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A Snapshot of Worklife Measurement in Canadian Healthcare Organizations: Indicator Survey Results

Quality Worklife-Quality Healthcare Collaborative

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Introduction

The Quality Worklife-Quality Healthcare Collaborative (QWQHC) is a coalition of twelve national health organizations committed to the promotion and enhancement of healthy workplaces in healthcare, with the objective of improving patient care.

In recent years, the Collaborative has initiated a national call to action to health care leaders, in order to drive improvements in quality worklife and quality healthcare, through system-wide engagement, action, accountability, and knowledge exchange. One of the QWQHC's on-going priorities has been to promote and support the use of Quality of Worklife (QWL) measurement aimed at helping organizations and systems to move toward this goal. Guided by QWL experts, the Collaborative has, to date, identified seven (7) worklife indicators that all health organizations could use regularly to gauge and improve their workplace practices and environments. These indicators are believed to be relevant, practical, feasible, and applicable to all health organizations, and have evidence to support their connection to key outcomes. They are as follows:

- Turnover Rate
- Vacancy Rate
- Overtime
- Absenteeism
- Workers' Compensation Lost time
- Training & Professional Development
- Health Provider Satisfaction

To gain a better understanding of current worklife measurement approaches across settings, the Collaborative surveyed a number of health service organizations across Canada in spring 2009. The QWQHC was particularly interested in learning:

i. Which measures are most commonly collected and their associated definitions
ii. What tools are used to collect measures
iii. What the perceived value of measurement is in effecting change
iv. To what extent comparison is occurring and the associated barriers and enablers

Furthermore, the Collaborative undertook this survey to inform the future direction of its QWL measurement agenda, which includes inspiring action by sharing information with organizations such as accrediting bodies, provincial health quality councils and other provincial and national bodies, as they pursue their work.

The findings shed light on the purpose and the utility of worklife measurement activity across organizations, as well as the inherent challenges and enablers. This exposes a number of opportunities and activities that may strengthen worklife measurement in health services. The results and discussion that follow provide interesting insights and suggest possible areas where organizations could benefit from additional support for worklife performance measurement.

Method

The QWQHC approached individuals within its existing network to engage the participation of organizations in this survey. Organizations known to be involved in worklife measurement were of particular interest, as was the participation of organizations spanning various health service sectors and geographic jurisdictions across Canada. An electronic survey (see Appendix 1) was disseminated in spring 2009, either directly through the Collaborative's secretariat or through its contacts, to organizations that had expressed interest in participating in the survey. Sixty (60) completed surveys were returned to the QWQHC. The majority of surveys were completed by individuals from within Human Resources, Employee Health and Wellness, Organizational Development, and Administration.

The intention of the survey was not to yield results that could be generalized, but rather, to provide insights based on a cross-section of organizations relative to the use and perceived utility of QWL indicators in health services settings. Therefore, although the sample size does not lend itself to statistical significance, the findings are notionally important, and lend themselves to furthering discussion around the importance of worklife measurement.

Findings

Overview of Representation

This section presents the results of the survey. The sixty completed surveys were returned to QWQHC from organizations as follows:

Location	Number of completed surveys
West (BC)	4
Prairies (AB, SK, MB)	5
Central (ON)	18
Quebec	6
Atlantic (PEI, NB, NS, NL)	22
Territories (NU, YK, NWT)	5

As shown above, the majority of completed surveys were from Atlantic Canada and Ontario. The fewest number of completed surveys were in the Prairies and the Territories.

