

Optimizing Job Design to Improve Healthcare Employee Satisfaction and Patient Care

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Abstract

Worsening job dissatisfaction among healthcare professionals has alarming implications for the quality of care and patient outcomes. By carefully implementing the job design elements of skill variety, job control, and incentives, employee satisfaction can be enhanced and turnover reduced. Values-based recruiting and transparent role expectations help ensure employees are properly matched with a suitable job. When jobs engage and empower workers, retention, performance, and patient care improve. Optimized job design is key for meaningful, fulfilling work.

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Introduction

Proper job design in healthcare is critical because of the close relationship between job satisfaction upon performance. Worsening job dissatisfaction has alarming implications for healthcare organizations and patient outcomes. For example, dissatisfied physicians make more mistakes and provide lower-quality care (1). Combating healthcare job dissatisfaction requires a multifaceted approach focused on identifying and resolving pain points in medicine. Actively soliciting worker input through surveys and focus groups can highlight areas for improvement. Teaching ways to resolve social conflicts through problem-focused coping rather than emotion-focused or avoidant behavior appears to help improve satisfaction (2). Healthcare professionals should also be involved in redesign initiatives so they feel invested in solutions.

Fostering employee well-being through flexible scheduling, mentorship programs, and resilience training demonstrates an organization's commitment to job satisfaction. These efforts to enhance healthcare professionals' experiences boost retention, performance, and patient care.

Job Design in Healthcare

The science of job design examines how the characteristics and structure of a job impact employee motivation, satisfaction, and performance. Core dimensions like skill variety, task identity, task significance, autonomy, and feedback all influence how rewarding and

motivating employees find their work (3). Well-designed jobs that allow for employee growth and achievement tend to enhance creativity, work meaningfulness, and internal motivation, while poorly designed jobs can demotivate employees (4). Managers must understand these motivational levers and thoughtfully incorporate them when structuring roles and responsibilities.

Effective job design requires balancing the needs of both the employee and the organization (5). Jobs allowing employees to use their skills fully, take ownership of meaningful tasks, work autonomously, receive feedback, and understand the impact of their efforts allow for increased employee engagement and productivity. However, managers must consider workflow, coordination needs, and corporate goals when structuring jobs. An important way to balance organization with employee needs is through strengthening the organizational support of employees, which can frequently overcome other shortfalls in the work environment (6). By leveraging findings from job design research, administrators in healthcare can develop organizational roles that empower employees and advance corporate objectives.

Internal Locus of Control

Empowering healthcare workers with an internal locus of control has been shown to be a vital component of job satisfaction. Employees with an internal locus of control believe they influence outcomes through their own actions (7). An internal sense of control can be cultivated by providing employees autonomy, decision-making authority, and responsibility. Jobs designed to foster intrinsic motivation and increase self-determination will likely

influence behavior positively. Implementing these measures will likely increase job satisfaction and decrease turnover by meeting employees' basic need for internal control (8). For example, in a study of 373 nurses, those perceiving an internal locus of control reported higher job satisfaction with less intent of turnover (9). A balance is required between operational needs and employee autonomy; however, providing even small amounts of discretion and self-direction can be beneficial. Small shifts, like allowing employees to control patient assignment schedules, can nurture an internal locus of control and intrinsic motivation, enhancing satisfaction and performance.

Boosting healthcare employees' internal locus of control may provide buffers against occupational stress and burnout by increasing resilience (10) This is critical in a demanding field with high exhaustion rates, such as ICU, operating room, and emergency department jobs. By training leaders to delegate authority and avoid micromanaging, healthcare organizations can foster perceptions of control. Combined with adequate resources and support, an internal locus of control increases the resilience to manage work challenges. Satisfaction and retention improve when healthcare workers feel empowered rather than helpless.

Job Variety

Research indicates that increased job variety can lead to greater job satisfaction for employees. Employees who perform a wider range of tasks and duties experience less monotony and boredom, allowing them to find more fulfillment and meaning in their work (11). This is particularly relevant in healthcare, where staff often perform repetitive tasks.

Managers in healthcare settings should consider periodic rotations and increased job variation to increase employee engagement and satisfaction (12). Altering duties and responsibilities has increased morale, decreased turnover, and improved patient outcomes. Increased variety and challenges are associated with greater mastery, self-efficacy, and motivation. By implementing job rotation schedules and cross-training staff, healthcare managers can increase job satisfaction and retention.

