Employee Perceptions of Safety, Health, and Well-Being

Focus Group Findings From One Veterans Affairs Medical Center

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Objective: Focus groups were conducted at one veterans affairs (VA) medical center to understand (1) how the work environment and conditions of work influence employee safety, health, and well-being; (2) what programs, policies, and practices promote and protect employee safety and health in VA; and (3) how employee safety, health, and well-being impact the organizational mission. **Methods:** Nine focus groups were conducted with leadership, supervisor, and frontline employees. Focus groups were audio recorded, transcribed, and content analysis was performed. **Results:** Fifty-five employees participated in the focus groups. Six common themes emerged—stressful working conditions, health hazards, organizational factors, current program knowledge, participation barriers, and program suggestions. **Conclusions:** Employees identified organizational and structural elements of work that impact safety, health, and well-being. Application of the Total Worker Health™ hierarchy of controls provided a novel framework for discussion of focus group findings.

Keywords: employee perceptions, focus groups, health, safety, Total Worker Health™, well-being

Emerging evidence indicates that both work-related and personal health factors jointly contribute to safety and health problems in the workplace.[1,2] To protect and improve the health and safety of the workforce, organizations are increasingly implementing programs designed to improve the well-being of employees.[3,4] In June 2011, the National Institute for Occupational Safety and Health (NIOSH) defined and trademarked the term Total Worker Health™ (TWH).[5,6] The concept of TWH has evolved over time and it is currently defined as ''policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.''[7] The TWH strategy is a holistic approach to worker safety and well-being that supports the development and adoption of research and best practices for integrative approaches that address health risk from both the perspective of the work environment and individual behavior.

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Although it is a strategy that holds promise for keeping workers safe and healthy while also advancing well-being, evidence remains limited on how to successfully structure interventions in an integrated fashion to effectively achieve this goal. Early studies on integrated interventions have shown changes in multiple outcomes similar in magnitude to the changes seen in interventions focused on a single outcome, which suggests the utility of these comprehensive approaches.[8] However, results from two recent reviews of TWH interventions suggest two important limitations: (1) a preponderance of studies focused on wellness or well-being measures over more traditional occupational safety and health (OSH) measures, and (2) few intervention studies explicitly test the effects of integrating these measures and instead focus on the implementation and evaluation of wellness or well-being and OSH measures separately.[8–9] Furthermore, relatively little attention has been given to studying integration with qualitative methods.[10] Given these limitations, it is important to engage employees from multiple levels in an organization in the planning discussions of integrated interventions to better understand their perceptions of how work impacts employee safety, health, and well-being so that these perspectives can be incorporated into intervention designs. Effective interventions to date have included worker participation in the development, design, planning, or implementation of integrated approaches.[9]

The context for the study is the Veterans Health Administration (VHA). The mission of the veterans affairs (VA) is ''to fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for is widow, and his orphan' by serving and honoring the men and women who are America's veterans.'' To accomplish this mission, VHA operates 144 medical centers with associated outpatient clinics across the United States with approximately 312,000 full-time employees as of March 2018. VHA has operationally distinct organizational structures aimed at promoting worker health and well-being at both a national and medical center level, including Occupational Safety and Health (OSH), Employee Health and Well-being (EHW), and employee benefits (HR). Designed as a multiyear pilot project, we intended to align aspects of OSH, EHW, and HR at one VA medical center to implement an integrated intervention to determine its feasibility and effectiveness. Here we present results from focus groups designed to inform pilot efforts around conceptualization of integrated intervention components. Specifically, focus groups were conducted to better understand employee perceptions around (1) how the work environment and conditions of work influence employee safety, health, and well-being; (2) what programs, policies, and practices are in place or could be implemented to further promote and protect employee safety and health; and (3) how employee safety, health, and well-being impact the organizational mission. In this paper, we provide an overview of the common themes that emerged from the focus groups and then align these themes and specific employee suggestions regarding programs, policies, and practices with the recently developed hierarchy of controls created and applied to TWH as an organizing framework.[11] An additional analysis of findings more specifically related to participant reporting of working conditions is provided in a parallel manuscript in preparation.

