

The challenge before us

As noted in its April 2007 report, *Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System*, the Quality Workplace–Quality Healthcare Collaborative (QWQHC) believes success can only be achieved in the short term if health leaders and their organizations commit to:

1. Making Quality of Worklife (QWL) a strategic priority and putting in place appropriate performance expectations and accountability practices;
2. Measuring QWL;
3. Implementing one or more strategies to improve QWL and evaluating these initiatives; and
4. Building good internal and external knowledge exchange to continue to share, learn and improve

Despite years of research, changes at the point of service delivery in many practice settings have been slow to come about. Some indicators would suggest that patient, worker and system outcomes have actually *worsened* despite nearly a decade of attention to workplace safety, health and quality. Obviously moving conceptual commitments to action is urgent, and is no simple feat. It requires the sustained efforts of the collective partners, including governments, employers, unions, and providers delivering care across the system.

Background

To get a grasp on the movement of “good intention” into action, it was decided in the Fall of 2007 to conduct a *pulse-taking* survey of key informants. The purpose was to assess the impact of the Quality Worklife – Quality Healthcare Collaborative on system and organizational leaders and their decisions during its first year of work. Understanding that impact is essential to developing the plan of action, future directions, and funding requirements of the Collaborative.

Methodology

Using online *surveymonkey* technology (see <http://www.surveymonkey.com>) surveys were developed in English and French for *system* leaders, with the intent that the surveys would reach senior officials (e.g. in provincial/territorial governments) who are in decision-making positions, or who would be familiar with the decisions being made at those levels. A subset of the same questions was distributed using the same technology to *organizational* leaders, also in both official languages.

The system level survey consisted of a mix of 24 multiple choice, forced choice, open-ended narrative and demographics questions in five areas. The English and French versions were identical in format and questions. The organization level survey consisted of a subset of 11 of the questions in three areas from the System level survey, with the language tailored to organizational as opposed to system level leaders. The survey questions were suggested, reviewed, and approved by a group of leaders within the QWQHC before distribution.

Results

The surveys were distributed early in 2008 to system and organization leaders using a network of e-mail addresses supplied by QWQHC leaders, including the host organization, the *Canadian Council on Health Services Accreditation*. System level surveys were distributed to senior officials in federal and provincial/territorial governments; organization level surveys were distributed to leaders within individual organizations including chief executive officers and senior nurse executives. For example the system level survey was distributed to the 160+ members of the *Academy of Canadian Executive Nurses* knowing that the

members are senior executives who would be aware of Quality Worklife – Quality Healthcare activities within their spheres of influence. Reminder notices were sent to all email recipients three weeks after the initial survey distribution.

Fifteen system level surveys were returned – all in English. Responses were received from all jurisdictions except Manitoba and the three territories. The participants identified themselves as being in roles such as

- Director, Organizational Development
- Health Promotion and Wellness Consultant
- Researcher
- Manager of Workforce Planning Dept Health and Community Services
- Director/Executive Director
- Executive Director, Healthcare Association
- CEO of provincial association

Thirty eight and a half percent identified as being members of QWQHC founding organizations and 38.5% were not founding members; 23% (n=3) did not know.

At the organization level, 46 surveys were returned, 42 in English and 4 in French. Responses were received from BC, AB (n=1), SK, MB, ON (39% of responses), QC, NB (n=2) and NS. The participants identified themselves as being in roles such as:

- VP programs and CNO/CNE
- Senior Director, Acute and Chronic Medicine and Nursing
- VP Clinical and Corporate, large multi-site organization
- Manager
- Senior Operating Officer - Patient Care
- Operations director
- Informatics
- Advanced Practice Nurse

The Collaborative would not have expected more than 1 or 2 responses to the system level survey per province/territory, so the 15 responses received seems a fair number. However given the significant number of organizational leaders across the country, the low response rate is disappointing. The rationale for the number of responses is unclear, but may reflect high competing workloads (including other surveys) or the fact that target recipients did not receive or forward the survey for response. It is also the first year for the Collaborative and the survey – it may take some time for the leadership community to become accustomed to the survey and expect to receive it each spring. Highlights of responses to the survey questions are included in this report.

Reflections and key messages from the surveys

- Familiarity with QWQHC
 - ▶ Organizational leaders were more likely than system leaders to be fully informed or very familiar with the QWQHC and its work.
 - ▶ About two thirds of both system and organizational leaders had read the full QWQHC report or some of the report.

