



Health care clinicians' engagement in organizational redesign of care processes: The importance of work and organizational conditions

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ARTICLE INFO

Keywords:

Work engagement
Lean production
Health care workers
Job resources
Top-down implementation

ABSTRACT

The Swedish health care system is reorienting towards horizontal organization for care processes. A main challenge is to engage health care clinicians in the process. The aim of this study was to assess engagement (i.e. attitudes and beliefs, the cognitive state and clinical engagement behaviour) among health care clinicians, and to investigate how engagement was related to work resources and demands during organizational redesign. A cohort study was conducted, using a questionnaire distributed to clinicians at five hospitals working with care process improvement approaches, two of them having implemented Lean production. The results show that kinds of engagement are interlinked and contribute to clinical engagement behaviour in quality of care and patient safety. Increased work resources have importance for engagements in organizational improvements, especially in top-down implementations. An extended work engagement model during organizational improvements in health care was supported. The model contributes to knowledge about how and when clinicians are mobilized to engage in organizational changes.

1. Introduction

Public hospital organizations struggle with how to decrease costs while developing care processes of good quality. In Swedish hospitals during recent years, approaches inspired by Lean production (LP) have been a common approach to organizational improvement (Weimarsson, 2011). LP, which originates in the car industry, focuses the development of organizational processes (Womack et al., 1990). A common goal of LP is to maximize customer value by eliminating non-value processes or tasks (Womack et al., 2003), improving process flow and reducing errors (Womack et al., 2003). A common characteristic of LP, according to the literature, is frontline employees' empowered participation in systematic approaches to identify and solve problems occurring at work (Mazzocato et al., 2010).

Research has shown that to make the redesign of care processes sustainable there is a need to engage and involve clinicians, i.e. physicians, nurses and allied healthcare professionals (Riches and Robson, 2014). However, previous studies have pointed to difficulties in engaging professionals in organizational redesign to improve care processes (see, e.g., Braithwaite et al. (2007) and Riley et al. (2010)). It is challenging to involve clinicians in organizational redesign processes (Hertting et al., 2004; Lindgren et al., 2013) and potentially more so in

LP when implemented in a top-down fashion (Andreasson et al., 2016). Qualitative studies have indicated that clinician engagement is facilitated by certain working conditions and supportive social contexts (Greenfield et al., 2011; Lindgren et al., 2013).

Previous human factors research on LP implementation in Swedish hospitals showed that nurses, compared with physicians, had a more positive attitude toward LP and perceived to a greater extent that LP improved workflow (Holden et al., 2015a). There is limited knowledge of how different aspects of engagement contribute to these kinds of perceptions of improvement work. Deterioration of working conditions have been suggested to hinder engagement of clinicians in health care, but there is a lack of research on how different kinds of working conditions impact different aspects of clinicians' engagement. The Work Engagement and Job Demands-Resources (JD-R) models each offer possibilities to study how work resources promote both individual workers' health and their willingness to engage in improvements of work systems (Bakker and Demerouti, 2008; Demerouti et al., 2001; Eldor, 2016). However, engagement may have different aspects, i.e. trait, state and behavioral aspects (Macey and Schneider, 2008). In this context of healthcare clinicians' engagement in organizational improvements we suggest that engagement mean attitudes toward engagement in organizational development, work engagement as a

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cognitive state, and clinical engagement behaviour in developing patient safety and quality of care in practice. This study focuses on how work conditions contribute to these different aspects of engagement during organizational redesign of care processes among different groups of healthcare clinicians.

1.1. Work engagement among clinicians'

Human factors models often highlight how specific contextual factors impact work systems (Holden et al., 2015b; Karsh et al., 2014) and have recently been applied to study the implementation of LP in health care (Holden et al., 2015a). The Work Engagement model formulates hypotheses of how work resources connect to individuals' engagement in work (Bakker and Demerouti, 2008). According to the model, every occupation as well as organizational context has specific risks and resources. Moreover, adequate job resources (e.g. leadership quality or role clarity) contribute to reduced demands (e.g. quantitative demands at work and the work pace) and better organizational goal achievement and also promote personal engagement. The model combines stress perspectives on specific work conditions with research on work engagement.

1.2. Challenges in engaging clinicians

Employees' engagement in organizational improvements can have considerable impact on the outcomes (Salanova and Schaufeli, 2008; Strömberg et al., 2016). The need for health care clinicians' active engagement when developing health care has therefore been stressed by practitioners and researchers, although it can be difficult to accomplish in reality (Andersson and Liff, 2012; Liff and Andersson, 2013). There are challenges in engaging health care clinicians and there are many aspects and dynamics related to clinicians' engagement. Several studies demonstrate the difficulties of involving health care professionals in organizational changes from various perspectives. Particularly physicians' lack of engagement has been a central challenge (Ahgren, 2007; Choi et al., 2011; McNulty and Ferlie, 2004). Physicians are described as having considerable power and influence in organizational developments. They influence resource utilization, quality of care delivery, and the pace and extent of improvement processes (McAlearney et al., 2005). Studies have highlighted the clash between managerialism and professionalism (Choi et al., 2011; Degeling et al., 2003; Fulop et al., 2005) and have described the discontent when top-down decisions regarding structural changes reach clinical departments (Choi et al., 2011). The use of business logic to justify such changes has been described as increasing clinicians' frustration and reluctance to embrace the changes (Choi et al., 2011). Resistance to organizational improvements has been related to poor working conditions and negative experiences of reorganizations (Arnetz, 2001).

