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Rethinking the Management of Health Human Resources in Light of Social Determinants and Hospital Magnetism

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ABSTRACT

Employment is a social determinant of health whose ambivalence is a well-established fact. Unemployment is therefore detrimental not only to the health of the unemployed but also to that of their families. Research even suggests that they (the unemployed and their family members) would be more likely to die prematurely than others. On the other hand, a safe job is conducive to the good health of the workers, to their well-being and it brings them satisfaction on the professional level. Nevertheless, the ambivalent nature of work means that it can also determine poor health for workers insofar as "the social organization of work, the mode of management and social relations in the workplace have an impact on the health." This article aims to identify the organizational and social factors that have a negative impact on the health of health workers and in the light of social determinants and hospital magnetism, to propose a non-exhaustive list of recommendations for redesigned health human resource (HHR) management.

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Introduction

Health has been established as a fundamental human right and the achievement of the highest possible level of health remains the most important social objective worldwide. The character of complete physical, mental and social well-being recognized in health suggests that there are several factors likely to influence it, these are the determinants of health, "set of factors which influence, positively or negatively, the health status of individuals and populations" [1]. The role of health determinants other than health services has indeed been widely recognized and has been the subject of numerous publications, in particular following the Ottawa conference on the promotion of Despite this reality, in many professional settings, and particularly in health care (HC) organizations, there are still many work-related conditions that have the potential to alter the health of workers and harm their well-being. For example, the results of a European study report that "between 1999 and 2007, 40.6% of workers in the social and health sector were exposed to a recurrent risk of depression or reactive depressive syndrome" [2]. This article aims to examine organizational and management factors HRH likely to negatively impact their s health of workers and to provide a non-exhaustive list of recommendations in light of the social determinants of health and the concept of the magnetic hospital.

The methodology used is a literature review.

On the Role of Social Determinants

There is a de facto relationship established for several centuries between the socio-economic status (SES) of the individual and his state of health [3]. Evidence suggests that unfavorable social and economic factors negatively impact health throughout human existence. Thus, for example, individuals at the bottom of the social ladder run at least twice the risk of contracting a serious illness or dying prematurely than those at the top of the ladder. And these negative consequences are not only observed among less well-off people, health inequalities resulting from social situations are found in all classes. For example, it has been observed that "even in the middle class, low-level office workers are more victims of illness and premature death than their colleagues with more important responsibilities" [4].

The most important determinants of health are related to socioeconomic status because they would represent about 50% while health care would only intervene for 25% [5]. This is the case of income and social situation which, moreover, constitute the main determinant of health, level of education, individual professional status including position, working conditions and even level of prestige. which would also have a strong impact on health (we will come back to this), the psychosocial environment, social networks and social support, environmental factors, genetic heritage or even diet or even spiritual practices.

Professional status is the determinant that concerns us in the context of this essay, its impact on health having been highlighted. For example, the absence of employment is detrimental not only to the health of the unemployed but also to that of their families. Research suggests that they (the unemployed and their family members) are more likely to die prematurely than others [4]. On the other hand, a safe job is conducive to the good health of the workers, to their well-being and it brings them satisfaction on the professional level. Nevertheless, the ambivalent nature of work

means that it can also determine poor health for workers insofar as "the social organization of work, the mode of management and social relations in the workplace have an impact on the health."

Health human resources (HRH) are made up of different types of clinical and non-clinical personnel, providing health interventions, both public and individual. The role they play is recognized as essential for a health system to function optimally and the economic and human costs arising from their mismanagement are significant. The available data also suggest that the quality of services and care that health care organizations (HC) provide are largely dependent on the way in which they manage and invest in their human capital [3]. More than physical and financial resources, HRH constitute the main component because of the share of the budget allocated to them, their complex management and even the way they are distributed geographically [5]. As Brilman & Hérard write [6], the whole art of human resources management is therefore to ensure that develop and enhance this asset, now known as Human Capital to that it, in turn, creates value for customers, shareholders and other stakeholders, (including himself and society as a whole), while maintaining its cost within limits compatible with two markets, the labor market and the market for products and services. Despite this evidence, it is clear that HRH does not always benefit from optimal policies, especially in low- and middle-income countries [3].

