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Job satisfaction in inpatient and outpatient psychiatric wards

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Abstract

This article is based on research that was conducted within a psychiatric organisation in Northern Finland. The objectives consist of outpatient and inpatient personnel within mental health. Both quantitative and qualitative methods were used. A KIVA questionnaire was analysed by using the SPSS program. The qualitative material consisted of interviews which were analysed according to principles of Grounded Theory. The program Atlas ti. 6.2 was used for the analysis. It seems obvi-ous that working conditions within inpatient care are more difficult than in outpatient care. In three of seven questions on the KIVA questionnaire, three questions had significant differences. The personnel within outpatient care experience more joy coming to work and experience their work more meaningfully. They also experience their superiors acting as superiors.

Working in outpatient care includes more autonomy for individuals since the influence of traditions is not so strong. Personnel working within outpatient care do not experience organizational changes as difficult as personnel at inpatient care.

Keywords: occupational health, satisfaction, inpatient, outpatient, psychiatry

1 INTRODUCTION

Well-being at work can be defined as experiencing work as meaningful and flowing in an environment of a working community that promotes health. One dimension of the working environment is leadership and its connection to the experience of working health (Länsisalmi 2004). Research concerning working health has shown that there is knowledge about the fac-

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tors which either increase or decrease working health (e.g. Hernandez-Mogollon et al. 2010). According to Mäkitalo (2005), working health develops when a person's work and the development of working health are connected to the goal of work and the turbulence caused by changes.

Research concerning commitment to work has been studied by Saloheimo (2004) according to whom commitment can be connected to attitude, psychological wellbeing, job satisfaction, experience of stress, and estranged or moral. Staff members' possibilities to influence their own situation have positive effects on the work and commitment to the organisation (Ala-Laurinaho 2004). Commitment to work has also been studied from the work engagement perspective which includes factors such as vigour, dedication, and absorption. According to Ahtilinna et al. (2007), mastery of work, social support, and assurance of work all positively influence work engagement and also working health.

Occupational health is an object for both research and development in a global perspective. Occupational health is often also connected to leadership since it can be thought that the leader's qualities are of importance to the employer's experience of occupational health. Leading can be divided into leadership, meaning leading people or management, meaning leading matters. Leadership is the superior's responsibility and the central issue in leadership is supporting the employer's resources. Supporting the employer's resources is about interaction and paying attention to employers' well-being when making decisions. (Yukl, 2002; Riikonen et al.; 2003; Trofino, 2003). Arnold et al. (2007) have studied the relationship between transformational leadership, the meaning that individuals ascribe to their work, and their psychological well-being. The origin of transformational leadership is the idea from Burns (1978) of transforming leadership which can be understood as a leadership process in which "leaders and followers help each other to advance to a higher level of morale and motivation". Burns related to the difficulty in differentiation between management and leadership and claimed that the differences are in the characteristics and behaviours. According to Burns, the transforming approach creates significant change in the life of people and organisations. It redesigns perceptions and values, and changes the expectations and aspirations of employees. The results obtained by Arnold et al. (2007) support and add to the range of positive mental health effects associated with transformational leadership and are suggestive of the interventions that organisations can make to improve the well-being of workers. Dellve et al. (2007) argue that leaders' attitudes towards employee work-related health are important for employee work attendance. Their research was based on the assumption that it is not clear as to how the role of leadership in the psychosocial work environment positively affects workplace health promotion. According to Kuoppala et al. (2008) there is a relative lack of excellent studies targeting the association between leadership and employee health, but the few good studies suggest an important role of leadership on employee job satisfaction, and job well-being. However, the relationship between leadership and job performance remains unclear.

2 THE PROJECT

Collaborative innovation and advancing its management project (OSUVA) is a development project that was partly funded by The Finnish Funding Agency for Technology and Innovation (TEKES) (http://www.osuva-foorumi.fi/). The project aims to develop leadership and to

give new insight into collaborative innovation management and how collaborative innovations can be supported within Social – and Health care organisations. The research group consists of seven research institutions in Finland: Arcada University of Applied Sciences, Jyväskylä University of Applied Sciences, Seinäjoki University of Applied Sciences, Lappeenranta Technical University, Vaasa University, National Institute of Health and Welfare (THL), and Finnish Institute of Occupational Health (TTL). This article is based on action research which is realised at a psychiatric organisation in Northern Finland by researchers from Arcada University of Applied Sciences.

