

Promoting Psychological Health and Safety in Canadian Healthcare Organizations

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Abstract

This article analyzes findings from the Health Standards Organization's new Global Workforce Survey (GWS). The GWS enables healthcare organizations to measure, analyze and benchmark their workforce's perceptions of working conditions, safety culture and care quality against peers. The GWS measures key features of The National Standard of Canada for Psychological Health and Safety in the Workplace (CSA Group and Bureau de normalisation du Québec 2013; MHCC 2013). The article highlights how psychological health and safety in Canadian healthcare organizations can enhance the well-being of workers, improve patient care and ultimately contribute to a more effective healthcare system.

Introduction

Extensive research highlights the causes and consequences of a psychologically healthy and safe work environment for healthcare workers. The impact of the COVID-19 pandemic on healthcare workers and their organizations has heightened interest in this area (Barros et al. 2022; Boudrias et al. 2012; Cyr et al. 2022; Grailey et al. 2021; Mercado et al. 2022; OECD 2023; Schneider et al. 2022). Research on safety culture, employee engagement, organizational performance, nurses' work environments, healthcare outcomes and hospital performance provide important insights into how healthy and safe work environments for care providers contribute to better patient outcomes. The influences are direct and indirect, and often complex (Lowe 2012).

Statistics Canada's Survey on Health Care Workers' Experiences During the Pandemic revealed that 95.0% of healthcare workers experienced job-related impacts due to the pandemic (Statistics Canada 2022). The three most common job impacts were feeling more stressed at work (86.5%), having an increased workload (74.6%) and having to do work that they normally do not do (55.5%). The survey also documented that among healthcare workers not intending to retire, 17.9% plan to leave their current job or change jobs within the next three years, with the main reason being job stress or burnout.

One of the key drivers of high employee engagement is the perception that the organization promotes staff health and wellness, which means that it also must be a safe place to work. A study by Accreditation Canada on healthcare workers' quality of work life and patient safety culture sheds light on how these two concepts are related (Mitchell 2012). In a large sample of Canadian healthcare organizations, team leadership and senior leaders' support for safety emerged as an important influence on both the quality of work life and patient safety culture (Mitchell 2012).

Extensive research in UK-based hospitals links results from annual National Health Service (NHS) staff surveys with a wide range of patient outcomes. Broadly stated, better staff experiences are associated with better outcomes for employees and patients. These findings have implications for management practices, leadership and organizational resources directed at making work environments more engaging, healthy and safe (Powell et al. 2014; West and Dawson 2012).

US-based studies of Magnet hospitals focus on nurses' professional practice environment. Essentially, Magnet hospitals are high-performing hospitals that provide an excellent professional practice environment for nurses, which contribute to nurse recruitment, retention, engagement and other important nurse outcomes. Magnet hospitals also achieve better patient results, compared with their non-Magnet peers (Kutney-Lee et al. 2015; Stimpfel et al. 2016). Improvements in hospital safety, quality and patient care are best achieved by organizational interventions directed toward improving nurses' work environments, including health and safety (Olds et al. 2017).

About Health Standards Organization's Global Workforce Survey

This article analyzes findings from the Health Standards Organization's (HSO's) newly developed Global Workforce Survey (GWS), designed specifically for healthcare organizations.¹ The survey reflects HSO's commitment to people-centred care, emphasizing that care quality depends on a healthy, competent workforce. The GWS enables healthcare organizations to measure, analyze and benchmark their workforce's perceptions of working conditions, safety culture and care quality against peers. Survey results are actionable, facilitating learning and improvement.

Rigorous survey testing included a pilot test ($n = 658$) and a first wave of implementation ($n = 10,064$). The latter is the focus of this article. Seventeen organizations at 345 locations participated in the first wave of implementation, administered between September and December 2022. See Table 1 for a profile of the 10,064 healthcare workers who participated in the first wave of implementation. The GWS is now a client requirement of Qmentum Global for Accreditation Canada's Canadian Accreditation program (Accreditation Canada n.d.), to be completed by an organization's entire workforce.

