

## *Health Policy Research Program Summary of Research Results*

<b>Title:</b>	<b>Promoting High Quality Health Care Workplaces: Learning from Saskatchewan</b>
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<b>Institution:</b>	<b>University of Saskatchewan</b>
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### *Summary*

There were two primary purposes proposed for this two-year research project. The first was to examine the extent to which research evidence concerning the importance of high quality health care workplaces had impacted initiatives in the health care workplaces of Saskatchewan. The second was to determine the current status of these workplaces through the eyes of those working in them.

This multi-method research identified seven key themes critical to the creation of high quality health care workplaces. They are listed in order of priority and include leadership, work relationships, systems and structures, work characteristics, human resource issues, outside influences, and information. These themes were validated in follow-up consultations.

Our research made it clear that the development of leadership in the health care system is critical to the creation of high quality health care workplaces and in the effective utilization of research and creation of evidence-based practice. Effective communication was also critical and was referred to in relation to each of the seven themes. The development of collaborative relationships in work units and across the organization was also seen as being important to working out problems and designing solutions. This dialogue could begin the processes required to create and share knowledge gained from attempts to implement evidence-based practices. The importance of documenting these attempts was also a key finding of the research. Such documentation could contribute to the body of colloquial evidence (Lomas et al, 2005) to be shared in the health care system, and could begin the transition to a learning organization. It is vital to the change processes to ensure health care providers are involved in workplace research and policy development and implementation.

Recommendations are made in three areas including high quality health care workplaces, knowledge transfer and evidence-based decision making, and the research process.

### **High Quality Health Care Workplaces**

#### **Key Themes, Barriers and Enablers**

1.1.1. Regional Health Authorities (RHA's) should assess their workplaces, worksites and work units in light of the themes, barriers and enablers identified in this research to determine direction for actions for improvement.

1.1.2. External organizations, such as governments, professional regulatory bodies, unions and health organizations, should determine the roles they can play in relationship to the identified themes, barriers and enablers in creating high quality health care workplaces.

1.1.3. All participants in health care workplaces—in-scope workers (IS), out-of-scope workers (OOS), Boards and CEOs—should collectively be involved in implementing strategies to improve the quality of health care workplaces in Saskatchewan.

1.1.4. Researchers and policy makers should collaborate to create a “recipe” for the creation of high quality health care workplaces that includes a self-assessment tool, strategies for interventions, an evaluation process, and a knowledge transfer process throughout.

#### **Leadership Programs:**

1.2.1. The provincial government should provide guidance on the design of a comprehensive leadership training program that incorporates all of the required skill sets identified in this research.

1.2.2. RHA's should implement leadership development programs at workplaces, worksites and work units that involve workers at various levels of the organization, are systematic and sustained, and are evaluated in an ongoing manner.

#### **Change Management:**

1.3.1. Government and RHA's should invest in change management strategies that could test promising practices in work settings.

#### **Communication Strategies:**

1.4.1. RHA's should develop more interactive dialogue with their constituents. This may include such mechanisms as creating regular tables whereby IS and OOS meet regarding specific issues, town hall meetings, listening forums, and focus groups.

1.4.2. RHA's should continue to work diligently to communicate with their employees and identify blockages in the communication links. Accountability for communication should be clear in position descriptions for both OOS and IS employees, particularly managers.

## **Knowledge Translation and Evidence-Based Decision Making**

### **Knowledge Management and Learning:**

2.1.1. The provincial government and RHA's should support the development of a systematic approach to knowledge management based on an evidence-based framework such as that of Nonaka and Takeuchi (1995).

### **Knowledge Dissemination**

2.2.1. Researchers should develop different kinds of knowledge dissemination strategies to support the transfer of knowledge to a variety of users of health research.

2.2.2. When researchers, policy makers and others generate health care policy and research documents, there should be a conscious decision to shape the report to specific target audiences. It is useful if recommendations in reports are organized so that they address a specific stakeholder group as well, e.g. government, health care employers, unions.

### **Knowledge Utilization Networks**

2.3.1. Researchers, particularly those in health system and health policy research, should ensure that knowledge networking and exchange occurs from the very beginning of a research project to ensure relevance of the research and appropriateness of the questions being addressed.

### **Deliberative Processes and Collaboration**

2.4.1. RHA's should investigate the feasibility of setting up a deliberative process related to creating high quality health care workplaces, which could include researchers, policy makers, decision makers and health care providers. This would be most effective at each RHA level, but a deliberative process at the provincial level could include government, professional regulatory bodies, unions, other organizations, RHA representatives and researchers.

2.4.2. Employers should ensure more involvement of health care providers in quality workplace research, and policy development and implementation. There is high interest among providers at many levels of the system in creating better workplaces and the ideas generated by health care providers are important for creating a high quality healthcare workplace.

## **Research Process**

### **Survey Fatigue**

3.1.1. Researchers should use surveys judiciously within the health care community. As well, data gathered through surveys should be communicated back to participants, for example, posted on a website, and used effectively to answer questions and provide direction for change.

3.1.2. Researchers, in partnership with employers, should ensure that if on-line surveys are to be used, health care workers are provided computer access and time within their workplaces to complete the surveys.

## **Focus Groups**

3.2.1. Researchers, when conducting health system and/or health policy research, should include focus groups, interviews, and other face-to-face methodologies. These methodologies allow for input from a variety of levels of the organization, demonstrate respect and valuing, and add depth and richness to data gathered in other ways.

## **Administrative Data Sets**

3.3.1. The Saskatchewan Association of Health Care Organizations (SAHO) should continue to examine the provincial health human resource database it manages on behalf of the RHA's to ensure correctness, completeness, and accuracy.

3.3.2. The Saskatchewan government should ensure the development of a province-wide HHR information system is facilitated and implemented as soon as possible.

## **Documentation of Colloquial Evidence**

3.4.1. Researchers, decision makers and policy makers should collaborate to develop mechanisms whereby colloquial evidence is known and shared. Creating mechanisms for exchange of this kind of evidence would be useful to researchers and decision makers, and it would help to address some of the complexity in the system. Such mechanisms might include written documentation through minutes or newsletters, electronic mechanisms or knowledge management systems, such as blogs or web pages, or oral processes, such as meetings or workshops.

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In addition to the above summary, the full report can be accessed in the following ways:

- A print version of the full report in the language of submission can be borrowed from the Departmental Library; requests may be sent to [HCLibrary\\_BibliothequeSC@hc-sc.gc.ca](mailto:HCLibrary_BibliothequeSC@hc-sc.gc.ca).
- An electronic version of the full report in the language of submission is available upon request from Health Canada by e-mailing the Research Management and Dissemination Division.

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