METHODS

Data Collection

The study was a collaboration between VHA Occupational Health Services, the Harvard T.H. Chan School of Public Health Center for Work, Health, and Wellbeing, and one VA medical center. The Institutional Review Boards at the Harvard T.H. Chan School of Public Health and the VA medical center where focus groups were held approved the study. Nine one-hour focus groups were conducted at the medical center with leadership, supervisor, and frontline employee groups in October 2016. Specifically, one focus group was conducted with medical center leadership, two focus groups with supervisors, and six focus groups with frontline clinical and nonclinical staff. The leadership group was composed of two members from the executive team along with three service chiefs (or supervisors) overseeing departments with responsibilities related to employee safety, health, and well-being. The two supervisor groups included six managers from clinical as well as seven managers from nonclinical departments across the medical center; in addition, six additional supervisors participated in the other focus groups who were predominantly composed of frontline employees. Employees participating in the supervisor and frontline groups had diverse functions and were from a number of departments across the medical centers, including fleet and grounds maintenance, boiler plant, police, patient services, coding, safety, human resources, pharmacy, nursing, psychiatry, and compensation and pension.

The interview guide was created collaboratively among the partnering organizations. Separate scripts were developed for the leadership, supervisor, and frontline employee groups; however, questions and content across the three scripts were similar. Each script assessed perceptions of the impact of work on the safety, health, and well-being of employees including the potential effects of various positive and negative aspects of the work environment and conditions of work from the relevant perspective (ie, leadership perspective, supervisor perspective, and so on). All groups were asked about facilitators and barriers to employee safety, health, and well-being in the workplace as well as the impact of the health and safety of employees on the VA mission. In addition to these questions that were similar across scripts, participants of the leadership group were asked about potential opportunities to improve employee safety, health, and well-being (ie, new policies and practices); supervisors were asked about the ways they can engage leadership in improvement efforts; and frontline employees were asked about their knowledge of current programming and suggestions for improvement.

Participants were recruited by placing fliers around the medical center and by word-of-mouth through the Occupational Health nurse practitioner involved with the study. Investigators from the Center for Work, Health, and Wellbeing and one VA investigator conducted the focus groups at the VA medical center during different shifts to obtain diverse perspectives. These focus groups were audio recorded after obtaining informed consent from all study participants. After the first few interviews, the team discussed initial findings to assess that the interview script was working as expected.

Data Analysis

Before analysis, audio recordings were transcribed. A total of nine focus groups were transcribed and analyzed. The data were initially analyzed utilizing NVivo 10 qualitative data analysis software (QSR International Pty Ltd. Version 10, 2012) by one member of the research team (JS), with emerging themes subsequently confirmed through independent analysis, and discussion among other members of the research team (DM, TS). Exemplar quotes were selected for each emergent theme and a summary was written about each theme based on a review of all quotes.

RESULTS

Fifty-eight employees participated in the focus groups. The number of participants per focus group ranged from 5 to 9 participants. Overall, a majority of participants were clinicians (55%) compared with nonclinicians (45%), and were not supervisors (59%), compared with middle managers (38%) and executives (3%).

Six common themes emerged related to the first two objectives of the focus groups. Specifically, regarding how the work environment and conditions of work influence employee safety, health, and well-being, the following three themes emerged: stressful working conditions; health hazards; and other organizational factors affecting employee stress and employee safety, health, and well-being. In terms of what programs, policies, and practices are in place or could be implemented to further promote and protect employee safety, health and well-being, the following additional three themes emerged: knowledge of current employee safety, health, and well-being programs; barriers to program participation; and suggestions for future programs (Table 1).

How the Work Environment and Conditions of Work Influence Employee Safety, Health, and Well-Being