Organizational and Managerial Factors Responsible for Poor hrh Health

Before addressing the organizational and management factors likely to have a negative influence on the health of HRH, note the legal obligation imposed on all employers, including health establishments, public or private, to ensure the health and to the safety of their employees. Their civil and criminal liability is thus engaged. The labor code of the Democratic Republic of the Congo [7]. Expressly stipulates that "Any company or establishment of any nature whatsoever occupying workers has the obligation to set up a safety, health and beautification of workplaces. Article 168 even specifies the missions devolved to this committee, namely: the design, correction and execution of the policy "for the prevention of accidents at work and occupational diseases". That said, it seems to us that the legislator did not go so far to explicitly mention the requirement of quality of life at work for employees.

Stress in the workplace is a widespread phenomenon and is the basis of anxiety and apprehension for staff, which prevents them from effectively facing professional and existential challenges. It is harmful to health and predisposes its victims to premature death [4]. The consequences of stress can be divided into three categories, health, economic and societal. We will retain the first category by including it in a socio-organizational approach to OS in order to identify the factors likely to harm the performance of the organization. The number of diseases caused by chronic stress is very high, here are some [8]:

- On the immune level of the individual, it leads to a decrease in the body's natural defense against viral or bacterial infections (herpes, shingles, flu, cutaneous fungal infections, etc.) and it contributes at the same time to allergic diseases such as asthma or eczema;
- On the cardiovascular level, it can lead to arterial hypertension;
- It is also responsible for increasing the risk of musculoskeletal disorders (MSDs), diseases of the digestive system (stomach or duodenal ulcers, colon diseases), skin pathologies such as psoriasis versicolor or alopecia and endocrine diseases such as diabetes.
- On the morale of the individual, he is susceptible to depressive illnesses that can lead to suicide.

Repeated and prolonged stress over time (between 1 and 5 years) results in burnout or psychological (emotional), cognitive (with loss of motivation and difficulty concentrating) and physical exhaustion. Burnout is the reflection of a distress reaction to a stressful situation in the workplace and clinically, it manifests itself in the form of symptoms that affect the cardiovascular system, sleep function, the muscular system and (chronic pain), affectivity (depression, low self-esteem), social relationships (detachment, indifference, irritability). Health professionals are to a large extent affected by this scourge, and doctors in particular. In France, between 38% and 52% of doctors are affected by psychological exhaustion [2].

The impact of burnout is not limited to the individual field, it is also responsible for increasing the risk of professional errors, it alters the quality of the relationship between the doctor and the patient and that of the care and it would influence negatively the way in which patients judge the level of satisfaction with the care received. In addition, it is attributed to an increase in the rate of sick leave and the risk of depression, which is itself strongly associated with that of suicide [9].

Several organizational and management practices have been pinpointed in the occurrence of stress and burnout among healthcare workers. These include, but are not limited to, the following major factors:

Factors Related to the Organization of Work

The way in which the tasks to be carried out are planned and distributed, particularly in terms of workload, can be a source of stress. The absence of clear job descriptions prevents the HRS from knowing the expectations of the hierarchy. Sometimes these are imprecise or even contradictory. This puts the SPs in disarray in the face of the priorities to be considered, the way of proceeding and the standards for evaluating their work. This situation is all the more marked when the person who must perform does not participate in the decision-making process on his own work [9].

Time and Intensity of Work

Work Time

It has been observed that beyond 7 to 9 hours of daily work, in particular, the risk of accidents tended to increase in a "more than linear" manner [10]. Moreover, although it is established that being at work minimizes the frequency of alcohol consumption, the results of a study conducted by The British Medical Journal, suggest that people who work more than 48 hours per week see their risk of taking alcohol increased by 12% compared to their colleagues working between 35 and 40 hours per week [2]. Reconciling work and family life is a health imperative that requires adaptation of working hours [11].

