Perceptions of a Quality of Work-Life Survey from the Perspective of Employees in a Canadian Cancer Centre

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Abstract

This qualitative (phenomenological) study explored the perceptions of a quality of work-life survey from the perspective of 10 employees from a variety of departments in a Canadian cancer centre. Data were collected through one-on-one interviews at the workplace. The interviews were conducted several months after the survey had been completed and the findings presented to staff. The following themes emerged from the analysis: 1) talking about the survey triggered discussions of quality of work-life issues most of which were not captured in the survey; 2) the impact of the survey was more important than the survey itself; and 3) participants were concerned that departments or groups of employees were labelled based on the survey results. Implications for researchers who wish to use surveys and standardized scales in health care settings are discussed.

Keywords

qualitative methods; measurement; questionnaires; attitudes; quality of work-life

1. Introduction

Research indicates that oncology employees experience high burnout levels (Akroyd & Adams, 2000; Grunfeld et al., 2000; Kash et al., 2000; Kushnir et al., 1997; Whippen & Canellos, 1991) and that this may be linked with low job satisfaction (Miller et al., 1990), intention to quit work (Lake, 1998; Lee & Ashforth, 1996), decreased organizational commitment (Miller et al., 1990), and low patient satisfaction (Leiter et al., 1998). Measuring the quality of work-life (QWL) in a cancer centre is important yet it is often undervalued in the early stages of stress interventions. Further, evaluation of QWL measures rarely extends beyond traditional pre-testing methods. A number of studies examining respondents' reactions to surveys in general have been documented. The majority of these studies have used techniques such as 'think-aloud protocols', 'cognitive interviews', 'verbal report techniques' and 'cognitive science techniques' (e.g. see Beatty et al., 2004; Conrad et

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al., 1999; Jobe & Mingay, 1990; Kushniruk et al., 1996; Mallinson, 2002; Willis et al., 1991) to focus on respondents' interpretations of survey questions and the cognitive processes involved in completing surveys. With these techniques, subjects are encouraged to verbalize their thoughts as they answer survey questions. To date, only a few qualitative studies examining respondents' perceptions of survey questions are documented (e.g. Barroso & Sandelowski, 2001; Donovan et al., 1993; Masse, 2000). Like the cognitive interview techniques, these qualitative interviews were conducted while respondents were completing the surveys. To date, no studies have explored the overall perception of surveys following survey completion.

The purpose of this study was to evaluate, using a qualitative approach, a Quality of Work-Life (QWL) survey developed by employee representatives and administered to all staff at a Canadian cancer centre. The centre is a large (approximately 450 employees) ambulatory cancer treatment center that serves over 2.3 million people in Ontario. Approximately, 7,000 new patients are referred to the centre each year with approximately 500 patients seen each day for consultations, radiation and chemotherapy treatments, and follow-up visits.

In 2000, a Quality of Work-Life (QWL) Project at the centre was initiated by the president of the cancer centre based on anecdotal evidence of low morale and high burnout among employees. A steering committee composed of employee representatives from a variety of departments at the centre (including physicians, nurses, radiation therapists, physicists) as well as an external methodological consultant (author) proposed that a survey be administered to employees to gather baseline data on issues that they believed to be important to employees' quality of work-life. A QWL survey was developed by the committee over several meetings and a day-long workshop. The following instruments were included in the survey: Warr and colleagues' (1979) Intrinsic and Extrinsic Job Satisfaction scales; the NIOSH (1988) Job Satisfaction scale; one global question on job satisfaction; the Maslach Burnout Inventory (Maslach et al., 1996); the NIOSH (1988) Social Support scales which included both supervisor and co-worker support; and Netemeyer and Boles' (1996) Work-Family Conflict scale. Several months after the survey was administered, the results were presented at Rounds at the centre, as well as at separate departmental meetings.

2. Method

Ethical approval by the Research Ethics Board of the local university and by the Protocol Review Committee of the cancer centre was obtained for this qualitative project.

