

The impact of the hospital work environment on social support from physicians in breast cancer care



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ABSTRACT

Objective: Research on determinants of a good patient–physician interaction mainly disregards systemic factors, such as the work environment in healthcare. This study aims to identify stressors and resources within the work environment of hospital physicians that enable or hinder the physicians' provision of social support to patients.

Methods: Four data sources on 35 German breast cancer center hospitals were matched: structured hospital quality reports and surveys of 348 physicians, 108 persons in hospital leadership, and 1844 patients. Associations between hospital structures, physicians' social resources as well as job demands and control and patients' perceived support from physicians have been studied in multilevel models.

Results: Patients feel better supported by their physicians in hospitals with high social capital, a high percentage of permanently employed physicians, and less physically strained physicians.

Conclusion: The results highlight the importance of the work environment for a good patient–physician interaction. They can be used to develop interventions for redesigning the hospital work environment, which in turn may improve physician satisfaction, well-being, and performance and consequently the quality of care.

Practice implications: Health policy and hospital management could create conditions conducive to better patient–physician interaction by strengthening the social capital and by increasing job security for physicians.

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1. Introduction

In its 2001 report “Crossing the quality chasm”, the Institute of Medicine (IOM) defined patient-centeredness as one of six main goals of health care systems in the 21st century [1]. According to the IOM, accomplishing these goals requires redesigning the health care system since deficiencies in health care quality are always attributable to system problems rather than incompetency or misbehavior of individuals. In conclusion, the IOM calls for the examination of the processes and structures required for patient-centered and efficient health care [1].

One important setting for implementing patient-centeredness is the patient–physician interaction. The importance of the

patient–physician interaction has been demonstrated in many studies, which revealed associations with various patient outcomes. Despite the limitations of the existing evidence, particularly the lack of longitudinal studies [2], results strongly support the association between patient–physician interaction and several outcomes [2–5].

1.1. Social support in the patient–physician interaction

Caplan [6] defines social support as emotional, informational, and tangible support that helps people to cope with stressful situations, such as the diagnosis of a life-threatening disease. Meanwhile, there is broad evidence for a positive effect of social support in healthy and in sick people [7–9]. Patients with life-threatening diseases, such as cancer, often regard their treating physicians as important reference persons, who can accompany and support them in coping with their disease [10,11]. Social support by physicians is provided within the patient–physician interaction, and according to de Haes and Bensing [12], it can be

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regarded as an immediate outcome of the encounter that may have long-term effects. Firstly, physicians can provide social support through encouragement, praise, reassurance, advice, and advocacy. Secondly, physicians can motivate their patients to strengthen their social networks [2,11].

1.2. The patient–physician interaction and the hospital work environment

Most research on determinants of good patient–physician interaction focuses solely on individual factors and skills of physicians and patients. Systemic factors, such as structures and the work environment within health care institutions, have rarely been studied. So far, health services research has concentrated on the impact of hospital structures and processes (e.g. case volume and teaching status) on medical outcomes and mortality [13–17]. Patient-reported outcomes of the patient–physician interaction have rarely been studied in relation to the health-care context [18–23]. At the same time, the impact of the work environment on physicians' stress and health have been extensively studied [24,25]. Some research also relates physicians' stress and health to health care quality [23,26–28]. Some exceptions take the institutions' work environment and its influence on the patient–physician interaction into account [18,19]. Since the hospital's resources and the hospital's management determine the environment in which the hospital personnel is working, we presume that the hospital work environment impacts physicians' interaction performance with patients.

1.3. Research model

Based on theories and empirical evidence from occupational research and organizational sociology, we developed a research

model comprising determinants of patient support provided by physicians within the hospital work environment (Fig. 1).

Based on the extensive literature on the impact of hospital structures on patient care [13–17], we assume that hospital structures indirectly influence the patient–physician interaction by shaping the working conditions of physicians and the social resources among staff. Moreover, certain hospital characteristics, such as non-profit ownership, may attract certain types of physicians with particular attitudes and behaviors.