Night Work

Faced with the imperative of continuity of care, health professionals are led to adopt working hours which, unfortunately, are not always adapted to the biological rhythm and family life. This is the case for night shifts. The lack of sleep of the consecutive HRH whether it is consecutive to burn-out or night shifts in particular, generates fatigue, depression and stress and would multiply by 4 the risks of a cerebrovascular accident (CVA) [2]. In the short term, sleep problems have been observed following the disruption of the biological sleep schedule and an uncompensated sleep debt, a

nutritional imbalance and even digestive problems. Paradoxically, a drop in the rate of occurrence of accidents at work during the night shift and its increase in terms of severity is reported as the severity rate increases [10]. Another study conducted by Williamson & Feyer [12] and which aimed to establish a comparison between the effects of alcohol and those of sleep deprivation, concluded that a sleep deprivation of 17 to 19 hours caused cognitive and motor disorders similar to those of a blood alcohol level of 0.5 g/l.

We know that in the more or less long term, night work tends to have a negative impact on the psychosomatic health of workers [11]. Although current knowledge does not allow us to define with certainty the number of years of night shifts "(5, 10 or 15 years) beyond which the harmful effects appear with certainty", the researchers are however unanimous in affirming that in the long term, night work leads to extreme fatigue, premature wear and tear on the body, high risk of disease coronary and cardiovascular diseases, arterial hypertension, overweight, metabolic syndrome and insulin resistance, excess homocysteine in the blood or even cancers; in this case that of the breast [10].

Since the continuity of care can only accommodate night work, it cannot be possible to envisage the abolition of the latter. On the other hand, it is possible to make accommodations to the schedules to both reduce the number of daily hours (8 hours) but also that of consecutive night shifts (2 maximum) and increase the number of rest days (2 at least). A sufficient number of staffs can allow mini-rotations of watch periods during night shifts, which thus ensure alternative times of sleep for service providers. Moreover, it has been observed in our environment that the day after night shifts when they were supposed to respect the security rest periods that follow their guards [2]. Some workers engaged in either academic or professional activities. It might be possible to take legally binding measures to allow night workers to rest fully on the following days. On the other hand, the legislation which provides in the labor code [7] that because of the hardship of night work, the worker "must be paid with an increase, without prejudice to the provisions relating to the payment of overtime" should be strictly applied.

Psychosocial Factors

The psychosocial context of the professional environment would be a major determinant for the health of workers. It includes relations between colleagues, with the hierarchy (health executives, managers, etc.) or with the patient population, the quality of communication between team members and even the work climate. The quality of the worker's relationship with his superiors, his peers and the patient population can be detrimental to his psychological well-being as long as they are tinged with "mistrust, hostility and a spirit of competition. The work climate is the general atmosphere felt by the employees (and not the employer and its representatives). It is generally accepted that the attitude and behavior displayed by local management (executives, management, etc.) is the main factor that determines the work climate [13]. This is what makes say that management style and relationships with managers effectively determine the quality of life at work in HRH. It should also be noted that there is a direct relationship between a positive work climate and employee motivation and performance It is important to promote leadership and management practices that provide employees with clarity, support and Clarity requires that team members are each aware of their role and responsibilities and understand how these roles and responsibilities fit into the achievement of the organization's objectives [13]. Making their job descriptions available to HRHs is essential from this point of view. There is support in a professional environment when the HRH have a clear perception of the essential resources and support that can enable them to achieve the objectives set for them, particularly in relation to their job description [14]. A challenging work climate implies that HRH have the latitude to use their abilities to the maximum in order to face challenges that involve reasonable risks in order to achieve the objectives of the organization.