Minimizing Fragmentation

While specialization has brought major healthcare advances, over-specialization can negatively impact healthcare professionals. Specialists derive pride from their expertise, yet focusing narrowly may cause a disconnect from the broader patient care process. Similarly, generalists refer more, and increased care from specialists fragments care, causing a disconnect. For example, a cardiologist may only briefly interact with patients around stent procedures. The primary care provider may only see the patient after all peri-operative care is done. This fragmentation of care from both perspectives could reduce job meaningfulness and worsen patient outcomes. Similarly, excessive divisions of labor can hamper communication between healthcare teams, limiting collaborative decision-making, and this lack of collaboration due to rigid specialization silos could result in errors or oversights in care plans (13). Such communication breakdowns can have serious repercussions (14).

Finding an equilibrium between specialization and teamwork is key to care quality and professional fulfillment. By spending time together and building stronger teams, specialists

and generalists can gain greater participation in a patient's healthcare journey and, as a result, greater satisfaction. Social interactions, multidisciplinary rounds, and consultations enable specialists to apply their expertise while gaining insights into the bigger picture (15,16). Healthcare organizations would be wise to foster greater opportunities for communication across work silos intentionally. This balanced approach optimizes healthcare delivery and enhances workplace satisfaction.

Incentives

Incentive strategies can significantly influence healthcare professionals' conduct and motivation. While financial rewards tied to productivity can provide short-term gains, over-emphasizing financial incentives can undermine care in unincentivized areas (17). A balanced incentive program combining financial and non-financial rewards is optimal for long-term satisfaction and performance. Public recognition for exceptional service, paid time off, and tuition reimbursement for continuing education appeal to non-financial motivations. Feeling valued through these incentives nurtures passion and identity as caregivers (18). By incentivizing excellence through a mix of extrinsic and intrinsic rewards, healthcare organizations can foster sustainable dedication to patients.

Recruiting

Carefully selecting professionals for patient-facing roles demanding emotional skills like empathy is critical for positive healthcare experiences. Implementing personality assessments during hiring can help determine if a candidate's traits fit with emotional

labor needs (19). While conventional interviewing techniques appear to fall short in several areas, newer strategies, such as the multiple-mini interview technique, appear promising (20). Transparently conveying role expectations and responsibilities also attracts candidates whose values align with delivering compassionate, patient-centered care. This understanding enables a mutually beneficial working relationship.

Prioritizing recruitment practices that evaluate technical proficiency, cultural fit, and emotional intelligence leads to a committed workforce that cares for patients holistically and increases patient satisfaction (21). Thoughtful hiring ultimately helps healthcare organizations deliver their best quality of care.

Conclusion

Thoughtfully designing jobs, balancing specialization with collaboration, improving employee satisfaction, implementing balanced incentives, and emphasizing values-based recruitment is essential for empowering exceptional healthcare professionals. The benefits are far-reaching when organizations prioritize healthcare workers' fulfillment and support. Healthcare professionals who feel engaged and valued provide excellent care that improves patient outcomes and organizational performance and decreases moral injury (22). As healthcare continues to evolve, maintaining a highly motivated, satisfied workforce through people-centered policies must remain at the forefront so that patients receive the compassionate, high-quality care they deserve.

Bibliography

1. Scheepers RA, Boerebach BCM, Arah OA, Heineman MJ, Lombarts KMJM. A Systematic Review of the Impact of Physicians' Occupational Well-Being on the Quality of Patient Care. *Int J Behav Med*. 2015 Dec;22(6):683–98. DOI: 10.1007/s12529-015-9473-3. PMID: 25733349. PMCID: PMC4642595.
2. Portero de la Cruz S, Cebrino J, Herruzo J, Vaquero-Abellán M. A Multicenter Study into Burnout, Perceived Stress, Job Satisfaction, Coping Strategies, and General Health among Emergency Department Nursing Staff. *J Clin Med*. 2020 Apr 2;9(4). DOI: 10.3390/jcm9041007. PMID: 32252444. PMCID: PMC7230883.
3. Hackman JR, Oldham GR. Motivation through the design of work: test of a theory. *Organ Behav Hum Perform*. 1976 Aug;16(2):250–79. DOI: 10.1016/0030-5073(76)90016-7.
4. Amabile TM. Motivating creativity in organizations: on doing what you love and loving what you do. *Calif Manage Rev*. 1997 Oct;40(1):39–58. DOI: 10.2307/41165921.
5. Grant AM, Fried Y, Parker SK, Frese M. Putting job design in context: Introduction to the special issue. *J Organ Behav*. 2010 Feb;31(2–3):145–57. DOI: 10.1002/job.679.
6. Shantz A, Alfes K, Latham GP. The buffering effect of perceived organizational support on the relationship between work engagement and behavioral outcomes. *Hum Resour Manage*. 2016 Jan;55(1):25–38. DOI: 10.1002/hrm.21653.

