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Quality of Work and Well-being of Health Care Employees: Towards a problem solving intervention approach

High absence levels in the health care sector show that more attention for health and well-being of care employees is needed. To illustrate, in the Netherlands the percentage of absenteeism in health care settings in the last decade has consistently been above the national average. The data from Statistics Netherlands shows that between 1998 and 2010 absenteeism rates in health care were 1 to 3% higher compared to the national mean. Health care employees also experience lower job satisfaction and lower levels of job-related well-being compared to other occupational groups. In order to improve the quality of work of care employees, management of health care organizations need to carry out an active human resource policy. Active involvement of the employees in interventions focused on quality of work is of major importance in this context. Although associations between aspects of quality of work as job demands, job control, and social support on the one hand, and health and well-being of employees on the other hand have been established, at this point in time there is insufficient insight into the effective aspects of intervention programs, and into the mechanisms through which they resort their effects. Particularly in health care centers for disabled people, job demands for both care employees and their managers are high and the educational levels are in various instances too low. The importance of worksite interventions to improve quality of work and well-being of these care employees is obvious. However, a clear implementation approach as well as a proper rationale for the interventions is often lacking.

The aim of this thesis was to gain insight into the effects of a worksite intervention program for health care employees, to improve their quality of work and well-being. A problem solving approach was applied to implement the program. This thesis starts with a systematic review on the effectiveness of worksite intervention programs in improving quality of work and well-being of health care employees (chapter 2). In the next chapter a theoretical background on quality of work and well-being of employees is outlined (chapter 3). Next, a screening involving 1,673 employees from three experimental and three control health care centers for mentally disabled people is described (chapter 4) and the effectiveness of a problem solving intervention program directed at quality of work and well-being is evaluated (chapter 5). In a final study we studied whether changes in work conditions and higher order goal facilitation predict
the well-being of health care employees (chapter 6), followed by a general discussion (chapter 7).

In chapter 2, an overview is given of the developments of intervention programs in health care settings and their effectiveness in improving quality of work and well-being of health care employees. Multi-level programs, which include interventions that address the employees, the organization, as well as the work environment, are applied more often nowadays. These programs often use a combination of a top down and bottom up approach, where both the management and the employees participate in decision-making and problem solving processes. Research on the improvement of work conditions show that previous studies more often focus on changes in the content of work, than on the process. The findings of the twenty-one intervention studies included in the review indicate that the work conditions ‘job demands’ and ‘social support’ were most often favorably affected by the interventions. Furthermore, interventions seem to improve job satisfaction most strongly when a combination of a top down and bottom up implementation approach was used. Drawing firm conclusions on the common characteristics of successful intervention programs is hindered by the absence of a comprehensible framework regarding the implementation process. A problem solving perspective, which shares similarities with the participatory approach, emphasizes the goal directed, problem solving, pro-active and monitoring role of employees and could direct the implementation of future interventions.

In chapter 3 three theoretical perspectives on quality of work and well-being of employees are described. The Job Demand-Control-Support (JDCS) model is the most commonly applied model in research on occupational stress. In reviews on this model support has been found for the relation between job demands, job control and support from supervisors and colleagues on the one hand and well-being outcomes like depression, anxiety, job satisfaction and burnout on the other hand. Next to the JDCS model dimensions, organisational characteristics also seem to play a role in the well-being of health care employees. In previous research a number of organizational characteristics of the Tripod accident causation model, such as communication and training, explained additional variance in well-being outcomes. Therefore, this model is described in detail, and five organizational risk factors from the Tripod model are added to the screening and evaluation study (chapter 4 and 5). Additionally, a third theoretical framework, the problem solving approach, is presented in this chapter. This approach could guide the implementation process of worksite programs directed at improving quality of work and well-being of health care employees. The goal directed and monitoring characteristics of a problem solving approach, that incorporates a participatory approach including management as well as health care employees, makes it a fitting framework for the implementation process.
In chapter 4 the results of the screening that was conducted among 1,673 health care employees from three experimental health care centers (W1, W2 and W3) and three control health care centers (C1, C2 and C3) are presented. By means of a self-report questionnaire, employees evaluated their work and work environment. Next, each center was compared to the other five centers, which served as a reference group. The analyses showed significant differences between the six health care centers. On this basis, problematic work conditions and organizational risk factors were selected as intervention targets. Based on this screening, the management of the three experimental health care centers received advice on which problematic work conditions and organizational risk factors to target and how intervention goals could be set for a long term intervention program. Furthermore, several short term process related agreements were reached and support groups were appointed to monitor the intervention process. As the three experimental centers aimed for an improvement in quality of work and well-being of employees the following concrete goals were formulated for the intervention program: to develop a clear organizational structures, improve working procedures, improve communication and enhance training facilities for the employees. The three control centers were only informed about the results of the screening, without further advice or implementation of an intervention program.