Supplies, Equipment and Infrastructure

The various supplies, the materials necessary for diagnosis and treatment, as well as the physical environment in which care must take place, are both essential for ensuring quality health care and for the health of the providers themselves. When HRH work in an unhealthy working environment, there is noise, visual or olfactory pollution; to excessive heat or humidity, it can expose you to stress and other risks of health problems. The same is true when workplaces or the workstation itself are poorly designed. The poor design of the premises or the workstation can also be a source of stress. Deficient lighting, or unsuitable work tools or even the absence of the inputs and consumables required to adequately accomplish one's mission, can also be sources of stress.

An appropriate architectural party that ensures fluid circulation within the health organization (HO), a pleasant physical work environment, lit, safe and unpolluted from dirt, noise or bad odors, consumables and other inputs available in quantity and quality, diagnostic equipment, treatment or hygiene that are safe and available, ultimately contribute to the health of HRH.

Task-related Factors

The workload and its intensive nature are constitutive of stress risks for HRH. It can result from an unbalanced distribution of tasks (some having more and others less), understaffing or poor professional skills of the service provider. The lack of planning and organization can induce "a mental overload of work even if the tasks to be carried out are fewer. The role of supervision remains indispensable; indeed, to provide maximum effort that leads to organizational results, the HRH need to know that they are supported, encouraged and appreciated in their work by the supervisory management [13].

Low Level of Autonomy

Autonomy is seen as an essential factor that gives the individual at work the opportunity to exercise their skills, demonstrate their ability to judge, and innovate to overcome the difficulties they face and express their perspective on decisions that affect them. Data reported by [3,10, 11] suggest that the level of autonomy perceived by employees in their workplace is indirectly proportional to the risk of coronary heart disease in both female and male workers. In other words, the risk of suffering from a coronary disease is all the higher when the perceived level of autonomy is low and vice versa. Thus, the fact that a worker cannot fully use his professional potential and has little power to decide would be harmful to health. Workers with less autonomy would be exposed to a high risk of lumbar pain, cardiovascular pathologies and sick leave.

Little or no Recognition of the Work Done

Employees whose efforts are not recognized at their fair value also run a high risk of suffering from heart and vessel diseases, particularly for job holders with a heavy workload and, conversely, reduced autonomy. This recognition can take either the form of a financial incentive or even that of a professional promotion or even that of the satisfaction of the self-esteem of the worker.

However, the results of certain studies point out that quality socio-professional relations would protect the worker faced with such a situation. In addition to the non-recognition of the work done by doctors and other caregivers, Shadili and his colleagues [2]. Consider the increase in administrative constraints, the demands of patients or legal threats as additional stress factors.

According to Merck and his collaborators [8], professional or better socio-organizational stressors fall into three very general categories according to their characteristics but also to their origin: physical stressors linked to the work environment, cognitive elements and emotional issues related to the work itself and socio-organizational elements related to the organization of work, management and social relations within the company. And starting from this general frame of reference, they developed a more specific one likely to serve as a diagnosis and only including organizational and social stressors "on which managers and decision-makers have the most important room for maneuver and capacity for action: cyclical or contextual stressors, which depend on the methods of human management and management of human resources." The other stressors of a structural type have been deliberately excluded because they are both "linked to the characteristics of the work itself and to the company's work organization choices" and which would therefore be less versatile [8]. This model has the advantage of being both specific (limited to aspects of management and HRH management), concise but also practical within the framework of a diagnostic approach.

