

## HOSPITAL MANAGEMENT-LABOR CLIMATE PERCEPTION DISCREPANCY: EMPLOYEE AND PATIENT OUTCOMES

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**THE PROBLEM:** Health care institutions experience high rates of employee health and safety problems, which are associated with decrements in quality/safety of patient care. Previous research has linked both employee and patient outcomes to the organizational climate. A proposed indicator of the organizational climate is the difference in perceptions of the organization between managers/executives and 'line workers'. The objectives of this study were to develop measures of these discrepancies and to quantify their relationship to employee health and patient care quality.

**METHODS:** The study is a longitudinal, observational design with a nested cross-sectional component. Subject population: all employees of the Veterans Health Administration (VHA): 207,110 in 2001, 212,877 in 2004, and 213,280 in 2006. Data were obtained from a) an anonymous All Employee Survey (AES) of all VHA employees administered in all 3 years and b) VHA administrative databases containing information on facility-level employee and patient outcomes and covariates for the models. Measures utilized in facility-level modeling include: the "Discrepancy Index" (DI) for 6 survey items judged to assess characteristics of the organization as a whole (the mathematical difference between averaged executive/managerial responses and employees reporting 'no supervisory responsibilities' in the surveys); measures of four workplace climate constructs previously derived through exploratory factor analysis and multi-trait analysis of the individual-level AES data: Civility, Leadership, Resources and Safety, and Job Demands; two scales assessing average employee perceptions of bureaucratic vs. non-bureaucratic culture previously derived from the surveys, using similar techniques; facility-level administrative outcomes data (rates of employee Sick Leave Usage, Inpatient and Outpatient Satisfaction, and case-mix adjusted Cost/Unique Patient). Hierarchical regression models at the facility level were built to explain variance in the administrative outcomes.

**RESULTS:** Results so far are mixed but suggestive. In models for Sick Leave Usage and Inpatient Satisfaction, the DIs entered significantly but were displaced in subsequent block entries. However, 2 DIs were retained in final models for Outpatient Satisfaction and Cost/Patient. More detailed longitudinal models will be presented.

**CONCLUSIONS:** Despite considerable overlap with other measures of organizational climate, the DIs explain additional variance in some patient care outcomes, suggesting that the DI construct is measuring another dimension of the organization. These results identify an additional focus for interventions aimed at improving employee working conditions and the quality/safety of patient care.

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