2.1 The Phenomenological Tradition

The study of perceptions lends itself to the phenomenological tradition (Schwandt, 2001; Sokolowski, 2000). Phenomenology aims to study ordinary experiences of phenomena in everyday life from the perspective of the person(s) experiencing them (Schwandt, 2001). "Bracketing", setting aside one's judgements, biases, and preconceived ideas about the phenomenon (Moustakas, 1994; Omery, 1983), is critical to phenomenology. The author's interest in conducting this study was based on her own involvement in the Quality of Work-life Project at the cancer centre and the development of the QWL Survey. She was hopeful that the process of developing the survey would yield a suitable instrument and wanted to

evaluate the product from a qualitative perspective. It was therefore necessary for her to attempt to suspend any prior expectations concerning the survey during data collection and analysis.

2.2 Sampling

The research method derived from phenomenology assumes that the meaning of phenomena can only be explored by asking individuals who have experienced the phenomena to describe their experiences (Jasper, 1994). Sampling is therefore purposeful in that individuals who have experienced the phenomena and are able to describe their experiences are recruited.

Eligible participants were the 320 employees who had completed the Quality of Work-life Survey. The author attempted to recruit employees who had very little experience with research as research knowledge might have influenced their perceptions of the QWL Survey. Therefore, participants could not be clinical staff (clinical staff at the centre were usually involved in patient research) or actively involved in the QWL Project (i.e. they could not be members of the Quality of Work-Life Steering Committee).

Two sampling strategies were utilized to recruit employees who fit the above criteria. The author introduced employees to the study by a site-wide e-mail outlining the study and the interview process. In the e-mail, the study was described as a study on employees' perceptions of research. Additional employees were recruited by the author through the coordinator of the QWL Project who had been employed at the centre for 30 years and was considered to be a key informant for referring potential participants.

2.3 Data Collection

The author conducted face-to-face semi-structured interviews with participants over a period of four months, several months after the survey had been administered and the data presented to staff. Interviewees were given the option of meeting at the workplace, at home, or at another location that was convenient for them. The interviews lasted approximately 1 hour.

When participants arrived for the interview, they were asked to sign the consent form which explained the purpose of the study, the right of the participant to withdraw from the study at any time, the anticipated length of the interview, the fact that the interview was being audio-taped, and an assurance of confidentiality. It was clarified that the study was distinct from the Quality of Work-life Project at the centre and that declining an interview or withdrawing from the study (there were no withdrawals) would not affect participants' relationship with their employer.

The interview consisted of one main question: "Tell me about the QWL Survey". Participants were encouraged to discuss anything in relation to the survey including the survey findings. To guide the conversation, an interview protocol was used with probe questions embedded within the main question such as "What did you think of the survey?", "What do you remember about the questions?", and "Did you see completing the survey as important?". Detailed notes were taken during the interviews.

In order to describe the study sample, the sex of the participant was noted. Four demographic questions were asked at the end of the interview: participants were asked to identify their main activity at the centre, the training they needed for this job, their date of birth, and how many years they had worked at the centre.

Upon interview completion, the participant was given a small gift certificate to a restaurant in appreciation for their participation (participants were not aware of the gift certificate in advance of the interview). The author then requested permission to contact participants at a later date so that they could review the transcript of their interview.

After each interview, the author read through her notes and added details based on her memory of the interview. This enabled her to capture as much of the interview as possible on paper in the event of tape failure. In addition, she kept a reflective journal about the interviews and the data collected in them.

The interviews were audiotaped and transcribed verbatim in Microsoft Word. As recommended by Kvale (1996), the transcripts were verified against the tapes. This process led to discussions with the transcriptionist until the author was satisfied with the quality of the transcriptions. The verified transcripts were sent to the participants who were given a couple of weeks to respond with comments and/or corrections. The transcripts were then downloaded into NVivo (1999). This qualitative software program's flexible features helped to organize, code, and retrieve data during analysis.

Interviews were transcribed, stored, and analyzed off-site to assure participants that their employers did not have access to their data. Access to the electronic data was password protected. The interview tapes and transcripts were given a unique identification number so that individuals were not associated with their data. Participants whose quotations are reported in this paper are not identified and quotations that might compromise the identity of participants are not reported.