Figure 1: Table of situational or contextual stressors (Marck et al. 2009)

Family A – Stressors related to uncertainty and unpredictability at work
Stressor 1. Lack of sufficient visibility of the policy pursued
Stressor 2. Worry about sustainability of settlement or job
Stressor 3. Worry about management intentions
Stressor 4. Fear of downgrading for lack of required skills
Family B – Stressors related to lack of recognition (social, symbolic, material)
Stressor 5. Lack of recognition for work done
Stressor 6. Lack of respect for staff
Stressor 7. Differentiated individual salary measures, but not clearly justified
Stressor 8. Insufficient or rules-based development opportunities
insufficiently clear, leading to a feeling of injustice or inequity
Family C – Stressors related to interpersonal relationships
Stressor 9. Authoritarian behaviour or inability to animate and regulate the team
Stressor 10. Quarrels between old and new
Stressor 11. Difficult relations with users or clients
Stressor 12. Social support
Family D – Stressors related to communication problems
Stressor 13. Existence of orders and counter-orders
Stressor 14. Lack of clear and complete information
Stressor 15. Lack of response to questions and suggestions for improvement
Stressor 16. Insufficient general information
Family E – Stressors related to change and values
Stressor 17. Insufficiently understood evolution of modes of functioning
between the company and its partners
Stressor 18. Change imposed without sufficient explanation of the institutional framework
Family F – Job design stressors
Stressor 19. Latitude left by the organization
Stressor 20. Work pressure
Stressor 21. Consideration of arduousness
Stressor 22. Quantitative and cognitive work loads

Rethinking HRM

HR working in a favourable environment are characterized by fewer mental or somatic health problems, attendance at their work and involvement in their services. They are also known for their courage in taking on their responsibilities, the desire to improve themselves and a sense of creativity in the face of unforeseen situations, which constitute an added value that they bring to their organization [8]. The HRM concept of health or other has gradually supplanted that of personnel administration. Organizations have thus moved from personnel management essentially based on administrative tasks (recruitment, remuneration, management of conflicts, etc.) to the function Human resources management (health) now considered to contribute to the strategy of the organization by means of the development of the individual and collective skills of the personnel. HRH give health services "a lasting advantage over their competitors, especially since they are rare, bring added value, cannot be substituted and are difficult to imitate." [15]. To do this and in accordance with its obligations, the HR function must ensure the attraction and retention of better workers, the development of their potential and their main skills, support for collective intelligence, the transfer of skills, to monitor how human and organizational performance takes place, which ultimately contributes to the results of the organization.

Promote an Agile Organization

Organizations that make the imperative need to transform and adapt to changes in the environment are more of a long-term rather than a one-off approach. Such organizations would be able to take decisions more quickly insofar as they instil in their employees a common state of mind and ensure the promotion of participation [16, 17].

Another characteristic is the organizational infrastructure, which is light: "organizational design must be fluid, horizontal, centered on functioning in small sub-units and teams, and involving the minimum of formal authority and standardization of procedures. This standardization should only occur when absolutely necessary, the idea being to let professionals regulate their own autonomy and coordinate informally. ". It therefore appears that the agile organization is conducted not according to the means but to its purpose (obtaining a given result). In addition, it must leave employees a margin of initiative and autonomy for their creativity.

The Magnet Hospital, an Agile and Learning Hospital

In order to deal with the burnout of HRH, particularly nurses, the Magnet hospital label was created in the United States. The magnetic hospital or magnet, in French, is a recent concept in the organization of health care establishments which allows both efficient results in terms of care but also better working conditions for staff [18]. According to the American Nurses Credentialing Center, an institution active in granting HO the Magnet label, hospital magnetism is based on five pillars of transformational

leadership, structural empowerment, exemplary professional practices, the creation, acquisition and sharing of new knowledge as well as the search for innovation and improvement judged by means of conclusive results. It combines quality of life at work (QLW), organizational performance (better health care, patient safety and satisfaction), increased mobilization of caregivers (job satisfaction, strong professional involvement, discretionary effort), better physical and mental health of workers greater attractiveness and loyalty to the HO [18].

