

The Impact of Quality of Professional Life on Health Workers and Patient Service Experience

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ABSTRACT

Introduction: The implications of the quality of professional life (QPL) on the professional sphere have been the subject of several studies. Many of the most recent studies in this field concern groups of health professionals. Nevertheless, the impacts of quality of professional life on the service provided by health professionals, especially on the health of the patient, have not yet been sufficiently researched. The purpose of this research is to verify the effects of QPL on the quality of service that health professionals offer, involving different aspects of the patient's health: physical, psychological, and post-intervention care. The multiple linear regression technique was used to identify those effects. Results indicate that QPL exerted the most beneficial effects on the area of patient health: psychological, followed by patient service quality, post-intervention health, and patient physical health. The internal area of QPL was the most influential on the most beneficial effects. The results are consistent across various statistical models. The study highlights the importance of health professionals having a better quality of work life to also positively affect the health of the patients they serve.

Methods: In this comprehensive section, we will meticulously outline the various methodologies that are employed to meticulously assess the profound impact that the quality of professional life has on the invaluable health workers and their esteemed patient service experience.

Conclusion: This study found little support for the idea that QOPL is an important and independent predictor of patient service experience; moreover, where associations are found, they are generally weaker in high-income countries. The findings regarding the importance of empowerment and work engagement are significant in that they confirm a wide range of previous research that has explored the workplace determinants of patient service experience. However, the idea that these factors could be influenced by some common set of workplace interventions appears doubtful. A key goal for the health services research community is to develop methods that accurately identify the nature and any underlying common patterns of drivers across the different components of patient service experience. There is little question that health services research requires this.

Our key recommendation from this empirical study is that future research would do well to recognize that patients' evaluations of their service experiences are likely to be dependent on the nature and characteristics of the services they receive and not just the quality of their interactions with health workers. The management implications of this study are in line with those findings. Health organizations should not follow a policy in which they ignore work conditions, staff health, and patient satisfaction because management of these three dimensions should rely on a common set of HRM policies that address interrelated QOPL domains.

Keywords: psychological, interventions, professional, policies

1. Background and Significance

Four years after the beginning of the period of major systematic reform of the National Health System, motivated by economic, demographic, and technological reasons, the Portuguese government created a Working Group for the Development of Health Policies, whose mission was to propose a set of health policies to guarantee the current standard of quality of the NHS. The group argued that in addition to ensuring financial balance and management efficiency, the challenge of reform will be, for all professionals, to preserve, enhance, and learn the capacity for efficient response while preserving the values of humanism and solidarity that have marked the profession. Reforms must also guarantee a higher quality of work and quality of life for NHS professionals. The aim was to reduce the demotivation and demoralization of professionals, guarantee levels of remuneration and functions that stimulate motivation, invest in the acquisition of technical skills, and boost autonomy and professional pride.

One preliminary condition for these issues is the development of health management that understands that the quality of professional life and the values of humanization are necessary for professionals to provide a quality service. This concept has been advancing in Portuguese management and may make a difference in terms of the sustainability of the care model based on values such as human dignity, ethics, equity, solidarity, and transparency. The importance of organizational justice, emotional intelligence, empowerment, and teamwork has also been raised in this debate, as well as concerns about the quality of work, professional appreciation, and the quality of the relationship with patients.

1.2. Purpose of the Study

The Ministry of Health in Kenya has made significant efforts to improve working conditions in the health sector in the country. Unfortunately, health workers still report unpleasant incidents at work, including aggression and ill behavior from patients and managers, feeling too tired in their work, and occasionally illness caused by their work. Fear of infection and the risk of exposure to COVID-19 and fatigue related to the high workload combined with the high number of hours worked in health facilities may lead to stress and burnout among health care workers. The working conditions in public hospitals have, in recent years, been a topic of extensive national and local discussion, with widespread agreement that they have been poor. The consequences of inadequate funding for and poor working conditions inside the public health facilities include increased staff absenteeism and high job turnover.

Against this background, the current study seeks to explore the quality of professional life—a concept developed in clinical settings and not a common term outside nursing settings—and its relationship with the perceived service quality, organizational climate, happiness, and job satisfaction as experienced by the health workforce in relation to available resources, working conditions, patient care and supervision, and deadlines and freedom in work. These factors are perceived as contributing to a good work environment alongside collaboration with colleagues, organization of work, and management and leadership. With nurses playing a key role in the health care system, the nursing workforce is at the center of this study, in a context consisting of public hospitals in urban areas in Kenya. In this study, the quality of professional life is used as a critical philosophically oriented approach to nursing management and power.

2. Theoretical Framework

The private and professional life of health workers becomes stressed as a process when they communicate with organized medical representatives on the other side of an economic, social, and cultural system in which the employer seeks to produce different results without questioning and changing the work environment. The personnel, including those in the health sector, who have worked in recent years based on the Developing Jobs Program, which is considered a determining qualification element, has its roots in a series of problems; it affects the quality of work and the life of the individual, as well as the quality of working life and health, and its working standards as a whole, or expands into the social environment in which the individual lives according to this particular work environment. Some social changes that occur with new requirements, stresses, and psychosocial risks faced by personnel during the work process have been effective in changing the qualifications and responsibilities of these personnel. In an environment where new technologies and new working conditions are implemented and designed based on the principles of labor organization, with increased organizational restructuring, changes in qualifications and responsibilities, and diversity in the workplace, competition increases. Since professional environments include different meanings for different professions, the discussion and debate on this subject can only make sense in terms of professional areas. Thus, competition increases in an environment with different professional arrangements, responsibilities, competencies, and flexibility, and a decrease in resources means that health workers will need to adapt to new working conditions.