Stressful Working Conditions

Staff identified many stressful working conditions that they believed impact their safety, health, and well-being while on the job. Specifically, focus group participants mentioned six on-the-job stressors, including staffing and/or hiring issues, unforeseen changes to job roles, high workload, nature of job duties, dealing with difficult supervisors or coworkers, and being assigned collateral duties. In terms of staffing and/or hiring, mandated overtime was mentioned most frequently by frontline employees as a poor working condition that increased employee stress. In addition, frontline employees noted that for certain occupational groups, such as nurses, having to rotate from day to night shifts led to additional stress and potential sickness. However, all focus group participants, from leadership to frontline employees, noted staffing shortages and hiring challenges as issues that permeate the system and negatively impact morale. Leadership and supervisors noted that unplanned changes to a work role represented a stressful working condition for staff. This domain included local decisions about job functioning and sudden staffing changes as well as the influence of national-level decisions potentially affecting job roles. For example, leadership mentioned that new policies and procedures can come down from Central Office on a weekly basis and that can have a negative impact on staff looking for consistency in job roles and expectations when what is being asked of them is a moving target. Frontline employees highlighted that a heavy workload is an on-the-job stressor which can have detrimental health effects such as affecting sleep or coming to work when sick because there is too much to do. A few focus group participants pointed out that the cyclical or statutory nature of job duties results in extremely busy times that can be particularly stressful for short periods of time during the year. Finally, working with adversarial or difficult coworkers and/or supervisors was believed to contribute to stress and turnover as was taking on collateral duties (or ''other duties as assigned'').

Health Hazards

Focus group participants also discussed health hazards they face on the job as they relate to the environment, staff safety issues, having physical jobs with some level of safety risk, not taking breaks, and the sedentary nature of office-based jobs. In general, leadership, supervisors, and frontline employees were aware of common risks to health care workers in the health care setting,

TABLE 1. Common Themes and Supporting Quotes

Common Themes	Supporting Quotes
How the Work Environment and Conditions of Work Influence Employee Safety, Health, and Well-Being	
Stressful working conditions	"If you have staffing issues, and you have a department where the majority of your employees are 20 years or over, they have an ungodly amount of vacation time that has to be used, so you've got them on a vacation, you are short staffed to begin with, and those that are left are just like pulling their hair out." [Supervisor] "When you talk about psychological stress, what I see is when management changes, there's not much of a lead-up to it or just like all of a sudden you've got a new nurse manager. . .that's very stressful." [Frontline employee]
Health hazards	"This is a field we chose to work in [inpatient psych] but there's also times where you feel that there's a dangerousness to it (ie, patient violence)." [Frontline employee] "There's the risk of sedentary jobs for people who have office-based jobs and sitting all day and the impact on health." [Leadership]
Organizational factors	"I think that we need to convince top administration that to reduce stress by having things like this offered to the employees is good—stress levels go down, the output of their workload would increase. . .. but it's not just the existence of the programs, but the time to participate in them." [Supervisor] "A lot of times we don't let our supervisors know that we're stressed. We take on those extra responsibilities and continue to do them and then don't take the initiative to go to our supervisors and say I'm really stressed out here." [Frontline employee]
What Programs, Policies, and Practices Are in Place or Could Be Implemented to Further Promote and Protect Employee Safety, Health and Well-Being	
Current program knowledge	"The workplace violence prevention program has a comprehensive group of individuals that gets together and discusses workplace violence and implements processes to reduce and mitigate." [Leadership] "We have various icons, or emails, I guess distributions where we can report issues. Any employee has access to these mechanisms and if they can identify the issues we can resolve them." [Leadership]
Participation barriers	"I'm a nurse and I'm just too busy and don't want to get behind." [Frontline employee] "Aren't the MOVE program, smoking cessation, and yoga class only for Veterans/patients?" [Frontline employee]
Program suggestions	"Some departments won't even consider [flex time] because it's more planning and more work. I think it should be offered more." [Frontline employee] "I think more offerings need to be scheduled during the day. When you have been here 8–9 hours, you don't want to stay the extra hour." [Frontline employee]
How Employee Safety, Health, and Well-Being Impacts the Organizational Mission	
Impact on organizational mission	"We're here to serve the Vets but I think the employees have to feel like they're supported and heard and you know, they have to feel well enough to wait on patients. You have to feel good yourself to help somebody else feel well. To improve their health... It's like the airplane, you put the oxygen on yourself before you attend to your children with oxygen, you know, you've gotta take care of yourself so you can help others."[Supervisor] "If you have staff that are not healthy, and if they are not in the right frame of mind, they cannot portray to the Veteran the best image. Like we said, stress. They may be short with the Veteran. Not meaning to be, but everything is going on. They may not be able to take the time for the Veteran if they are not feeling well."[Supervisor] "My practicing self-care is helping me teach my clients how to practice self-care so by me getting supported in it, I'm role modeling for them. I'm teaching them and I see the positive impact it makes. When we're healthy, our clients do better." [Frontline employee] ". . .now we really are educating our veterans on the whole health approach being more invested in all the things that contribute to their health; whether it's the exercise, the diet, stress reduction, sleep; all the different self-care behaviors, and I think if employees can't model those things and haven't already begun to incorporate those things into their own life, it's very hard to teach those things to patients. [Leadership]

