


Chapter



Models of Optimal Work

My wife and I began walking together in the afternoon as our primary form of exercise in the first few months of the COVID-19 pandemic. During these walks, we would chat about our workday even though we might have done our work in front of a computer screen in adjacent rooms. The conversation would start with some version of the question, “Did you have a good day at work today?” I do not think that the question was really intended to prompt a philosophical discussion, but it does raise some interesting questions about our collective work experience. The first of these might be “How do we define what it means to have a good day at work?” followed by “What are the features of a job that would make it more likely to be in this positive state?” Both questions have been the subject of substantial investigations over the past several decades, and there are some principles that can be used by a frontline healthcare leader. I have had an interesting career in both trying to effect positive organizational change while also working as an academic surgeon in a role that involves teaching, research, and patient care. It is incredibly satisfying to help a patient by performing a challenging surgery for a complicated problem. It is usually obvious whether that surgery went perfectly, and I have almost complete autonomy in creating a plan and working with the team to implement it. It feels good when the findings generated in a research project improve our understanding of a situation or lead to interventions that improve people’s experiences. My favorite aspect of teaching is to take complicated concepts and make them accessible to people so that they can use them to solve an intractable problem or advance an idea. Organizational change leadership is great when it is possible to modify a system to bring positive attention to people doing excellent work or eliminate a point of frustration or distress for many thousands of people. I also enjoy my small team committed to improving the wellness of the healthcare workforce because of their commitment to the purpose and to one another. Work sometimes ends with failure in any aspect of what we do but an effective healthcare leader should give thought about making every day at work an optimal one for every member of the team. This requires a review of the scholarship related to how team members might define optimal and how we can design jobs to help achieve that outcome.

THE SCHOLARSHIP OF OPTIMAL WORK

Defining Optimal

My experience in both everyday and organizational healthcare work is that discussions about evaluating work focus solely on the quantity of work completed. A single surgical case is evaluated as

being completed with the specific measure of whether it was completed on time. At the organizational level, my efforts as a surgeon will be judged to be acceptable through other lenses that might include safety, finance, or patient satisfaction. None of these measures is unimportant but what is absent is a similar emphasis on the workday experience by the healthcare workers. I have been in organizations that perform periodic evaluations of the engagement of the entire workforce, but these are done only periodically whereas productivity measures are tracked in real time. There are several concepts proposed both within and outside of healthcare that could be used in defining optimal as it relates to the human experience of the person doing the work. These are briefly reviewed in ascending order of positivity based on my own arbitrary reaction to the proposal.

The first concept is satisfaction commonly used in studies of healthcare workers reflecting on their careers (McMurray 1997). Social scientists have been investigating job satisfaction for many decades and have debated the definition of the concept. A recent investigation offers the definition of job satisfaction as a sense of comfort and positive experience related to the job (Bakotic and Babic 2013). Job satisfaction is a well-established idea that has been used in many scholarly investigations of work both in and outside of healthcare. However, it seems a little uninspiring as the outcome if we are trying to imagine optimal healthcare work.

Another outcome would be well-being, which is often used interchangeably with wellness. A recent proposal for well-being acknowledges both a cognitive and emotional state that occurs when an individual has sufficient psychological, social, and physical challenges to meet demands resulting from challenges in the same three categories (Dodge et al. 2012). These authors do not describe the positive emotional and cognitive states but the concept of balance within their definition suggests that it would be akin to contentment.

The next concept is one of work engagement. Some investigators believe this is the other end of the spectrum from burnout in the broad categories of energy, involvement, and efficacy. Therefore, an engaged individual is someone who approaches their work with vigor, is connected to others and confident in their abilities (Day and Leiter 2018). Not everyone agrees that the state of engagement is the opposite of burnout and argue that it is possible to be both burned out and engaged. One group that agreed with the position has proposed fulfillment as being the opposite of burnout. Fulfillment involves a feeling of happiness that results from doing work judged to be meaningful with a measure of control (Trockel et al. 2018). Workplace factors promoting fulfillment for pharmacists included a supportive work environment with collegial work relationships, being appreciated, being able to make a difference, growing professionally and personally although it should be noted that these investigators used both satisfaction and fulfillment in their study (Chee et al. 2023)

Another group has suggested what they describe as a more provocative concept of joy in practice for physicians. They described that a joyful practice would be marked an elevated level of physician work life satisfaction, a low level of burnout, and a feeling of fulfillment (Sinsky et al. 2013). Their concept of joy then includes satisfaction, engagement and fulfillment and the main point of their argument is

that this more elevated state will require more considerable changes in the work of primary care physicians than those designed to address satisfaction.

