

# **Managers' and Supervisors' Role in Enhancing the Safety and Health Climate for Health Care Providers**

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## **EXECUTIVE SUMMARY**

Statistics have shown that workplace safety is a growing concern for Canadian workers. In response to this need and recognizing the particular vulnerability of the health care sector, the purpose of this project is to improve our understanding of the role of health care managers and supervisors in creating a safe work climate for non-supervisory health care employees. In this study we collected information that can be used to develop an innovative approach to preventing workplace injuries and illnesses in the health care sector. Perceptions from managers, supervisors and a broad range of workers in the health care sector were surveyed about the safety climate in their respective health care settings, and these responses were related to employee outcomes such as workplace injuries, absenteeism and other well-being indicators (continuance commitment, affective commitment, psychosomatic complaints, self-reported health, intention to leave the organization and job satisfaction). The data were collected from health care facilities located in all eleven of Manitoba's Regional Health Authorities (RHAs). While originally the proposal was focused on direct care providers, the managers at the RHAs decided independently, but consistently, to extend the opportunity to respond to the survey to all of their non-supervisory employees. The data represents the responses from a total of almost 2200 employees at all levels of the organizations. This information is designed to supplement additional literature in the design of training programs for hospital management and supervisors.

The general findings of the study include but are not limited to the following:

1. Senior/middle managers are generally supportive of a strong health and safety focus within their healthcare facilities, but the communication of this support could be significantly improved.
2. Unit supervisors perceive the positive orientation to health and safety espoused and practiced by senior/middle managers.
3. The non-supervisory healthcare employees, both with direct and non-direct patient contact, have less positive attitudes about top management support of health and safety. Their views about direct supervisor support of health and safety also evidence significant potential areas of improvement.
4. Non-supervisory employees, on average, report high workload combined with moderate levels of perceived control over those workloads. Employee job satisfaction levels are generally high as is their self-reported health.
5. Belief about top management and direct supervisor attitudes about health and safety, the health and safety climate and work environment are all strongly related to the employee outcomes measured in this study. A set of 8 outcomes were assessed: continuance commitment (commitment to continued employment at the facility), affective commitment (attachment to the organization), job satisfaction, intention to leave, psychosomatic complaints, self-reported health, self-reported absence and workplace injuries.

Suggestions for dissemination and further positive development of the health and safety climate in Manitoba's Regional Health Authorities is proposed. These activities include presentations and discussions of managerial groups within the RHAs, communication of messages from this study and other research/practitioner literature to health care workers, preparation of the results for professional and academic dissemination beyond Manitoba. Some of the results could be used to develop training modules for managerial/supervisory and non-supervisory staff in Manitoba's RHAs. Overall, the suggestions for dissemination activities are included to integrate these results into an action plan to support ongoing efforts to improve the health and safety of healthcare sector employees.