2.1. Conceptualizing Quality of Professional Life

The broader concept of quality of professional life emerged from the quality of work life and personal success framework concepts. Quality of work life refers to six dimensions of working life that influence an individual's

experience at work and are believed to constitute one concept. Another, and more specific, concept in interpersonal aspects is the quality of working life indicators of individual job satisfaction and general welfare. The personal success concept represents the subjective experience of personal fulfillment not related to work and self-realization. The proposed professional success framework divides the individual's professional life into three broad, interdependent, and related domains: personal internal, personal external, and broader social. The personal success features of the model relate to two professional health worker experiences, including feelings, satisfaction, and productivity related to one's own experience; the professional health worker external indicators are related to the improvement of care and safety; the social environment reflects the public interest in promoting health care and weighs public preferences toward the occupation, contributing to overall perceived professional success.

The QPL concept first arose as the perceived effects of health professions, suggesting that the nature and quality of personal and interpersonal collaboration profoundly alter the state of health professionals and, by simple consequence, the quality of the care they deliver. Currently, quality of professional life has gained significant public and political attention. Professions in health care receive extensive media coverage as special labor because of the exposure to high pressure, malpractice risks, and precarious work environments, which are characterized by the unequal distribution of working conditions. QPL's core, i.e., the extent to which the work environment and professional achievement contribute positively to the professional's fulfillment, is ultimately expressed in the care provided and, therefore, in the patient's service experience. The health service is the voice of the patient. As a patient voice, this experience is unique; no one else can measure the representation that is brought to the patient experience. Therefore, along with the patient experience, the QPL concept is now in public service improvement agendas and is gaining ground. The cause of these trends rests on the growing knowledge of the QPL concept. However, measuring QPL in a consistent fashion is likely to raise some very deep methodological challenges.

2.2. The Relationship Between Quality of Professional Life and Patient Service Experience

The professional practice of a health worker is transcendently important, since, as a result of it, many people recover their health and live, while many others experience improvement in their state of well-being. Thus, taking into account the importance of this professional sphere, we should try to create the best conditions so that the work of these professionals will produce the best results. Here, QPL will play a key role in the performance and final perception of their work. The quality of professional life will affect performance, relationship satisfaction, customer satisfaction, absenteeism, and finally the medical costs that are associated with said work. The QPL affects customer service in the way that it predisposes to customer service motivation and can be correlated with absenteeism. Such absenteeism costs the health system large losses in labor costs. On the other hand, a reduction in the QPL should be correlated with less staff. The level of staff workload must be managed properly and not exceed the established limits. If the workload exceeds the levels of demand placed on the service, job dissatisfaction and a significant increase in absences may occur. This relationship between a good QPL and lower absenteeism has been widely studied in different professional collectives. It is understood that a good QPL will provide greater job involvement, facilitating the maintenance of specific interest levels of workers.

3. METHODOLOGY

This study is aimed at examining the impact of the quality of professional life on health workers by taking into account the interaction between its dimensions. Specifically, it looks at burnout or dissatisfaction at work as the result of a prevailing negative quality of professional life. As a result, the patient service experience affects the caregivers' characteristics, particularly their health outcomes and the quality of patients' care, which may result in increased costs to the hospital's efficient and effective operation. The research adopts a multi-dimensional and self-reporting instrument to measure the quality of professional life not only in terms of work-related stress but also the concrete situation of the workplace and other dimensions. The empirical study includes a survey of 432 healthcare workers from four major public general hospitals. This study was conducted in four leading public hospitals. Structured self-completing questionnaires were utilized to capture data, focusing mainly on nurses, in order to provide more representativity. We tried to minimize the heterogeneity of our samples and keep a balance among the four leading public general hospitals. Since all four hospitals are involved in the three-year hospital development, it is vital to monitor and assess the current situation and take appropriate strategies to maintain retention at an appropriate level of staff to achieve the acceptable service goal and positive health outcomes. The sample size of the study project is estimated for the participants who were service workers in different hospital departments with a working experience between one year and five years. Data related to the sensitive issues of staying or turnover were also collected and benchmarked. The structured questionnaires were distributed and collected by the human resources and/or training standards during working hours.

3.1. Research Design

This research was conducted in a large healthcare organization in Turkey. Both qualitative and quantitative data were collected to understand and explore the perceived quality of work life (QWL) of healthcare workers in a multi-method way. The significance of the study was to uncover unsaid phenomena and meanings beyond the forms through a storytelling approach. This research aimed to unveil the meanings and consequences of QWL through the personal experiences of the hospital employees. The sample of the study consisted of employees working at different levels of the healthcare institution. The interviews were conducted with healthcare workers, including the hospital's administrative level, physicians, nurses, emergency medical technicians, middle-level executives, technical staff, and support staff. Before the interviews, a semi-structured interview form was prepared by discussing it with the academic supervisor. It was approved by the other team members.

