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Healthcare Employees' Understanding of Decent Work: The Key Role of the Working Community – A Qualitative Study

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Abstract

Aim: To describe healthcare employees' understanding of decent work in the workplace.

Background: Nurses are intended to leave their job due to the detrimental conditions of healthcare. Understanding the impact of decent work requires expanding from macro-level to individual perspective.

Methods: Written data were collected from 101 healthcare employees (74% nurses) in spring 2024. The qualitative study used thematic analysis, and the SQUIRE 2.0 reporting method was adhered.

Results: Four key themes were generated from the data: committing to social practices as the glue of a decent working community, open communication and common rules creating decent working conditions, permanence as the basis for decent occupational safety and professional competence, and mutuality as part of decent leadership and development. Decent work generated from the relationships and dynamics within the working community, where individual employees contribute to a safe, functional, and collaborative workplace.

Discussion: Leadership plays a critical role in fostering social relationships within the working community, ensuring cohesion, and addressing arising issues.

Conclusion: The study addresses the importance of social interactions in creating decent work.

Implications for Nursing: Understanding of decent work practices among healthcare employees emphasizes the critical role of social relationships and leadership within the working community.

Implications for Nursing Policy: By identifying key themes such as social norms, open communication, occupational safety, and mutual leadership, the study highlights how these elements contribute to a safe, functional, and collaborative workplace. Globally, clinical leaders implementing practices which enhance employee well-being and job satisfaction, ultimately improves patient care and organizational effectiveness.

1 Background

The concept of decent work was introduced by the International Labour Organization (ILO) in 1999. The ILO defined decent work as a person's aspirations during their working life, including the opportunity to achieve productive employment, job security, social protection for families, better prospects for personal development and social integration, freedom, and equal opportunity for all (ILO 1999). Related principles include the provision of fair and productive employment that guarantees equity, security, and respect. The defined structural elements of decent work represent the ideal qualities that should be present for all working individuals worldwide (Blustein et al. 2023).

Decent work can be seen as the ideal state of working conditions and a work-related aspiration at the personal level reducing employees' intentions to leave their jobs by enhancing overall well-being (Su &

Chan 2023). Factors influencing nurses' intentions to leave their jobs include job complexity, team cohesion, rewards and recognition, limited opportunities for daily work planning, insufficient time to complete necessary tasks, inadequate immediate support from supervisors, and significant psychosocial burdens (Nei et al. 2015). Additionally, workplace bullying and authoritarian, abusive, and detrimental management behaviors affect healthcare employees' intentions to leave (Hult & Ring 2024).

Decent work studies have often used a macro-level research perspective; however, macro-level research neglects individual experiences and the way employees construct meaning from their working lives (Nourafkan & Tanova 2023). Therefore, decent work can also be approached from an individual and psychological perspective when the idea is to enhance social inclusion by supporting decent work for every worker (Di Fabio et al. 2021). At the individual level, decent work includes positions offering fair compensation, safe working environments, equal opportunities and treatment, social security for workers and their families, avenues for personal growth, social inclusion, and the freedom to voice opinions and concerns in the workplace (Nourafkan & Tanova 2023). For this reason, the concept of "decent work" is closely related to the concept of "meaningful work", and decent work is considered to be an antecedent of meaningful work (Blustein et al. 2023).

Despite the challenges in healthcare, decent work is rarely studied in this field (Hult et al. 2024). A few studies have addressed decent work through surveys (Xue et al. 2024a; 2024b; Yu et al. 2023). However, numerical indicators alone cannot fully represent the broad and inherently qualitative aspects of decent work (Webster et al. 2015). Therefore, there is a need to better understand decent work practices in the workplace from the viewpoint of healthcare workers.

2 Aim of the Study

The aim of the study is to describe healthcare employees' perceptions of decent work. The research question is: What kind of expectations do healthcare employees attribute to decent work, and how can these expectations expand our understanding of the dimensions of decent work?

3 Methodology

3.1 Research Design

A qualitative exploratory descriptive study using written data.

3.2 Sample and Setting

Members of the biggest Finnish trade union for healthcare employees were approached as potential survey participants in 2023. At the end of the survey, volunteers for further research were asked to give their contact information. An invitation to participate in the current study was sent to 426 people, of whom 101 (Table 1) responded (24%). Recruiting participants through trade unions in Finland is justified because 90% of nursing staff are organized.

