

Reengineering the hospitals and Staff Working Conditions Emphasizing Nurses

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Abstract: The world health care sector, as the industrialized organizations, has undergone dramatic restructuring and downsizing during the past decades, which incurred serious changes of conditions in which nurses deliver healthcare. As human resources management strategies seemed to have had a positive effect on the similar problems beard by other industries, it appears that the public healthcare sector as failed to endeavor in the same way and is still struggling to design and implement effective schemes. This issue is becoming more and more urgent. Indeed, as governments focus on improving quality and cost effectiveness of patient care, the public healthcare sector has fallen into a vicious circle caused by: "overall workforce shortage, increasingly high and complex workloads, difficult working conditions, a feeling of continuous change and a feeling that the profession is less valued." (Review Body 1999; NHS, 1999, DoH, 1998b; 1999). This paper will resume the major impacts restructuring brought out on nurses working conditions, and thus on quality of care. We will then look at the solutions to take up in order to maintain and improve quality of service.

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Introduction

There are two degrees of consequences resulting from the restructuring of hospitals, one leading to the other. As Reeves (1997) says, nursing personnel consist of the largest workforce and the most costly of the NHS, which explains why this group has been most affected by downsizing and reduction of costs leading to a first degree of staff-shortage and mistrust towards the system. This engendered many other problems thrusting the NHS in a vicious circle.

Indeed, the staffing shortage increased the workload of nurses and the hiring of unlicensed assistive personnel. This demanded that nurses have a wider range of skills such as supervising the workers and multiplied the amount of paper work. As a result, nurses were faced with heavier responsibilities. In addition, as hospitals tried to increase workforce flexibility, nurses are not as specialized as they were and, thus, are more and more rotated to other unfamiliar areas. Moreover, nurses have less and less time to take care of their patient, which, according to the study led by McNeely (1996), leaves nurses with a feeling of guilt and anxiety having the impression that "they have let their patients down". The changes mentioned above have been proved by the Corey-Lisle et al. (1999) study to be factors of lower job satisfaction and higher stress level. These results confirm those of an earlier study carried out by Davidson et al. (1997) which revealed that downsizing and job restructuring had a negative impact on most aspects of nurses' job satisfaction.

At the same time, the mistrust resulting from the changes led to other problems in the organization.

Cook and Wall define organizational trust as the extent to which one is willing to ascribe good intentions to and have confidence in the words and actions of other people. This definition shows that the diminished level of trust and what it engendered, may be one of the reasons that the organization transformation was not very successful. As Spence Laschinger et al. (2001) point out, researches have proven that "decreased level of trust are associated with decreased communication and increased conflict." and that mistrust is due to information not being shared, resources being attributed unevenly, and managers not supporting their employees. Likewise, Johns (1996) concluded that trust affected organizational factors such as job satisfaction, organizational effectiveness, commitment, organizational citizenship behavior, extent and efficiency of communication. Additionally, high absenteeism, limited learning, low accountability, reactionary thinking and low creativity are very common in low trust organizations.

With knowledge of all the above issues, it is understandable that nurses hesitate less to leave the public hospitals, as it is easier to find jobs elsewhere with the increased competition within the health care sector. Furthermore, it has been verified that in the United Kingdom, 10% of the newly trained nurses leave the NHS within a year of qualification (Review Body for Nursing Staff, Midwives and Health Visitors, 1999) and a third of the trained nurses in age of working have abandoned the profession (DoH 1999b; Audit Commission, 1997), taking us back to

the first link of the viscous circle. These findings reflect the uneasiness of the National Health System.

All of the problems that follow from nurse shortage and the mistrust of employees in the organization must certainly have an effect on quality of care given to patients.

Verily, communication for example, whether within teams or across departments, is vital to nurses and other medical staffs, and last but not least the patient. Clear and complete communication is necessary so that patients needs are not "lost in the maze" Flynn et Ricca (2001, p.49). Experience and expertise must be shared in order to facilitate diagnoses, problem solving, and decide of the suitable intervention for the patient. More and more nurses cannot take as much time as they think is needed to give psychological support to patient or their families, even though it is an integral part of patient care, which affects patient satisfaction and well being. As Newman et al. (2001) mention, service quality and human resource management as well as marketing literature have emphasized the fact that there is an existing relation between staff satisfaction and customer satisfaction. In a service sector, for example the hotel industry, it is well known that the workforce plays an important role in customer satisfaction as it is them who deliver the service and this same workforce depends on its working environment. If the latter is not pleasant and easy, employees are not satisfied and there is a good chance for it to portray itself on the quality of service. Even though these notions are taken from private sector service industries, Newman et al. (2001, p.61) declare "we see no reason why they should not be applicable in a public sector service context".

Finally it is important to mention that industries seem more and more aware that employees can take active participation in the improvement of an organization. Indeed many leading international companies have and continue to pay utmost attention to the available human resources strategies in order to implicate their employees in all aspects of organizational excellence. The reason being that by doing so, they were able to obtain a higher productivity and stay competitive on a market that is more and more fears.