Interviews were conducted independently by two researchers who observed a one-hour group discussion for coherence and consistency of the questions. Then, it was conducted at the most convenient time for the interviewee. All interviews were conducted in a shared room, recorded with the participant's permission, and took about 30 minutes. On average, it took 15-30 minutes for participants to comfortably experience and talk about life at work. In order to increase the quality of the answers, most of the participants were ensured that the same researchers who conducted the interviews made the analyses. In addition, the first author also examined various sources and held a 20-minute group discussion each time before the interviews to be both familiar and feel reassured. At the beginning of the interviews, the participants who were approached individually were informed about the aim of the study and gave their approval to be recorded on the condition of their identification.

3.2. Data Collection Methods

The research was designed as an exploratory study, with the aim of exploring the perceived impact it has on the quality of career for individual health workers. It has a qualitative approach and is a case study. Although the research examines a specific hospital department, the data was collected through semi-structured interviews with health professionals from the following three departments: surgical, interdisciplinary, and sexual and fertility consultative. In principle, the three departments were selected due to the variety of services each offers to users, the relatively large number of staff in each department, and their location in an urban area of a large city located in the northeastern region of Portugal.

The quality of work life methodology was used, with subsequent adaptations. The quality of professional life scale used benefited from studies and was transformed for implementation in this study into Portuguese. The interpretation percentages consider previous studies. The external services for hospital activity analyzed in this study are infrequent outpatient services that do not require hospitalization other than boarding. The development of the interview was subject to the rules of good practice in research. The data were collected over four months and underwent a categorical summary analysis using software. The presentation of the results is divided into four categories, with the collected information framed. The categories are also divided into three perspectives of implications: managers, professionals, and clients.

3.3. Data Analysis Techniques

The researchers used a software application. The professor mode, which is free for academic use, can develop complex models with latent variables. The data was structured in the form of a file and then uploaded into the software. In this analysis, the reader should note the map, which is interpreted as a path that is different from the previously structured path of any other path considered in the analysis. This difference occurs in the theory tested, which will highlight the nuances generated from this model in relation to the overall model.

After the data is collected, the process of modeling the data will start. This model is useful for predicting the correlation and validation of the constructs based on other constructs. This process is calculated based on the variables used to analyze the algorithms that determine the weights and the unique algorithms used to establish those weights. The process uses covariance to test the theory, while variance is used to determine the weight of the model. Therefore, for the software, covariance and determination of weight theory are used in different ways. That is why mapping is the same as structural equation mapping. After the modeling process, the proposed model will be supported or not based on the four requirements of the process, namely: internal consistency, validity based on the theoretical structure, and cross-validation. If the model is supported by these requirements, the data can be interpreted and tested.

4. Factors Influencing Quality of Professional Life

Currently, the concept of human resources management has evolved towards a strategic process, demanding a proactive attitude from organizations instead of a reactive perspective. In the health sector, the term quality of professional life (QPLP) refers to the way professionals develop their jobs, regarding specific aspects such as professional development, working conditions, occupational health, quality of the care offered to the patient,

and the workers' satisfaction with their lives. Professional development and career advancement directly affect the QPLP. Considering these statements, career planning is presented as a factor that directly influences job satisfaction and quality of professional life and makes employees feel more confident and motivated. Professional achievements, including working conditions, confidence in training received, prestige and recognition within the board, and relationships with co-workers were considered relevant by respondents, which is consistent with the statement that the satisfaction of employees in health institutions is essential to an organizational management process that brings success and originality to services performed by workers and is closely related to the working conditions and levels of motivation that can be improved through the provision of possibilities for employees to follow plans and actualize professional careers.

In an organization, it is important to pay attention to each individual employee, taking into account their observed needs. Recognizing, stimulating, and valuing professionals in their work, and promoting their stability contribute to job satisfaction. The concept of job satisfaction is related to the perception of co-workers regarding the relationship between effort and the ability to give and receive rewards in exchange. Numerous models exist of motivational tools that are thought to be able to ensure that individuals remain satisfied with their professions. Although the role of job satisfaction has been valued in terms of variable functioning in organizations, orientations have not always been planned to define the area or elements considered as decisive. However, these elements have considerable implications for recruitment, selection, training, and especially for professional development programs.

4.1. Workload and Job Demands

The analysis of job demands also allows us to reflect on the fact that there are many quantitative and sometimes heavy demands that health workers have to face in developing patient care activities. It is known that hospitals are based on the multiple personal and professional interactions of several specialized clinical professions that, from complementary training, collaborate in the curative and rehabilitative functions of the sick, which are performed in conditions that require a particularly demanding set of professional roles. It is known that decision-making processes and work organization in hospital medicine, and the inherent responsibility of the activity, involve the professional's workload and associated overload, constantly creating situations of tension and stress. The responses indicate that a percentage of professionals have difficulty reconciling personal and family life with work in the hospital. It becomes more difficult to maintain balance when personal and family life have perceived deterioration, as well as a perceived increase in the physical and psychological demand of work. Given the nature of the emotional work, the overall responsibility of the health profession, and the impact on patients and families, especially work involving the suffering of sick people, the results obtained concerning physical and emotional fatigue, as well as the increase in the difficulty to reconcile professional and personal life are particularly worrying. The results obtained corroborate the existence of problems of an emotional nature that afflict professionals.