In this article, I examine psychological health and safety in Canadian healthcare organizations, emphasizing how this can enhance the well-being of workers, improve patient care and ultimately contribute to a more effective healthcare system. The GWS measures key features of The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) (MHCC 2013). This voluntary standard enables the integration of psychological health and safety within existing occupational health and safety systems. It has been adopted by organizations in many sectors, including healthcare.²

Healthcare organizations that already conduct their own employee engagement or satisfaction surveys may be able to compare some of their results with GWS measures. However, the GWS is more comprehensive and healthcare-focused than these other employee surveys, measuring a wide range of topics such as psychological health and safety, retention, equity,

diversity and inclusion, burnout, job stress, moral distress, people-centred care, engagement and more.

TABLE 1.
Summary of the characteristics of the 10,064 healthcare workers who participated in the first wave of implementation

Characteristics	
Female	79.0%
35–54 years	47.6%
Full- or part-time permanent employees	85.6%
Working remotely all or part of the week	21.7%
Providing direct patient care	64.8%
Having a regular daytime work schedule	63.5%
Having experienced unfair treatment or discrimination at work in the past 12 months	Between 1.8 and 6.6%
Having witnessed unfair treatment or discrimination at work directed at patients or their family/friends in the past 12 months.	19.5%
Largest occupational groups	
Patients, residents, client care support workers	25.7%
Nurses	19.1%
Administrative and corporate support	12.0%
Support staff	8.1%
Social and community care workers	7.5%
Senior managers/executives	6.7%
Other healthcare professionals	4.3%

The National Standard of Canada for Psychological Health and Safety in the Workplace

The Standard uses the concept of “psychological health and safety” (MHCC 2013), which is a more positive and inclusive language than the medicalized term “mental health” (CCOHS n.d.). Workplaces are psychologically healthy and safe when harassment, discrimination, verbal abuse, unfairness and disrespect are not permitted and when employees have meaningful influence over their daily work. Such a workplace fosters workers' psychological well-being and enhances organizational performance – the twin goals of a truly healthy organization (Lowe 2020).

The Standard provides a framework and resources for identifying, assessing and reducing psychological health risks in the workplace (MHCC 2012; Samra et al. 2022). Launched in 2013 as a joint initiative of the Mental Health Commission

of Canada, Canadian Standards Association and the Bureau de normalisation du Québec, the Standard has become the instrument of choice in Canada for addressing workplace mental health issues (Samra 2017).

The Standard raises the bar for an employer's duty of care by including psychological well-being. Legal experts expect that courts, tribunals and arbitrators will consider the Standard when determining an employer's responsibility to provide a psychologically healthy and safe workplace.

The centrepiece of the Standard is its focus on 13 workplace factors that contribute to a psychologically healthy and safe workplace (Table 2, available online at www.longwoods.com/content/27490). Employers must address these factors to reduce job stress and burnout.

A review of 20 English-language guidelines developed for employers to detect, prevent and manage psychosocial risks in workplaces assessed their quality and comprehensiveness (Memish et al. 2017). Of all 20 guidelines, the Standard ranked the highest. The International Organization for Standardization has incorporated Canada's Standard into its guidance on managing workplace psychosocial risks and promoting worker well-being (ISO 2021).

Mapping HSO's GWS to the Standard

I have *mapped* the GWS to the 13 workplace characteristics identified in the Standard as contributing to workers' psychological well-being. It is important to recognize that these characteristics must be contextualized; so in Table 2, they are adapted for use by acute care healthcare organizations. HSO has adapted its GWS for use in long-term care, community care and other health and social service sectors.