There has been an effort underway for the past 20 years to reject the notion that health is simply the absence of disease. This includes mental health where investigators have suggested the state of flourishing. One definition of flourishing involves the core features of positive emotions, engagement and meaning with at least three of the following features: self-esteem, optimism, resilience, vitality, self-determination, and positive relationships (Seligman 2012). An alternative definition includes many of the same psychological features but expands the social aspect to include social acceptance and integration (Keyes 2002). There are some early efforts to consider how to promote flourishing in physicians although the concept is used interchangeably with well-being (Naehrig et al. 2021)

The final job-related state is flow and is defined as a state where people are so engrossed in an activity that nothing else matters (Csikszentmihalyi 2008). The investigations into activities where flow is experienced have included games and sports. They also investigated flow among physicians with the finding that surgeons have the privilege of doing work that promotes flow more than other physician groups. There is contribution of the nature of the work that contributes to being in flow in that the challenges require one to stretch existing skills and that work includes goals and immediate feedback. The state of flow is then marked by an intense immersion into the activity so that there is a distortion of the sense of time and even self-awareness. This was my experience working as a surgeon, and I was never a good enough athlete or musician to have the same experience in those activities. There has been some interest in promoting even more flow in surgery (Jiang et al. 2022). What has not yet been acknowledged in the healthcare literature is that flow may have a dark side. This was addressed in a study of big wave surfers with the finding that the psychological dependence they developed to the flow state created a compulsion to engage in the activity (Partington, Partington, and Olivier 2009). I have observed several surgeons who struggled to retire from clinical work and am now discovering as I make that same transition that it is difficult to consider leaving work that produces such a unique emotional and cognitive state.

The scholarship that was briefly reviewed results from considerable thinking about how to best describe and study the optimal state of work life as experienced by the person doing the work. The central assertion of this book is that it is possible to advance the accomplishment of work while also advancing the people who do the work. Therefore, traditional productivity measures should be accompanied by a combination of the measures outlined above that relate to the workplace's human experience. This then leads to a consideration of what features of a job would create these positive task-related and people-oriented outcomes.

JOB FEATURES

Job Characteristics Model

The Job Characteristics Model (JCM) is a highly influential model that outlines the key features of jobs and relates them to a positive and emotional state (Hackman and Oldham 1976). Stated simply, the model holds that it feels good to learn that one has done well on a meaningful task and this positive feeling translates into higher motivation, satisfaction, and performance. The first of the job characteristics is skill variety that relates to how many different skills a person might use to do a job. Those jobs that require a person to draw on more of their skills increase the sense of meaning. The second characteristic is task identity, meaning how much of a task a person is allowed to complete. People find greater meaning when they can complete the entire task. Task significance is the impact that a job has on the lives of other people. Autonomy is defined as “the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures used in carrying it out” (Hackman and Oldham 1976:258). Finally, performance feedback in the form of direct and clear information about job effectiveness is an important job description. These given job characteristics are all related to a potential motivation score that can be expressed as in an equation.

Motivating Potential Score = ((Skill Variety + Task Identity + Task Significance)/3) x Autonomy x Feedback

JCM has been applied to healthcare workers with the first example being a study evaluating job satisfaction and burnout in physicians working in different healthcare systems in Bangladesh. There were differences between the presence of the features in the public and private clinics but the relationship between the job characteristics and the outcomes were consistent with the JCM (Roy, van der Weijden and de Vries 2017). Another recent study found similar support for the model in a group of nurses (Yuxiu, Kunaviktikul and Thungjaroenkul 2011).

Self-Determination Theory

Self-Determination Theory is another influential model that has been extensively studied and includes the social dimension of work (Ryan and Deci 2017). It flows from what are described as basic human needs that include autonomy, competence, and relatedness. Autonomy is defined as the need to self-regulate one's own activities, allowing for behaviors consistent with authentic interests and values. Competence relates to our need to have a positive effect on our environment or a sense of mastery. Finally, relatedness is feeling socially connected which involves a sense of belonging that involves helping others and being cared for by them. There is a massive quantity of research that supports the relationship between these three features and positive worker outcomes including well-being. It has been utilized in studies of healthcare workers with one recent study showing some frontline healthcare workers are afforded little autonomy in their work (Hood and Patton 2022).

Job Demands Resource Model

The Job Demands Resource Model (JDR) is a newer model that has also risen to considerable prominence. In this model, all jobs have demands that can achieve the optimal state of balance when they are matched by appropriate resources (Bakker and Demerouti 2007). Demands may be physical, psychological, or social aspects of the work and job resources are those things that allow for the work's completion or stimulate personal growth. Increases in demands can be associated with increased motivation if matched by resources and strain and ultimately burnout if not matched by resources (Bakker and de Vries 2021). It should be clear from this description that work demands can be a positive feature. This becomes even more apparent in further refinements of the model that split demands into two types: challenge and hindering (Tims and Bakker 2010). Challenge demands are those that lead to personal growth whereas hindering demands are those that thwart personal growth and optimal functioning. Further, the concept of resources is expanded to include those that are structural that would include resource provided by the organization that allow for goal completion or personal growth. Social resources include new or improved relationships with supervisors or colleagues.