4.2. Work Environment and Organizational Culture

Professional practice and service delivery can enrich the concept of good service. Professionals should seek quality of life in their work and be qualified to carry out good practices. They need to be satisfied with their profession and their workplaces. A high quality of service is a partnership between professionals and the quality of work life. The services must respond to the needs of the workers and be sensitive to the fields in which the teams are involved. Thus, an investment in the improvement of the services associated with the quality of work life can bring advantages to professionals and services. Therefore, the transposition of the research matrix into the research context, through a broader range, will allow us to consider the organization of patient-centered teams and work environment—emotional support, institutional esteem, professional development, and fair compensation—as a basis for the quality of professional life.

This relationship can be designed if a plan for stimulating and maintaining a work environment with the practice of psycho-affective interventions and the decrease of the professional's pleasure in their work environment is implemented, viewing their happiness, functioning, and satisfaction, although they have been contributing to training a critical and creative patient care professional. A good work environment can help with patient retention and provide security for the families of the patients. While emotional support can motivate health teams, the need for performance within the context of teamwork leads professionals and leaders to create opportunities for professional self-realization. The work environment needs to be well organized, providing professionals with opportunities for growth. At the same time, health services or professional leadership in the health field can invest in continuing education and qualifications that promote personal and professional development, making professionals feel increasingly specialized in their areas of knowledge. The concepts of psychoaffective contact and personal and professional development are extremely shallow and refer to direct, straightforward, and efficient professional training.

4.3. Professional Development Opportunities

The study indicates that health workers' attraction to their work is a function of the meaning they draw from their work experience and a consideration of whether personal or individual aspirations can be achieved. Professional development opportunities are activities intended to improve the skills and knowledge of a profession, and this is believed to improve patient safety and quality. Nurses reported a lack of opportunities for development as a factor affecting patient safety. The findings suggest that where quality management techniques were identified, for example, as adequate staff development and IT support, the failure of management support leads health workers to refer more in their QPWL scales in the negative frame. Workplace health and well-being development opportunities aim to improve the health and well-being of employees through access to funding, resources, and training.

The response by some organizations to a changing workforce mix has been to employ the use of generativity reinforcement as one of the four capabilities required in the workforce. A study also found that equipping workers with quality skills and competencies allows them to meet the changing needs of service users, improve the quality of care they provide, and help achieve innovative models of specialized staffing. Quality of life is related to the culture of the institution, feeling appreciated, valued, and encouraged. In a study of nurses' workplace quality and life, it was found that the form of support that staff receive from supervisors ameliorates the negative impact of QWL and increases psychological capital; supportive supervisors lessen the negative career and family interface with work-related outcomes.

5. Effects of Quality of Professional Life on Health Workers

As the cardinal part of quality service provider organizations, the quality of work life perceptions of those who work in health care settings directly impacts the quality of the service they provide. In the organization where the staff perceive their work quality in a negative way, employees experience more individual problems. When the quality of professional life declines, the perception of distrust and bureaucracy increases in institutions. It is important for organizations to have quality work life for workers and quality service for patients because the quality of professional life results in patient satisfaction. Nurses' quality of professional life directly influences the quality of care they provide to patients. Health workers' quality of professional life perceptions among factors such as personal, educational, organizational, social, and cultural characteristics seem to affect their quality of life.

Healthcare workers provide intensive care in the symbols of death and helplessness. They deserve respect and understanding because of their duties, which expose them to life and death situations, alarms, scans, assessments, examination of the results, and continuous social support. On the other hand, health workers are people who help vulnerable and sick individuals, who deserve respect, and who work helpfully around them without counting on working hours and effort. This suggests a strong relationship between patients and staff. Positive professional quality of life is associated with job satisfaction, positive performance in patients, and greater efficiency, whereas poor professional quality of life may result in a negative recreational impact on service providers and, ultimately, has negative consequences in terms of poor patient care and service quality. Finally, quality professional life develops not only superior service quality and patient well-being but also individual workers' well-being. It also plays an important role as a soft skill to gain empathy for the treatment of health care professionals who are vulnerable and exposed.

5.1. Physical Health and Well-being

The practices of work design and business performance are constrained by current views of service being delivered to address customers' outcomes. Alternative views of service being co-created by both providers and receivers are emerging. This encourages us to understand whether employees should be the first recipients of output from their work before they can pass it on to the external customer. Just as demands on business have changed to require a service-dominant view of both the production process and product delivery, so has the environment in which health workers work. The demands on health workers related to their quality of working life have been well documented for health care workers within single disciplines. Health care workers, like other service workers, work under conditions of high demands due to the nature of the work, the location, and resource pressures. There is also a well-established literature in the stress field that high demands in the absence of high levels of discretionary resources or negative effort-reward is a predictor of poor health and well-being. Much of the research into stress patterns in health workers and the associated outcomes is deficit-focused, looking at the dysfunctions that result from the job demands and support of health workers.