including physical space issues (ie, slips, trips, and falls risk), exposure to chemicals, exposure to infectious diseases, and issues with air quality. Additional risks included the potential for violence between agitated patients and staff and physical risks due to the requirements of the job, such as heavy lifting and needlesticks. In particular, focus group participants noted how frequently verbal and sometimes physical abuse occurred in certain inpatient units that were seen as high risk of the medical center. Finally, employees acknowledged that not taking breaks during the workday and sitting too much were additional factors in the workplace with a negative impact on worker health. For this theme, although the various employee groups identified similar categories of hazards relevant to different occupations, leadership believed there were sufficient systems and specialists in place to handle hazards whereas frontline employees provided more detail around how certain systems can fail despite appropriate use of safeguards given the realities of day-to-day operations in a busy health care setting. For example, it was the perception of clinical frontline employees that nurses at some point in their career will experience a back injury due to lifting patients despite the availability of safe patient handling equipment because situations will arise where it is not possible to use the equipment. These discrepant views highlight potential opportunities for improvement and the importance of including various perspectives when thinking about intervention design.

Organizational Factors

Employees provided information regarding additional organizational factors which impact safety, health, and well-being. A number of factors were identified as having a positive impact on safety, health, and well-being, including leadership support, supervisor qualities, and open communication. Leadership support was viewed as an important facilitator for employee health and well-being initiatives by both supervisors and frontline employees. Leadership support behaviors reported by participants included listening to issues and responding to them (ie, having the ability to bring issues to service chiefs who then meet monthly with the medical center director to come up with solutions), agreeing to implement programs, and being visible on the units for interactions with staff. Staff also felt that having a supportive and flexible supervisor focused on employee safety was important for their health and well-being and that maintaining open lines of communication with both supervisors and other staff members supported employee safety, health, and well-being efforts.

Within the larger context of the VA system, focus group participants acknowledged specific challenges and stressors which impacted safety, health, and well-being. Multiple employees, across the leadership, supervisor, and frontline employee groups, mentioned that they experience stress when there is negative national press for VA or when issues give rise to new directives. For example, new policies and procedures come from VA's central office on a frequent basis that require employees within medical centers to change the way they look at, measure, or schedule patient care. Frequent process changes and new performance metrics create moving targets that can adversely affect staff looking for consistency in their job duties. Leadership also noted the impact of Congressional mandates on hospital operations and employee stress levels. Finally, although the unions in VA were acknowledged as important stakeholders, leadership described union pushback on various issues as a significant challenge.

What Programs, Policies, and Practices Are in Place or Could Be Implemented to Further Promote and Protect Employee Safety, Health, and Well-Being

Current Program Knowledge

Overall, staff were knowledgeable about a variety of safety, health, and well-being programs and initiatives available to employees at the medical center, although knowledge and participation greatly varied by person. Seven types of programs were discussed, including recent health and well-being programs/offerings; employee health-related (or occupational health) initiatives; additional safety-related programs and trainings; ergonomics; organizational structures to address safety issues; employee reporting systems; and programs available to improve employee scheduling flexibility.

Specifically, staff identified many ongoing or past health and well-being programs/initiatives. The most often mentioned program was access to the employee gym. In addition, staff were aware of the smoking cessation and weight management programs available to assist them with improving their health. In terms of occupational safety and health programs, for example, program employees were aware of sunscreen stations, the availability of flu shots through the Employee Health clinic, and the presence of hand hygiene signs posted throughout the medical center. Staff were aware of programs to help them with issues they might be dealing with at home or with other employees such as the Employee Assistance Program (EAP). Finally, staff were aware of formal organizational mechanisms which have oversight for safety, health, and well-being, including several committees, the accident review board, the workplace violence prevention program, and environment of care rounds.