Key psychological health and safety outcomes highlighted in Table 2 include the following:

- *Job satisfaction*: 65.9% of survey respondents report being satisfied or very satisfied with their job, a sign of sub-optimal job quality.
- *Work-life balance*: A positive finding is that 69.7% of the respondents agreed or strongly agreed that they can balance their family/personal life with work.
- *Organizational culture*: 61.6% of the respondents agreed that senior management can be trusted, suggesting a weak organizational culture.
- *Employer recommendation*: Only 58.2% of the respondents would recommend their organization as a place to work, compared with 17.3% who would not recommend their organization.
- *Retention challenges*: 43.3% of the respondents often think about leaving their job, raising potential retention challenges for employers.

The GWS also assesses workers' experiences of moral distress. As the Canadian Medical Association states: "Moral distress occurs when one feels unable to take what they believe to be an ethically appropriate or right course of action, including avoiding wrongdoing or harm, because of institutionalized obstacles. It is a psychological response to an experience of moral conflict or moral constraint ..." (CMA 2020: 1). In the past 12 months, 53.5% of GWS respondents experienced moral distress, because they had to care for more patients than they believed they could safely care for.

The other indicators of patient care quality are more positive:

- *Respect and dignity*: 92.5% of survey respondents treat patients with respect and dignity.
- *Patient involvement*: 85.0% of survey respondents agreed or strongly agreed that they ensure that patients, their families and caregivers actively participate in making care decisions.
- *Feedback utilization*: 82.9% agreed or strongly agreed that they use input and feedback from patients, their families and caregivers to improve the quality of care/services they provide.
- *Inter-unit collaboration*: 78.2% agreed or strongly agreed that they work well with other units to deliver the best patient care/services.

Overall, 61.4% of the respondents give their unit/team/work area a "very good" or "excellent" grade on patient safety.

Figures 1 and 2 provide a closer look at how burnout and job stress affect the work environment, patient care, job quality and staff well-being.

Note in Figure 1 the large differences between respondents who experience low burnout compared with those who frequently feel burned out. Eighty per cent or more of the respondents experiencing low burnout are satisfied with their jobs, have a psychologically healthy and safe work area, trust senior management and rate their unit's patient safety grade as "very good" or "excellent." In contrast, only 24% to 42% of the respondents who frequently experience burnout provide positive ratings of these same measures.

A similar pattern is observed for job stress in Figure 2. Healthcare workers experiencing high job stress are far less likely to rate their work area as psychologically and physically healthy and safe, having very good or excellent health and having a strong patient safety culture in their unit. Furthermore, most respondents with high job stress would not recommend their organization as a place to work and often think about quitting. Only 23.1% are satisfied with their job, in stark contrast to 90.2% whose jobs are not stressful.

In summary, Figures 1 and 2 highlight the significant costs of burnout and job stress on worker’s well-being, their psychological health and safety, the quality and safety of care they provide and their employer’s ability to retain and recruit staff. A recent study by the Institute for Work and Health and the Occupational Health Clinics for Ontario Workers found that a poor psychosocial work environment is associated with a substantially increased risk of burnout and stress (Shahidi et al. 2021). This underscores the importance of encouraging positive psychological health and safety.

Using the GWS to Identify Opportunities for Improvement

The goal of HSO’s GWS is to enable healthcare employers to identify opportunities to improve workers’ well-being, care quality and patient safety. As a first step, employers should evaluate their survey results, looking for ways to strengthen psychological health and safety.