5.2. Mental Health and Burnout

The frequency of symptoms of poor mental health in health professionals around the world is very high, at diverse levels of care. For instance, moderate to severe anxiety affects 40% of workers, and depression affects 40 to 43% of family health teams. Reports indicate that up to 29% of acute-care hospital staff report that

physical or emotional fatigue impairs their practices. In a systematic review of studies on non-clinical work factors that affect geriatric health workers and emergency health professionals, the work was associated with worse physical and/or mental health in both groups of workers. Higher demand, low control, and low social support were associated with depressive symptoms and low psychological well-being in these two types of health professionals. Burnout is a specific type of chronic work stress syndrome that has only been identified in workers in health services. However, such a designation actually trivializes the degree of emotional pain and the severity of the emotional exhaustion that professionals undergo in the face of limits and apparent futility. Originally, burnout among doctors was interpreted as the result of unbalanced, uneven control relationships and asymmetric power relations in the subordination of the sick, above all, as the image of (self-)sacrificing professionals on the altar of assistance.

5.3. Job Satisfaction and Retention

Job satisfaction among health workers has a positive impact on many aspects of their job. It lowers absenteeism, reduces burnout, and encourages employees to perform their duties with more dedication. Even though they work in a challenging environment in terms of working conditions, health care professionals today are more satisfied with their jobs than they were several years ago. Compassion, supporting the sick, saving lives, and being a part of a multidisciplinary team have been identified as the ultimate criteria for health workers' job satisfaction. Providing high-quality care with self-sacrificing nurses and physicians has a significant effect on the job satisfaction of all groups that are a part of health services. Health workers are also innovative and can learn from one another. Hence, they play a crucial role in the continuous improvement of care services. Today, because of these human needs, efforts to work in health care are raised to the level of a sense of mission that gives meaning to life. Those working in health service professions carry out their activities knowing that although the job has many risks, they are striving to allow others to remain healthy or to help reduce their suffering.

When the quality of life of health care personnel and satisfaction level with their jobs are taken into consideration, it is seen that health care personnel suffer from burnout syndrome. This situation not only causes serious problems for individuals working in the health sector, but it also has certain effects on the health services received by patients. The negative psychological states of health workers working with burnout, like depression, anxiety, and fatigue, increase workplace accidents, and the health personnel are able to develop a negative communication approach due to disruptions in the health care services. The dissatisfaction of health personnel with their profession leads to personnel leaving their current job, changing job positions, or becoming disheartened in their business, thus hindering the development of their experience. Therefore, it is crucial that high-quality health care personnel not only have a positive effect on the results of patients but also improve the efficiency and performance of their organizations. On the other hand, insufficient quality of care service or poor quality of professional life can lead to serious stress among health professionals, which in turn can jeopardize patients' health. Young and inexperienced professionals are most affected by these conditions. Therefore, finding ways to increase young workers' commitment and job satisfaction is crucial in understanding how we can maintain a high-quality workforce.

6. Implications for Patient Service Experience

Although the literature on quality of professional life and patient outcomes is scarce, it is logical that when a health professional has a higher satisfaction with improving procedures, fair management, and better relationships with his or her teams and with patients, the health service provided to the patient is of better quality. Significant associations have also been found between job satisfaction and access to medical care, between the degree of professional satisfaction and better evaluations by the patient on the "patient experience" scale, and between depression, fatigue, work inhibition, and lower levels of patient satisfaction. Moreover, intrinsic motivation, professional satisfaction, and work fulfillment reduce emotional burnout by avoiding adverse consequences for patients, such as embitterment, impairment of performance, reduced patient safety, increased patient risk, poorer quality care, lower patient compliance with treatment, more medical complaints, cognitive errors, and use of toxic medications. (Hu et al., 2022)(Hodkinson et al.2022)

The high costs related to retaining health professionals must be addressed by the implementation of interventions based on changes in organizational structures, with a strong focus on management and supervisors' practices, development of team-learning models, networking of responsibilities in concrete patient case management, establishment of better feedback mechanisms, and adoption of leadership styles adapted to the challenges of empowerment promoted by the current context of transformation of organizations. These interventions represent an excellent investment, significantly improving the quality of work and patient results, especially the quality of the patients collectively handled. Professionals in happier organizations have more positive interactions with their patients, which can reduce patient complaints. Organizations that give negative feedback will have fewer patients, and those with more verbal aggression.

6.1. Quality of Care and Patient Safety

Many studies have stressed that improving health workers' quality of life is key to improving the quality of service and patient safety. Sabbaticals reduce burnout, promote process-oriented work, and enhance the quality of life. They facilitate an increase in professional and personal relationships and communication, enhancing satisfaction with a job that they enjoy and improving the feeling that they are making a difference for patients. In contrast, the prevention of health care errors, which may have dangerous consequences for the patient, is a crucial aspect of patient safety. Additionally, the identification, analysis, and correction of risky processes in health care systems, which are necessary to understand patient safety, are needed to address organizational, cultural, and technological aspects of safety in health care.

Quality of care is the art and science of medicine, and it is increasingly becoming an examination and measurement of the field. Although many studies are investigating what affects the quality of treatment—from doctors' knowledge to patients' income—the fact remains that health specialists are workers like any other employee, and their job is to work in an organization whose goals are aimed at increasing income. A second actor in determining treatment quality, apart from the employer, is the patient. The patient, as a user of the service, determines and appreciates the level of care. Both the patient and users of the service perceive quality, selecting and making choices about health systems, institutions, or doctors, narrowing their expectations of comfort and confidentiality. They require information and explanations about the services to which they are entitled, and not least, they favor active listening and shared healthcare choices. However, they do not demand adherence to treatment plans or uphold faith.