In chapter 5 the results of an evaluation study of the intervention program to improve the quality of work and well-being of health care employees are presented. For the implementation of the intervention program, that was called Work Without Worry, a problem solving approach was applied. In this way, we were able to monitor pre-determined goals and study whether the implementation of a problem solving intervention program has (a positive) influence on quality of work and well-being of the health care employees. We evaluated this intervention program in a group of 461 employees, while 246 employees were appointed to the control group. Twice, with an interval of three years, information was gathered on work conditions, organisational risk factors and well-being outcomes of the health care employees. Analyses showed that participation in the Work Without Worry program had favourable effects on control opportunities of the health care employees, such as decision authority and skill discretion. Moreover, the intervention had positive effects on their job security and training opportunities. However, we found a negative effect on communication, which could be explained by the fact that the intervention program was initially more focused on the improvement of work procedures and communication skills were only addressed in a later stage of the intervention process. Furthermore, the results showed that after the intervention the well-being of the employees from the experimental group did not differ significantly from well-being in the control group. This result might be attributed to the negative effect found on communication, which may have
caused an insufficient improvement in job satisfaction. One can conclude that the problem solving intervention, as applied in the Work Without Worry program, shows important improvements in work conditions of health care employees. However, it is useful to study and compare different intervention approaches in the future, next to a control group.

In chapter 6 a longitudinal study is described that focused on the associations between changes in work conditions, changes in facilitation of employees’ higher order goals and well-being outcomes. As described in chapter 5, 707 health care employees completed a survey on quality of work and their well-being twice, with a three-year interval. Hierarchical regression analyses showed that increased skill discretion and social support from supervisor, next to decreased time and work pressure and role ambiguity, are important predictors for the facilitation of higher order goals of health care employees. Furthermore, favorable changes in work conditions and higher order goal facilitation predicted well-being outcomes among health care employees, especially job satisfaction and emotional exhaustion. These findings suggest that changes in work conditions and facilitation of higher order goals are determining factors for health care employees’ well-being. Therefore, in future research and practice, facilitation of higher order goals of health care employees deserves more attention.

In chapter 7, all findings from this thesis are discussed in view of the theoretical perspectives on quality of work and a problem solving approach. In addition, strengths, limitations and implications for future research are described. For the content of the intervention program theoretical models on job conditions (JDCS model) and organizational risk factors (Tripod model) were introduced and applied in the review chapter as well as the three empirical chapters. Additionally, the problem solving perspective was used in the worksite program as a framework to guide the implementation process. These three theoretical perspectives had already proven to be of importance in explaining and improving well-being of health care employees. However, so far these three perspectives had not been integrated in a worksite program to improve quality of work and well-being of health care employees. The findings in this thesis support the usefulness of this integrative, theory based approach. We found that several work conditions and organizational risk factors improved after an intervention program based on a problem solving approach. Furthermore, facilitation of higher order goals of health care employees has proven to be a new important element in this context.