Original Article

An Approach Model for Employees' Improving Quality of Work Life (IQWL)

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Abstract

Background: Organizational features can affect how employers view on their QWL is an important consideration for employees interested in improving employees' job satisfaction.

The research reported here aimed to provide the processes used to investigate and implement a pathway for TUMS Employees Improving of Quality of Work Life as an approach model.

Methods: A Quality of Work Life Strategic Planning Committee was formed to focus on enhancing TUMS employees' quality of work life. In the next step 30 QWL teams consisting of managers and employees were conducted in each of 15 as all of TUMS Hospitals. Committee members identified similar key themes of dissatisfaction. Based on the key themes identified, a survey was developed by QWL Strategic Planning by the questionnaires which distributed to 942 employees and 755 of them were returned. The collected data were saved by SPSS software and analyzed by statistical method.

Results: The results from the survey showed that the perceived strongest areas among 12 categories developed by QWL Strategic Planning Committee that employees agreed to improve on their QWL were communication, leadership monetary an non- monetary compensation and support. This committee evaluated the outcomes of QWL managers and employees teams to improve the employees, quality of work life at 15 TUMS Hospitals.

Conclusion: The QWL Strategic Planning Committee recommend a new approach model to suggest the ways which impressive on the employees' improving QWL.

Keywords: *Quality of life, Model, Employees, Iran*

Introduction

There is not a common accepted definition for quality of work life. In health care organizations, such as hospitals, quality of work life (QWL) has been described as referring to the strengths and weakness in total work environment (1).

Organizational features can affect how employees view on their quality of work life. It is an important consideration for employees' to be interested in improving their job satisfaction (2).

Organizational features such as policies and procedures, leadership style, operations, and general contextual factors have a profound effect on how employees view the quality of their work life. QWL is an umbrella term which includes many concepts. Because the perceptions held by

employees play an important role in their decision to enter, stay with or leave an organization, it is important that employees' perceptions be included when assessing QWL (3). Achievement of the improving quality of work life (IQWL) promotes the better use of existing workforce skills and increased employees involvement. Most importantly, it encourages and supports the enhancement of the internal skills base to create a more professional, motivated and efficient working environment.

There are several frameworks used by organizations to improve their performance through the development of their employees. The standard framework supports continuous improvement by encouraging managers to evaluate the internal

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functions which shape their organizations, effectiveness. Such functions include performance management mechanisms, employee's career development, and employees' involvement. A tried a tested framework allows health care organizations such as hospitals to address key issues that are of concern for hospitals (4).

Therefore, a high QWL is essential for health care organizations to continue to attract and retain employees (5). QWL is a comprehensive program designated to improve employees' satisfaction (6).

Several studies found a strong relationship between job satisfaction and QWL for health care organizations' employees (7).

The research reported aimed to provide the processes used to investigate and implement a pathway for TUMS Hospitals' Employees as an approach model to improve QWL for them.

Materials and Methods

To assist in achieving defined objectives and recognition of quality work life issues and indicators, the Quality of Work Life Strategic Planning Committee was formed in Tehran university of Medical Sciences. The members of this committee were two hospital medical managers, two hospital administrators and one occupational health expert teamed to gather to determine strategic planning and priority to focus on enhancing the quality of work life of TUMS Employees. In the first meeting, this committee ensured a continued commitment to improve and focus on the QWL of TUMS Hospitals' Employees as an approach model and recommended that 30 QWL teams consisting of mangers and employees were conducted in all fifteen of TUMS hospitals. Manager's teams were formed with TUMS Hospitals Nursing Administrators and Head of Clinical and Supportive departments. Employee's teams were formed with representatives of TUMS Nursing, Supportive and Paramedical employees.

QWL committee members spent additional time to gather the information about the employees' improving QWL at each hospital. Following several meetings, 30 QWL teams identified similar key common themes of dissatisfaction.

These data are showed in Fig. 1. QWL teams declared these data to QWL Strategic Planning Committee.

At first, based on the identified key themes a total of 12 areas were developed by the QWL Strategic Planning Committee (Fig. 2). In the next step, a cross- sectional, descriptive and analytical survey with 942 employees as 20% of total employees at 15 TUMS hospitals were asked to rate of their agreement or disagreement in relation to a series of statements using Lickert Type Scale were developed by QWL Committee as shown in Fig. 2.

However, the questionnaires were distributed to 15 TUMS Hospitals' Employees and 755 of them were returned, the response rate achieved to 90%. A number of employees were chosen to offer written comments. Many of the comments mirrored those that were made in the QWL Teams and Strategic Planning Committee.

The collected data were analyzed by SPSS software. The results were broken into four sections of employees just managers, nurses, supportive (non- clinical) and paramedical employees.

Results

- 2/3 of the employees believed that they were unsatisfied because they could not participate in decision-making.

- Only 20% of the respond ants indicated that they were satisfied and very satisfied with their job motivation.

- 54.7% of the respondents believed that their managers and supervisors did not observe fundamentals of human relations in their hospitals.

- 2/3 of the respondents had not trust to their senior management.

- The vast majority (96.9%) of the respondents indicated that they are paid not enough.

- The vast majority (98.4%) of the respondents indicated that they were unsatisfied with their job welfare.

- The vast majority (92.3%) of the employees believed that they were unsatisfied with cash payment to them.
- All of the employees expressed that they were unsatisfied with non cash payment to them.