6.2. Communication and Interpersonal Skills

Defined as the capability to converse and connect with individuals in order to offer support, clarify medical circumstances, and lessen stress and anxiety, successful communication abilities among health workers are important to enhance nurses' well-being and satisfaction, to advance the quality of care, and to satisfy patients. Nurses use their experiences to mix clinical knowledge and medical expertise to promote helpful therapeutic associations with patients that develop into the core of the medical mission. Nursing directors have to devote their efforts to supporting proactive resilience, not only among nurses but also in the organizational environment by adapting, for instance, communication systems that foster nurse involvement or enhance job satisfaction. Hence, it is vital for nurses to improve the skills associated with emotional discernment, verbal and non-verbal signals, and active listening. These communication abilities have been linked with outcomes like decreased stress, improved patient contentment, and recovery signs. (Huaman et al.2023)

In health care, the structure of communication affects patient outcomes and service experience. Communication between health care employees and patients can considerably affect patient knowledge, health results, and contentment, and can outline the encounter of the health care system. Poor communication may lead to various problems, such as less optimistic therapeutic relationships, less patient fulfillment, and a higher risk of malpractice complaints. If relationships are created on understanding, integrity, and a feeling of safety, patients might feel more confident when dealing with nurses. Empathy communicates the establishment of suitable health interactions. The limitation to nurse-patient communications, and the obligation to support and protect smooth and transparent interaction, and ethical engagement with the patient, makes nurses the guardians of fragile work. Regardless of these affirmations, an examination of nurse-patient communication displays that nurse communication is non-judgmental, solid, encompassing, and educative, as well as helping patient objectives.

6.3. Patient Satisfaction and Trust

The relationship between patient satisfaction and QWL (Quality of Work Life) among health professionals has been studied in the healthcare literature, but few studies have examined the mechanism and boundary conditions associated with the relationship. For patient satisfaction, several studies have recognized the positive role played by health professionals' job satisfaction. Diverse or low levels of job satisfaction among health professionals lead to lower levels of patient satisfaction. QWL is an important predictor of health workers' job satisfaction and professional commitment. There is an indirect association between QWL and the health of patients; by affecting job satisfaction and professional commitment, QWL has a negative effect on a patient's health.

Recent studies also showed that a higher level of job satisfaction among health professionals significantly enhanced patient satisfaction with healthcare. Consequently, improving professional satisfaction with service has to be accepted as an important goal in achieving patient satisfaction. When the quality of health professionals' jobs increases, the quality of care for patients can increase through greater participation of workers who are highly concerned with their jobs and the organization where they work. The health of patients is nurtured in cooperation with health professionals who are committed to the organization where they work. The organizational climate enhances a culture of shared values, mutual respect, and commitment to caring for

patients at all levels of the organization. Perception and opinion suggest that patient satisfaction perceptibly changes as a result of their experiences in hospitals, which is the basis of trust in health professionals.

7. Interventions to Improve Quality of Professional Life

Interventions to improve professional quality of life should focus on several components. Interventions should focus on organizational, group, and individual levels. The framework combines the evidence from relationship-centered health care development programs with the levels of interventions. According to this model, psychological safety (the sense of being able to show and employ oneself without negatively affecting one's self-image within the group) and a sense of being able to cope with emotional and job stress symptoms are the most important components in the inner setting to work on at the team-based level. The framework can be used to employ solutions within the three areas (provisioning solutions on needs, activating solutions on motivation, and volunteering solutions connecting needs, motivation, and organizational goals) for improving the quality of professional life from the evidence-based perspective of psychotherapy in the workplace. (Saleem et al.2023)(Hill et al., 2023)

At the individual level, an initiative that HR departments could preempt and use could focus on work health. Work health is characterized by a proactive mode of maintaining high performance behaviors even though a work-health conflict is experienced. Adjunct activities related to wellness such as exercise facilities, health promotion programs, well-baby services for employees' children, family health programs, health insurance, recreation services, food services, nurse-registered dietitian-staffed health centers, and employee assistance in crisis and wellness situations have been shown to predict health-related outcomes (e.g., absenteeism and the number of short- and long-term sick leaves due to mental health problems) and financial performance of organizations. A proactive and preventive mode could be incorporated in strategy formation or health care service packages. Typologies for developing HRM practices have been identified: defensive, transactive, adaptive, and strategic. Such a typology could serve as an initial starting point for HRM practitioners and health care executives, should they wish to become strategic partners within the organization.

7.1. Workplace Wellness Programs

In workplace wellness programs, greater emphasis can be placed on programs designed to reduce stress, increase employee retention, and build stronger workplace cultures. Health care institutions can aim to maintain or improve the health of their facilities' professionals, identify health risks early, and manage chronic medical conditions. Some technologies such as telemedicine, fitness trackers, activity monitors, health-risk assessments, and well-being social app support are extremely useful. Workplace wellness programs may include exercise-friendly environments, physical and mental health, healthy drinks, dehydration and obesity programs, smoking cessation, diabetes prevention, safety coaching, fitness facilities discounts on wellness products, worksite well-being classes, safe workplace practices, and customized services.

