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# The Time is Now



This is an exciting and critical time for people who have been working to improve the health of health care work environments in Canada. More than ever, people are intuitively acknowledging that building and sustaining healthy work environments and quality of worklife in health care is crucial, and are consciously acting on these critical issues. While an organization's health can be judged on a variety of criteria, one thing is certain: there is no such thing as a healthy organization without a healthy workforce. This basic principle is at the core of the work of the Quality Worklife – Quality Healthcare Collaborative (QWQHC).

## The Role of the QWQHC

The work of the QWQHC is grounded in our evidence-informed action strategy, *Within Our Grasp*, to improve the health of health care settings. Improved quality of worklife can have a positive impact on productivity, efficiency, and quality of care. Healthier health care settings can also have a positive impact on the recruitment and retention of the next generation of the health care workforce, which will ultimately affect the sustainability of Canada's health care system.

The QWQHC is dedicated to highlighting the issue of quality of worklife through facilitating connections among people and organizations, coordinating opportunities and partnerships, and offering a platform to share and integrate information via our annual summit, interactive website, and guest blog. The QWQHC's 12 national partners, along with our ever-growing network of health care colleagues, have successfully gained widespread attention and action on the quality of worklife issue through these ongoing efforts. To keep the momentum going, we must all look to the future and focus on improving quality of worklife on the front line; obtaining recognition, acceptance, and support from various levels of government; and building capacity for a sustainable, healthy health care workforce.

## Whose Job Is It Anyway?

If health professionals are the lifeblood of the health care system, then health care organizations can be seen as the "heart" of the system. The organization creates the structure and supports the people who deliver the clinical services, provide the administrative support, and ensure the safety and maintenance of settings in which patients and clients seek care. Knowing that organizational health is crucial, two important questions to ask are: Who is responsible for the health of the organization? And who within the organization is accountable for it?

Traditionally, the responsibility for improving quality of worklife, as well as changing the culture of the health care work environment, has been placed squarely within the portfolio of the Human Resources department. However, the QWQHC has heard from organizations across the country that no one role or department can be responsible for improving the health of a health care organization and that it is crucial to emphasize the interdependence of various perspectives for a solution-focused approach.

Collaboration and shared accountability are absolutely necessary for organizations to enrich the health of their settings, their people, and their clients/patients. In sharp contrast to the approach of expecting one department/portfolio to contend with "making the organization healthier," a preferred practice is to have different components of the organization coordinate with each other and support efforts to improve the health of the environment, people, and clients/patients. These different organizational components may include senior leadership, Health and Wellness, Quality and Safety, Human Resources, and Professional

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Practice. The solution is to open the lines of communication among the various departments so that the organization can understand and experience the interconnectedness of the quality of worklife issue rather than seeing it as separate "projects." While responsibility for the health of an organization must be shared by everyone in the organization, senior leaders who have a direct impact on the policies, procedures, and practices have a particular duty to see the work move forward.

A powerful step for any health care organization is to clearly identify the multiple perspectives that can come together within it to have an impact on organizational health. Further, it must enable those components to lead, implement, and evaluate the activities that move the organization towards optimal health. As the organization brings together diverse internal perspectives to develop a coordinated plan to improve the work environment and the quality of worklife, its efforts will increase the impact, visibility, and relevance to staff. In addition, internal collaborative partnerships naturally reduce the redundancies of working in silos, thus channelling increased energy into consolidated efforts and sustainable initiatives.

When an organization can strategically identify and commit to the role to be played by every member of the "organizational family," supporting and sustaining a healthy work environment and improved quality of worklife becomes a shared effort and an attainable goal. Boards play an

essential role because they influence the vision and direction of the organization and can provide important guidance and leadership on striving for a healthier setting. Chief executive officers and the senior leadership team can then define, implement, and communicate their strategic goals to improve the work environment and quality of worklife, allowing the message to filter down through the organization. Managers and clinical leaders become the organizers of implementation as well as strong advocates for accountability and sustainability. Physicians and staff become engaged and commit to implementing change, providing feedback, responding to surveys, and letting others know about activities and initiatives that lead to an improved work environment and quality of worklife (QWQHC, 2010). They too take responsibility for the health of the organization. Communities, including current patients and clients, also become part of the solution and are included in the feedback loop to provide an essential voice in creating healthier health care work environments.<sup>1</sup>

It is no surprise that there is a role for everyone to play in the health of health care organizations. Perhaps there is a reminder here for all individuals, particularly those who find themselves in key decision-making roles, to identify their role and the role of others in creating healthy health care settings.

## Frontline Organizations Can't Do It Alone

Awareness of the importance of healthy work environments is not enough. Making changes in culture, communication, and styles of leadership are all crucial factors in the shift to healthier health care settings. One cannot underestimate how challenging it is for organizations to make these transformative changes internally since they all require time, resources, supports, and consistent funding.

There is no shortage of work to be done to support the health of health care settings through quality of worklife.

1. For further insight on involving patients and community, visit [www.thinkinghealthyhealthcare.ca](http://www.thinkinghealthyhealthcare.ca) to read QWQHC's Guest Blogger for July 2010: Amber Alexce, Research and Policy Analyst, Saskatchewan Union of Nurses.





However, for organizations to implement sustainable, evidence-informed quality of worklife strategies and priority actions, consistent financial support from provincial/territorial and federal governments is imperative. We know that once the funding fades, many efforts in improving quality of worklife are left unfinished.

In addition, there is a need for government and frontline organizations to align themselves with common quality of worklife goals through accountability frameworks in order to increase the cohesiveness of approaches to improving the health of health care organizations provincially, territorially, and nationally.

Clearly, the health of Canada's health care settings is a critical issue. Currently there are many people throughout the health care system who are aware of the need to build healthy work

environments that offer quality of worklife. The QWQHC provides a common platform through which individuals, organizations, and various levels of government that are seeking to improve the health of health care settings can come to share, get resources, and drive the quality of worklife agenda forward. In addition, the QWQHC provides a national perspective and voice, one that allows this vital message to permeate all of the distinct provincial and territorial approaches to health care delivery: "A fundamental way to better healthcare is through healthier healthcare workplaces. It is unacceptable to work in, receive care in, govern, manage, and fund unhealthy healthcare workplaces" (QWQHC, 2007). Q

*To learn more about the Quality Worklife – Quality Healthcare Collaborative, please visit our interactive website at [www.qwqhc.ca](http://www.qwqhc.ca). The guest blog, featuring a variety of perspectives on quality of worklife in health care, can be found at [www.thinkinghealthyhealthcare.ca](http://www.thinkinghealthyhealthcare.ca).*

**Tara Connolly**, BA, BEd, MA, brings over 15 years of experience in education and consulting to the position of Knowledge Exchange Specialist with the Quality Worklife – Quality Healthcare Collaborative (QWQHC). Her graduate work focused on frontline health care providers and women's experiences in accessing health care. Tara has worked as an educator, conflict mediator, and counsellor, and as a consultant to organizations at the local and national level. She recently worked at the Children's Hospital of Eastern Ontario as an Autism Spectrum Disorder Consultant.

**Annika Laale**, BA (Honours), MA, has a strong foundation in organization development, human interaction, and innovative learning solutions. She is a versatile and strategic facilitator and consultant in the field of organization development, particularly in the areas of change management strategy, conflict resolution, and process facilitation. Her passion and desire to have a positive impact on the health care system was what led her to join the Quality Worklife – Quality Healthcare Collaborative (QWQHC) as a consultant in December 2009. Annika has developed and implemented quality of worklife strategies to support the front lines in health care.

## REFERENCES

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