

Running head: THE HEALTHY WORKPLACE

1

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The Healthy Workplace

Introduction

As argued by Jeffrey Pfeffer, a healthy workplace must have the full range of positive characteristics as opposed to a few dashes of positivity to tug employees along. For a start, an organization needs a positive organizational culture to be able to attract top talent (Slack, Corlett & Morris, 2015). After all, human resources are the most valuable asset for any thriving organization. Conversely, a thriving organization can also fail purely because of its human talent or the lack thereof. The moment the organization attracts top talent, it has the ability to retain, motivate, engage and sustain the said workforce. Retentions have relied on ensuring that the workforce is neither disenchanted with the organization enough to leave nor take up the constantly available offers from other employers. Motivation, on the other hand, means ensuring that the employees constantly aspire to give their best possible effort to the organization (Mone & London, 2014). Conversely, engagement means that motivated employees focus on work above all else. Finally, sustaining employees means ensuring that the nature of work or the nature of life that employees have to lead in order to work does not end up disenchanting and crippling their ability to function. The totality of the above provides a concise dimension upon which to assess Cook County Hospital (CCH), the organization on focus in this paper, based on the principles outlined in Pfeffer (2018). There some organizational habits that Cook County Hospital needs to stop, some healthy organizational habits that it needs to continue and also some positive organizational habits that it needs to start so as to become an ideal place of work for its labor force.

Overview of the Organization

Cook County Hospital (CCH), the organization on focus herein is a large public hospital in a violent segment of the city of Chicago, known as the West Side. The said hospital handles thousands of patients every day, many of whom need urgent medical attention from the hospital's emergency room. There are hundreds of professional employees in the organization who include physicians, specialists, nurses, advanced practice nurses, engineers and technicians, IT experts, and administrators (Sachdev, 2015). There are also hundreds of support staff who include the janitorial staff, security officers, and messengers. The said hospital is like a 24-hour city that never goes to sleep. The hospital's ER is almost always admitting new patients, including those who have been taken suddenly ill, accident victims, victims of violence including gun violence and also referrals from other hospitals. Among the complexities facing the professionals at the said hospital is having to deal with a large workload, on a life and death basis while having to contend with limited resources (Sachdev, 2015). However, inter alia the belief that they are making a difference in the community keeps the professionals in the hospital motivated to keep working. Among the other primary reasons why the employees remain motivated even under the aforesaid circumstances is the belief that they are making a difference in the community by assisting those who may not afford healthcare elsewhere. However, there is also an unspoken but common belief that things will get better. Most employees believe that the government will eventually come through for the hospital or that it will land a massive private sector sponsor who will make all the difference. However, these hopes have been going in for decades and have remained unsatisfied.

Organizational History

Part of the complexity relating to the current working conditions at the Cook County Hospital emanates from the organizational history of the hospital. Healthcare is among the older professions in the modern world as it provides an inalienable service to the community. The CCH commenced at a time when Chicago was smaller and with a more limited population (Dunea, 2015). As the town gradually grew into a massive city, the hospital kept on being expanded to continue meeting the ever-increasing demand for services. It had always been hoped that more public hospitals would be built in the area, or in the very least universal primary healthcare would be made available so as to reduce pressure on the hospital but the same has never happened. The hospital has thus kept on taking up a larger burden than seems manageable but somehow always manages to handle it. Due to its exertions, the hospital has won several awards and is held in high regard in the medical profession (Dunea, 2015). The professionals who work in the hospital also take pride in the knowledge that unlike their peers, they have chosen service over money or better working conditions. The complicated setup of the hospital that has always complicated working conditions for its workforce is not by design but rather based on its gradual expansion that was never gradually planned. Part of the history of the organization is a record high employee turnover stemming from the very top management to the support staff. In its history, the hospital has also attracted highly respected and qualified professionals such as Karl A Meyer (Dunea, 2015). In recent times, the hospital has seen a number of major changes such as shifting to a more modern center and also adopting a new name, the John H. Stroger Jr. Hospital of Cook County, although to most, it has retained its original name and reputation.

Plans towards Reorganization

Over the centuries, Cook County Hospital has undergone a lot of reorganization and the program of reorganizations is still ongoing. For example, in the last few years, there has been reorganization plans to merge departments in the hospital whose obligations seem to overlap (Sachdev, 2015). The management of the organization has been aware that its mode of operations is unsustainable and needs to be changed as soon as possible. Several transformational blueprints have been developed meticulously outlining ways of overhauling the hospital more so in terms of human resource management. Unfortunately, most of these plans have been based on assumptions regarding the external environment of the hospital. Due to the inability to control the external environment, the changes have seldom been effective. Some plans have been based on an expected increase in funding for the hospital. Unfortunately, increases in funding have been countermanded by increases in the workload as more patients stand in need of healthcare. Towards the end of the 20th century, for example, there was a belief that violent crime-related and traffic injuries would reduce in the new century, but it has not been the case. Millions of dollars still go towards treating completely avoidable injury-based ailments. The hospital has always aspired to change, but the external environment had never allowed it. In the meantime, as outlined in Pfeffer (2018), employees continue to suffer.