It appears that the NHS is in a critical situation caused by many factors and is still struggling to remedy it. Where it is even more surprising is that many studies have been undertaken since the early 1980's revealing the same apprehensive situation existing today. In addition it seems incomprehensible that governments look to improve quality and cost-effectiveness without considering the role that employees can play in doing so like it has been proven through many studies.

In the following part of this paper will look at the various human resources strategies that could enable the NHS to see the end of this crisis and verify their applicability.

As we have discussed above, many issues have arisen from the restructuring of the NHS. We could imagine that there would be one solution to each problem evoked and that it would be one of the reasons the NHS is still fighting. But it appears that a few big changes could help improve all the negative aspects of the organization. Let's recall the fact that if nurses leave their job it is mostly due to organizational factors since initially, the act of integrating a hospital service evokes a personal attribute whereby nurses retrieve satisfaction and pleasure by caring for others. The two major strategies, which are strongly linked, we will discuss of, are empowerment and organizational culture.

According to Johns (1996) "empowering employees involves understanding the needs and capabilities of employees, trusting them, and helping them to maximize their fulfillment while pursuing corporate goals."

In the study conducted by Spence Laschinger et al. (2001), a strong relationship between trust and share of the information was found. Indeed, it is the managers who control the flow of information. When information is not being shared, employees will automatically speculate as to why, resulting in a loss of trust towards management. Moreover, it is important that information, such as budgetary, goals of managed care, is provided to nurses, as they would better understand how the organization functions and could even contribute to its improvement and evolution. Additionally, it would intensify the feeling of being part of a group. If a trustful relation could be integrated, then nurses would not feel betrayed when actions or changes were to be implemented which would facilitate transformation such as the ones undergone in the past.

Understanding the needs and capabilities of employees implies supporting them. In the previous literatures examining nurses work conditions; lack of support from management was brought up several times. A very simple example taken from McNeelys' study (1996), is that there was so little recognition of the stress carried by staff that some admitted not turning to professional help because of fear of repercussion for their career. A bigger issue is that of management having failed to support nurses taking career breaks and reward good work. As a result many nurses felt that they had no choice but leave the NHS if they wanted to move forward in their career.

Managers can support nurses by providing useful feedback and guidance whilst allowing them to use their own judgment to make decisions especially

on patient care issues. By taking part in the decisions making affecting themselves and their departments, nurses will feel fulfilled and more respected. Furthermore, they can greatly contribute to improving quality and reduction of costs.

As Spence Laschinger et al. (2001) mention in their study, working in an environment favoring empowerment has many positive impacts. Firstly, nurses feel more satisfied with their work and secondly they are more committed to the organization. Meyer and Allen (1991) distinguished three types of organizational commitment, affective, continuance and normative commitment. The one we are referring to, is affective commitment, which is defined as an individual's emotional attachment, identification with, and involvement in the organization. Proof of why empowerment should be implemented in the NHS has been given, and we will look at the limits of this strategy in the NHS after having talked about organizational culture.

According to Hollway (1991), organizational culture refers to the norms, values and beliefs within this organization. When looking at the characteristics of an ideal organizational culture determined by Harris and Hartman, it is clear that this strategy punctuates with empowerment. Truly, both tend to introduce management support, shared decision making, high level of trust, commitment to the organization and availability of information and resources. However, organizational culture, emphasizes more on co-operation and communication.

In the health care system, patient care often involves various teams or departments, which results in a high dependence between them. In order to provide a certain quality of care to the patient, co-operation and communication across departments and within teams is crucial.

The study led by Carson et al. (2001) explains how across department collaboration can be improved inside the NHS. If employees get information from their supervisors helping them understand how other departments work and contribute to the organization, then they will better situate themselves and their department inside the organization. This will help the process of "socialization and enculturation", prevent employees to be confused as to what their role is and make them realize that there are no real injustice that exist between services. As a result work satisfaction and commitment will increase and nurses will feel that their work is more valued.

As nurses spend most of their time communicating, it is important that they communicate in a clear and concise manner in order to correctly convey information. Flynn and Ricca

(2000) gave advice on how to improve communication such as meeting with other nurses to get different perspectives and share clinical information to ensure best quality care.

As communication between nurses and other medical personnel takes a lot of time and energy, it is interesting to look at the new technologies available to encourage communication and reduce the time it demands. Indeed, Linden and English (1994) discovered on a 6'709 sampling that nurses spend at least 10% of their time "looking for someone". Today, systems such as multiparameter alarm and waveform paging, wireless telephones and nurse call systems can reduce the amount of time "wasted" in commuting from one place to another leaving more time for patient care. Moreover, the internet and many other programs for example allowing to quicker access patient information, patients to self-register, deserve a closer look as to how it can help improve quality of care.

Even though empowerment and organizational culture need time to be effectively implemented in the NHS system, it seems as though most hospitals haven't even tried since the 1980s'. As to the ones who did, something appears to be slowing down the complete achievement of human resources management strategies. Two main reasons stand out from the study of Cunningham and Hyman (1996), operational and financial pressures.