Participation Barriers

Employees reported several barriers to participation in safety, health, and well-being programs/initiatives. The barriers reported by participants included lack of time to participate, VA/departmental guidelines, awareness, motivation, program resources, and environmental concerns. The most often mentioned barrier to participation in health and well-being programs/initiatives was the timing of when the programs were offered and/or staff timing constraints in being able to participate. Staff also mentioned institutional policies and practices that limited their ability/willingness to participate in health and well-being programs. Staff noted an inability to combine lunches with breaks which would allow time during the day to use the gym and shower, the multiple steps it takes to get approval for gym use, and the lack of certain departments considering flexible working schedules. Some staff were not aware of health and well-being program offerings and others reported they lacked the intrinsic personal motivation to participate. Focus group participants also noted limited resources or funding to offer programs or initiatives—for example, many employees want the option of having a sit/stand desk, but there is not enough funding to provide them for everyone that wants one. Another barrier cited was problems with the physical environment itself due to the aging infrastructure of medical center buildings and existing renovation needs.

Program Suggestions

Focus group participants gave suggestions as to what they thought would be useful for the medical center to provide in terms of additional safety, health, and well-being programs and initiatives. They expressed interest in additional group exercise classes and more walking events, like the VA2K walk, and creation of employee self-management support groups for employees needing chronic disease management. Employees noted important changes to policies and the environment that would support their health including having a smoke-free campus and moving smoking shelters further away from the building. Focus group participants would like to see changes in staffing to allow duty hours to go to the gym or on walks, floating staff members to help other employees take breaks, and increased access to flex time or compressed schedules in departments not currently offering these options.

How Employee Safety, Health, and Well-Being Impacts the Organizational Mission

The third objective of the focus groups was to explore how employee safety, health, and well-being impacted the organizational mission of VA. Focus group participants readily understood the impact between their personal health and well-being and the care they provide to veterans as illustrated. All employees were in general agreement that to provide the best care to veterans, employees must also take good care of themselves and be supported in their efforts to do so. Both leadership and frontline employees agreed that employees are important role models for their veteran patients. Likewise, supervisors noted the direct relationship between the health of employees and their ability to provide good patient care—"you said it in nursing, if you don't take care of yourself, how can you be expected to take care of your patients because you're not up to par?" Focus group participants said that the way they felt, both mentally and physically, had an influence on the quality and level of interaction they had with patients. For example, one frontline employee reported that employees who feel stressed have less courteous interactions with patients and that employees with burnout create a more difficult work environment for providing care. Another frontline employee remarked on how role modeling

healthy behavior and healthy choices helped make a stronger connection with veteran patients. A senior leader noted how VA's culture shift to emphasize a Whole Health System approach required employees to model the ideas to patients as part of the process of cultural transformation underway in the system.

DISCUSSION

Our study sought to examine aspects of the workplace and how it contributes to employee safety, health, and well-being and its connection to the organizational mission. From our focus group interviews, we identified commonly expressed themes related to stressful working conditions, health hazards, organizational factors, employee knowledge, participation barriers, and improvement suggestions. Interviewing different groups of employees including leadership, supervisors, and frontline employees allowed us to understand where perceptions closely aligned between groups and where they differed. Through reflecting on employee voices, our findings have the potential to inform current practices and suggest changes beyond the VA medical center studied. The hierarchy of hazard controls as applied to TWH provides a useful model for reflection on findings.

The traditional hierarchy of hazard controls is well known to occupational safety and health professionals.[12,13] The most effective control for hazards in the workplace is physically removing the hazard from the work environment and the least effective is mandating use of personal protective equipment, which relies on worker behavior for effective implementation. In between these two ends on the continuum of hazard control, in descending order of effectiveness, are substitution of a less or nonhazardous process, engineering controls to isolate workers from the hazard, and administrative controls that change the way work is done. Likewise, a hierarchy of controls consistent with TWH was created to link the traditional OSH hierarchy with TWH and to serve as a conceptual framework for prioritizing TWH efforts.[11] In the case of our focus group findings, we use this new hierarchy both to categorize results and prioritize next steps. According to the TWH hierarchy of controls (Fig. 1), the controls and strategies are presented in descending order of anticipated effectiveness and protectiveness and include eliminate, substitute, redesign, educate, and encourage.

