EDITORIAL

Improving Work–life Balance and Satisfaction to Improve Patient Care

Lalita G Mitra[1], Jagdeep Sharma[2], Harsimran S Walia[3]

The competing demands between home and work have assumed increased pertinence for healthcare professionals with each passing year, due to changes in the demography and workplace environment. It includes an increasing proportion of an aging population, females in the workforce, prolonged and stressful working hours, night and weekend duties, and human resource limitations. The stress further increases due to the availability of improved communications technology enabling round-the-clock contact with the workplace. High turnover among health care workers is an increasingly common phenomenon worldwide.[1] This turnover, as high as 24% in the ICU nursing staff in Europe, has a negative impact on the hospital budget, affecting patient care as well since it disrupts continuity of care while simultaneously reducing the quality and safety. Achieving the balance between work and family life has become challenging. Achieving equilibrium by paying equal attention to physical, mental, and emotional well-being can lead to healthy relationships, and overall satisfaction and fulfilment. It also helps reduce stress, better productivity, and improve physical health, which translates into less fatigue and more compassion for error-free patient care, improving outcomes.[2]

Job dissatisfaction may be due to limited career growth; poor time management and task scheduling; workplace conflicts, financial stress, and lack of interest or passion in the job. Dealing with suffering, grief, and death invariably leads to increased stress levels and burnout.

Various questionnaires have been used for predicting work–life satisfaction. CVT-GOHISALO is an instrument to measure Quality of work life (QWL), consisting of these seven dimensions: Institutional support for performing routine work; job-related security, integration, satisfaction, and well-being achieved through work, personal development, and all-time scheduling and management.[3] The Walton Model and the Job Satisfaction Index by House have also been commonly used for predicting work–life balance. Walton's model is based on appropriate compensation, conditions for work, using capacities and available opportunities along with social integration and constitutionalism at work, part occupancy in life by work, social pertinence, and importance of work dimensions.[4] Various organizations have been working on reducing work–life conflict to improve personal performance and result in better patient outcomes. However, there is insufficient evidence to support that work–life practices enhance performance by reducing work–life conflict. Reducing conflict involves actions at both individual and organizational levels.

The Professional Quality of Life Scale (ProQOL) measures both the negative and positive effects of working with those who have experienced traumatic stress. It was developed with data from over

[1–3]Department of Anaesthesia, Critical Care and Pain, Homi Bhabha Cancer Hospital and Research Centre, New Chandigarh, Punjab, India

Corresponding Author: Lalita G Mitra, Department of Anaesthesia, Critical Care and Pain, Homi Bhabha Cancer Hospital and Research Centre, New Chandigarh, Punjab, India, Phone: +91 9971792343, e-mail: lgmitra@hotmail.com

3,000 people and includes sub-scales for compassion satisfaction, burnout, and compassion fatigue. The current version used is ProQOL5, which has been published in 18 languages and has proven to be a valid measure of compassion, satisfaction, and fatigue.

At the level of the individual, the collision between job and non-job-related responsibilities, poor attitude toward work, and higher levels of conflict exhibited more job dissatisfaction and poor commitment toward the organization. The behavioral outcomes included decreased work effort, below-par performance at tasks, and increased absenteeism from job.[5] Various studies have provided contrasting results regarding work–life conflict playing part between the provision of improved practices, practice use and enhanced performance outcomes. There is a significant difference in practice availability and practice use, which has pertinent impact on desired outcomes. Ensuring appropriate use of practices made suitable by the support from management and better work–life climate of an organization may moderate the between the provision and use of available practices.[6] The management being supportive of the employees' efforts to balance job and personal responsibilities, with no fear of career penalties for the use of available practices; better work performance with improved job behavior impacting better safety profile and patient outcomes can be realized.[7]

At the levels of the organization, providing flexible working hours and childcare facilities have been shown to have a positive impact on work–life balance leading to improved levels of focus, concentration, motivation, and enhanced productivity. It is useful to do organizational research and create models to cater to employee-specific needs, improve recruitment and have a lucrative retention policy. This will help in building need-specific practices, making them more cost-effective, and promoting their implementation to be more employee-friendly.[8]

The study published in this issue by Laura del Pilar et al.[9] was conducted with stratified two-stage sampling concluded that the QWL of healthcare workers in adult intensive care units is predicted by emotional demands both at home and workplace, pace at work, quantitative demands, predictability at work, double presence, trust within a team, and quality of leadership.