2.4 Data Analysis

Data analysis was a cyclical and reflective activity that informed data collection, writing, and further data collection (Coffey & Atkinson, 1996; Tesch, 1990). The goal of phenomenological analysis was to portray the essential nature of the phenomenon experienced (Moustakas, 1994). The data were analyzed according to Giorgi's (1975; 1989; 1997) procedures. Analysis of the data began after the first interview and was an iterative process. An editing style approach to coding was applied to the data (Crabtree & Miller, 1992). Themes and codes were identified immediately and then revised as more interviews were conducted. The transcripts were read in their entirety to appreciate a sense of the whole data; the transcripts were read more slowly and the text was segregated into manageable units referred to as "meaning units". A coding template was developed to organize the data into these meaning units; this template was revised and re-organized at least 20 times. Thirty-one meaning units emerged from participants' descriptions of the QWL Survey. Meaning units included: confidentiality concerns, Likert scales, grouping of departments, sharing survey results, memory of QWL Survey content, and memory of survey results.

Once the author was satisfied with the discrimination among these units, she began the process of relating the units to each other.

3. Results

Five employees were recruited by the site-wide e-mail and five employees were recruited by the key informant. All participants chose to be interviewed at work (in an interview room or in their offices). By the tenth interview, no new thematic information was being presented by participants. At that point, data collection was considered to be complete. A sample size of 10 meets those recommended for phenomenological studies (Creswell, 1998; Morse, 1994; Polkinghorne, 1989). Although the intention was to recruit employees with very little experience with research, this was a challenging task. Most employees recruited had some experience with research other than completing the QWL Survey. This involvement included data entry, typing research grant applications, billing for research expenses and drugs, telephone follow-up with study patients, and pulling charts for research studies. Due to reasons of confidentiality, the job titles of the participants are not reported, however, employees from physics, management, pharmacy, finance, and clerical support were represented. Participants were six females and four males with a mean age of 41 years. Participants had worked at the centre from 1 to 15 years. Four participants responded with comments after reading their transcripts. Two of the four confirmed that the transcript was satisfactory to them. The remaining two participants returned the transcript with edits to remove awkwardness in speech or to correct spelling. These revisions were not incorporated as they did not change the content or meaning of the transcripts.

The following themes emerged and are reflected in direct quotations from 7 of the 10 participants:

3.1 Talking about the Survey Triggered Discussions of Quality of Work-Life Issues most of which were not Captured in the Survey

During the interviews, it was apparent that participants were not really interested in talking about the survey; they wanted to discuss their own quality of work life and mentioned issues that were often unrelated to information captured in the survey. Comments included:

“I think the one thing with the clerical [staff] is that we probably have the most tedious jobs, the most repetitive, and probably for the most part, the most boring jobs because a lot of our staff are in the far rooms and maybe all day they’ll be ordering blood, and so job satisfaction and that was very important. The lack of variety sometimes in the clerical jobs is one of the more difficult problems, keeping people motivated.”

“... the work load, the volume here, has increased tremendously in the last two years. But the people really haven’t [pause], we’re taking on more and more and more, and we’re not doing what we were doing as well. I even find that I’m just flying by the seat of my pants, and everything is kind of mediocre.”

“Here, people come in for chemotherapy, they come in for radiation therapy. It’s got to be correct. There’s no margin of error in cancer care. And I think that...it’s

just so, it's so dynamic here...I was so excited when I first came here. Oh, this is exactly what I want, you know. I want something where, where there's a lot of action, there's a lot of movement, and, you know, I really liked it. But, you know, you can only take that for so long and it starts to wear you out...I haven't stopped running since the day I came here...we see as many cancer patients at Christmas and in the summer as we do any other time of year...times that are traditionally quieter in other environments, are actually busier here, for the people that are here."

"I think health care is a lot busier now...because of all the budget cutbacks and things...sometimes, it feels like a conveyer belt, just get them in, get them out."

One participant spoke about how patients themselves affected employees' quality of work-life:

"We're the people who see patients every day. The patients tell us things that they may not want to tell a nurse or a doctor, even though we don't want to hear it. We see a lot of anger. We see a lot of resentment. We see a lot of very upset people."

