



ACROSS THE GREAT DIVIDE

Integrating Quality & Quality of
Worklife
in Health organizations

BEST EXPERIENCE • BEST EDUCATION

a little about.....

The Michener Institute for Applied Health Sciences



Medical Laboratory Sciences

- ❖ genetics
- ❖ cytology

Medical Radiation Sciences

- ❖ ultrasound / MRI
- ❖ radiation therapy
- ❖ radiation technology

Chiropody

Respiratory Therapy

Physician Assistants, Diabetes educators, Interprofessional collaboration,...

a little about.....

Gillian Nichol & Quality

1980's (airlines)

>

People Management Program

self directed work teams / quality circles

1990's (financial services)

>

Total Quality Management

measurement & standards

>

quality teams

>

process improvement

2000's (healthcare)

>

Health promotion

Client voice / self directed care

>

Determinants of health

>

Organization Development

Client centred care

2010's (academia)

>

Organization effectiveness / quality

Health & Wellness

>

engagement

>

process improvement

>

interprofessional collaboration

a little about.....

You & Quality

- Q1 Quality in your title?
- Q2 Responsibility for employee well being?
- Q3 Report to (or with) Human Resources?
- Q4 Responsibility for quality / risk management / patient safety?
- Q5 Report to (or with) quality assurance, patient safety? Other?
- Q6 Shared responsibility?

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“ All this stuff about quality teams, engagement, prizes for good ideas.... years of focus on the ‘Human Side of Quality’ and where has it gotten us? A workforce who believe they should have control over all the decisions we make and who get frustrated when we need to make the tough decisions; a lot of time wasted in meetings with no one accountable for results; no lasting improvements in customer service; a whole bunch of meaningless quality ‘data’ collection and reporting and, I would argue, increased risks that have adversely affected our bottom line financial results. Time to get...”

Back to Business

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“ It’s my job to influence the people in our company to improve quality – both the incoming raw material and of our outgoing products – and it’s hard. We’ve got all the head stuff right – technical expertise and good quality tools – but we don’t have the heart. And to make it even more difficult, the people I need to influence don’t report to me and are too busy meeting other goals. So I cannot get them to commit to our quality goals – or worse, they commit with their mouths but then don’t deliver. Please help!”

Sick of Sigma

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“ I am seeing a phenomenon whereby organizations can be excellent from a quality perspective, winning awards for their processes and practices. And yet, their people are miserable. It seems to me there is an important disconnect between the quality evidence that wins awards and the actual quality of work life within organizations.”

Quality expert / Doctoral student

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DEFINITIONS

Quality

‘Meeting and exceeding customer expectations”

Quality of Worklife

‘The extent to which employees can enhance their personal lives through their work environment and experiences”