Research or study about the QWL of Human Resources for Health (HRH) gained more momentum after the COVID-19 pandemic raising concerns about migration to a better country (either for work or a better quality of life) causing an inadequate distribution of HRH in emerging or low-resource countries, along with an increased rates of suicides among HRH. Diverse instruments have been created that assess QWL, exposure to psychosocial risks (EPR) and compassion fatigue (CF-"emotional cost" of caring for the suffering of the patients, composed of burnout and secondary traumatic stress), but there is insufficient evidence in available databases to know whether QWL is a consequence of EPR or CF or vice versa. Identifying errors in health care practices, and then implementing improvement plans in the health and well-being of staff, will improve productivity and performance with patient satisfaction and regulatory compliance. Organizations will also be able to retain human resources.

Human resources in health are the organization's most important asset, and so the way an organization manages their impacts has a major influence on its performance. Performance management is a continuous process that identifies, measures, and develops the performance of individuals and teams. It also aligns their performance with the organization's strategic goals. Psychosocial risks (PSR) are insecurity related to the job, working conditions in an organization, quantitative demands, pace at work, justice within a system, conflict of what role one plays, predictability of one's career, and influence within an organization. Those who are likely to have health-related issues are more likely to experience musculoskeletal pain and work-related fatigue due to extra workload, face violence, harassment at their workplace and have the intention to leave their position. HRH whose emotional demands are met, have vertical trust, and role clarity, know their meaning of work with the possibility of development and have leadership quality are able to maintain their QWL.

Copenhagen Psychosocial Questionnaire—COPSOQ is an instrument for research for the assessment of psychosocial conditions and health promotion at workplaces. Its development has been coordinated under the principles of action-oriented research by the International COPSOQ Network (http://www.copsoqnetwork.org) who are responsible for regular updating and adaptation to labor market changes and scientific progress. The COPSOQ questionnaire assesses the most relevant psychosocial domains, such as demand–control–social support, effort–rewards, job demands–resources, work–family conflict, social capital, vitamin, sociotechnical.

There is a divergent relationship between grades. Juniors supported by superiors to do their job and their evaluation for the work they perform, along with opportunities for promotion and autonomy, tend to perform better. However, there may be conflicts regarding decision-making and work distribution or promotions. This is the basis for a good mentorship program.

Health workers with high satisfaction for compassion are better and effective caregivers and are committed. Those who get opportunities to attend workshops and courses for skill development and hence the opportunity to grow, are more likely to be compassionate to their patients, influential within their team and are unlikely to feel stagnant at work. On the other hand, those who have chronic sleep deprivation have unfavorable health effects and present with increased fatigue, leading to a high burnout rate with reduced alertness and work productivity.[10]

The quality of life in healthcare is influenced by multiple external and internal conditions that impact an individual or a group/team of workers and can have a determining influence on a patient's health outcomes such as death or failure of therapy or treatment.[11] Health care professionals are daily exposed to PSR and organizations should assess the conditions at the work place that may be negative for health. They should identify all forms of stress be it physiological, emotional, cognitive, and behavioral related to the job which may lead to compassion fatigue, also called as emotional cost of caring, composed of burnout and secondary traumatic stress.[12] Adequately addressing stress and suffering can help achieve compassion satisfaction; by receiving pleasure and satisfaction in helping patients in distress. Self-care and self-compassion are essential for providing compassionate care, alongside maintaining personal balance by preventing illness, taking psychological care, and promoting personal well-being.[13,14]

So, maintaining an appropriate work–life balance remains a fundamental issue in the challenging, human resource-limited, psychologically draining, patient-loaded, and stressful working environment. Everyone at all levels—individual, organizational, community, and governing bodies have to come together; and take the best step forward for reducing the work–life conflict. The organizations must ensure to research the specific needs of the workforce and then recruit, retain, and develop practices for human resources precision. It will ensure adequate practice use, reduce stress, compliance, satisfaction, and also cost-effectiveness in delivering them at the grassroots level. We need to act as a team with a holistic multidisciplinary approach and long-term vision to gain and achieve our goals ensuring the best patient outcomes.