2.1 The Organization

The organisation participating in this research project is the psychiatric catchment area at Western-Lapland in Finland. Working with clients/patients at this catchment area is based on the principles of the Need-Adapted-Approach which includes the idea of Open Dialogue (Alanen et al. 2000, Seikkula et al. 1995). The Need-Adapted-Approach is a treatment model which is based on family therapeutic orientation and a multi-professional way of working. This means that for each client/patient there is a defined team which works intensively together with the client/patient and his/her family members. In this team, the personnel from inpatient and outpatient care have the possibility to work together. Although the personnel at the organization are divided into either working at inpatient or outpatient care, that is not the whole truth about the working conditions for the personnel. About half of the personnel work in inpatient care but their work consists not only of working inside the ward. They can also be involved in clients/patients treatment and care which are not at the hospital but in outpatient care. However, the work at hospital can be seen as having quite many influences from traditional psychiatric care at hospitals. Therefore, it is interesting to explore whether the personnel experience their working environment similarly or if there are differences between the personnel working in the inpatient and outpatient wards.

3 AIM

The aim of this study was to explore the differences between two groups of social- and health care professionals and their experiences of enjoying their work conditions and climate at their workplace. Personnel were divided into two groups based on their working environment, one group within psychiatric inpatient care and one group within psychiatric outpatient care.

4 MATERIAL AND METHODS

The study includes both quantitative (questionnaire) and qualitative (interview) parts. Participation in the research projects was voluntary and the project obtained ethical permission from the chief psychiatrist of the Western-Lapland healthcare district.

4.1 Questionnaire and statistical analysis

To examine how personnel experience the climate at their workplaces, a Webropol questionnaire was sent to all of the social- and health professionals (N=120) of the organisation. The KIVA questionnaire (Näsman 2011) was used to examine how personnel experience the climate at their workplaces. The questionnaire consisted of seven questions: 1) Have you enjoyed coming to work in recent weeks, 2) I regard my job as meaningful, 3) I feel in control of my work, 4) I get-on with my co-workers, 5) My immediate superior performs as a superior, 6) How certain are you that you will keep your job with this employer, and 7) How much can you influence the factors concerning your job. Each of the questions evaluated the employee's experience with a ten point scale such as 1 = "not at all" to 10 = "yes very much". The questionnaire has been published in more detail earlier (Näsman, 2011). The means and standard deviations were calculated of the questions, separately, and a Student t-test was used to analyse the difference of the means between the two groups.

4.2 Interview

For the qualitative part, the participants were recruited from the organisations by their leaders. Participants were informed about the interviews, and all of those who were recruited gave their written consent to participate in the interviews. At the social- and health care organisation 38 persons participated in the interviews, either in group interviews (N=26) or individual interviews (N=12). The themes of the interview were; trust, working health, commitment, innovation, and leadership. Interviews were realised as a free flowing discussion concerning the themes. The method used to analyse the qualitative material in this study was an adaptation of Grounded Theory. Grounded Theory and its application have been developed over several decades (Glaser & Strauss, 1967; Corbin & Strauss, 1990; Glaser, 1992; Pandit, 1996; Strauss & Corbin, 1998). According to Strauss & Corbin (1998), Grounded Theory provides the researcher with tools to deal with large amounts of material and helps the researcher to notice the various meanings of the phenomenon being studied. Grounded Theory was suitable for this research project because the aim was to investigate the informants' experiences of different issues connected to occupational health. The process of applying Grounded Theory is described differently by different researchers. According to Tesch (1990), the main interest in Grounded Theory is to seek regularities, to identify and categorise elements, and to study the relations between them. Chenitz and Swanson (1986) and Glaser and Strauss (1967) consider Grounded Theory to be especially suitable and important for research areas in which there are serious gaps in knowledge or in which there is a need for new points of view. The main principles of Grounded Theory are open coding, axial coding, selective coding and continuous comparison between codes, memos and categories. Open coding incorporates free analysis mostly of written material, for example transcripts of interviews. During this process the researcher identifies utterances which are interpreted to mean something. When this process continues, it is possible and also unavoidable that different utterances can be gathered into the same category because they have the same or similar meaning. Axial coding involves a comparison between the categories and analysis of how they are related to each other. If and when connections are found, it becomes possible for the researcher to identify the core category (selective coding) among the categories initially identified. Selective coding is the process of choosing one category to be the core category, and relating all other categories to

that category. During the whole process of analysis, a continuous comparison is carried out. For the analysis, the program Atlas ti. 6.2 was used.

