satisfaction, commitment, performance, and retention. Burnt-out nurses are more neglectful of their duties, commit more serious mistakes, and are prone to illness. It is critical for healthcare organizations to prevent stress from becoming burnout, since some aspects of the burnout syndrome are difficult to reverse.

Many of the problems faced by Canada's hospitals were recognized in Roy Romanow's report entitled Building on Values: The Future of Health Care in Canada (2002). It offers sweeping recommendations for ensuring the long-term sustainability of Canada's healthcare system. While this effort has been applauded, optimism has been reserved due to the projected cost of implementation. Until governments commit to the course laid out in the report, the onus falls back on hospital organizations to take action within their own spheres of influence to improve the occupational health of their workers. Hospitals can do little to alter the global, social and demographic factors that impinge on their industry. In addition, re-designing jobs to make them 'healthier' may be next to impossible given competitive movements in the sector. In this

environment, the importance of EAP cannot be overstated. EAPs offer individual-based interventions to alleviate employee stress, prevent future burnout, and train effective coping skills for workers already affected by stress and burnout. Additionally, responsible EAPs should assist clients in auditing workplace stress, burnout, and their causes through employee surveys. This initiative has been undertaken by WarrenShepell using programs such as WS Compasspoint™. Finally, EAPs continue to be an important source of support for victims of workplace violence, a growing concern in hospital settings. The importance of this support has not been lost on the Canadian Federation of Nurses Unions, which asserted in a policy statement that employers must be accountable to nurses by providing them with EAPs and trauma debriefing when they fall victim to workplace violence.

The hospital environment offers people some of the most meaningful forms of employment available in the work domain. Healthcare work, in general, enables people to make a difference and have a positive, direct impact on the wellbeing of others. However, meaningful work is often challenging work, even in the absence of cutbacks and shortages. EAPs and related psychosocial support programs will enable hospital workers to manage their stress and continue to ply their craft with care and efficiency in a fundamentally challenging work environment.

End Notes

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7 Maslach, C., et al. (2001). Job burnout. Annual Review of Psychology, 52, 397-422.

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The WarrenShepell Research Group

The WarrenShepell Research Group has been formed to gather, analyze and provide commentary on organizational healthtrends that affect our clients, their employees and families. Collecting and disseminating data about mental health issues,linking with some of the industry's highest profile research institutes and individual scholars, and drawing from our 25years of expertise in the industry, the WarrenShepell Research Group's mandate is to help our clients and the broaderbusiness community understand the intricacies and the impact of poor mental health, work/life imbalances and relatedissues in our workplaces and in our communities.

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