

Working Conditions, Job Satisfaction, and Work-Life Balance Among Physicians and Nurses: An Institutional Perspective on a Swiss Acute Hospital

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Research project 'Employment and Social Differences in the Swiss Health Sector'

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“Not many nurses work 100%, that is too harsh. It is also difficult for your body to be on the feet all the time. And then the shift work... Previously, I worked 90%. Now I reduced to 80% to have more time for myself. I do not want to live only for my job.” (Nurse)

“I do not really get it. Why does the hospital not invest more in us [nurses]? If it pays us a little bit more, we would stay, because we would like to stay here. But we do not get enough appreciation. And finally, we leave. In the end, it is more expensive for the hospital as it must rely on temporary employees who are very expensive.” (Nurse)

“As a pregnant doctor, you are officially only allowed to work nine hours a day. But this has not been the case for me, I usually worked between eleven and twelve hours. Then I had preterm labour. I had to quit work and was forced to lie down for three months... After my maternity leave of six months, I had to work 100%. The hospital demanded that as I have been newly there. I was still breastfeeding and my husband had to bring our daughter to the clinic. I breastfed her in the room for assistant doctors.” (Assistant physician)

“I really like my work, every day is something new. I have new patients and different cases. Some are really severe, others quite simple. Thus, I have a lot of variety and almost no boring routine.” (Nurse)

Overview

- Background of the project
 - Research questions
 - Conceptual approach
 - Data collection
- Results
 - Working conditions
 - Work-family-leisure balance
 - Job satisfaction
- Discussion: Hospitals' possible retention strategies

Background of the project

- ‚Employment and Social Differences in the Swiss Health Sector‘
 - Institute of Geography, University of Bern
 - PD Dr. Marina Richter, Prof. Dr. Susan Thieme, dr. des. Carole Ammann
- Focus on
 - Social differences: gender, age, race, body, origin, qualification
 - Skills: work experiences, language skills, individual characteristics
- Argumentation: Tasks accomplished not only depend on formal qualifications, but also on social categories

Conceptual approach

- Institutional ethnography
 - Make “visible how ruling relations are transported through knowledge, experience, discourse, and institutions.” (Wright 2003: 244)
 - How are social interactions institutionalised?
 - Focus on everyday work, power and hierarchies
- Intersectional perspective
 - Interaction of social categories
 - Winker & Degele (2009): Intersektionalität. Zur Analyse sozialer Ungleichheiten

Data collection

- Outside perspective
 - Expert interviews
 - Interviews with nurses and physicians
 - Statistics, reports, legal documents
 - Media articles
- Inside perspective
 - Documents
 - Interviews with middle and senior management
 - Shadowing

Research questions for presentation

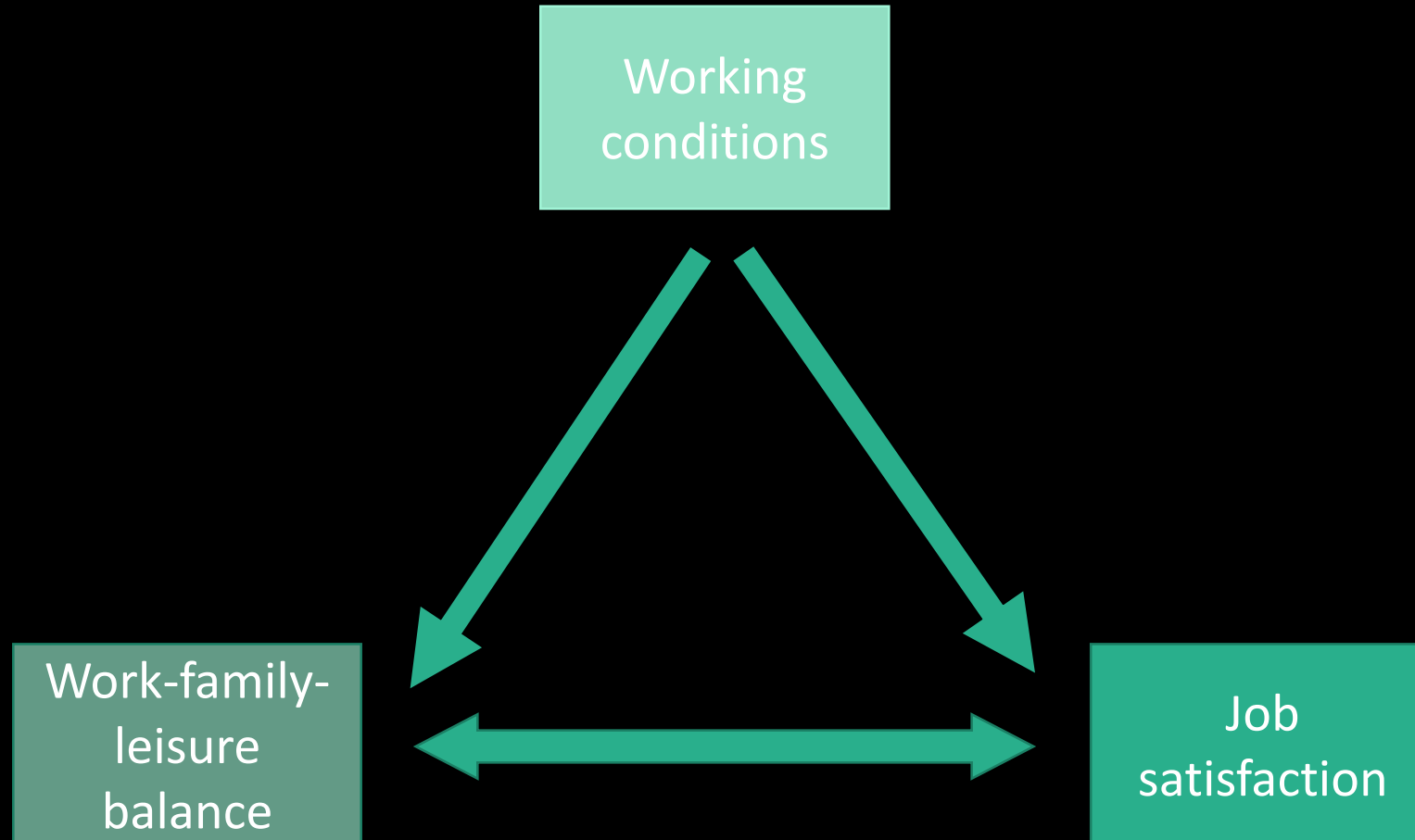
- Which factors contribute to the health professionals' job satisfaction?
- How do nurses and physicians reconcile work, family and leisure?
- How do hospitals gain and retain their health personnel?