5 RESULTS

Forty-two (61%) of the employees in inpatient care, and thirty-seven (75 %) of the subjects in outpatient care, completed the KIVA-questionnaire. Overall, the employees in outpatient care were more satisfied with their work well-being compared to the workers in the inpatient care. The subjects working in outpatient care experienced that they have enjoyed coming to work during recent weeks much more, and they also experienced their own work to be more meaningful than the subjects working in the inpatient care (see table 1). Moreover, they were more satisfied with their immediate superior as a leader compared to the employees in inpatient care (table 1). There was also a tendency for the employees in outpatient care to be more in control of their own work, were more certain of keeping their current job with the employer, and had a better possibility to influence the factors concerning the work (table 1).

Table 1. Means and mean differences in KIVA questions between the subjects working in closed or open wards.

Question, number	Closed wards (n=42) mean (SD[1])	Open wards (n=37) mean (SD[1])	Difference mean (95% CI[2])	P-value
1	6.2 (2.2)	7.5 (1.7)	-1.4 (-2.3 to -0.5)	0.003
2	6.9 (2.1)	8.3 (1.6)	-1.5 (-2.2 to -0.5)	0.002
3	8.0 (1.4)	8.4 (0.8)	-0.4 (-1.0 to 0.1)	0.09
4	8.3 (1.6)	8.4 (1.2)	-0.3 (-0.9 to 0.4)	0.438
5	6.6 (2.0)	7.5 (1.5)	-0.9 (-1.7 to -0.1)	0.025
6	6.8 (2.7)	7.4 (1.8)	-1.0 (-2.0 to 0.0)	0.055
7	6.6. (1.9)	7.4 (1.9)	-0.8 (-1.7 to 0.0)	0.059

[1]SD = Standard deviation

[2]CI = Confidence intervals

(The main focus on the qualitative analysis was on questions 1 (p=0.003), 2 (p=0.002) and 5 (p=0.025) since they showed significant differences between the groups.)

The difference in question 1, *Have you enjoyed coming to work in recent weeks* could, according to the informants, be understood that the working conditions in inpatient care had been quite difficult for the personnel. There had been large changes at the organisation and the ward had been reorganised and even the nearest superior or leader had been changed. It seems also as if the human environment, social relations between the personnel, in inpatient care had not been as good as they were in outpatient care. In inpatient care, two earlier separate wards had been reorganised to be only one, and many of the personnel experience that they were like starting from nothing to create a new ward together with personnel, whom had

been working in a different way than they themselves had done. The personnel sometimes found it hard to accept other personnel's opinions and they seemed to strive for different ways of working in the ward. According to the informants, it could be considered that some kind of internal traditions and cultures at both earlier separate wards had clashed with the other's and it had not been simple to create something common in a short time. The personnel, who were working in outpatient care, had not experienced the changes in the same way as the personnel in the ward. The nature of their work had been quite much the same as before the reorganisation, they felt free to plan their work independently together with their colleagues compared to the ward where the personnel feel like they are not as independent in relation to others. The human environment seemed to be better in the outpatient care than in the inpatient care, partly depending on the fact that there had not been large changes among the personnel in the outpatient care.

Question 2, *I regard my job as meaningful*; could also partly be understood in relation to the changes made in the ward. Some personnel were of the opinion that the changes had not been good for the patients that they are caring for and that the physical environment had become worse after the changes. Especially male personnel expressed that they did not experience their work as meaningful since many of their earlier male working colleagues had changed jobs or left the ward. However, the personnel in the inpatient care experience that their work with the patients was mostly meaningful and they strived to give the patients as good care as possible. The personnel had come from two different wards and their caring culture had not necessary been of the same kind, even if they have worked quite closely. It seems that it had been hard to combine two different caring cultures to be one. Meaningfulness could also depend on a lack of feedback from the superiors and leaders of the ward. Some of the personnel in inpatient care expressed that they did not get honest feedback for their work, especially as regards practical issues. Concerning the personnel in the outpatient care, the situation is quite different. The personnel experienced satisfaction in their work and felt united with the same kind of ambitions and values concerning their work with the patients and families. Even the fact that the personnel in outpatient care was not so interested in getting feedback on practical things, but their work with patients and families differentiates them from the personnel in inpatient care. The personnel in outpatient care also seemed to work together with the superiors and leaders of the organization more in their daily work with patients and families than the personnel from in inpatient care. That could have had an influence on how meaningful personnel experience their work. However, this is not the whole truth since even the personnel from the inpatient care work together with superiors and leaders in the open treatment and care and the personnel who did that experienced their work as quite satisfactory.

