

Examination of Quality of Life in Workplace Environments

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INTRODUCTION

Understanding how to enhance satisfaction of employees in the workplace is of significance to managers, and quality of life is an important construct that relates to job satisfaction and overall wellbeing of employees. Quality of life is an estimate of an individual's health status, defined as satisfaction or happiness within eight dimensions: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health (Ware, Kosinski, & Gandek, 2000). Quality of life is a common measurement in healthcare, in determining the effectiveness of treatment on patients. But, quality of life in healthcare workers is often overlooked. Healthcare organizations are commonly known to be high-stress environments due to the life-or-death nature of the work. Thus, examining the quality of life in healthcare professionals is of significance, and is related to one of the Healthy People 2020 Occupational Safety & Health Objectives, which is to "increase the proportion of employees who have access to workplace programs that prevent or reduce employee stress" (Office of Disease Prevention and Health Promotion, 2017).

The objectives of this article are to identify and examine the factors that impact quality of life in healthcare professionals and to identify solutions and recommendations for how healthcare managers can assist in reducing the impact of these factors in the workplace. This topic is timely because the well-being of healthcare professionals is important to the effective functioning of the health system (Selanu, Thornicroft, Fekadu, & Hanlan, 2017). While there are many factors that impact quality of life, this article will focus on four factors that are most prevalent in healthcare settings: occupational stress, burnout, workplace violence, and employee well-being. Research has shown that occupational stress, burnout, and workplace violence all can have a significant impact on employee well-being and overall quality of life (Brandstatter, Job, & Schulze, 2016).

BACKGROUND

The Institute for Healthcare Improvement (IHI) introduced the Triple Aim- enhancing patient experience, improving population health, and reducing costs- as the model for optimizing performance in the health system (Berwick, Nolan, & Whittington, 2008). Recently, there has been increased interest in changing the Triple Aim to a Quadruple Aim, thereby addressing the goal of improving the life of healthcare professionals (Bodenheimer & Sinsky, 2014). This push for a change even further highlights the significance and timeliness of exploring the negative consequences that affect quality of life in healthcare professionals.

Often healthcare professionals find it difficult to seek help for their health problems for a variety of reasons, such as workload and the fear of stigma and adverse effects on their career (Brooks, Gerada,

DOI: 10.4018/978-1-7998-3473-1.ch182

& Chalder, 2016). Particular types of healthcare professionals are even more susceptible to negative consequences that impact quality of life. For example, healthcare professionals working in an Intensive Care Unit (ICU) are at higher risk of stress, burnout, and anxiety (Vandevala, Pavey, Chelidoni, Change, Creagh-Brown, & Cox, 2017). Workplace violence is also an area of concern.

Healthcare managers have a pivotal role in healthcare organizations as they set the professional standard, oversee quality and training, and serve as role models (Maza, Shecter, Eizenberg, Segev, & Flugelman, 2016). According to the World Health Organization (WHO), “a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety, and well-being of all workers and the sustainability of the workplace” (Burton, 2010). Thus, implications for how managers can assist in reducing stress, burnout, and workplace violence, and enhance employee well-being, will be explored.

FOCUS OF THE ARTICLE

Occupational Stress

Stress has been reported to be increasing in all full-time employees in the U.S. by as much as a 31% increase from 1983 to 2009 (Cohen & Janicki-Deverts, 2012). Stress can have a negative impact on individuals, such as mental health issues or burnout, and an impact on organizations, such as reduced performance and increased absences (Oginska-Bulik, 2006). Prior studies have surveyed healthcare workers and found that 28% reported stress to be a work-related health problem (Oginska-Bulik, 2006). In 2012, 63% of physicians surveyed reported they were more stressed than three years prior, and 34.3% reported being much more stressed than three years prior (Privitera, Rosenstein, Plessow, & LoCastro, 2014). A 2006 study by Oginska-Bulik concluded that there is a need for programs aimed to prevent work-related stress in healthcare organizations.

Occupational stress is the negative psychological response to job demands in the workplace and has been defined as a feeling of unease and discomfort that workers may experience when presented with extraordinary work demands and pressures (De Sio, Cedrone, Saruta, Ricci, Corbosero, Di Traglia, Greco, & Stansfeld, 2017). Occupational Stress has been reported at a prevalence of 52.7% in healthcare professionals (Kazmi, Amjad, & Khan, 2008). Other studies have also noted the significance of occupational stress and its relation to negative consequences in healthcare professionals (Gaither & Nadkarni, 2012). In a survey conducted in 2011, 87% of physicians reported that the leading cause of their occupational stress was due to paperwork and administration, and 63% reported that their stress is increasing (Bodenheimer & Sinsky, 2014). Healthcare managers should devise strategies to reduce the level of occupational stress and should provide support to healthcare professionals in order to help them deal with job-related stress (Sharma, Davey, Davey, Shukla, Shrivastava, & Bansal, 2014). If healthcare managers implement programs to reduce occupational stress in the workplace, the impact on quality of life in healthcare professionals could be significant. Intervention programs should be aimed at reducing an employee’s experience of stressors (Awa & Plaumann, 2010).

Burnout

Burnout in healthcare professionals threatens the Triple Aim, as dissatisfied healthcare professionals are associated with lower patient satisfaction (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Haas,

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