Talent Management System

Fringe Benefits Package

Fringe benefits are an important aspect of employment as argued in Pfeffer (2018). The nature of fringe benefits provided to employees is a bearing factor to the level of engagement and motivation for employees, as well as their overall quality of life. With regard to fringe benefits, there is no blanket set of provisions for employees due to the wide range of human talent at the

organization. For example, the elective surgery segment, one of the sections of the hospital that makes a profit, has some highly qualified professionals who operate under specialized contracts. Their fringe benefits differ exponentially from, for example, the janitorial community which is mainly made up of immigrants, a large number of whom are Hispanic. To provide an overview of general fringe benefits, almost all employees in the hospital are provided with free primary medical care alongside their immediate family members. The availability of medical services is mainly in lieu of a medical cover. Employees are also entitled to annual time leaves and also sick leaves, but mainly in a staggered fashion, depending on work schedules and volumes. Senior staff members have more flexible leave days than junior members. Finally, all employees are entitled to a 401k retirement benefits package. The professional staff members are also accorded a limited level of education assistance, such as being allowed some time off when sitting for critical tests. Some of the common modern fringe benefits such as paid trips and attractive allowances are unavailable, save for very senior members of staff, including the elective surgery team aforementioned.

Work Hours

Working hours for employees are a standard except for doctors whose working schedules can be extreme. Working constantly for an elongated period of time, above and beyond the normal eight hours is among the primary complaints cited in Pfeffer (2018) as a prerequisite of an unhealthy working place. At the organization, working hours for support staff including janitors, are limited to 40 hour weeks primarily throughout the year. Most of the janitorial work is done late at night, but some places such as the emergency and operating rooms have to be cleaned regularly during the day and night. It is also important to note that despite the seemingly limited working hours, the support staff at the hospital is extremely hard and in some cases

complicated by the use of mundane tools and equipment. Nurses and nursing staff, the majority of whom are unionized also have forty hour weeks. The scheduling, however, varies from department to department with some having three twelve hour shifts per week while others as many as five eight hour shifts. Due to work constraints, nurses will normally volunteer to work extra time for extra pay. Doctors are the primary workhorses at the organization. Residents and first-year doctors work as many as 80 hours or more per week and will sometimes pull shifts of over 30 hours (Wible, 2017). Regular doctors will also sometimes have large shifts of over 20 hours at a time, but they are not compelled to do so. Indeed, there are a few doctors who seem to always be at the hospital.

Job Design

Job design is one of the areas where the organization has excelled, perhaps out of necessity as the massive organization cannot function effectively without the same. The definition of a job description as used herein relates to what each employee is supposed to be doing as part of their work schedules. To ensure that the massive system that the hospital is running smoothly, each employee is assigned to be a member of a specific team at any moment in time. For example, nurses have teams such as the ER team, the OR team, the maternity team, and others. Each team has a team leader who orchestrates team activities for the shift. Regularly nurses may be moved from team to team in different shifts, but at any moment in time, every employee is a part of a specific team. The same order of teams is extended to all levels from the support staff to the medical consultants. Within the teams, elaborate and meticulous systems have been put in place to ensure that the different teams neither overlap nor collide in activities. It is important to note that sometimes some members of different teams will find themselves

working together on the same patient. Elaborate protocols have been put in place to avoid conflict during such times.

Work-Family Conflict

Among the issues cited in Pfeffer (2018) that ravage the modern employee is work-family conflict, and this is especially true for the Cook County Hospital. The meaning of work-family conflict as used relates to when family and work demands are incompatible with one another. The employee is thus constantly pushed to choose between work and family. The most extreme cases of work-family conflict involve doctors and residents who have to work as many as 80-hour weeks with shifts lasting as long as 30 hours. Such working hours take employees away from their families and also ensure that the limited time they get off work finds them too tired for any quality family time. Work-family conflict is the highest in this group. However, even for the groups that work fewer hours, work-family conflict is also a major issue. For example, a janitor who has to work every night and is married to someone who works every day might end up spending very little time together. The volume of work undertaken at the hospital also limits the quality of attention that employees give to their families, leading to work-family conflict. Finally, due to the absolute necessity of the services provided at the hospital by most employees, working hours are rigid, a fact that also contributes to work-family conflict.

Economic Insecurity

Another critical issue highlighted by Pfeffer (2018) relates to the economic instability of employees; this issue is also prevalent at the Cook County Hospital. The issue of student loans gets mentioned in Pfeffer (2018) as well as the need for financing to cater for the ordinary emergencies and needs of life. The employees at the hospital can be divided into three main groups as far as economic insecurity is concerned. The first is the support staff, a group that did

not spend a lot of time or money in schooling but also one that only earns a little. This group faces economic stability since any pecuniary emergencies would require expensive loans to meet. The second group is the young professionals who include doctors, graduate-level nurses, engineers, and specialized technicians. These groups earn enough to find little economic stability. They are, however, heavily laden with student loans to enjoy such stability. Finally, there are the older professionals who no longer have student loans but are worried about retirement plans and how little money they have to retire on. Economic insecurity is thus pronounced at the organization.