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ORIGINS

Quality

'Blue collar' Manufacturing

Increasing efficiency

Quality of Worklife

'White collar' offices

Human Relations

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FOCUS

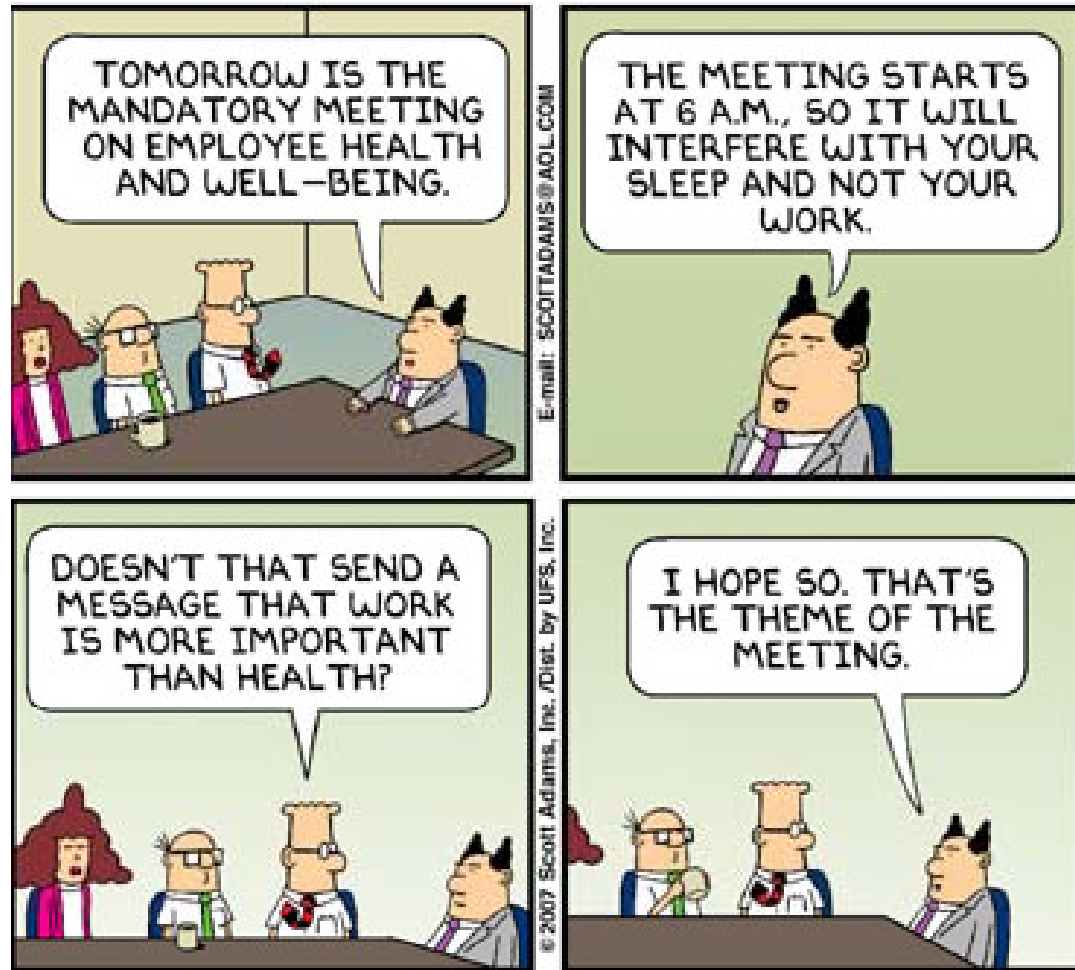
Quality

The work

Quality of Worklife

The people

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OUTCOMES

Quality

Reduced costs

Zero defects

Increased efficiency

Quality of Worklife

Increased satisfaction

Improved customer
feedback

Staff suggestions

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KEY TENETS

Quality

Data / measurement

Standards

Quality assurance /
control

Process improvement

Quality of Worklife

Staff satisfaction

Wellness

Teamwork

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KEY INFLUENCES

Quality

Deming

Juran

Crosby

Quality of Worklife

McGregor

Senge

Lowe

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LANGUAGE

Quality

Zero defects

Continuous
improvement

Plan Do Check Act

Root cause analysis

Quality of Worklife

Empowerment

Engagement

Satisfaction

Healthy workplace

Recognition

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"Our mission is to continue to efficiently facilitate diverse methods of empowerment and professionally disseminate performance based deliverables to meet our customer's needs."



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ORGANIZATIONAL STRUCTURES

Quality

Quality assurance

Risk Management

Process improvement

Quality control

Patient safety

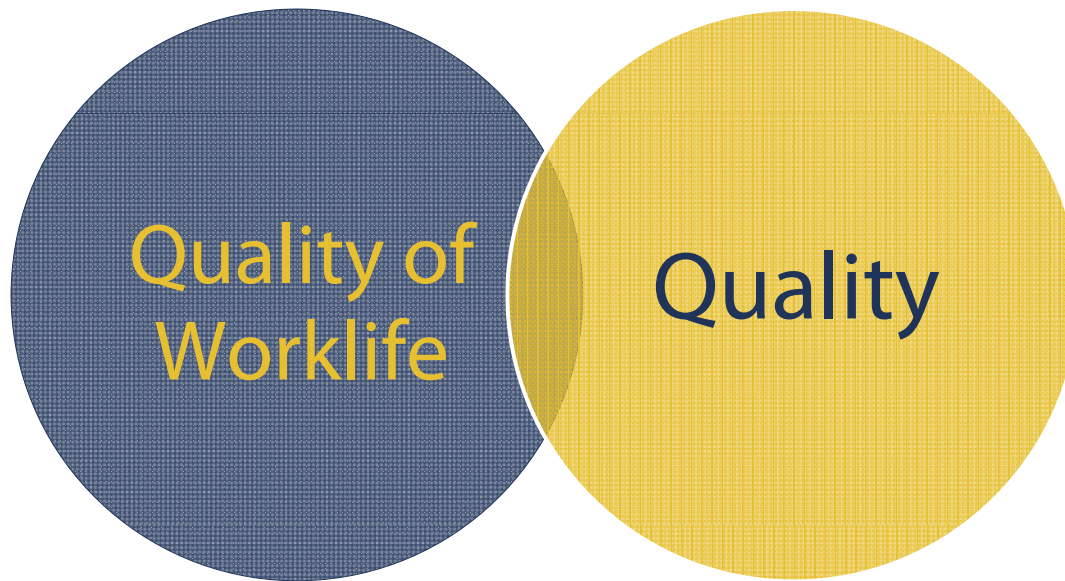
Quality of Worklife

Organization development

Human Resources

Employee wellness

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Thoughts re logic of the relationship between QWL and QHC

- QWL and QHC are linked correlationally, not causally
- Positive QWL does not necessarily lead to QHC