Table 1. Participants' (n=101) background information.

	n	%
Employment contract		
Permanent	82	82.2
Temporary	11	11.0
Part-time	3	3.0
Missing	4	3.8
Sector		
Public	80	80.2
Private	14	14.0
Third	1	1.0
Missing	5	4.8
Professions		
Healthcare (registered nurses, public health nurses, practical nurses	75	74.3
Rehabilitation (physiotherapists, occupational therapists, counselors)	13	12.9
Oral healthcare (dental hygienists)	5	5.0
Medical imaging and laboratory (radiographers and laboratory nurses)	4	3.9
Other (e.g., project workers)	4	3.9
Gender		
Women	100	99.0
Men	1	1.0
	Mean	**SD**
Age (ranging from 25 to 63 years)	47.7	10.4
Work experience (ranging from 4 to 41 years)	21.5	11.1

3.3 Dataset Generation

Participants were asked to answer a questionnaire in writing on Webropol in spring 2024. The questionnaire included questions themed around the four dimensions of decent work: employment creation, social protection, employee rights, and social dialogue (see Additional file 1). Clarifying questions were added to elicit further comments on the themes. The data yielded 136 pages in Calibri 12 pt font and 1.5 line spacing.

3.4 Data Analysis

The analysis utilized the concept of decent work in two ways. First, the concept of decent work and its dimensions served as a guiding framework for data collection. Second, the concept was used as an interpretative framework for the results, through which our understanding of decent work and its dimensions could be expanded. We used reflexive thematic analysis because it does not involve a pre-set coding framework; instead, it is an open process. (Braun & Clarke 2023). Our analysis proceeded according to the steps of Braun and Clarke's six-phase process: 1) The material was carefully read in its entirety to gain an initial understanding of its content. 2) We did not adhere to the survey's categorization but classified the material based on the descriptions related to decent work. The length of the codes varied from a couple of words to multiple sentences. After coding we started to group the codes thematically. 3) At this stage we realized that the significance of the working community to the employee ran through all the themes. 4) After this insight, we reviewed the coded material under each theme and deepened our analysis in the context of the working community. 5) The themes were then refined into four dimensions of decent work. 6) The last phase of analysis was to write about the findings. (Braun & Clarke 2023)

3.5 Ethical Considerations

Ethical approval was not required for this study because it does not interfere with the physical integrity of individuals, and participation in the study poses no risks to the participants. Under Finnish law, this type of research is exempt from ethical approval requirements (Ministry of Social Affairs and Health 488/1999). Furthermore, the study does not involve handling of sensitive data, and participation was entirely voluntary. A research permit was obtained from the trade union (IRB). The data were collected completely anonymously, and individual participants cannot be identified. Participants were informed about the study, and informed consent was obtained from them before data collection. (World Medical Association 2024)

4 Findings

Committing to Social Practice as the Glue of a Decent Working Community

According to analysis, the practices and desired modes of interaction within a working community were guided by its social practice. These practices and commitment to them acted as an internal glue that bound employees together, strengthening social cohesion and either enhancing or hindering the implementation of effective work practices. Social practices differed from mutually agreed-upon rules in that they were built on unspoken expectations related to desired and even obligatory forms of interaction and employee behavior. According to the participants, these unspoken rules and commitment to them connected the members of a working community, creating a sense of belonging and security. Social practices also bound the members of working community by making them evaluate and monitor the behavior of others in relation to these practices. Behavior which deviated from practices negatively

affected the general atmosphere of the community and could even lead to a desire to leave the community, as seen in the following excerpt from the data.

Working conditions would improve if all employees acted as good employees should. Personal problems, anger, and excessive emotion should not be brought into the workplace. If a person is dissatisfied with anything in their workplace, they should change it. Constant complaining about everything spoils the atmosphere.

According to analysis, members of a working community who committed to social practices strengthened cooperation and improved the working atmosphere through their behavior. Behaving in accordance with common practices was perceived as responsible membership and an effort to work towards the common goals of the working community. This required members to prioritize the interests of the working community in their actions.

An employee who acted according to social practices was expected to support the performance of other employees and to take responsibility for their own work. Behavior which deviated from social practices disrupted the working community, affected mutual trust, and complicated the working community's efforts to ensure effective teamwork. It could also lead to discrimination against the member who did not follow the practices. Deviant behaviors identified in the data included a lack of teamwork skills, bullying, jealousy, and self-interest, as well as cliques within working communities that set their own rules and disregard general behavioral norms, as shown in the following excerpt.

In the workplace, people should learn to speak directly, matter-of-factly, and neutrally about their problems with their supervisor(s). Taking responsibility for oneself as part of the working community is also important. Jealousy remains a problem in the healthcare sector. Unwritten rules (decided in smaller groups) are enforced depending on the situation.

In terms of attitudes towards work, different generations could also be seen as "smaller groups" with their own rules which deviated from the practices of the overall group, as mentioned in the previous data excerpt. Older employees were described in the data as inflexible and unwilling to develop, while their tacit knowledge and skills were appreciated. Younger employees, on the other hand, were seen as acting in their own interests and for their own benefit, while not committing sufficiently to the nursing profession.