In the mid-1990s, the need for top-down initiated rationalizations of health care organizations (HCOs) was also apparent in Sweden, like today. Several studies described feelings of widespread distrust among clinicians towards their employers and a professional ambiguity about taking part in the large-scale, top-down, intense restructuring processes (Hertting et al., 2004; Rosengren et al., 1999; Härenstam et al., 2004; Conway et al., 2014; Westgaard and Winkel, 2011). Also, negative trends regarding work demands and sick leave were noted and it was concluded that these were long-term consequences of the organizational instability (Pettersson et al., 2005), especially if the reorganization was perceived as leading to negative consequences for the individual clinician (Dellve et al., 2003). On the other hand, when organizational redesign in line with LP has been implemented in practice and applied to clinical contexts at units, recent studies show positive associations with psychosocial working conditions and engagement in terms of increased participation (Ulhassan, 2014; Eriksson et al., 2016; Drotz and Poksinska, 2014; Dellve et al., 2015). Therefore, it seems that the organizational and work-related conditions as well as

professionals' and individuals' attitudes have considerable importance for engagement in organizational redesign. However, these associations can have different importance when restructuring is initiated in a top-down fashion by hospital management as opposed to when the organizational improvements are developed at clinical units.

1.2.1. Conceptualizing work resources for engagement among clinicians

Engagement can be divided into work engagement as a cognitive state, attitudes to engagement, and active engagement in clinical practice. *Work engagement* is conceptualized as a cognitive state by Schaufeli et al. (2006). They define work engagement as a positive, fulfilling, work-related state of mind that includes: vigour (i.e. high levels of energy, activity and mental resilience while working), dedication (i.e. being strongly involved in, proud of and enthusiastic about one's work) and absorption (i.e. being fully concentrated and happily engrossed in one's work). During the last decade, there have been several studies on the importance of work engagement. High work engagement has, for example, been associated with positive organizational outcomes (such as organizational commitment, good job performance, lower levels of staff turnover) and individual outcomes such as low levels of depression (Hakanen and Schaufeli, 2012), physical/psychosomatic health, sleep quality (Kubota et al., 2010) and proactive behaviour (Salanova and Schaufeli, 2008). Consequently, there has been an increased focus on identifying factors and conditions that make employees feel engaged in their work, in specific work related resources and demands impacting engagement (Bakker and Demerouti, 2008; Demerouti et al., 2001; Eldor, 2016). Contributing work resources include job control, social support, performance feedback, opportunities for development, challenging responsibility, leadership, high value fit, and organizational justice (Christian et al., 2011; Crawford et al., 2010; Halbesleben et al., 2012; Mauno et al., 2007). However, studies from different scientific disciplines show that health care clinicians, and specifically physicians, may have certain preconditions for engaging in organizational developments (compared with development of clinical treatments).

Clinicians' attitudes to engagement in organizational redesign as an antecedent factor for work engagement in practice has been described in a conceptual model including inner motivational drives and organizational conditions supporting attitudes toward engagement (Lindgren et al., 2013). The qualitative conceptual study focusing on physicians' beliefs and attitudes to engagement in organizational improvements, as well as their perceived resources for engagement, found that their central motivational drives were related to their perceptions of how and where to achieve professional fulfilment, which were supported by both organizational and work-related preconditions. Reinforcing preconditions included a clear organizational structure and role clarity, as well as achieving meaningful results, having influence, workplace continuity, predictability and recognition, effective strategies and procedures in organizational improvement work, learning and developing, and having concrete guidelines concerning time use in clinical practice versus organization improvement activities (Lindgren et al., 2013). Earlier studies have also explained health care clinicians' lack of active engagement in organizational improvements in terms of ambivalence and time conflict, implying that other time-consuming tasks are prioritized (Greenfield et al., 2011). Further, in-depth interviews with physicians revealed dissatisfaction with poor working conditions and lack of continuity in work groups, poor leadership and lack of clarity in time allocation between tasks as related to their negative attitude toward engagement in change processes (Lindgren et al., 2013).

Nurses' working conditions have likewise been described as challenging, especially during periods of organizational change, with increased demands and job-related dissatisfaction (Lawrence, 2011). In particular, ethical issues of importance for nursing practice have increased and led to moral distress and negative changes in attitudes to work and work engagement among nurses, and their concern about

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