The responding organizations represented the following health services:

Location	Number of completed surveys
Acute/Hospital	23
Community Health Clinic/Centre	7
Long Term Care	17
Home or Continuing Care	5
Community Visit Care	3
Rehabilitative Care	2
Teaching Organization	3

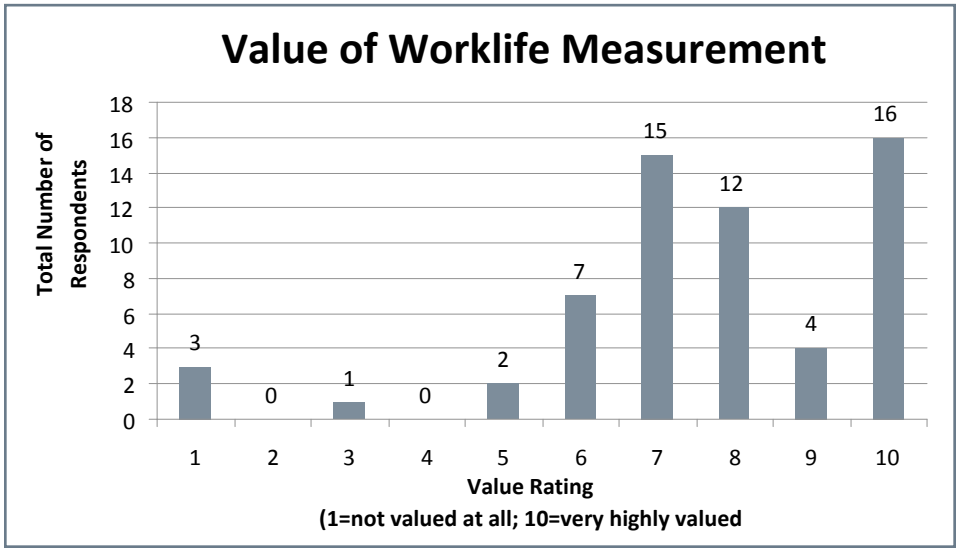
As shown above, the majority of respondents represented the Acute Care/Hospital and Long Term Care sectors.

Value of Worklife Measurement

Using a 10-point scale, respondents were asked how much worklife measurement is valued at their organization. As per the respondent profile noted above, the results would largely reflect the perspective of individuals representing Human Resources, Employee Health and Wellness, Organizational Development, and Administration.

Value of worklife measurement (1=not valued at all; 10=very highly valued)	Number of Respondents
1	3
2	0
3	1
4	0
5	2
6	7
7	15
8	12
9	4
10	16

The majority of respondents (78 percent) indicated that their organization valued worklife measurement at a level of 7 or higher. These results are also presented on the following graph.



Most Informative Worklife Measures

Respondents were asked to identify and describe the *two most informative measures* used within the organization to assess worklife. The two most frequently cited measures, in order of frequency, are presented below for each sector.

Acute Care

Staff satisfaction
Staff turnover

Community Health Clinic or Centre

Staff satisfaction
Absenteeism

Community Visit Care

Absenteeism
Overtime

Home or Continuing Care

Absenteeism
Staff satisfaction

Long Term Care

Absenteeism
Staff satisfaction

Rehabilitation

Absenteeism
Turnover

Teaching Organization

Absenteeism
Vacancy rate

As shown above, *Absenteeism and Staff Satisfaction* appear to be the two most informative measures used by responding organizations to assess worklife. Absenteeism is noted by six of the seven health service sectors, and staff satisfaction is noted by four of the seven health service sectors. A variety of other measures of worklife (including worklife climate, employee engagement, worklife pulse surveys) are also used by a significant proportion of the respondents. A number of different data sources and tools were used to collect measures, and these are discussed in the next section.

Use of Seven Worklife Measures Identified by QWQHC

Respondents were asked to indicate whether their organizations collected any of the seven worklife measures that were identified by QWQHC: Turnover Rate; Vacancy Rate; Overtime Level; Absenteeism; Training & Professional Development; Workers Compensation Time Lost; and, Health Provider Satisfaction. Information about *definitions, data sources, and collection tools* was also requested.

Turnover Rate

Forty-six of 60 organizations (77 percent) measure turnover rate.

The most common definition is:

- The ratio of the number of employees who leave the organization (both voluntary & involuntary) within a specified time period / the number of total employees (full time and part time)

Note that there is variation as to whether voluntary and involuntary separations are counted together or separately.

