

W H I T E P A P E R

The Importance of Using Healthcare-specific Benchmarks for Employee Surveys in Healthcare Organizations

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Selecting an Employee Survey Vendor for Healthcare Organizations:

The Importance of Using the Right Benchmarks

It is difficult to overestimate the impact that employee attitudes have on healthcare organizations. Consequently, retaining and developing a clinical and professional workforce has quickly moved up the senior leadership's list of priorities in most healthcare organizations in the last several years. To achieve this goal, it is imperative that employee satisfaction levels are measured to establish baseline organizational norms and, more importantly, to effectively target areas for improvement.

Benchmarking and the adoption of best practices from one industry to another, however, can be fraught with complexities for workforce development—particularly if the industry is healthcare. As Robert Helmreich, Ph.D. at the University of Texas explained, "Training programs [for hospitals] developed by pilots without knowledge of healthcare realities can be appallingly bad" (Murphy, *The New York Times*, October 31, 2006).

“How do we compare?”

Comparing an organization's employee satisfaction survey results with other organizations can be highly insightful. Such “benchmarking” allows one to discover trends, specific characteristics, and challenges unique to an organization. Quite naturally, benchmarking analyses often lead to a search for “best practices” to maximize the probability of reaching a desired organizational outcome.

For specific purposes, there have been instances where the healthcare industry has benefited from seeking best practices from other industries. For example, much attention has recently been devoted to lessons learned from the airline industry. According to *The New York Times* (Murphy, October 31, 2006), several major hospitals have even hired professional pilots to train their critical-care staff members on how to apply aviation safety principles to their work.

In short, the healthcare industry is qualitatively different from other industries—and these differences have a profound impact on employees' attitudes, perceptions, satisfaction levels, and organizational engagement.

Therefore, it is crucially important for employee satisfaction measures in healthcare organizations to be benchmarked exclusively within the healthcare industry to produce meaningful, actionable insights.

Healthcare employees and their work experiences differ significantly from other industries. *Here's how:*

High commitment to stay in the healthcare industry—even with high intra-movement within the industry.

While employees in healthcare have a higher turnover rate than the average among other industries, they are significantly more likely to remain in the healthcare industry throughout their careers. The U.S. Bureau of Labor Statistics (2006) reports that **“health care workers are more likely to remain employed in the same occupation**, due, in part, to the high level of education and training required for many health occupations.”

This differentiating characteristic of the healthcare workforce is demonstrated clearly among nurses:

High commitment to nursing profession:

In a survey that examined nursing employment over a 10-year period, it was reported that after the first few years, nurses “are likely to remain in the profession for the rest of their working lives” (Barron & West, 2005).

Most nurses who leave the profession aren't going to other industries:

In a survey of nurses who chose to leave the profession definitively or temporarily before retirement age, only 13% began new work outside of the healthcare sector (Jasseron et al., 2006).

Nurses may lack commitment to an organization, but not to nursing:

In a survey of approximately 800 nurses, organizational commitment and job satisfaction were strong predictors of intentions to leave a nursing job—but not to leave nursing (Lynn et al., 2005).

Reluctance to leave nursing:

In an interview study that investigated nurses' decision-making processes to leave the nursing profession, it was reported that reaching this decision was psychologically complex and was very difficult for most (Cheung, 2004).

Healthcare as a “calling”

When employees' motivations to work in healthcare are examined, it is easy to understand why the continuous strain involved with caring for the sick and dying exacerbates stress levels—and further distinguishes their work-life from other industries. Healthcare professions are among a select few career choices where a personal calling to care for others is often the leading motivation—particularly among nurses (RNs), who together comprise 50-65% of hospital personnel.

Consider these survey findings:

Desire to “make a difference”:

The top reason (over 50%) given by university nurse graduates for entering nursing is because of a “desire to make a meaningful difference in people's lives.” (Gillis et al., 2004)

Desire to care for others:

Among the top 10 reasons nurses chose a career in nursing, “a desire to care for or help others” was #1 (26%) (Hawke, 2004).

A lifelong calling:

12% of nurses report that their career choice has been “a lifelong desire or calling” (Hawke, 2004).

Emphasis on values:

A leading reason (at 57%, it's tied as #1) cited to explain why healthcare leaders fail is “a poor fit with the organization's values”, which is significantly higher than in other industries (42%) (Bernthal et al., 2005).

Passionate about mission:

Senior-level healthcare leaders are thought to be more passionate about the mission of their organizations than leaders in other industries (Bernthal et al., 2005).

Stress!

The stark reality is that the work performed by healthcare employees can result in life or death for others—everyday they arrive at work. The frequently cited 1999 report by the Institute of Medicine, titled “To Err is Human,” estimates that as many as 98,000 patients die annually from preventable medical errors. This organizational environment is, consequently, far more stressful than most other industries—and it takes a toll on employees and differentiates their work experience.