To have the greatest impact on protecting and improving the health and safety of the workforce, we need to start at the top of hierarchy and *eliminate working conditions that threaten safety, health, and well-being*. Focus group participants identified a number of stressful working conditions and other organizational and structural elements of their work that impact employee safety, health, and well-being. These working conditions include staffing shortages, certain scheduling practices (ie, shiftwork, overtime), varying degrees of leadership support for employee health and well-being, and challenges inherent in working within a large, Federal agency. Although difficult to address, these concerns need to be considered as top priorities in the design of integrated interventions. Leadership commitment and support can contribute to ensuring that challenging working conditions are adequately addressed.

Next in the TWH hierarchy is the *substitution of unsafe or unhealthy working conditions or practices* with safer, health-enhancing policies, programs, and management practices. Here we look to the barriers identified by focus group participants for policies and practices to prioritize for substitution. Currently, VA has no policy to allow for participation in health and well-being activities during work time, and participants noted this lack of dedicated time as the most important barrier affecting participation. This barrier is also associated with the stressful working conditions noted above including staffing shortages and shiftwork—in a clinical setting, coverage may need to be provided in order for staff to attend health and well-being activities, which is difficult given critical staffing shortages. Programs also need to be conducted at times employees can attend, which again is a challenge in a hospital setting for employees who work second and third shift hours. Future interventions should focus on both elimination of poor working conditions and substitution of health-enhancing policies in this area.

Another important area to consider for policy change was the desire to have a smoke-free campus. Currently, there are no VA medical centers with smoke-free grounds because of Public Law 102-585, which was passed by Congress in 1992 and requires designated smoking areas for patients.[14] Because of this requirement, the VA lags behind the public and private sectors in promoting smoke-free policies. Again, taking the necessary steps to change policy as well as the law as it relates to the provision of designated smoking areas for patients represents an important priority for protecting and improving the health and safety of the workforce.

Making VA campuses smoke-free will also require *redesigning the work environment* for safety, health, and well-being—the third level in the TWH hierarchy. Employees will be better protected from exposure to secondhand smoke with removal of fixed smoking shelters on VA campuses and nonsmoking behavior will be normalized. Given the lack of smoke-free policies in VA, denormalization of smoking behaviors and reductions in visibility of such behaviors has not occurred such that tobacco use cessation for both patients and employees remains a challenge.[15,16] Another potential priority for work environment redesign identified by focus group participants was increased access to flexible work schedules where possible. Specifically, focus group participants would like to see changes in staffing to allow access to health and well-being

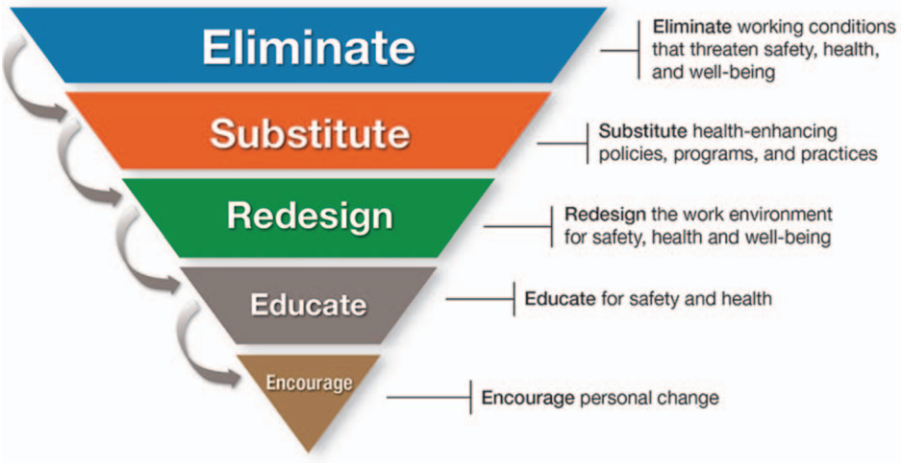

FIGURE 1. Hierarchy of controls applied to Total Worker Health™.

programs. This identified priority is linked to both of the previous hierarchy levels and clearly illustrates the need for use of a systems-driven approach that coordinates policies, programs, and practices that address the work environment, worker health, and well-being at multiple levels within the organization.