The benefits of hospital magnetism go beyond the attraction and loyalty of HRH, they also concern quality, safety and hospital efficiency. Thus, in terms of the safety and mental health of workers, the magnet hospital would protect against accidents at work, reduce exposure to burn-out, and reduce the rate of absenteeism of HRH for reasons related to work. In terms of attitudes and psychological states experienced by caregivers, it increases the level of satisfaction and involvement at work, increases professional retention, ensures protection against work-family conflicts, ensures the improvement of quality and perceived productivity of care (reinforces the perceived safety climate). In terms of care performance, magnetism has been shown to reduce mortality rates and complaints from patients and their families, increase patient satisfaction, and improve quality of care indicators. It would also induce a lower frequency of medical errors. Through the main processes of HRH management, the magnetic hospital provides concrete recommendations [18].

Recruitment

The recruitment policy should make it possible to secure the services of personnel who are both qualified and motivated. In addition to their quality, there should also be a sufficient number of recruits and care will be taken to integrate them by means, in particular, of mentoring. The purpose of such an approach "is the adequacy of the management of the workforce to the workload, considering the specialties of each and the needs of safety and quality of patient care [18]. A high nurse/patient ratio is known to characterize magnet hospitals. It should also be noted that the magnetism is in favour of permanent (non-temporary) staff and specialized rather than multi-skilled caregivers in order to maintain stable teams and promote a climate of trust between the different professional categories.

Integration

The philosophy underlying the integration of recruits is based on the personalized portrait established during the first examination of the candidate's professional aptitudes for the job. It makes use of mentoring by entrusting newly recruited units to experienced workers who will serve as their tutors by transmitting to them "good clinical practices and the values of the establishment. »

Training

Information, training and development are a need for HRH which contributes to improving the quality of care. Knowledge relating to diagnostic and therapeutic procedures and even to patient support is constantly evolving, which requires actors to be constantly updated through training [13].

The training policy must provide active support for the qualification needs of personnel by making available the required resources (funding, scholarships, days off), running seminars using internal resources and by interacting with research. More specifically, the personnel directly involved in training must themselves be able to benefit from adequate training.

Remuneration

A remuneration policy should recommend measures of gratitude likely to encourage staff to innovate. These measures may include, but are not limited to, recognition awards, grants for innovation-oriented projects, participation in festive events, exceptional days off, etc. [11]. The fact that the staff acquire new skills must earn them a reward in terms of career advancement in recognition of ranges of medical specialties, care or even management.

Improving Working Conditions

QLW can be seen as "a feeling of well-being at work perceived collectively and individually which encompasses the atmosphere, the culture of the company, the interest of the work, the working conditions, the feeling of involvement, the degree of autonomy and accountability, equality, everyone's right to make mistakes, recognition and appreciation of the work done" [12]. Practices that tend to improve the quality of life at work would contribute to preserving the health of individuals at work and improving their professional performance. In this perspective, the policy for improving working conditions must ensure that interventions for the well-being of HRH do not remain limited to the workplace alone but also extend beyond it. Examples: relaxation areas, health breaks, access to a cafeteria, concierge services, daycare, transportation assistance, flexible working hours, etc. It should no longer be viewed solely from the angle of the moral and ethical obligation of SOs vis-à-vis the opinion of their HRH. It contributes to fair and quality management of HRH, which has the effect of having a lasting impact on their economic, social and organizational performance. This, in turn, results in financial gains, a balanced budget, employees who are more satisfied with their work and better-quality health care.

The Institute for Healthcare Improvement (IHI) [19]. considers healthcare to be one of the few professional activities that offers providers the opportunity to profoundly improve the lives of others. And from this perspective, the provision of care should be provided by cheerful staff. Joy at work should be seen as a systemic issue and treated as such because its generation or absence is the work of the organization. Indeed, studies suggest that joy at work positively impacts HRH engagement and satisfaction, reduces the risk of burnout, strengthens workforce resilience, improves both the patient experience, the quality of the care they receive, their safety and organizational performance. Top management should therefore set the overall objective of making the organization a framework within which all s providers can enjoy their work. IHI even offers a framework to create a joyful environment for HRH.