Social resources refer to the social exchange processes among employees within an organization, conceptualized as social capital and social support. Social capital is an element of organizational culture and refers to shared trust and common values among the members of an organization. According to Coleman [29], social capital is inherent in the social structures of people who belong to a defined collective. Social capital can improve the capacity of its members to perform by affecting cognition, motivation, and emotions [30]. Social capital has been found to be associated among others with physician job satisfaction [31], burnout among physicians [32] and nurses [33], improved risk management and quality management activities in hospitals [34], and coordination in hospitals [35]. As another social resource, social support at the workplace includes a variety of interpersonal behaviors among employees that enhance individuals' cognitive and behavioral functioning [36]. Receiving social support from colleagues and supervisors is believed to promote the desire to reciprocate by demonstrating positive attitudes and behaviors, which in turn benefit the organization [37]. The impact of social support at the workplace has been shown for example for employee burnout [38] and job performance [39].

Moreover, occupational research has examined characteristics of job design and their effects on employee health and performance. Karasek [40] hypothesizes in his Job Demand-Control

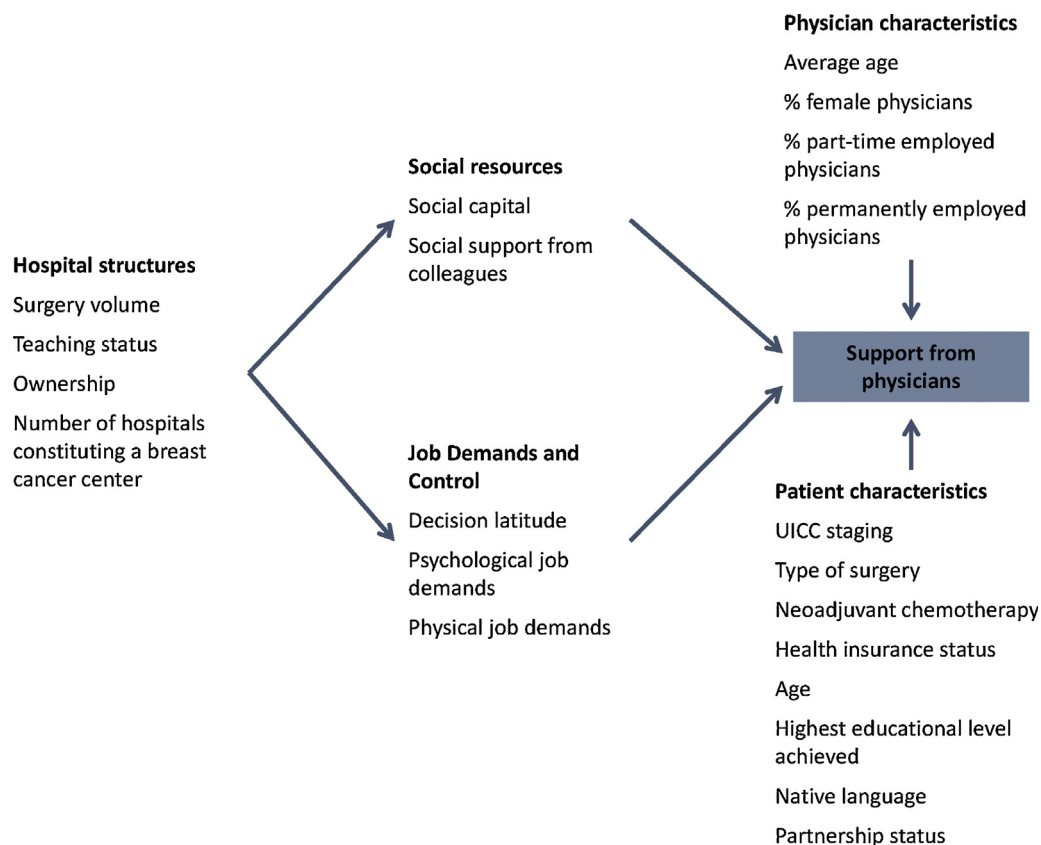


Fig. 1. Research model.

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