Human resource information system (HRIS) data and payroll systems are the most common sources and tools to obtain this data. Some organizations used PeopleSoft systems to obtain this data.

Vacancy Rate

Forty-one of 60 organizations (68 percent) measured vacancy rate.

Common Definitions:

- Number of unfilled positions per employee count.
- Total Vacancies / (Total Vacancies + Total Employees)

Note that some organizations tie definition to length of time unfilled, i.e. vacant for 30 days or less, vacant for 31 – 60 days, vacant for 61 – 90 days, vacant for over 90 days as percentage of all vacancies.

Human Resources Department data is the most common source of vacancy rate indicator data.

Tools to collect the indicator data include HRIS tools, Excel spreadsheets, and Access databases.

Overtime Level

Forty-five of 60 organizations (75 percent) measure overtime level.

Common Definitions (noted that overtime is most commonly expressed in dollars or hours):

- Total number of overtime $ / budgeted OT costs
- Number of hours worked beyond the regular paid hours (as per collective agreements)
- Paid OT hours/ Total paid hours

Human Resource payroll reports (including PeopleSoft EZ Labour) are the most common source of data.

Payroll tools (including PeopleSoft and EZ Labour) are used to collect overtime data.

Absenteeism

Fifty-five of 60 organizations (92 percent) measure absenteeism.

A number of absenteeism indicator definitions were provided, both within and between organizational sectors. Common definitions:

- Total # of sick hours / # of budgeted FTEs
- Total # of paid sick hours / total # of hours paid

The main data sources are payroll information, and broader human resources information systems (HRIS), including PeopleSoft.

Training & Professional Development

Fifty-three of 60 organizations (88 percent) measure Training & Professional Development. Understandably, there is variation in the types of training and development offered by responding organizations.

Common definitions:

- Number of programs lasting at least three hours (Management Information System (MIS) definition)
- Number of staff participating / Total number of eligible staff
- Total cost of staff education, conferences / Total number staff by department

Workers Compensation Lost Time

Fifty-five of 60 organizations (92 percent) measure workers compensation lost time. This high percentage is likely associated with mandatory reporting of employee accidents and occupational illnesses or incidents through provincial/territorial legislation (e.g. the Occupational Health and Safety Act and the Workplace Safety and Insurance Act in Ontario).

The most common indicator definitions were:

- Number of allowed WSIB lost days claims / average number of employees
- Number of allowed WSIB claims / average number of employees

Workplace Safety and Insurance Board (WSIB) indicator definitions were most commonly used. One organization cited the definition used by the Commission de la Santé et de la Sécurité au Travail (CSST). The Human Resources Benchmarking Network (HRBN) definition was used in one case.

A variety of HRIS sources/tools were used to collect data, including payroll reports, workers' compensation board (WCB) reports, PeopleSoft, and employee timesheets.

Health Provider Satisfaction

Forty-one of 60 organizations (68 percent) measure health provider satisfaction

The vast majority of responding organizations did not provide specific indicator definitions. Instead, a number of different employee satisfaction surveys were identified. This may mean that organizations are interested in health provider satisfaction, but need more support to identify specific measures to monitor and track.

Respondents identified data sources including employee surveys, existing Human Resources data, or employee assistance program (EAP) reports.

Tools used were internally or externally-developed employee satisfaction or employee opinion surveys. External survey sources were Ipsos-Reid, Hewitt, Accreditation Canada Worklife Pulse Survey, Brock University Work Place Health Research Unit Tool, My InnerView, Northwood, the National Quality Institute Assessment Tool, and Gallup.

Relationship Between Worklife Measurement and Change

Fifty of 60 organizations (83 percent) believe that the worklife performance measures that they collect do, in fact, inform their organization's decisions to make or implement changes in the worklife environment.