Based on these comments, it appeared that the survey lacked comprehensiveness and relevance to many of those interviewed. Boredom at work, workload, stress, and issues around patient anger were other quality of work-life concerns for participants. Some of these areas that are especially pertinent to those working in a clinical setting (e.g. dealing with patient complaints) are not commonly included in workplace surveys.

3.2 The Impact of the Survey was More Important than the Survey itself

Participants were not so concerned about the content of the survey as they were with the impact of the survey. The success of the survey was gauged by whether any action had been taken as a result of the survey findings. Many participants felt that the intent of the survey was to implement changes that would improve the workplace:

"...they're doing the survey for...I mean, basically to make things better, right...So if they can make their working conditions better and make everybody happier and better working, then sure."

But many interviewees were skeptical that changes would occur as a result of the survey. Regarding the survey, one participant said:

"...it's just another thing that management are doing but it's not going to translate in to anything for us. If the Quality of Work-Life [survey] said...at the end of it we're going to give you a 20% pay raise, ... it's something tangible. I think a lot of this is really a waste of time."

3.3 Participants were Concerned that Departments or Groups of Employees were Labelled based on the Survey Results

When discussing the presentation of survey findings to staff, participants recalled that one department scored low relative to the rest of the centre in several domains. A number of participants thought that presenting these results back to the centre was problematic. For example, one participant said:

“I don’t like the fact that now it appears that they’re labelled that they did the worst. I don’t like that because I think that’s a negative association. I don’t think that it’s right. I don’t think it’s right from the point of view that they look more burned out or more stressed than anyone or more dissatisfied...I think it’s a bad image to have. It just seems negative. It’s almost like it marks them. I don’t like that....I don’t really know what that will accomplish.”

Another participant didn’t like that her group was labelled with a low score for supervisory social support. She felt that the label didn’t convey an accurate picture of her department:

“I don’t think it’s [supervisor social support] lower than anywhere else in the centre. I think that may have not been a very accurate reflection just because I know the people in the department and I know roughly how they would have filled out the form because even though we didn’t discuss it, we’ve all been working with each other pretty much over the years. So, you get to know people pretty well.”

Some departments at the centre had been combined with others to preserve the anonymity of respondents. A senior member of one such group was concerned about the label the combined group was given as a result of the survey:

“And I think they [particular department group], they scored average, but I think they were just a [little] lower, than the average for the building. And I was a little sensitive to that because I really make a point of being supportive to my staff. I’m always available, you know, come to my door any time.”

Conversely, the potential problem of labelling groups as having ‘good’ QWL was also discussed. Members of two employee groups expected their survey results to be worse and they expressed concern that they would be ignored because their QWL scores were satisfactory. As one participant said:

“I think some staff were disappointed that it didn’t show a greater distress...when you start comparing each other, it’s like a little race. Oh well, we’ve got to be the ones that are the most distressed over the other [department] because we’ve been saying we’re the most distressed...so it’s a competition between departments.”

4. Discussion

In the present study, participants were interviewed to explore their perceptions of the QWL survey several months after the survey was administered and the results presented back to the centre. One concern about the survey appeared to be its lack of comprehensiveness and perhaps, relevance. Talking about the survey triggered participants to discuss issues that affected their own QWL but were not reflected in the content of the survey. A similar finding has been previously reported (Clayton et al., 1999). While it would not have been feasible to include all these issues in the survey, this finding merits some attention. Barroso and Sandelowski (2001) recommend that surveys “should always be appraised by persons sharing the same kinds of life experience as the ones who will be evaluated using the instrument” (p. 501). Such appraisal may enhance the content relevance to the particular work setting. In the development of the QWL survey, the steering committee of the QWL Project collaborated with their employee groups to identify domains to measure. The

committee then selected from a variety of instruments those that were most applicable to the cancer centre. It is unclear how a survey that was developed in such a manner failed to capture many issues that employees were concerned about. As proposed by Streiner and Norman (1995), pretesting occurred in the development stages of the survey and helped to ensure that the items were understood and interpreted similarly by the group of people who were the recipients of the survey. However, pretesting is not always effective in identifying problems with surveys (Hunt et al., 1982) and did not appear to reveal the limitations articulated by participants in this qualitative study. The findings of this study suggest that perhaps a second level of pre-testing by a different group of respondents is required *after* the survey has been developed. The act of completing the survey may allow these respondents to reflect further on the survey's relevance and comprehensiveness.