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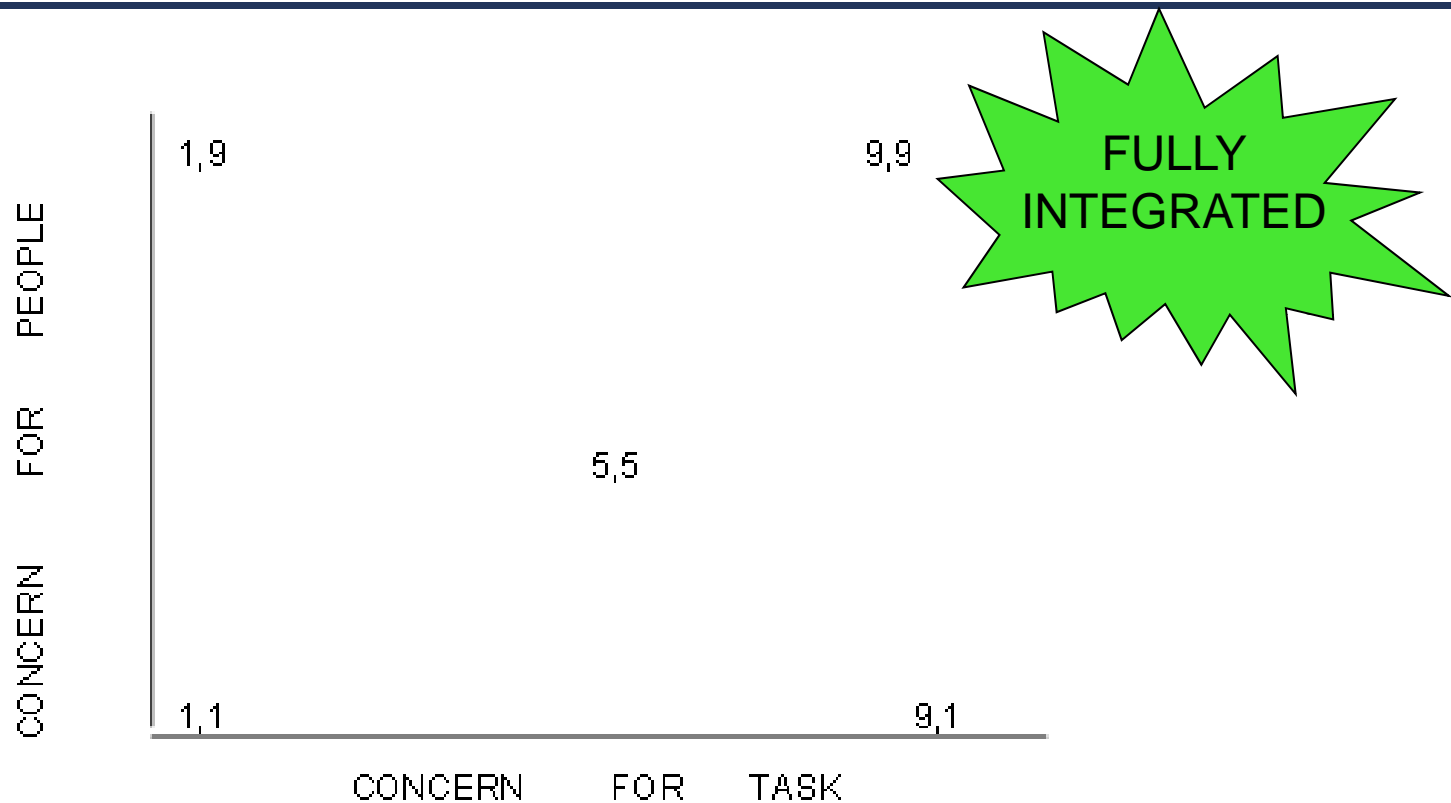
As long as Quality of Worklife is conceived of as an end in itself, rather than as either a means to an end or a common goal, we will not secure the attention, the resourcing, nor the long term commitment we need to sustain it in our health care systems.

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The Managerial Grid

Blake & Mouton

THE MICHENER INSTITUTE

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(Gallup) 5 Drivers of Engagement

1. I fit
2. I'm clear
3. I'm supported
4. I'm valued
5. I'm inspired

Brady Wilson, 2008



Commitment
&
Accountability

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PATIENT SAFETY : AN INTEGRATED APPROACH

- ✓ Language
- ✓ Principles
- ✓ Outcomes
- ✓ Structures and Practices

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REQUIREMENTS FOR AN INTEGRATED APPROACH

- ✓ SYSTEMS THINKING
- ✓ FOCUS ON RESULTS AND PEOPLE
- ✓ FOCUS ON RESULTS THROUGH PEOPLE
- ✓ UNDERSTANDING AND APPLYING PRINCIPLES OF
ENGAGEMENT.... FIT, CLARITY, SHARED VISION, VALUED, SUPPORTED
- ✓ COMMON GROUND / shared interests
- ✓ PATIENT CENTRED CARE (BEYOND THE RHETORIC)

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THANK YOU

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