72.3% of the employees believed that they were unsatisfied with support from their supervisors. According to the results, there were no observable differences among the four groups in their rating of respect.

- **Human resource issues relating to workload and staffing**

- **Management practices**

- **Poor communication between employees and management**

- **Leadership issues**

- **Inadequate rewards and income**

- **Loss of respect , trust and income among people**

- **More involvement in decision making**

- **Identified need from assistance for employees to deal with burnout and change**

- **Care taking function is not supported by TUMS Hospitals as a whole**

Fig. 1: Dissatisfaction Themes form employees and managers QWL teams.

1. **Organization commitment**

2. **Trust**

3. **Support**

4. **Monetary Compensation**

5. **Non monetary Compensation**

6. **Leadership**

7. **Attendance management**

8. **Communication between managers and employees**

9. **Communication between managers and managers**

10. **Overall Communication**

11. **Respect**

12. **Recognition**

Fig. 2: Set of 12 dissatisfaction measures developed by QWL Strategic Planning Committee

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Fig. 3: New Structural Approach Model to improve QWL at TUMS Hospitals, 2005

Discussion

The results showed that the perceived strongest areas among 12 categories developed by QWL Strategic Planning Committee that employees agreed to improve on their QWL, were communication, leadership, monitory and non monitory compensation , and support.

- High scores for poor communication were noted between managers/supervisors with employees need improvement. Though, the developments of a "communication strategy" suggest establishing clear communication focusing on linkages between managers and employees.

The most important predictable QWL belief the organization carries out is mission statement, good communication, good organization support for training and development, good decision latitude and being satisfied with the organizations recognition of employees' contribution (8).

- Areas outlined for leadership improvement include visibility of senior leaders, increased awareness of employees' needs and perspectives including increasing of opportunities for participitation in decision making.

Canadian Nurses Association Position Statement identified the following elements for which stakeholders in health care field have a responsibility:

• Staffing decisions based on existence with direct input from professional nurses.

• Opportunities for nurses at all levels to participate in decision making.

• Support for nurses to use evidence- based decision making (9).

- A formal, organization- wide system of monetary and non monetary compensation and rewarding employees for their accomplishments would be highly beneficial. Increased workload and fiscal restraint occurred in recent years, left employees feeling pressure in their jobs. It seems that the support structure at 15 TUMS Hospitals should be reviewed for improvement and available to employees, including review of workload and support from supervisors.

"Wood ward" studied about supervisor social support scale included supervisor helpfulness. Concern the welfare of employees and ability to facilitate effective interaction among employees in a large teaching hospital at Ontario (10).

The information that gathered and analyzed by QWL managers' teams and QWL employees teams in each TUMS Hospitals represented to QWL Strategic Planning Committee.

QWL Strategic Planning Committee evaluated the results from this survey and developed new approach model to improve the employees, QWL at 15 TUMS Hospitals (Fig 3).

The Chancellor's Coordinating Committee on QWL was formed late 2002 to provide a point of coordination and support to advance the QWL for University of California's Employees. The committee focused on three areas- communications, training and rewards. Recognition all of which

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were identified as priorities by the chancellors based on results of employees survey (11).

One of the initial goal of the QWL Strategic Planning Committee was the collaborative effort to define what an organization looks like with a high QWL. The committee created the following philosophy, which continuous to be celebrated to day:

An organization with a high QWL is an organization that promotes and maintains a work environment that results in excellence in everything it does-by ensuring open communication, respect, recognition, truss, support, well being and satisfaction of its members, both personality and professionalism.

The results of a survey were conducted in Canada at 2001 showed that QWL is a multidimensional construct and a global evaluation of one's workplace and context. The implications of these finding are currently being deliberated as they relate to improving QWL with each health care organization (12).

The QWL Strategic Planning Committee recommend 15 TUMS hospitals as new approach model to suggest the ways which impressive on the employees improving QWL as below :

- Communication: It investigates the ways not only to enhance employees skills on the quality assurance system, but to keep the system updated and organized, ensuring edified and easily available.

- Reward and recognition: It will significantly improve one initiative includes the development of a "star performer" program to allow all employees to recognize each other. Any employee that receives a star performer note is visited by TUMS Hospital Senior Management and presented with a "QWL Star "to recognize how important each of them is to the organization.

- Attendance Management: It suggests turning the pre-existing attendance management policy from one that appears to punish employees for absenteeism, to one that rewarded employees for working to reduce their absenteeism. This may be achieved by developing a reward system for employees who worked for a three- month period without taking on unscheduled day off. Each

quarter, a draw is held for prizes. To create further incentives, approval is received to create a grand prize for employees not to take day off and do additional work. There will be very positive feedback from employees and resulting in a reduction in absenteeism.

- Leadership: It investigates leadership and literature attempting firstly to gain a better understanding of leadership techniques to find how practices at each TUMS Hospitals.

The outcome to date is the development of a leadership education program to educate our management on the concept of leadership.

- Support and Decision Making: It investigates employees participitation in decision making is a good opportunities to be satisfied with their job. QWL in Health Care Services organizations accreditation is a major step forward. Many concurrent initiatives across Canada address employees QWL needs and concerns from different angles. There is also significant progress in this direction in the United Status where the Joint Commission on Accreditation of Health Care Organization (JCAHO) has committed to improve the quality of health care work place (13).

We look forward to perform our Approach Model outcomes to improve QWL of TUMS Hospitals Employees in future.

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