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The effect of capacity management strategies on employees' well-being: A quantitative investigation into the long-term healthcare industry

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ABSTRACT

The aim of this study is to understand the effects of different capacity management strategies on the well-being of employees in long-term healthcare organizations. Such strategies may produce psychological effects in terms of job satisfaction and well-being among employees, namely frontline employees, thus affecting service quality. We collected 2158 observations from 42 nursing homes in Italy. Our results show that all capacity management strategies addressed in this study can influence the perceived degree of fatigue or of job hazard, and some of them can influence both. Moreover, a better perception of job hazard and fatigue leads to a higher degree of reported well-being from employees, although with the former, it is only through the mediation of job satisfaction. We conclude our paper by discussing theoretical contributions and policy implications.

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1. Introduction

The general physical and environmental working conditions in western countries and elsewhere have improved considerably compared to the situation at the beginning of the 20th century. However, today's working environment requires a higher level of productivity, which demands more employee flexibility and availability and also a tendency to intrude more in their personal life that is ironically anchored by lower levels of job security. As a result, the well-being of employees (WBE) continues to be a topic of interest among management and business scholars along with practitioners alike.

In the large multidisciplinary and not always convergent literature on the topic, a gap still exists with regard to the way in which capacity management strategies (CMS) that aim at achieving a higher level of volume flexibility can influence WBE. Indeed, several studies have been conducted to date that have highlighted the

effects of strategies. These include the adoption of part-time workers and shift work and the effect of overtime on a number of workers' physical and psychological problems primarily including sleep deprivation, anxiety, loss of confidence, poorer job satisfaction, depression, burnouts, distress, and intention to leave (Bloom, 1997; Erickson & Grove, 2007; Ilies, Dimotakis, & De Pater, 2010; Laschinger, Heather, Grau, Finegan, & Wilk, 2012). These phenomena are not only harmful for the employees but also for the organizations because lower productivity and a higher risk of medical errors are observed in the areas where the above-mentioned CMS have been adopted (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Diwas & Terwiesch, 2009).

Although the relationship between CMS and WBE is relevant from several perspectives, to our knowledge, the existing literature does not provide an integrative framework suitable for describing the links between the two constructs. This gap is particularly wide as it could be argued that the magnitude of the effect that each strategy can produce on WBE can vary from case to case depending on the physical and psychological outcomes produced. To address this issue, to begin with, it is necessary to define WBE. Such a phenomenon is bidimensional: "high positive affect is represented by a state of pleasant arousal enthusiasm and low positive affect is represented by a state of unpleasantness and low arousal" (Daniels,

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2000, p. 277). Some contexts, such as the health sector and, in particular, aged care services, seem to attract research focused predominantly on the negative aspects of WBE, such as stress and burnout. There are several reasons for this: an aging population, an explosion in healthcare costs, an increase in families less engaged in caring for the aged, and a shift in providing aged care service from hospitals to nursing homes (NHs). These factors have been pushing NHs toward working at a higher capacity with increasing and more intense production levels. Thus, NHs are interested in continuously rethinking their methods of service delivery, often with deteriorating implications on the quantity and quality of employee standards in their working environment (Avalone & Papolomatas, 2005). To address this gap, we developed a study to understand the effects of different CMS on the WBE in the long-term health sector and focused on NHs. To achieve our objective, we conducted a survey collecting 2158 questionnaires from employees working in 42 NHs located in the northern part of Italy in 2009. The rest of the article is structured as follows. We present an analysis of the literature on WBE and discuss how CMS affects it; subsequently, we present our research model, and then we continue by explaining the research context and methods adopted. In the second part of the paper, we present and discuss key results and conclude by summarizing the theoretical contribution and managerial implications.

2. Theoretical background

WBE is the ensemble of feelings, perceptions, and evaluations that workers develop in reference to what they do each day to cope with their job requirements (Daniels, 2000; Karasek, 1998; Sevastos, 1996; Warr, 1987). The existing definitions of WBE are not always convergent with the following terms used to describe it: “pleasure, satisfaction, social well-being, individual well-being, psychological well-being and quality of life ...” (Duyan, Aytaç, Akyildiz, & Van Laar, 2013, p. 108). An important contribution given by Warr (1987) in the framing of WBE is in discussing whether it is context-free, specifically not linked to the situation (Spector, Zapf, Chen, & Frese, 2000), or if, instead, it is job related and depends on specific elements of the job (Hosie & Sevastos, 2010).