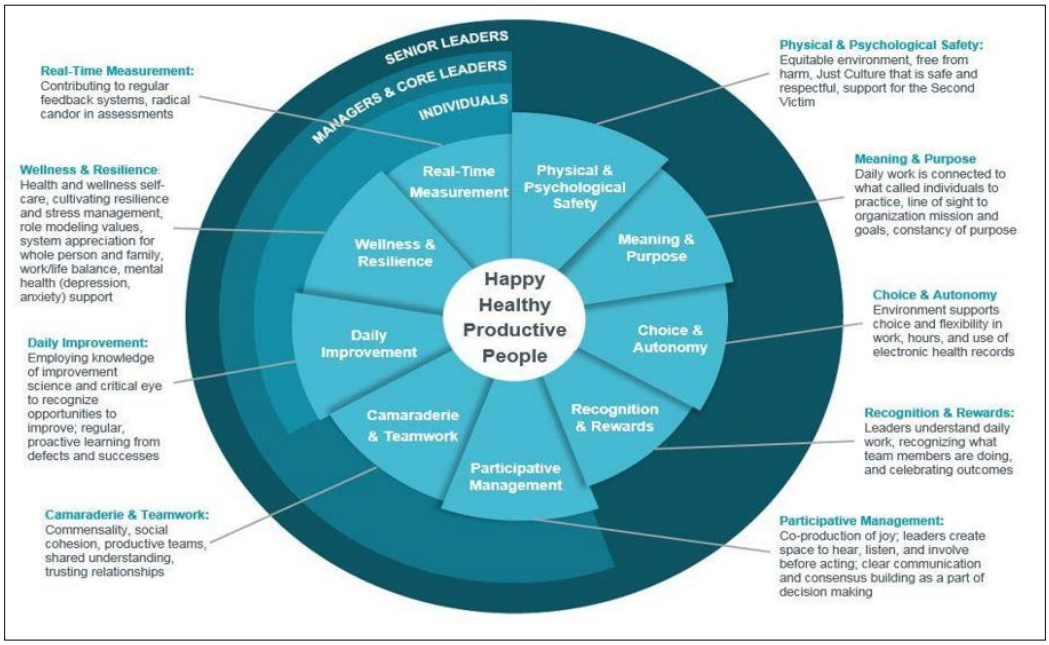

Figure 2: IHI Framework for Improving Joy in Work

Accountability and Skills Development for Managers

The policy of empowerment and development of managerial skills (heads of departments, health executives, but also doctors) must highlight the importance of the collective by opening up spaces for discussion on work and developing the feeling effectiveness of care. This mechanism would make it possible to combine performance and mobilization of a service and would make it possible to attract and retain HRH.

In conclusion, the process of hospital magnetism gives managers the opportunity to modify their attitudes towards the reality of work-related suffering and emphasizes the positive side of the latter and the favorable emotions it brings. Concretely, the magnet hospital must be able to push to revisit the main HRH management processes by giving them, from a strategic point of view, an approach that subordinates the quality of care to the improvement of QWL. It is a question of "reconciling management standards and practices with the concern for the humanization of work" [18].

Conclusion

Human resources in general and those of health in particular, are decisive for the performance and quality of the services of their organizations. While evidence suggests that the quality of services and care that healthcare organizations (HCs) provide is largely dependent on how well they manage and invest in their human capital, the HRH constitute the main component of the OS, it is clear that management practices do not always provide them with conditions that preserve their health and ensure their well-being. Based on the role that the social determinants present in the professional environment have on the health of HRH and inspired by hospital magnetism, we have formulated non-exhaustive suggestions and recommendations likely to contribute to improving the management of a resource as essential as human beings.

Statement

Ethics and consent to participate

Not applicable

Consent to publication

Not applicable.

Availability of data and material

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Competing interests

The author declares that he has no competing interests.

Author contributions

Frank Nduu Nawej designed the article, wrote the manuscript and Submitted the final version.

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