Organizational Culture

A good organizational culture can make employees give their best to an organization even when their terms of employment are unpleasant. This is because humans inherently want to be a part of something good (Slack, Corlett & Morris, 2015). CCH has a stellar reputation as a godsend for the poor in the inner city community who form the bulk of its clientele. Every day, the hospital saves the lives of tens of patients who would otherwise have died because they cannot afford healthcare in other institutions. Part of the organization's reputation lies in its policy of treating patients first then asking pertinent questions such as those about finance or those about immigration status later. The desire by the hospital to do whatever it takes in the interest of humanity in general and more specifically, those who are unwell has endeared it to the community and also to its employees. However, it is also a part of the hospital's organizational culture that it is a kind of slave driver who overworks patient while underpaying them.

Impact on Talent Management System on Human Sustainability

The positive organization culture attracts top talent to CCH herein but the poor talent management system described above ravages then and their desire or even ability to work. The hospital has a very high employee turnover, which is exponentially expensive for the organization (Collins et al., 2015). For a start, even professional staff require some form of training to be able to work in a specific organization. When such employees leave, the training is not only lost but also a need to train new employees arises. Secondly, the hiring process for employees is exponentially expensive, more so for high skill employees such as doctors and nurses. It can be argued that the amount wasted through the high employee turnover can go a long way in improving working conditions for employees.

Secondly, the positive organizational culture ensures that most employees, more so the professionals such as doctors and nurses, are highly motivated to work, but the poor talent management system compromises engagement and capacity to work. Modern human resource management engenders motivation as one of the most important aspects of good leadership (Mone & London, 2014). However, being properly motivated to work may not result in good work unless there is sufficient engagement and capacity to work. Unfortunately, when it comes to engagement, the system has been failing employees. Problems such as work-family conflict and lack of economic stability are hard to ignore and affect the ability of employees to concentrate on their work. Further, the stress caused by issues such as the aforementioned alongside the physical toll of overwork will gradually affect the capacity and ability of employees to work. It is under such circumstances that the numbers of sick days increase, as the psychological issues begin to manifest as physiological ones.

The combination of high employee turnover and a low capacity to work by employees can only be construed as a poor employee sustainability regimen, a fact that makes the CCH

conform to the concept defined in Pfeffer (2018). The primary motivation for all employees to work is wages, and the workers in the hospital are not an exception. However, the pursuit of wages causes them to operate and live in circumstances that are uncondusive to their physical and mental health being. Due to a desire to play a positive role in the community, the said employees persevere and continue to suffer until some of them pay the ultimate price. Further, even those who may not suffer major physical or mental illnesses will still be unable to work at full capacity due to the toll that the poor talent management system falls upon them. Finally, overwork, fatigue, and poor working conditions have also increased the propensity for errors at the hospital (Bolandianbafghi et al., 2017).

Conclusion and Continue/Stop/Start Assessment

It is evident from the above that Pfeffer (2018) aptly describes what many workers, including highly trained and qualified employees, have been going through. As evidenced by the analysis above, any employee of the hospital has literally or euphemistically died for a paycheck! It is incumbent upon the management of the organization to make changes based on the Continue/Stop/Start Assessment outlined below.

Continue

The two positive areas of the analysis above are organizational culture and job design, both of which the organization should continue doing. The reputation for being a champion for the sick at all costs is what hospitals are traditionally known, loved, and respected for. The organization should continue with this approach, not only because it is the right thing to do but also because it makes business sense. Having a good organizational culture not only attracts and retains top talent but also makes such talent agreeable to wages that are lower than market rates (Slack, Corlett & Morris, 2015). Conversely, having a good job design is an important

component of talent management that the hospital should retain. The comprehensive job design both mitigates conflicts among workers and also make work easier; hence reducing work-related stress.

Stop

The hospital must seek to reduce the elongated working hours, including the over 12-hour shifts for any employees like interns and first-year doctors. Such schedules increase the propensity for burnouts, cause fatigue, and even physiological problems. Work shifts that augment work-family conflict like constant late night shifts should also be eliminated.

Start

The hospital must expand fringe benefits to all members of staff, including support staff members. Even a single paid trip every two years can make a major difference in the lives of an employee. Other important fringe benefits for employees that should start is full health and dental insurance for members of staff and their immediate family members. The hospital should also start limiting its workload by ensuring that it only admits the number of patients that it can handle based on available resources. It may be argued that everyone who comes into the hospital needs medical attention, but it is also true that having too many patients compromises the level of care given to each material patient.

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