Diener (1984) and Hosie and Sevastos (2010) have identified three types of theories on WBE and its effects: dispositional, telic, and activity theories. The dispositional theories consider WBE as an integrated part of the individual such that different experiences may have only a unique marginal effect (Hosie & Sevastos, 2010). Costa and McCrae (1980, 1987) concluded that in the variation of negative and positive indicators of WBE, a key role is played by individual differences in levels of extroversion and neuroticism (also in Meyer & Shack, 1989). Among others, Stacey and Gatz (1991) and Warr (1992) found that older people show less polarized levels of WBE meaning that they are better able to temper both positive and negative experiences.

Inspired by the classic motivational theories (Maslow, 1954), the telic theories are based on the assumption that an individual will reach a certain level of WBE once certain needs, such as acquiring skills or satisfying specific ambitions, are fulfilled. This generalization in any organizational and cultural context appears to be forced to the extent that this maybe the main reason for the fragmentation of results (Hosie & Sevastos, 2010). The most important among the telic theories is the Vitamin Model (Warr, 1987, 2007). Its main added value is that it represents a synthesis of previous telic models by incorporating 12 elements related to job characteristics (e.g., opportunity of control and job variety) and contextual and environmental elements (e.g., social value of the position and safety) (Warr, 1987, 2007).

The activity theories focus on the fact that WBE depends on whether individuals develop interesting activities, which makes them depend on a (neuro-) psychological perspective (Hosie, Sevastos, & Cooper, 2006). The degree of freedom and autonomy established by organizations can play an influencing role, even when interest in such matters is relative to the individual. Because of their emphasis on stress and on work division criteria, the activity theories have frequently been associated with similar theories that have a more cognitive approach (Karasek & Theorell, 1990).

The most popular model used for explaining the relationship between health and work is the job demand control model (Karasek & Theorell, 1990; Karasek, 1979), later renamed as the job demand-control-support model by Johnson and Hall (1988). This model presents two variables, job demand and job control, which refer to the work requirements in terms of effort and urgency and the discretion and autonomy possessed by the worker toward his or her work, respectively. The two variables form a matrix that identifies four possible situations: active jobs (high control–high demand), low stress jobs (high control–low demand), high stress jobs (low control–high demand), and passive jobs (low control–low demand). The popularity of this model is shown in a literature review about WBE by Van Der Doef and Maes (1999) for the period 1979–1997 and in a meta-analysis by Häusser, Mojzisch, Niesel, and Schultz-Hardt (2010) for the period 1998–2007. Overall, in the period 1979–2007, 146 studies have referred to Karasek’s model (1979). This focus has helped better understanding the WBE phenomenon by detecting the roles played by additional variables. These include individual’s personality (proactive workers prefer more autonomy and discretionary power) (Sparks, Faragher, & Cooper, 2001) or individual’s self-identity (workers with high level of self-effectiveness present minor effects on their health) (Schaubroeck, Jones, & Xie, 2001; Schaubroeck, Lam, & Xie, 2000).

In our study, we focus on the effect that CMS can have on WBE. The role of such strategies in healthcare organizations has garnered substantial interest because of having to cope with fluctuating demands stemming from operating systems that use different types of resources, namely facilities, equipment, and workforce (Jack & Powers, 2009; Powers & Jack, 2008; Smith-Daniels, Schweikhart, & Smith-Daniels, 1988). The extant literature that focuses on workforce management suggests several adoptable solutions to increase the level of an organization’s flexibility, particularly as far as frontline staff is concerned. In this regard, the use of overtime, temporary workers, innovative shift schedules, and existing employees through cross-training are among the solutions most widely adopted to increase volume flexibility (De Cuyper, Castanheira, De Witte, & Chambel, 2014; Grandinetti, 2000; Jack & Powers, 2004). Although most contributions focus on the effect that CMS can have on a healthcare organization’s cost structure and the quality of service delivery, a relevant number of studies have addressed the influence that these strategies can produce on employees’ sense of fatigue (in particular frontline employees) and their hazards. These in turn can drive some phenomena capable of influencing WBE, such as sleep deprivation, anxiety, loss of confidence, poorer job satisfaction, and burnouts (Ilies et al., 2010; Laschinger et al., 2012; Lee & Akhtar, 2011).

This study aimed to understand whether, and to what extent, different CMS can influence WBE by influencing job hazard and their sense of fatigue.

3. Development of hypotheses

3.1. CMS, fatigue, and job hazard

To date, several studies have analyzed the effect that CMS may

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