Behavior which deviated from social practices and that disrupted the working community led to a need for social and health protection among employees. The responsibility for protection was seen to lie with the head nurse, who was expected to actively intervene in these practice violations. The head nurse's task was to guide, support, and monitor the appropriateness of the interactions and practices of the working community members and to actively address any issues that arise. This required the head nurse to interact with the members of the working community and to be able to identify and name phenomena related to the dynamics of the working community and facilitate discussion about them.

Open Communication and Common Rules Creating Decent Working Conditions

The common rules of a workplace were seen to differ from social practices. Common rules were clearly and collectively agreed-upon procedures and practices. The rules followed in the workplace could be based on legislation and related obligations, or more detailed rules guiding the internal practices of the organization and the working community. Our analysis found that it was important that members of the working community perceive the rules as fair, clear, jointly agreed, and conducive to work practices. The rules were expected to ensure equal treatment for all. According to the respondents, every member of the working community, including new members, should have the opportunity to participate in discussions about, agree on, and influence common rules. This increased the sense of security, as seen in the following data excerpt, where a respondent reflected on how safe employment relationships can be developed in workplaces.

Listen to employees who are hired, what they want, but also explain the rules and equality in the healthcare sector.

Problems related to adhering to common rules were identified in practices at the working community level and in interactions between employees, but also in the protection of employees' rights in relation to the official practices of the organization. Due to the lack of protection of employees' rights, the role of unions and the shop steward system was highlighted as an important means of monitoring the implementation of rules and ensuring the protection of employees' rights. Unions were perceived as providing security for employees in situations where the employees did not trust the employer to ensure compliance with the rules.

Belonging to a union is absolutely vital because if you don't, you won't get any mercy from your employer, and they can treat you as they like. Basically, we feel that belonging to a union buys you protection.

Mutual trust strengthened the experience of work being safe, and equality among employees, being heard, a safe work environment, and fair treatment were also important in this regard. Concretely, at the working community level these issues could be observed, for example, in collectively agreed vacation and shift practices. In addition, collectively agreed practices regarding overtime, work flexibility, and changes in job descriptions facilitated the employee's functioning as a member of the community. In this way, every member of the working community knew how and under what conditions things are done in the workplace, for example, that overtime does not always fall to the same employees.

Rules and open communication also involved employees' desire for clear information from the employer about their expectations of the employee. A shared understanding of mutual rights and obligations increased employees' experience of the predictability of their work and strengthened the sense of job security. Joint and open communication and agreement was also needed regarding work practices and responsibilities related to employees' work. Collectively agreed rules and clearly defined boundaries regarding the matters on which employees can make independent decisions were a prerequisite for employees to be able to self-direct and feel autonomy in their work, as seen in the following excerpt.

Clear frameworks for action: what is okay and what is not. The employee's responsibilities vs. the employer's.

A lack of rules or ambiguity complicated employees' work and results in ignorance and uncertainty for participants. Clear agreements and boundaries regarding what matters employees could influence in their work create a sense of security and strengthen autonomy. However, an increase in autonomy in working life was not viewed as solely positive; it was also perceived as managers shirking responsibility and delegating their tasks to already busy employees.

Permanence as the Basis for Decent Occupational Safety and Professional Competence

Career advancement and professional competence development required a permanent and long-term employment relationship and a stable working community. Employees required support to increase their level of competence, including the provision of sufficient training and orientation. Notably, the responsibility for competence development was not attributed solely to individual employees, rather it was seen as a collective matter for the entire working community. A stable working community enabled knowledge transfer and the development of individuals. The competence of individuals and the working community was also closely related to occupational safety. This was evident in the following data excerpt, where a participant expressed concern about the transfer of knowledge and skills accumulated through tacit knowledge and experience, and the modification of work so that experienced nurses can continue in their roles and pass on valuable knowledge to younger colleagues.

Safety in employment relationships also requires continuity, which is based on interest in one's area of expertise, sufficient and continuous orientation from experienced seniors, and ongoing further education.

Permanent employment relationship was described as enabling participation in training better than temporary positions. Through a permanent employment relationship, full membership in the working community was earned, resulting in a clearer experience and more confidence to act as an equal member and a professional. Moreover, permanent employment relationship created security for the employee and was a sign of mutual trust and commitment between the employee and the employer. The employer's commitment to the employee provided the security necessary to balance personal life and work, for example by guaranteeing income security during illness. Finding one's place as a member of the community also strengthened the experience of competence and made it possible to influence the content of work, as described by a healthcare employee in the following excerpt.

In permanent employment relationships, stability creates security and opportunities to influence, for example, the content and conditions of work to some extent. Hourly employees, substitutes, etc., cannot express their expectations to the same extent.