Impact and Importance of QWQHC

- ▶ Looking at the impact of the QWQHC and its report, system leaders were more likely than organizational level leaders to believe that “leaders are aware and activity is underway.” This outcome may reflect the fact that the initiative is still fairly new across the country and may just be starting to percolate down from senior policy levels to organizations. The whole “healthy workplaces” agenda certainly has been on policy tables at government levels for several years and it would be expected that it would be more familiar at this level. The sample size is small but the QWQHC will need to keep its eyes on the finding that about a quarter of both system and organizational leaders responded that “leaders do not discuss” the QWQHC or its report.
 - ▶ Both groups of respondents were overwhelmingly likely to state that they individually believed healthcare outcomes are linked to workplace/worklife quality in the practice settings where care is delivered.
 - ▶ Nearly 60% of organizational leaders stated that they personally believe that the link between healthcare outcomes and workplace/worklife quality in the practice settings where care is delivered is among the most significant problems across the system. System level respondents were more likely (nearly 80%) to place this problem as “important.” That finding likely reflects the immediacy of these issues among organizational level leaders versus system leaders who are more distant from them.
- The Indicators
 - ▶ Again, possibly reflecting the relative novelty of the Collaborative and its work, the QWL indicators developed by the Collaborative were familiar or very familiar to 83% of system-level respondents, but only to 46% of organization-level leaders. Thirty-three percent at the system level said “system leaders are aware of the indicators and activity is underway to determine ways to integrate and report on them across the system;” another 16% said activity is underway but too soon to see impact. A third said leaders are aware but no action, or leaders do not discuss the indicators. These findings mirror nearly exactly those at the organization level.
 - ▶ Two thirds of respondents believe that reporting of indicators should be *mandatory*.
 - ▶ At least 90% of system level leaders believed it is feasible to collect turnover, overtime, absenteeism and WCB lost time indicators; 82% stated it would be feasible to collect vacancy indicators. Only about 55% believed it would be feasible to collect indicators of training and professional development.
 - ▶ At least 50% of system level leaders agreed that their definitions of the indicators were aligned with the QWQHC definitions; some did not know, and again the lowest area of agreement was in training and professional development.
 - There were no system-level targets and incentives at the “leading practice” level. Nearly 90% of respondents stated that “not much” activity was underway related to monetary incentives. The vast majority of respondents stated that activity was “getting started” or “underway” in the areas of setting targets for process and structure indicators or targets to improve QWL.

Action and Change

- ▶ Personal levels of support among system leaders were fairly high across a number of activities to strengthen QWL. However when asked about initiatives taking place to implement those activities within the leader's sphere of influence, the most likely response was "little or no action/uptake." So there is some incongruence between personal belief and action on those values.
- ▶ Looking at activities to improve QWL at the organization level, responses were scattered across the range from "not much yet" to "potential leading practice." However, in 8 of the 11 activity areas the responses clustered in the area of "getting started" and "activity underway." The lowest responses were in the area of leading practices, however the fact that there were some responses in that category is worth exploring for the QWQHC. It might be helpful to identify, confirm, and communicate those leading practices.
- Priority Activities
 - ▶ A finding that emerged in the responses to the question about which of the organizational level activities would be a priority for those organizations in the coming year might be revealing. The highest level of response showed that 10 of the 11 activities would be organizational priorities *this year*. That finding might reflect a pressure felt by subjects to respond in the positive about which activities would be priorities. However, if 10 of 11 activity areas really are priorities in the minds of leaders, that might explain some of the inertia or sense that the QWL problem is too complex to resolve. Perhaps one of the keys would be to suggest a concerted effort in one or two areas each year, either within organizations or right across the system collectively.
 - ▶ When asked what activities were the most urgent within system-level jurisdictions over the coming year, it was interesting to note that they largely did not match the activities that system leaders themselves would pick if they were able to choose just one area in which to focus. This finding too is illuminating. One might ask if activities are moved along more rapidly and effectively if they have the personal interest and support of those leading them.
 - ▶ Given the interesting baseline provided by this inaugural survey, it might be informative for the QWQHC to replicate the survey over the coming couple of years in order to gauge interest and uptake of this important agenda among the country's system and organizational leaders.