7. Rotter JB. Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied*. 1966;80(1):1–28. DOI: 10.1037/h0092976.
8. Deci EL, Ryan RM. *Intrinsic Motivation and Self-Determination in Human Behavior*. Boston, MA: Springer US; 1985. DOI: 10.1007/978-1-4899-2271-7.
9. Chiu Y-L, Chung R-G, Wu C-S, Ho C-H. The effects of job demands, control, and social support on hospital clinical nurses' intention to turn over. *Appl Nurs Res*. 2009 Nov;22(4):258–63. DOI: 10.1016/j.apnr.2008.02.006. PMID: 19875040.
10. Mealer M, Jones J, Newman J, McFann KK, Rothbaum B, Moss M. The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: results of a national survey. *Int J Nurs Stud*. 2012 Mar;49(3):292–9. DOI: 10.1016/j.ijnurstu.2011.09.015. PMID: 21974793. PMCID: PMC3276701.
11. Kass SJ, Vodanovich SJ, Callender A. State-trait boredom: Relationship to absenteeism, tenure, and job satisfaction. *Journal of business and psychology*. 2001;16:317–27.
12. Ho W-H, Chang CS, Shih Y-L, Liang R-D. Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment. *BMC Health Serv Res*. 2009 Jan 12;9:8. DOI: 10.1186/1472-6963-9-8. PMID: 19138390. PMCID: PMC2630925.
13. Mitchell PH, Wynia MK, American Medical Association, Golden R, Rush University

Medical Center, McNellis B, et al. Core Principles & Values of Effective Team-Based Health Care. *NAM Perspectives*. 2012 Oct 2;2(10). DOI: 10.31478/201210c.

14. Gawande AA, Zinner MJ, Studdert DM, Brennan TA. Analysis of errors reported by surgeons at three teaching hospitals. *Surgery*. 2003 Jun;133(6):614–21. DOI: 10.1067/msy.2003.169. PMID: 12796727.
15. Bosch B, Mansell H. Interprofessional collaboration in health care: Lessons to be learned from competitive sports. *Can Pharm J (Ott)*. 2015 Jul;148(4):176–9. DOI: 10.1177/1715163515588106. PMID: 26448769. PMCID: PMC4530359.
16. Epstein RM. Whole mind and shared mind in clinical decision-making. *Patient Educ Couns*. 2013 Feb;90(2):200–6. DOI: 10.1016/j.pec.2012.06.035. PMID: 22884938.
17. Eijkenaar F, Emmert M, Scheppach M, Schöffski O. Effects of pay for performance in health care: a systematic review of systematic reviews. *Health Policy*. 2013 May;110(2–3):115–30. DOI: 10.1016/j.healthpol.2013.01.008. PMID: 23380190.
18. Roland M, Dudley RA. How financial and reputational incentives can be used to improve medical care. *Health Serv Res*. 2015 Dec;50 Suppl 2(Suppl 2):2090–115. DOI: 10.1111/1475-6773.12419. PMID: 26573887. PMCID: PMC5338201.
19. Hojat M, Erdmann JB, Gonnella JS. Personality assessments and outcomes in medical education and the practice of medicine: AMEE Guide No. 79. *Med Teach*. 2013 Jul;35(7):e1267-301. DOI: 10.3109/0142159X.2013.785654. PMID: 23614402.

20. Patterson F, Prescott-Clements L, Zibarras L, Edwards H, Kerrin M, Cousans F. Recruiting for values in healthcare: a preliminary review of the evidence. *Adv Health Sci Educ Theory Pract*. 2016 Oct;21(4):859–81. DOI: 10.1007/s10459-014-9579-4. PMID: 25616718.
21. Smith SA. Magnet hospitals: higher rates of patient satisfaction. *Policy Polit Nurs Pract*. 2014 Feb;15(1-2):30–41. DOI: 10.1177/1527154414538102. PMID: 24915864.
22. Heston TF, Pahang JA. Moral injury and the four pillars of bioethics [version 1; peer review: 1 approved with reservations]. *F1000Res*. 2019 Jul 26;8:1193. DOI: 10.12688/f1000research.19754.1.