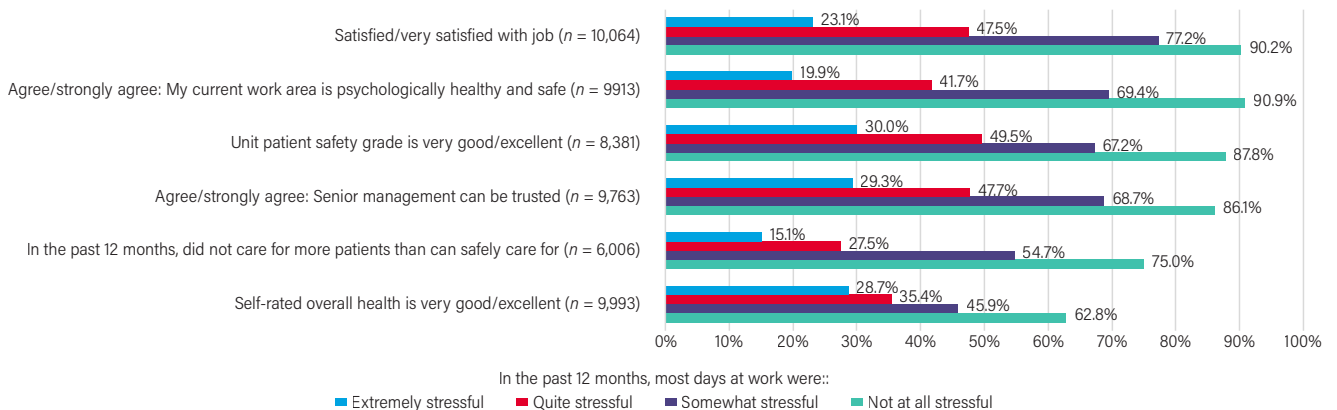
It is also instructive to learn from other organizations that have successfully implemented the Standard. Here are practical insights in this regard that healthcare organizations can consider adopting (Lowe 2020):

- Define your organization’s unique business case for improving psychological health, including the investments required and the expected benefits, which can go beyond the financial to include alignment with your organization’s mission and values, staff engagement and well-being goals and commitment to social responsibility.
- Adapt resources, such as those provided by the Standard, to your organization’s unique needs and existing programs, policies and practices. A customized approach to workplace psychological health promotion works best.
- Greater success in implementing the Standard and other psychological health and safety initiatives follows when employers embed psychological health and safety in their organization’s culture. The absence of a *culture of well-being* is a major barrier to progress.
- Do not wait to have the perfect plan to start. Even adapting parts of the Standard or using some of its tools can jump-start positive change, if you have a long-term vision of what the organization wants to achieve and a commitment to continuous improvement in pursuit of that vision.

FIGURE 1.
Impact of burnout on well-being, the work environment, care quality and patient safety



FIGURE 2.
Impact of job stress on well-being, the work environment, care quality and patient safety



- Leadership commitment to improvement goals is essential for success, but so too are high levels of commitment at all levels of the organization. A lack of commitment, especially by senior leaders, is a significant barrier to progress.
- Dedicated resources are also essential if psychological health and safety initiatives are to have measurable benefits. A lack of adequate resources is another barrier to progress.
- After identifying the priority actions for your organization, set clear improvement targets and systematically measure and widely report progress, engaging management and employees in ongoing psychologically healthy and safe improvements.

It is also important to recognize your workforce's strengths and widely communicate these. According to the GWS, healthcare workers understand their roles, are treated with respect by co-workers, treat patients with dignity and respect, receive help when needed from their co-workers and feel that their job makes good use of their skills (all rated 80% or more positive in the survey). In the 70% positive range are receiving needed training, being able to make improvements in how they do their job and open and honest communication. All of these are strengths to build upon.

In contrast, just over half (55.6%) have enough time to do their job, 59.1% rate their work area as psychologically healthy and safe, 61.7% receive feedback from their supervisor on their job performance and 65.2% agree that they can decide how to do their job. These four survey findings should be an improvement priority.

Burnout and job stress are two looming concerns for many healthcare workers and their employers. While there is no easy fix for these problems, a start would be giving workers a meaningful opportunity to contribute their ideas for solutions. Maintaining a constant focus on patient safety, care quality and employee well-being should serve as powerful motivators for driving continuous improvement – and using results from the GWS to track progress. **HQ**

Notes

1. The author would like to thank HSO for providing access to the GWS data presented in this article and Melanie Jameson of HSO for reviewing earlier versions of this article.
2. For examples of healthcare organizations that have adopted the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard), refer to the following: Lowe 2020; Malachowski et al. 2017.

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