They state that "financial imperatives placed severe limitations on the amount of resources allocated to the implementation of strategies." This is understandable, as managers have to operate within government's financial limits. But where the contradiction lies, is that the governments are knowledgeable of the crisis affecting the NHS but can not react accordingly, even though resources are at hand. Verily, they have taken initiatives such as a major recruitment advertising campaign in 1999 in the UK or raising the starting salary.

Managers state that operational requirements are such, that they do not have enough time left to take care of issues required to nurture a culture of high commitment and motivation among staff. But Cunningham and Hyman (1996, p.20) suggest that "these findings perhaps indicate a failure among line managers to appreciate the importance of such matters" and " they were not entirely committed to the aim of fostering a commitment culture among staff". These suggestions, if revealed true, could certainly be the major explanation of why strategies have not yet been put in place. This underlined by Zairi (1998) who proposes as a starting point of the application of human resources management strategies: Leadership. Managers play a crucial role in many of the strategies and changes. If they are

themselves, not motivated, not committed to the organization then you can not expect changes to be successful or simply even made.

Conclusion

Throughout this paper, we have analyzed the various matters resulting from organizational restructuring, affecting nurses working environment. It has been proven that all factors were linked, one bringing about another, the latter worsening the first, and thus thrusting the National Health Systems into a vicious circle. As organizations are unable to recruit, satisfy and retain nurses, the biggest crisis of the NHS appears to be staff-shortage for it is one of the problems that engenders so many others. Where it should worry governments is that parallel to their desire to improve quality of care, shortage of nurses is threatening that same quality of healthcare. We have shown that while various other industries have recognized the need to consider people as a key factor of their success, the healthcare sector seems to underestimate this philosophy.

By looking at two major human resources management strategies, we have seen that if they could be successfully implemented in public hospitals, many of the problems would be solved. Indeed, by improving the working environment of nurses, less of them would forsake their jobs and young nurses would be easier to attract, thus diminishing the threat of nurses shortage on quality of care. Additionally, these strategies would allow nurses to participate in strategic planning and cost reduction, through commitment towards organizational goals.

However, these strategies have been proven effective for some time now, and even though the healthcare sector has known the same problems since the beginning of the 1980's, very few hospitals have made efforts to improve the situation. We looked at two major factors, financial and operational limits, which could be the reasons of the inability to implement strategies. But it seems they may not be the direct reason, as financial resources are available and managers do not appear very motivated for real change as to organizational culture and commitment. Further research needs to be done in order to detect if the problems truly come from the financial and operational requirements managers are faced with or from the managers themselves.

References

1. Newman, K. & Malor, U. & Chansarkar, B. (2001). The nurse retention, quality of care and patient satisfaction chain, *International Journal of Health Care Quality Assurance*. 14 (2), 57-68.
2. Jackson, S. & Hinchliffe, S. (1999). Improving organisational culture through innovative development programmes, *International Journal of Health Care Quality Assurance*. 12 (4), 143-148.
3. Spence Laschinger, H. & Finegan, J. & Shamian, J. (2001). The impact of workplace empowerment, organisational trust on staff nurses' work satisfaction and organisational commitment, *Health Care Management Review*. Gaithersburg: 26 (3), 7-23.
4. Yaron, R. (2000). Nurses get IT right, *Nursing Management*. Chicago: 31 (10), 22-23.
5. Burke, R. & Greenglass, E. (2001). Effects of changing hospital units during organizational restructuring, *The Health Care Manager*. Gaithersburg: 20 (1), 10-18.
6. Clark, P. & Clark, D. & Day, D. & Shea, D. (2001). Healthcare reform and the workplace experience of nurses: Implications for patient care and union organization, *Industrial & Labor Relations Review*. Ithaca: 55 (1), 133-148.
7. Carson, K. & Carson, P. & Yallapragada, R. & Roe, CW. (2001). Teamwork or interdepartmental cooperation: Which is more important in the health care setting?, *The Health Care Manager*. Gaithersburg: 19 (4), 39-46.
8. McConnell, E. (2001). Open the lines of communication, *Nursing management*. Chicago: 32 (3), 45.
9. Flynn, L. & Ricca, J. (2000). For the patient sake, communicate!, *Nursing management*. Chicago: 31 (1), 49.
10. McNeese-Smith, D. (2001). Staff nurse views of their productivity and nonproductivity, *Health Care Management Review*. Gaithersburg: 26 (2), 7-19.
11. McNeely, S. (1996). Stress and coping strategies in nurses from palliative, psychiatric and general nursing areas, *Health Manpower Management*. 22 (3), 10-12
12. Cunningham, I. & Hyman, J. (1996). Empowerment: the right medicine for improving employee commitment and morale in the NHS? , *Health Manpower Management*. 22 (6), 14-24.
13. Zairi, M. (1998). Managing human resources in healthcare: learning from world class practices: part I , *Health Manpower Management*. 24 (2), 48-57.
14. Zairi, M. (1998). Managing human resources in healthcare: learning from world class practices: part II , *Health Manpower Management*. 24 (2), 58-65.
15. Zairi, M. (1998). Managing human resources in healthcare: learning from world class practices: part III , *Health Manpower Management*. 24 (5), 166-169.

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