Consider these consequences:

Higher absentee rate:

Healthcare employees have a 6.8% absentee rate, compared to an average of 5.8% for all other industries (Maddaloni, 2004).

Higher turnover rate:

Healthcare employees have a 12.4% turnover rate, compared to an average of 3.4% for all U.S. companies (Maddaloni, 2004).

Greater fatigue:

60% of healthcare employees regularly experience moderate to severe fatigue, marking the healthcare industry as having the second most highly fatigued workforce in the U.S. (Maddaloni, 2004).

Higher workers' compensation claims:

The annual cost of workers' compensation per worker in healthcare ranges, on average, from \$2,240 to \$4,037, compared to \$276 to \$981 for other industries (Maddaloni, 2004).

Occupational injury and illness are more frequent:

Occupational injury and illness in hospitals occurs, on average, 8.7 times per 100 employees, compared to an average of 5.0 for all other industries (U.S. Bureau of Labor Statistics, 2006).

Higher rates of depression:

Rates of depression among nurses are more than twice as high as those of the general population (Elliott, 2002).

Higher expectations & higher pressure for healthcare leaders

While effective leadership is important in every industry, it is absolutely critical in healthcare. Today, healthcare organizations are expected to achieve excellence while under close public and regulatory scrutiny. Patient safety, clinical outcomes, market share, profitability levels, cost containment, employee retention, and patient volume are all concerns that leaders of healthcare organizations face on a continuous basis. Taken together, the particular combination of challenges facing healthcare leaders provides a significant difference among leadership in other industries. In their 2005 survey of over 500 hospital leaders from approximately 300 healthcare organizations, Development Dimension International (DDI) reported a series of findings that showed significant differences of leaders in healthcare compared to their peers in all other industries (Bernthal et al., 2005).

Consider these differences:

Doubts about current position:

36% of healthcare leaders report that they have considered giving up their positions (Bernthal et al., 2005).

Extremely heavy workload:

Healthcare leaders' most frequently cited reason (38%) for considering giving up their position was that they "were expected to do/accomplish too much"—which was reported by only 17% of leaders in all other industries (Bernthal et al., 2005).

Higher stress / pressure:

Healthcare leaders' second most frequently cited reason (22%) for considering giving up their position was "too much stress / pressure", which was *almost three times higher than the average among leaders in other industries* (8%) (Bernthal et al., 2005).

Difficulty with work/life balance:

35% of healthcare leaders report having difficulty attaining a work/life balance (Bernthal et al., 2005).

Work expectations are more demanding:

The most frequently cited reason (56%) for difficulty attaining a work/life balance is "the amount of work I am expected to handle", which was reported by 45% of leaders in other industries (Bernthal et al., 2005)

Insufficient succession planning:

38% of healthcare organizations have a succession plan, which is 20% less than in other industries (58%) (Bernthal et al., 2005).

Comparing "apples to apples"

Where the workforce is concerned, healthcare is different. The bottom line is that there are fundamental, structural, inherent differences among healthcare employees relative to other industries. This significance of this fact cannot be overstated if one seeks to compare employees across organizations.

Why?

The validity of analyses derived from employee benchmarks is severely jeopardized if healthcare employees are compared to employees from other industries.

To accurately and meaningfully understand how one's workforce rates along the full spectrum of important satisfaction measures, it is imperative that healthcare organizations be compared to other healthcare organizations

(i.e., "apples to apples comparisons). The unique environmental factors and characteristics inherent in healthcare jobs outlined in this white paper are all crucially important in understanding and interpreting employee surveys.

For example, the stress that comes with occasional bouts of boredom punctuated by moments of sheer terror where life or death decisions are made is common in healthcare organizations, but extremely unlikely in most other industries. The ability to manage, cope, and work effectively under this type of stress is a crucial skill for healthcare professionals that affects their performance and well-being. This, in turn, affects their employee satisfaction scores. It's easy to see, then, that rating the nature of stress between a healthcare professional and an employee outside of healthcare is like comparing "apples to oranges." It's not meaningful.

Moreover, healthcare employees tend to remain in the healthcare industry to a far greater extent than other industries' employees remain in their industry. This means that the fundamental, structural

qualities that characterize the healthcare workforce—and differentiate it from other industries' workforces—are relatively the same across healthcare organizations. This fact reinforces the validity of benchmarking healthcare organization employee satisfaction measures exclusively among other healthcare organizations.

Selecting the best vendor for employee surveys: The smart approach

Survey results yield the greatest value when they are compared to a standard or norm from the same type of population being surveyed. Therefore, using an extensive database of healthcare-specific employee metrics with which to compare benchmarks is the single most important decision to guarantee that one will get the most accurate, useful, and valid information. For healthcare organization leaders, this means that the smart approach to employee surveys is to compare healthcare organizations exclusively to healthcare organizations.

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