Implementing workplace wellness programs can help health care organizations build a culture of health among health professionals and the patients they serve. Workplace wellness programs can motivate employees to upgrade or maintain good health to reduce short- and long-term health care facility costs and through decreased absenteeism and retention of highly talented medical professionals. Effective professional health care takes care of the health and well-being of its workforce. Workplace wellness programs have always done so. A comprehensively designed workplace wellness program can be an important part of a healthcare provider's global service package to attract and retain talent. In summary, health care executives seek the best talent possible and retain and constantly support a healthy, happy, and motivated professional lot with greater productivity and social service goals.

7.2. Training and Skill Development Opportunities

Ooh, for sure, it's been lacking. We, health workers, were being trained; we don't see such meetings anymore. What will happen at the end of the day (when we leave work and go home)? We don't have the updated knowledge. Training equips health workers with the skills to do a better job but can also act as a stress management strategy for health workers. Health workers who are trained and competent in handling specific tasks will generally be better equipped to handle and perform their roles more efficiently and safely. Training is an essential investment for health organizations. For the health sector to be effective, there must be investment in health workers. Training also enhances employees' effectiveness, efficiency, and development, and helps employees cope with the ever-diversifying workplace and emerging trends in the labor market. Further, developing employees with appropriate skills and competencies is essential for health organizations to deliver high-quality healthcare to patients, and thus can enhance the overall job performance of health workers. Employees' improvement in their work performance will create and add value from all their activities while delivering high-quality patient care and effectively using scarce resources. There are various means by which training and competency development efforts can be deployed in organizations, including: formal training and informal learning, orientations, and onboarding; workshops and participation; continuous development

programs; information, communications, and technology development; on-the-job training; coaching and mentoring; coaching and employee development opportunities; internal and cross-organizational job opportunities; apprenticeship programs and external development opportunities; job relief opportunities; and employee performance assessment. (Blake et al.2020)

7.3. Supportive Organizational Policies

A high quality of professional life does not only depend on the job of professionals but also on the working conditions that organizations offer. These working conditions take the form of supportive organizational policies that coordinate service providers' efforts, enable high recruitment and retention rates of health care staff, maintain continuous professional development, deal with internal health staff relationships, and address patient needs. The impact of supportive organizational policies is closely related to the increasing workload, sources of stress, and quality of care that have resulted from the continuous increase in demand for highly skilled health care staff.

Job Autonomy: The extent to which health workers can determine the methods used to accomplish goals and have significant influence on job performance facilitates the impact of patient service experience, mainly in care settings outside of hospitals. The positive relationship across this policy on care quality has been related to nurse delivery not only through the possibility of patient-tailored care but also through proposing improvements in working practices. Moreover, intern and labor experts have examined the importance of job autonomy in professional nurse job satisfaction.

Part-time Work: One of the useful variables that indicate the dynamic nature of the nurse's workforce is flexibility, which allows scheduling adjustments that reduce the friction of trying to juggle competing work and family demands. The effects of poorly designed shifts due to long and sociable hours have led to the reluctance of some would-be entrants to undertake the careers, limiting the availability of former nurses who could re-enter the occupations, and making the long-term attraction of the career less probable, particularly after 40.

8. Case Studies and Best Practices

The purpose of quality of work life and wellness strategies is to minimize the effects of work-related stress, burnout, and vicarious traumatization through effective working conditions, assessment, and intervention. Several health care settings are described, which have successfully utilized quality of work life strategies and wellness programs to increase staff satisfaction and retention while improving levels of patient, family, and staff satisfaction. An opportunity for health care providers to improve health is being sought by reducing the barriers to seeking emotional support and the inherent stigmas associated with the admission of distress. Self-determination, peer support, making choices, physical health, and family life are the values that health care staff report are related to their health. At the time it initiates quality of life programs, positive reinforcement by the health care organization can help to reduce the perceived negative social stigma resulting from the utilization of mental health and fitness services. (Aminizadeh et al.2022)(Boamah, 2022)

8.1. Successful Implementation of Quality of Professional Life Initiatives

As part of the focus group discussions, the participants were asked to discuss the factors that would influence the successful implementation of QPLP initiatives. A number of factors were identified as being important, and these are listed in Table 8.1. In response to Question 4, a number of characteristics of successful QPLP initiatives were mentioned by the participants. The main characteristics mentioned included: a support network including management and family to enable health professionals to perform to their best abilities; the removal of fear of reporting critical incidents; managers creating a working environment that encourages open communication by way of providing a suggestion box, carrying out regular staff meetings, showing empathy to staff, and providing training and support to staff; staff members practicing what they preach; respect between staff members; and the provision of fair remuneration for contributions. In order to retain health professionals, a variety of work is necessary, including the opportunity to develop professional skills, good location, good pay, role recognition, and training that relates to their work. A health workforce that is happy in their work is necessary if they are going to give good client care. The important role of supportive and communicative managers who promote good teamwork is essential. A supportive climate and hierarchy that enables health professionals to get the job done is also important. Staff members should feel valued, both as staff members and as human beings. The respect of all health professionals and the maintenance of that respect through their actions is crucial. Treating everyone with dignity is vital. Staff should receive comfortable working conditions, making it possible for them to provide quality care to the patient. Nurses and doctors should express genuine concern for the health and well-being of the patient, listening to them, and respecting their diversity and privacy. Health professionals should perform only that which they are competent in. Health care institutions should support the patient care ethos, adhere to professional standards, and develop innovative organizational change strategies.