In terms of *how* the measures inform decisions to make or implement changes in the worklife environment, responding organizations noted the following:

- Provides data to help measure our performance
- Helps help to identify areas/issues that require deeper review/further assessment
- Helps to set priorities
- Informs HHR strategy, e.g. recruitment, attendance, workplace wellness, physical environment
- Identifies workplace trends
- Identifies departments or teams that may need specific interventions or resources
- Results used to implement new strategies/actions to address issues/needs (e.g. new scheduling system which led to increased staff satisfaction and decreased sick time)
- Informs new programming, new practices, or policy development
- Used to identify positive results; areas for recognition
- Information is provided to the Board, Board Executive, and Board committees
- Feedback results to employees at town hall meetings

When asked *why they collect the data*, the responding organizations noted that:

- Data is useful for measuring
- Data is useful for planning
- Data is collected to help to show the financial impact (e.g. absenteeism)

It is interesting to consider the cross tabulation of survey results for two variables: *value of worklife measurement* and *using measures to inform decisions to implement change*. The following matrix contingency table describes the distribution of the two variables simultaneously.

Value of worklife measurement (1-10)	Use measures to make change	Do not use measures to make change
1		3
2		
3		1
4		
5	2	
6	5	2
7	13	2
8	11	1
9	4	
10	15	1

As shown in the table above, the vast majority of organizations that value worklife measurement at seven (7) or above indicate that they use measures to make or implement changes in the worklife environment. This makes sense conceptually, however it is encouraging to have validation of this experience.

Comparison: Value, Barriers, and Enablers

Forty-two of 60 organizations (70 percent) compared themselves to other organizations with respect to the worklife measures they use.

Sector	Number of responding organizations	Number of organizations that compare themselves to others re QWL measures	Percent of organizations that compare themselves to others re QWL measures*
Acute/Hospital	23	23	100
Community Health Clinic/Centre	7	4	57
Long Term Care	17	7	33
Home or Continuing Care	5	3	60
Community Visit Care	3	1	41
Rehabilitative Care	2	1	50
Teaching Organization	3	3	100

As shown above, organizations from the Acute/Hospital, Teaching, and Home or Continuing Care sectors seem to be most involved in comparing themselves to other organizations on worklife measures.

In regards to comparison among organizations from different areas across the country, the table below presents the results by geographic region.

Geographic region	Comparisons are made (YES)	Comparisons are not made (NO)	Total
Atlantic	14	8	22
Quebec	3	3	6
Ontario	16	2	18
Prairies (MB, SK, AB)	3	2	5
BC	4	0	4
Territories	2	3	5

As shown above, comparisons seem to be made more frequently by organizations in Ontario. Organizations representing Atlantic Canada and the Prairies also seem to be engaged in comparison activities, at least on a proportion basis. Given the small total numbers from each region, these findings show tendencies only, however these may point to some comparison-leadership, as well as regions that may require more assistance and support in this regard.

Organizations were also asked to describe *how* comparisons are made. Results are presented below by setting:

In Acute/Hospital, respondents mostly used tools from the Ontario Hospital Association (with Brock University Workplace Health Research Unit), The Human Resources Benchmarking Network (HRBN), Accreditation Canada, provincial associations, provincial ministries of health, and provincial benchmarking initiatives.

Within Community Health/Clinic, organizations made worklife measure comparisons through provincial health initiatives, Brock University WHRU benchmarking data, and Gallup results shared within the province.

In Long Term Care, organizations cited HRBN, comparison against provincial statistics, national benchmarks as available, and also comparisons against other homes in the same chain/company.

In Home/Continuing Care, organizations made worklife measure comparisons through regional leadership forums, comparisons with other, similar (e.g. rural) sites, and through agreements with Quebec's Agence de la santé et des services sociaux.

Within Community Visit Care, the respondent noted that Hewitt provides a comparative analysis.

The responding Rehabilitation organization carries out comparisons using OHA survey results and the HRBN Survey.

The Teaching Organizations used national human resources benchmarks, findings from the Conference Board of Canada, figures from the Canadian MIS Database, HRBN survey results, and relevant provincial health reports (e.g. Overtime, Vacancies).

Similarly, it is interesting to consider the cross tabulation of survey results with other variables: *value of worklife measurement* and *comparing worklife measures to other organizations*. The following matrix contingency table describes the distribution of the two variables simultaneously.