Question 5; *My immediate superior performs as a superior*, can also be understood in light of the changes made at the ward. When the immediate superior was changed, the personnel did not really know, or understand, who their immediate superior at the ward was. This was because when the two wards were combined, both of the immediate superiors from the earlier two wards functioned some time as superiors. Even the relationship to the new superior was difficult for some of the personnel and they experienced a lack of trust between themselves and the superior. In the outpatient care, the nearest superior had also been changed but the superior seemed to not be a superior in a traditional way. The personnel in the outpatient care were very free and independent of the nearest superior in planning their daily work. There were not so many routines and rituals in the outpatient care as probably existed in inpatient care. Even if the organisation's general way and ideology of working is "non-traditional", the

routines and traditions in the inpatient care seemed to live and influence the working conditions.
There were no significant differences between the groups in questions 3) I feel in control of my work, 4) I get-on with my co-workers, 6) How certain are you that you will keep your job with this employer and 7) How much can you influence the factors concerning your job.

6 DISCUSSION

The results showed that the personnel in the psychiatric outpatient care were more satisfied with their work conditions and climate at the workplace than the personnel in inpatient care. The reasons for the differences were possible to understand in the light of the stories told. Traditionally, work in the inpatient care is more influenced and also ruled by traditions than at outpatient care (e.g. Piippo & Aaltonen 2008). According to Giddens (1991), traditions consist of four factors. Firstly, traditions are built on routine and ritualised behaviour. It can be thought that when psychiatric treatment and care, for example, are based on the personnel's ritualized behavior; it gives the personnel few possibilities to adjust their behaviour to the patient and the patient's needs. The personnel's behaviour can then be understood as ruled by other personnel, theories, and usual ways of acting. Secondly, traditions are collective. In a psychiatric treatment unit, some specific ways of acting dominate even though the entire personnel are expected to act according to, for example, one theory of human development. Thirdly, traditions have their guardians who are the experts in interpreting and understanding how one can or should act in a traditional way so that the actions are in line with a specific theory, for example. Fourthly, individuals are emotionally engaged with the traditions, which have a special importance for people. Traditions can function as guidelines for understanding phenomena and how to act. However, Giddens (1991) also argues that traditions are needed. When one wants to understand a traditional behavior, one must go behind the tradition, although according to Giddens all traditions are invented. Traditions incorporate power, which can be seen as useful for legitimating behavior, strengthening beliefs, and defining truths.
To experience a good human environment and occupational health depends on all the persons involved in a working community. According to e.g. Sydänmaalakka (2006) one of the factors that matters for the experience of good human environment is the leadership of self. Leadership of self is a human quality and a very personal human quality. When a person has this skill, he or she can reflect over him or herself and also adjust his/her behavior in a way that increases his/her capacity to be in interaction with colleagues and even superiors. Whether the difficulties in inpatient care somehow depend on each of the personnel's capability in leadership of self or not can be questioned. However, the capability in leadership of self cannot be left outside the discussion since if some persons in a working community do not have it, it probably will create difficulties for all involved in a working community. Leadership of self can be regarded as the capability of looking at yourself in relation to others, as a reflective capability to see your own otherness. Piippo (2013) points out that leadership of self can also depend on more internal psychological aspects. According to Piippo, leadership of self can be regarded as reflective leadership of self which differs from Sydänmaalakka in the point that reflective leadership of self is a deep capability of examining him/herself as an outsider, to make for some distance to the self so that the individual gets the possibility to see and experience the significance of themselves to the human environment. In this sense, re-

flective leadership of self means viewing otherness of itself, which can be understood in the light of the theory of social constructionism (e.g. Linell 1998). Reflective leadership of self, according to Piippo (2013), also depends on the individual's basic trust as Erikson (1968) describes the phenomena.
However, all the reasons for the differences cannot be explained according to the interview results, in which there are probably several other related factors for the differences e.g. different type of patients, different workloads, the length of the personnel's mutual work history, etc.

7 CONCLUSIONS

The results indicated that the personnel in psychiatric outpatient care were more satisfied with their work conditions and climate than the personnel in inpatient care. One probable explanation could be that by working in the outpatient care the personnel's professional skills are more pronounced and in use. Furthermore, the nature of working in the outpatient care means that trust and the range of decision making concerning patient care is greater among the individual workers. The living open dialogue and feedback between employees and superiors in outpatient care may also have an influence on a more positive work climate in outpatient care. This certainly increases the sense of meaningfulness at work. These facts may also influence to enhanced work satisfaction. Traditions, which were more pronounced in inpatient care, could on the other hand decrease the working satisfactory of the personnel. Traditions may influence the personnel's autonomy and creativity, which could be expressed as less satisfaction in the work conditions and work climate.

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