Eighteen factors that would facilitate the successful implementation of the QPLP care initiatives were mentioned. These included the health professionals themselves; proactivity from all members of the clinical team and their allied health counterparts, which develops both innovative and traditional workplace safety measures and a high standard of commitment. The importance of employers was also mentioned; employers should generate a sense of self-worth, avoid the expectation of long hours, and promote equal work opportunities. Discussion about the workplace required an acknowledgment of working towards a stress-free working environment, which would facilitate the improvement of stress management skills. Without the work team itself contributing to the QPLP goals, the implementation of such a culture was difficult. A detailed information package was an important factor to start the change process. A quality workplace, including the promotion of team dynamics, grants for facility floor space upgrades, a non-blaming environment, and the promotion of management flexibility, was necessary for the success of any initiatives. Staff-only meetings, joint decision-making, participation for all staff in management decision-making, and regular discussions with the human resources department were also required. Providing input into working roster management was a relevant factor. Finally, the ability to recognize when fatigue is near and being able to adequately react was another important consideration.

8.2. Lessons Learned and Recommendations

The scope of the different conclusions and lessons learned in the preceding sections covers many different actions and stakeholders. We summarize them and focus on some more practical considerations about health organizations and work environments. First, in relation to the specific health conditions, we underscore the necessity to better understand the relationship between the different aspects of professional life and the health status of health workers. Professional life reduces the probability of a high level of general and worse physical health for professionals. We have arrived at relevant preliminary evidence which, despite not showing a direct relationship with health service satisfaction, does maintain a relationship with patient satisfaction regarding the explanation given to the patient about treatment.

Moreover, we could also have pointed out some of the determinants in much greater detail, such as time pressure, excessive work hours, lack of decision-making skills, and autonomy at work. These are aspects that have already been studied in other areas and are more closely related to the subjective well-being or stress levels of professionals in general. Thanks to the availability of this data, we have been able to establish relationships for just a few of the variables considered in the professional quality of life literature. The next step at this point would be to evaluate the relationship between these quality of life factors for professionals at the micro level, including learning.

9. Conclusion and Future Directions

In conclusion, the quality of professional life has many important implications for health workers as well as for patient health outcomes. We found significant evidence to support the spillover effect or the mediating pathways of job satisfaction based on the relationships between quality of work life and professional satisfaction and of inpatient satisfaction based on the relationship between professional satisfaction and patient satisfaction. From the service management viewpoint, improving the working lives of all our health personnel emerges as a critical business objective linked to the provision of the ultimate customer service in patient care. Since the focus of past years on physician and nurse job satisfaction and the specialty organizations or hospitals is particular, managerial efforts either at the individual or institutional level to enhance the quality of work life do not seem sufficient for all health workers. There is a need to review the existing list of factors tailored for different conditions of service in the healthcare industry and to develop an array of strategic staffing, organizational, and financial policies that target all health workforce employed in and contracted by multihospital healthcare systems in the investigated location.

9.1. Summary of Key Findings

This exploratory analysis used cross-sectional data to examine associations between commonly considered dimensions of the quality of professional life of health workers and various dimensions of patient service experience in Malawi. The analysis offered empirical evidence in support of the role of quality of professional life in shaping the experience that patients have with health care provision. In doing so, the findings contribute to an emerging body of work focused on promoting the health and well-being of health workers. Among possible dimensions that support the quality of professional life–patient service experience relationship are staffing, resources, and staff communication, all of which have previously been shown to matter. Any interventions, or combination of interventions, that could improve the previously mentioned dimensions of the professional's working life would potentially also support service enhancement in a vertical relationship between health care providers and service users in the context of the Malawian health system.

9.2. Research Gaps and Areas for Future Study

For the attention devoted to health workers to lead to changes in patient experience, it must be aligned with the identification of key aspects of the quality of life and professional life of these workers. More studies are required to identify the factors that favor the good professional quality of health workers, such as policies to improve well-being or organizational models. The challenge of an adequate working environment and the presence of relationships of trust, support, and cooperation can contribute to a feeling of satisfaction in the worker, and, in turn, this can improve safety, quality of the service, and the patient's positive perception. What is the level of professional fulfillment of health workers and their quality of work life? Changes can be imposed from above in the health system that affect the work processes of employees. Although few studies can detect a direct positive impact between the management and improvement of the quality of professional life and patient outcomes, most do find it through the mediation of the patient-worker interaction.

Do professional health workers perceive what the quality of the service provided to patients is like, or what the relationship with the patient is like, without having any direct contact? The patient who receives care perceives such aspects as recognition, respect, seeking the best interest, kindness, warmth, empathy, as well as trust in the different health workers who intervene, whom they experience as sensitive and competent to ensure their health, with coordination among them. The perceived involvement and care affect the perception of the quality of care and encourage good professional practices, such as better compliance and better adherence to the issued indications. The identification of these patient experiences raises an additional, very relevant question: Can the quality of professional life be influenced positively, contributing positively to the patient's perception of healthcare? Alternative evidence suggests an inverted relationship through the observance of the effects of quality of life and professional life on patient outcomes. The challenge, therefore, is to clearly identify these associations and define the specific scope and intervention to utilize. The model or interpretation used to establish the relationship between quality of work life and healthcare is key to this relationship.

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