Value of worklife measurement (1-10)	Compares to other organizations	Does not compare to other organizations
1	3	
2		
3	1	
4		
5	2	
6	5	2
7	11	4
8	5	7
9	4	
10	11	5

Once again, results show that organizations that value worklife measurement at a level of 7 or above tend to compare their worklife measures to other organizations. This is likely because organizations that value worklife measurement want to discover new ways to achieve worklife improvements. Comparison to other organizations may help to uncover worklife practices or initiatives that can be transferred to other health service organizations.

Organizations that are interested in but do not currently compare their data with other organizations were asked to identify perceived barriers to doing so, as well as what would help in this regard.

The common barriers were (from most to least commonly cited):

- Lack of standardized data (including definitions)
- Lack of available data
- Insufficient financial resources
- Finding like organizations to compare against (knowing who to compare to)
- Insufficient reporting systems
- Insufficient human resources to analyze comparative data
- Lack of standardized data collection methods
- Insufficient technology to collect and mine data
- Privacy concerns

The same subset of responding organizations identified the following factors/elements that would help them to compare their data/information to other organizations (from most to least commonly cited):

- Knowing about similar organizations that agree to share data
- Dedicated human resources to collect and analyze data
- Standardized measures
- Technology (software) to track and report measures
- Standardized process to report and benchmark
- Technology and database supports

These barriers and enablers were generally identified from across the full subset of responding organizations. This would seem to indicate that all types of health service organizations face impediments when attempting to make worklife data comparisons. All types of organizations seemingly want to know which specific organizations to compare themselves to, and they would be helped by standardized measures, standardized processes, useful data collection systems, and appropriate human resources to enable comparisons.

Summary of Findings

The survey results reveal some of the interest and involvement in worklife measurement across health service organizations in Canada. While the findings are based on 60 completed surveys, the results provide an interesting snapshot of worklife measurement activities across a variety of health services settings. The findings thus serve as a basis for further dialogue and exploration of on-going practices and effective approaches to measuring quality of worklife in health services across the country.

Most respondents indicated that worklife measurement is valued or highly valued. *Absenteeism and Staff Satisfaction* were found to be two informative measures to assess worklife by participating organizations. A variety of other measures of worklife (including worklife climate, employee engagement, worklife pulse surveys) are also used by a significant proportion of the respondents.

The majority of responding organizations also measured indicators for *Turnover Rate, Vacancy Rate, Overtime Level, Training & Professional Development, and Workers Compensation Lost Time*. While there were no generally accepted definitions across all organizations, there were definition trends and similarities across many organizations, even within different health service sectors. Standardized definitions and more systematic data collection would enable more valid and reliable worklife measurement.

The majority of respondents, particularly in Acute Care, Home or Continuing Care, and Community Health are comparing the results of their worklife measures to other organizations. Several responding organizations are making comparisons using data from Brock University WHRU, the HRBN, Accreditation Canada, the Conference Board of Canada, the Canadian MIS Database, and other provincial health reports (e.g. Ontario Hospital Association, Quebec's Agence de la santé et des services sociaux).

Responding organizations called for standardized worklife measures, reporting processes, useful data collection systems, and supporting human resources to facilitate the comparison of worklife data and information with other organizations.

Discussion & Implications

Like other important elements in health services, success depends on leadership and vision. There needs to be a compelling vision for worklife measurement, both at the organization-level and system-level. Moreover, a clear fit between organizational worklife and an organization's strategic plan is required. Health service organizations must believe in the utility of worklife performance measurement.

If these findings are indicative of the experience of other health service organizations nationally, there is indeed value in and action being taken to measure worklife. A handful of measures seem to be most popular, and there is some standardization of definitions, although this requires further work.

It is encouraging to learn that organizations believe that *worklife measures inform decisions* to make or implement changes in the worklife environment. Valid and useful worklife measures should be part of evidence-informed decisions that aim to improve quality worklife and quality healthcare.