ORCID

Lalita G Mitra https://orcid.org/0000-0003-0253-6397
Jagdeep Sharma https://orcid.org/0000-0002-0849-4610
Harsimran S Walia https://orcid.org/0000-0002-5058-5137

REFERENCES

1. Beauregard TA, Henry LC. Making the link between work-life balance practices and organizational performance. Hum Resource Manage Rev 2009;19(1):9–22. DOI: 10.1016/j.hrmr.2008.09.001.
2. Rony MKK, Nauman MS, Alamgir HM. The association between work-life imbalance, employees' unhappiness, work's impact on family, and family impact on work among nurses: A cross-sectional Study. Inform Med Unlocked 2023;38:1–11. DOI: 10.1016/j.imu.2023.101226.
3. Baltazar RG, Santacruz GH, Leon-Cortes SG, Contreras-Estrada MI, Aldrete-Rodriguez MG, Hidalgo-Gozalez BJ, et al. Quality of work life and mental health in primary care physicians. Procedia Manufact 2015;3:4935–4940. DOI: 10.1016/j.promfg.2015.07.634.
4. Fernandes RB, Martins BS, Caixeta RP, Costa Filho CG, Braga GA, Antonialli LM. Quality of work-life: An evaluation of the Walton model with analysis of structural questions. Revista Espacios 2017;38(03):5. ISSN 0798 1015. Available from: https://www.revistaespacios.com/a17v38n03/a17v38n03p05.pdf.
5. Anderson S E, Coffey BS, Byerly RT. Formal organizational initiatives and informal workplace practices: Links to work-family conflict and job-related outcomes. J Manage 2002;28(6):787–810. DOI: 10.1177/014920630202800605.
6. Casper WJ, Fox KE, Sitzmann TM, Landy AL. Supervisor referrals to work-family programs. J Occup Health Psychol 2004;9(2):136–151. DOI: 10.1037/1076-8998.9.2.136.

7. Andreassi JK, Thompson CA. Work-family culture: Current research and future directions. In Handbook of Work-Family Integration: Research, Theory and Best Practices, 1st ed. Korabik K, Lero DS, Whitehead DL, Eds. New York, NY, USA: Elsevier: 2008. pp. 331–351.

8. Ray TK, Pana-Cryan R. Work flexibility and work-related well-being. Int J Environ Res Public Health 2021;18(6):3254. DOI: 10.3390/ijerph18063254.

9. Quinones-Rozo LP, Canaval-Erazo GE, Sandoval-Moreno LM. Predictors of quality of work Life in health care workers at adult critical care units: A Cross-sectional study. Indian J Crit Care Med 2024;28(4):355–363.

10. Kolthoff KL, Hickman SE. Compassion fatigue among nurses working with older adults. Geriatr Nurs 2017;38(2):106–109. DOI: 10.1016/j.gerinurse.2016.08.003.

11. Tarnow-Mordi WO, Hau C, Warden A, Shearer AJ. Hospital mortality in relation to staff workload: A 4-year study in an adult intensive-care unit. Lancet 2000;356(9225):185–189. DOI: 10.1016/s0140-6736(00)02478-8.

12. Moncada S, Llorens C, Kristensen TS. Manual para la evaluación de riesgos psicosociales en el trabajo. In: Manual Método CoPsoQ ISTAS21 versión 2 para la evaluación y prevención de riesgos psicosociales. ISTAS21 ed. Rev Esp Salud Pública 2008;82:667–675.

13. Sanchez-Reilly S, Morrison LJ, Carey E, Bernacki R, O'Neill L, Kapo J, et al. Caring for oneself to care for others: Physicians and their self-care. J Support Oncol 2013:75–81. DOI: 10.12788/j.suponc.0003.

14. Pandey SK, Sharma V. Aggression and violence against doctors: How to address this frightening new epidemic? Indian J Ophthalmol 2019:1903–1905. DOI: 10.4103/ijo.IJO_1322_19.