Unravelling the buzzwords

- Micro level
- Macro level
- Historical perspective



Interrelations



Working conditions

“The question is: Where do all the nurses go? And why? The answer is easy: because of the working conditions!” (Nurse)

- Corporate culture
 - General work climate
 - Trust, appreciation
 - Leadership, hierarchies
 - Decision-making capacities, responsibilities
 - Communication, inter- and transdisciplinary collaboration
- Working load
 - Time/patient, lack of personnel
 - Administrative tasks vs. ‚time at bed‘
 - Organisation of work

Working conditions

- Working hours
 - Level of employment
 - Night shifts, overtime work, substitution, work plan
 - Reconciliation with private care obligations
- Other issues
 - Salary (nurses)
 - Image of profession (nurses)
 - Further education, career possibilities
 - Occupational health and safety

Working conditions

“This year, we had so many work losses. Then it is always a dilemma: On the one hand, I want to support my colleagues. We are loyal to the team members, because we know how it is to work if we do not have enough staff. And this is dangerous for the patients too. On the other hand, nothing changes institutionally. We must pay for things we are not responsible for.” (Nurse)

“During stressful situations, the negative sides of human beings come into view. Then, the personal protection is gone. Somehow we are personally very close to each other. This has negative and positive aspects.” (Nurse)

Work-family-leisure balance

- Buzzword: Why en vogue?
 - Feminisation of employment
 - Falling fertility rates
 - Flexibilisation of work

- Physicians
 - Feminisation of medicine
 - Generation y

Work-family-leisure balance

“Many think that due to the fact that by now more women study medicine, changes will come automatically. But that is not the case: Still not many women are in leading positions. There are many reasons for that. People mostly talk about the reconciliation of family and work. But I have the feeling that this argumentation is not up to date: Why should only women have a problem with reconciliation? And female doctors are ready to work high percentage. (...) The problem is that the general culture in the medical fields is male dominated.” (Consultant)

Job satisfaction

- Nurses and physicians like job, but many structural challenges
- Positive
 - Self-effectiveness
 - Contact with people
 - Variety, complexity

“The patients’ situations are getting more and more complex. This makes work demanding. But that is not a problem, I like it. The question is rather a structural: How do we do justice to these complexities? I have learned to lower my sights and still to go home satisfied” (Nurse)

Strategies to gain and retain staff

- Flexibility
 - Changes within wards
 - Level of employment
- Attractive (part-time) models
 - Physicians: Longer contracts for assistant doctors
 - Nurses & physicians: Job-sharing, Top-sharing
- Adaptations for elderly personnel
 - Less night shifts
 - Special tasks
 - Special educational programs

Strategies to gain and retain staff

- Importance of middle management
 - Leadership quality
 - Importance of roster
- Other issues
 - Salary
 - Child care facilities
 - Attractiveness of institution
 - Training of own personnel
 - Importing personnel

Strategies to gain and retain staff

“The salary is important and the education is important. However, the most important is the internal culture.” (Nurse)

“Of course I promote part-time work. (...) Now I work here for more than twenty years. Some started with 20% and now they work 60% or 70%. They are precious, we must take care of them.” (Nurse)

“We have a staff shortage [in nursing] because of our profession’s image. Second, it is the salary. Here, we cannot pay as much as in private hospitals.” (Nurse)

Thank you for your attention!