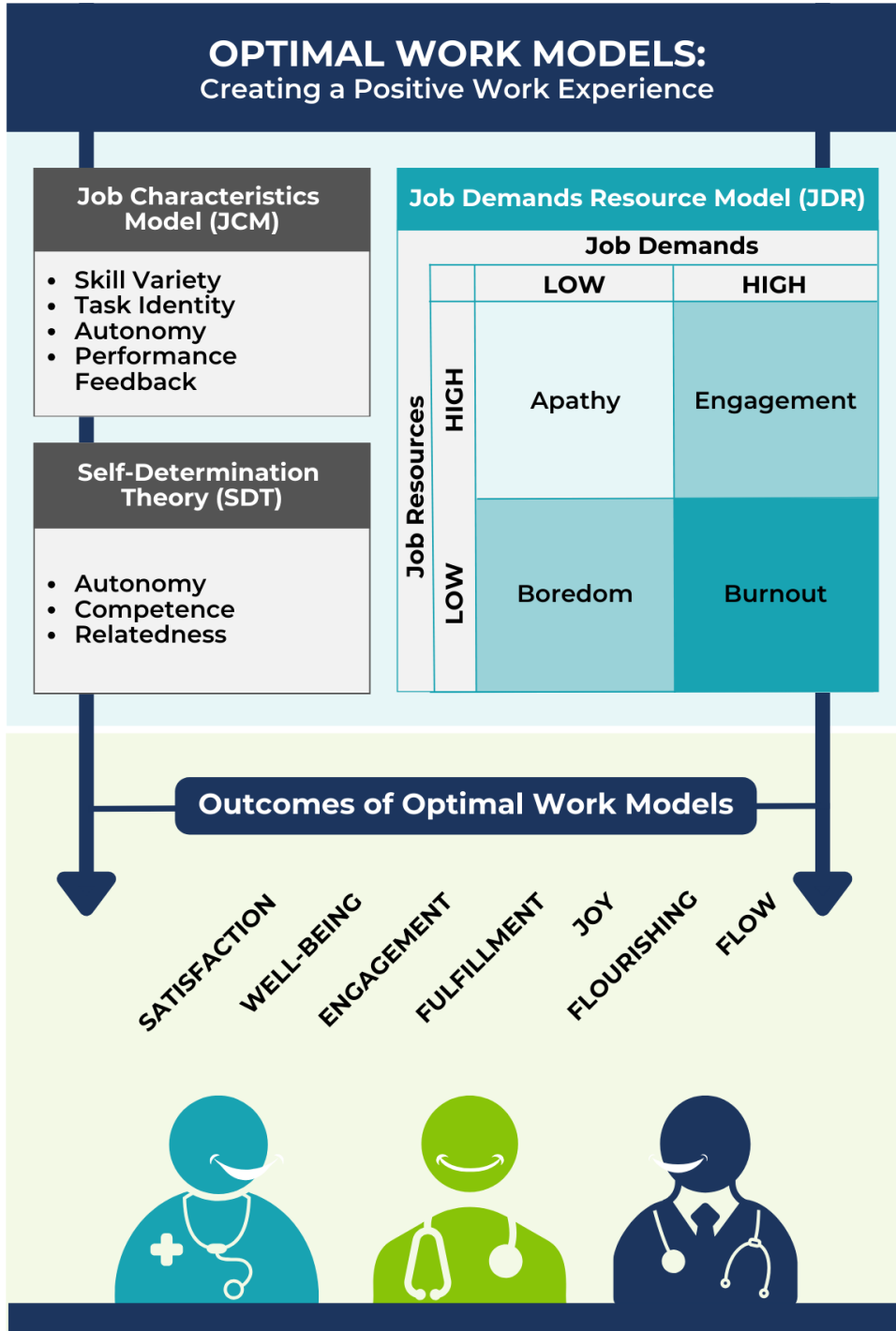
There was attention being paid to the distress in the healthcare workforce in the first two decades of the 21st century. The pandemic created a profound series of demands on the entire healthcare workforce and there are residual workforce challenges that will persist for years. Scholarship is beginning to emerge where JDR is being used to evaluate the post-pandemic state of the healthcare workforce with the finding that social and organizational support helped reduce some of the negative consequences of job-related stressors (Zhou et al. 2022). JDR has also been used in several studies of other healthcare worker groups. A study of Dutch physicians found support for the model with the conclusion that hospitals can promote physician well-being by reducing excessive workload and facilitating development opportunities, participatory decision making and collegial relationships (Debits et al. 2022). A recent systematic review of the work lives of nurses in Japan also found support for the model with the finding that nursing teamwork was positively related to engagement in a unique way that may be related to local cultural values (Kato, Chiba and Shimazu 2021). This is a good reminder that the general principles of all these models must be sensitively enacted in each setting in a way that is respectful of the values of that group of people.