Although no documented promises of action based on the QWL survey results were made to employees at the cancer centre, participants in the present study felt that the impact of the survey was more important than the survey itself. As found by others (Evans et al., 2002), the survey elicited expectations of an intervention(s). At the same time, participants were cynical that changes would be implemented as a result of the survey. They did not share the mantra of performance measurement – ‘what gets measured gets done’ as proposed by Patton (1997). According to Hartley and Barling (1998), “if staff do not see direct benefits from their taking part in [a] survey (e.g. few or no management actions occur as a result of the organizational problems raised by the survey), then organization-wide cynicism and distrust may increase, jeopardizing the use and benefit of future surveys” (p. 170). As evidence, Brown (1983) showed that workers’ initial suspicions of management and researcher manipulation were re-affirmed by the lack of instant solutions to survey results. Interestingly, findings of this study implied that all groups, regardless of how well they scored on the survey, wanted action and saw action as determining the success of the survey.

A particular concern discussed by participants was the labelling of groups who had low QWL. According to Labelling Theory (Becker, 1963; Lemert, 1951), individuals (or groups) who are labelled may react by accepting the label and getting further entrenched in the behaviour associated with the label. In other words, once outgroup status has been suggested, “a circular process can be set in motion that reinforces the categorization” (Niemeyer, 1991, p. 259). Labelling Theory, originally developed from studies on deviance, has been applied to mental disorders, drug abuse, infertility, homosexuality, and physical disability (Mason et al., 2001). In the occupational literature, this theory has been applied to repetition strain injury (Reid et al., 1991) and injured workers in general (who are labelled as “malingerers” or people taking advantage of workers’ compensation systems) (Niemeyer, 1991). To date, Labelling Theory does not appear to have been applied to psychosocial constructs associated with quality of work-life, or other, surveys. In the context of the present study, Labelling Theory implies that some employee groups will have difficulty overcoming the labels “given” to them by the QWL Survey. Further, the label may perpetuate unhappiness in those groups who were labelled as having lower QWL on the survey. Conversely, the labelling of some employee groups as having better QWL raised issues of its own. As researchers, we need to think about how we can address workplace groups who appear to, or are labelled as, having ‘good’ QWL. What interventions, if any, are appropriate for these groups?

The concern about labelling has important implications for the feedback of survey results to staff. Feedback of survey results may be a QWL intervention in itself as it has been shown to lead to workplace changes (Elo et al., 1998). However, as demonstrated in the present study, the presentation of survey results may have a negative effect on some employees and/or employee groups. The potential harm of labelling groups based on their QWL status needs to be explored further.

This study has a number of limitations. As with all qualitative research, the author acknowledges that investigators with an alternative perspective (e.g. grounded theory, ethnography) and/or discipline (e.g. psychology) may have differed in their interpretation of the data collected. The findings might have also varied depending on the group of employees interviewed. Although the findings of this study are context-specific, elements of them may be transferable to other cancer centres and health care settings.

According to Barroso and Sandelowski (2001), qualitative data gathered during the use and evaluation of a quantitative instrument “can illuminate and partly close the gaps between meaning and measurement” (p. 502). The present qualitative study on employees’ perceptions of a QWL Survey they completed appeared to be significant because it addressed some aspects of the meaning-measurement gap. As demonstrated in this study, health researchers who wish to use surveys in health care settings may face a number of challenges. Surveys should be pretested a second time in a sample of employees to specifically solicit feedback regarding their comprehensiveness and relevance. It is advisable that an action plan to respond to survey results be articulated to employees in advance of the survey administration. Finally, caution should be exercised when presenting QWL scores back to employee groups as intervention strategies should address all employee groups regardless of whether their QWL scores raised concerns or not.

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