Comparisons between like organizations need to be facilitated through common definitions and more systematic data collection processes. This will require effort at both the organization and system levels. This is where the QWQHC is well positioned as a pan-Canadian voice to advocate for the value of worklife measurement, and to inform other organizations in this regard.

In conclusion, the survey results affirm the need for organizational and system-level leadership and action in regards to worklife measurement. The QWQHC and other organizations such as accrediting bodies, provincial health quality councils and/or health associations may play an important role in this regard, particularly as it relates to disseminating more information about worklife measures in health service organizations, building consensus on indicators and definitions, encouraging the use of performance measures, providing relevant education, offering resources, and profiling success stories.

As a pan-Canadian collaborative, the QWQHC will continue to promote and champion worklife measurement, and support such activities in health service organizations across the country.

The Collaborative is grateful to the organizations that participated in this survey.
Your involvement helps to move this important agenda forward.
Thank you for your time and effort.

Appendix 1

WorkLife Questionnaire

A Description of Worklife Measurement in Canadian Health Care Organisations

A separate questionnaire must be completed for each facility type.

PLEASE DESCRIBE WHO YOU ARE:

1. Please describe either your facility type or the services you coordinate:

❑ Acute/Hospital Care
❑ Community Health Clinic or Centre
❑ Long Term Care
❑ Home or Continuing Care
❑ Community Visit Care
❑ Rehabilitative Care
❑ Teaching facility

2. Where are you located?

❑ West (B.C.)
❑ Prairies (Alta, Sask, Man)
❑ Central (Ont)
❑ Quebec
❑ Atlantic (PEI, N.B., N.S., Nfld)
❑ Territories (Nunavut, Yukon, NWT)

3. What is your role in the organisation?

QUESTIONNAIRE:

1. On a scale of 1-10 how much is the measurement of work life valued at your organisation? (1= not very valued at all; 10= very highly valued)

   1 2 3 4 5 6 7 8 9 10

2. a) *Describe the two most informative measures or data you collect to assess worklife within your organisation*

   State the name of the measure _____

   What is the accepted definition of this measure throughout the organisation? _____

   How often is it collected? _____

   *What is the source of this data?*_____

   What tool did you use to collect it? _____

   State the name of the measure _____

   What is the accepted definition of this measure throughout the organisation? _____

   How often is it collected? _____

   *What is the source of this data?*_____

   What tool did you use to collect it? _____

3. *In addition to the information above does your organisation collect any of the following measures? If you have already described the following measures, above, please state: "See above".*

   - Turnover rate: Y/N _____

     What is the accepted definition?

     What is the source of this data?

     What tool did you use to collect it?

   - Vacancy rate: Y/N _____

     What is the accepted definition?

     What is the source of this data?

     What tool did you use to collect it?

- Overtime level: Y/N _____ What is the accepted definition?

  What is the source of this data?

  What tool did you use to collect it?

- Absenteeism: Y/N _____ What is the accepted definition?

  What is the source of this data?

  What tool did you use to collect it?

- Training and professional development: Y/N _____ Describe: _____

  _____

  _____

  _____

  'Are staff accessing professional development opportunities made available to them?' Y/N _____

- Workers compensation lost time What is the accepted definition?

  What is the source of this data?

  What tool did you use to collect it?

- Health provider satisfaction What is the accepted definition?

  What is the source of this data?

  What tool did you use to collect it?

4. Do you believe these measures inform your organisation's decisions to make or implement changes in work life environment?

   YES _____ → How so? _____

   NO _____ → Why do you collect this data? _____

5. Do you compare yourself to other organisations with respect to the work life measures you use?

   YES _____ → Briefly, describe how this comparison is made? _____

   _____

   _____

   NO _____ → Go to Question #6

6. If you are interested in comparing your data/information to other organisations but are currently not doing so what…..:

   ....are the perceived barriers? _____

   ....would help you to do this? _____

Thank you for taking the time to complete this questionnaire!

If you have any questions or comments please contact:

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