Fourth, based on focus group findings, we need to continue to *educate* employees to be safe and healthy in the workplace setting. Staff were knowledgeable about a variety of safety, health, and well-being programs and initiatives available; however, some proportion of employees remain unaware of program offerings or believed the employee-focused programs were available only for patients. Frequent and multimedia approaches that communicate program offerings for employees are an important part of integrated approaches to safety, health, and well-being in the workplace.[17] Focus group findings also serve as an important guide regarding what future educational programs employees may be most interested in; for example, participants noted interest in chronic disease management and the need for employee support groups for colleagues with chronic conditions, which represents a new focus area for future programming.

Finally, we need to *encourage* employees to be safe and healthy in the workplace setting—the final hierarchy level. This was demonstrated in relating personal health and well-being to the care provided to veterans as it impacts the VA mission. Employees widely recognized the need to be safe and healthy themselves to provide the best care to veteran patients. However, health care professionals are known for neglecting their own care and not taking time for their own well-being. Results from a recent Gallup Panel Web study indicated only one-third of health care workers were considered to be thriving in more than one well-being element.[18] Likewise, research has shown health care workers, from VHA specifically, have higher rates of health risk behaviors and chronic health conditions compared with US adults.[19] Employees may be receptive to messaging from their employer encouraging better self-care management, especially if the connection to the quality of care and service to patients is made clearer and seen as a part of their job responsibilities.

Although many of the issues, barriers, and challenges identified by focus group participants were not surprising or novel per se, application of the TWH hierarchy is. In doing this, we were able to show that many of the barriers and challenges to worker safety and health in the organization need to be addressed across multiple levels of the hierarchy in an integrated fashion. For example, to provide time for employees to take part in health and well-being initiatives, staffing shortages need to be addressed (to eliminate working conditions that threaten safety, health, and well-being); policy needs to be written and disseminated to allow for employees to be able to participate during work time (to substitute health-enhancing policies, programs, and practices); the work environment needs to be redesigned to adjust schedules accordingly (to redesign the work environment for safety, health, and well-being); and employees need to be educated and encouraged to participate in health and well-being offering (to educate for safety and health—to encourage personal change). The TWH hierarchy provides a useful framework that will inform future intervention design.

Currently, VHA is undergoing a significant change in the philosophy and practice of health care from a primarily reactive, disease-focused, physician-centered care model to a personalized, proactive, patient-driven approach that prioritizes the veteran and their values, and partners with them to create a personalized strategy to optimize their health and well-being.[20] This broad organizational and cultural transformation represents a time of enormous opportunity not only for veteran patients, but for employees as well, a large proportion of whom are veterans themselves. As VHA works to radically change the experience and practice of health care, leaders recognize the importance and value in also changing the culture as it relates more broadly to the health and well-being of employees.

There were several important limitations to this study. Although the focus groups included employees from both clinical and nonclinical positions as well as supervisors and one leadership group, employees were all from a single medical center within a larger health care system. The health care system has three medical centers and several community-based outpatient clinics, so the responses and perceptions from employees from one medical center may not be representative or accurately reflect employee perceptions from the other medical centers and clinics. In addition, the medical center at which the focus groups were conducted has historically had very robust safety programs as well as one of the best employee health and well-being programs across the VHA system. Therefore, employee perceptions of how the work environment and conditions of work influence employee safety, health, and well-being may be different in this particular medical center compared with other medical centers across the country that do not have robust programs in place already. Themes from our findings may be useful in developing a survey instrument to assess employee perspectives and attitudes. Future research should include additional focus groups in medical centers where fewer resources are currently allocated to programs such as employee health and well-being.

CONCLUSIONS

Focus group participants identified organizational and structural elements of their work that impact employee safety, health, and well-being, which could be targets for future intervention(s), including barriers to participation (lack of dedicated time to participate), stressful working conditions (staffing shortages, scheduling practices), and organizational support (leadership support, VA culture). Application of the TWH hierarchy to focus group findings was a useful way to identify priorities for future intervention(s) and serves as a means to structure integrated intervention(s) across various levels of the hierarchy.

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