LEADERSHIP APPLICATIONS

1. Frontline leaders can design new jobs with the goal of creating optimal work in a process more fully described in a subsequent chapter. The debate about the exact term represents some of the thoughts of theorists who are contemplating numerous ways of thinking about this. The precise definition of what is optimal is less important than the commitment of the leader to focus on creating a positive work experience as evaluated by the workers. Discussions about enhancing worker engagement may be better received by corporate minded senior leaders. It also seems like a positive leadership goal to create a situation where everyone approaches their work with

confidence, energy, and social connections. Of course, that does not mean that a committed frontline leader cannot aspire to create a truly fulfilling experience with moments of shared joy for all frontline workers in their program!

2. One privilege that we have in healthcare is that we do work that is meaningful. We should be mindful of connecting each individual job to this larger meaning in addition to the value of the individual work. People who are responsible for maintaining cleanliness are doing so in an environment that has additional risks and is of elevated importance. Therefore, frontline leaders should remind all workers that they are a part of the healing process regardless of their specific role
3. Tasks are a part of all work and jobs should be designed for workers to utilize as many of their abilities as possible. The available models show that this state of feeling challenged to do work creates a positive outcome and personal growth that is good for both the worker and the organization.
4. Autonomy emerges as an important job feature in all models of optimal work. Patient safety is a unique feature of healthcare work, so incorporating autonomy in work must be balanced with the need to protect patients. A current challenge in surgical education is that the learners many times want more autonomy than may be safe for patients. One adaptation for this challenge is a form of graduated autonomy based on the learner's capability. This same concept could be applied to other healthcare work where autonomy is matched to capability over time. However, the job should be designed to allow at least some autonomy in how the work is completed with the goal of increasing it.
5. The social dimension of work is also important in creating optimal work. A frontline healthcare leader can do this through the provision of regular performance feedback. Categorizing feedback as corrective and reinforcing is preferred over the more commonly used definitions of positive and negative. Corrective feedback involves pointing out to the worker how their performance deviates from expectations along with some instruction about how to bridge the gap. Reinforcing feedback involves telling the worker what they did and that they should continue doing. This may be particularly important for new workers still understanding their jobs. It is also true that people like hearing when they have done something right! The other important type of social support is from the worker's teammates and colleagues. This is why an excellent frontline healthcare leader needs to build outstanding groups and teams that will be discussed in several of the following chapters.



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CULLEN'S COMMENTS

David begins by considering a seemingly simple but actually complex question. What makes for a good day at work? We have all had days when we left work feeling fulfilled because we were engaged in something we enjoyed and that really mattered. We have also had days when we left work feeling beleaguered, that our labor was dictated by forces beyond our control, and that none of it mattered anyway. In between are those days when work is just another day at the salt mine, lots of labor spent doing the same old thing, when being tired and the hope of a paycheck are the only things we have to show for our effort.

I think the relative balance between these three states determines how we feel about our job – love, hate, or indifference. But what makes for a good day at work, one that leaves us with a transcendent feeling of joy and accomplishment? And what factors detract from it? As David notes, social scientists have extensively explored this topic. Their findings provide key insights for healthcare leaders who want to build effective teams and organizations that not only provide care for patients but nurture their employees as well.

One insight that David highlights and which I find particularly intriguing is the idea of flourishing, especially as elaborated by Corey Keyes, a sociologist at Emory University. Keyes (2002) argues that individuals who are flourishing not only have strong psychological well-being, but they also have strong social well-being as measured by their levels of social coherence, social actualization, social integration, social acceptance, and social contribution. In short, these individuals feel integrated and accepted into coherent groups in which they can make meaningful contributions. And it is at this point where I think frontline healthcare leaders can have a huge impact. The frontline leader can set the tone and model the behaviors that create strong, inclusive, supportive, and effective teams. In doing so they can influence whether a nurse, phlebotomist, or radiologic technologist feels like they are truly part of a cohesive team, one in which they are accepted and in which they feel they make a vital contribution.

Ensuring that healthcare workers have a good day at work is not some feel-good nicety. It is essential to building resilient organizations capable of consistently providing excellent care for patients. It is often said the things that matter get measured. Like David, my experience while working in health care was that while worker productivity was measured in real time, worker satisfaction was measured periodically. In the wake of the COVID pandemic, my hope is that this will change. Those of us who do not work in healthcare will never know let alone understand the trials and challenges healthcare providers faced during the worst of the pandemic. We owe it to them to demand the system devote as much attention to ensuring they have a good day at work as it does to measuring their productivity.

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