According to analysis, the relationship between the employee and the employer and the mutual trust between actors changed in environments of constant organizational changes. The employer was no

longer seen to support employees' rights, rather the employer's actions were seen as primarily driven by the changing needs of the organization, which supersedes the needs of employees. The primacy of organizational operations was concretely visible in situations where employees were transferred between units to cover staff shortages. This greatly affected employees' experience of appreciation of their professional competence and negatively impacted well-being at work, as shown in the following data excerpt.

Occupational safety and related conditions are currently adequate in my job, but my mental safety is reduced by the constant possibility of being transferred from my workstation to cover elsewhere during the workday, which automatically affects well-being at work.

In situations where organizational concerns were prioritized over employees' rights, the role played by unions in ensuring employees' training and competence increased. This was necessary so that employees become aware of their rights and discriminatory practices in work life, and thus can also defend their rights when these are infringed upon by the employer.

Mutuality as Part of Decent Leadership and Development

Participants expected those responsible for development and leaders to work close to them, as this was the only way their needs and skills could be adequately considered. Centralized leadership far from employees was problematic from the perspective of employees because it prevented the formation of a personal relationship between the employee and leaders. Although digitalization enabled and facilitated many things, its use in leadership was seen to alienate and distance leaders from employees. Communication solely remotely was not considered sufficient, as it isolated leaders in their own bubbles. Employees wanted face-to-face interaction, reciprocal discussions, and to be heard by leaders. Personal relationship between the leader and employees, as well as mutual familiarity, were seen by employees as essential for good leadership. This would enable leaders to get to know and respond to the personal needs of employees, which was seen as a key task of leaders. According to analysis, many current problems could be solved by leaders being mentally and physically closer to employees and guided by a genuine desire to get to know the employees and their needs.

Another key task of leaders identified by participants was to actively lead the team's work. Close leadership involving personal interactions allowed leaders to actively intervene in internal conflicts and issues within the working community. Leaders were expected to influence and take a stand on events in the working community and maintain the ethical and moral foundations of the approach to work. Leaders were also expected to embrace and use their power. According to employees, this included promoting and clarifying the work of the working community and ensuring employees well-being and a safe work environment. The use of power by leaders must be fair, transparent, and justified, and leaders were expected to address issues, as highlighted by the following excerpt:

An open work atmosphere and the support and intervention of supervisors and management in issues and to address inappropriate behavior. While listening to employees and being flexible and considering

their life situations when possible.

Development with unclear aims was not seen to motivate employees to commit to change. Bringing development and related decisions closer to employees and strengthening their participation opportunities supported their motivation and social belonging. The opportunity to participate was not enough in itself; employees had to feel that they can truly influence matters. Seeming to listen and offer the opportunity to participate was seen as a greater insult than not listening at all. As one participant wrote when reflecting on factors related to improving working conditions:

When someone always knows better than you. So, for once, I wish someone would listen and do something about it. Not just give you the opportunity to speak, but things never progress in any way.

5 Study Limitations

Strength of the study was on substantial number of written responses. Utilizing large dataset in its entirety provided depth, and the recurring, consistent themes in the responses reinforced reliability of the analysis. The analyst's (Author 1) background as nurse provided deep insight into the research topic, which enabled to recognize and understand daily challenges, practices, and ethical dilemmas nurses face in a meaningful way. However, the researcher was also conscious about personal values and biases might affecting the analysis and interpretation of the data. To address this, the preconceptions was identified by discussing collaboratively about findings and their credibility throughout the analysis process within the research team. Discrepancies were resolved through careful reflection and dialogue, during which the credibility of the authors' arguments were compared and evaluated. (Braun & Clarke 2023)

Data collection and analysis language was Finnish. Translations of the data excerpts were verified and translated at the final stage of study by professional translator. This ensured the meaning and tone of original responses being preserved, improving reliability and comprehensibility of the research. The findings cannot be widely generalized, but their strength lies in gaining a deep understanding of the conditions required to ensure decent work in healthcare sector in Finland.

6 Discussion

Thematic analysis of this study expands the understanding of healthcare employees' attributes to decent work. The conditions of decent work are created through open communication and common rules, and permanence is the basis of occupational safety and professional competence. Moreover, the findings reveal that decent work communities are maintained when mutuality is part of leadership and development, and employees commit to social practices.

According to findings, the foundations of decent work require individuals to commit on shared goals and mutual understanding among the entire working community's social relationships. Decent work is viewed as a characteristic of entire working community, and it is duty of individual employees to promote

it through their daily actions. Based on the findings, we argue that joining and supporting the working community is one dimension of decent work. This new dimension relates to the previously identified dimension of social interactions (Xue et al. 2024b) but emphasizes each employee's significance as a member of working community and their responsibility to act and be active in a way that strengthens the decent work. Thus, every individual employee can promote a safe equal and cooperative working community through their behavior.

From the perspective of decent work, competence and continuous development in one's work not only relate to developing individual technical skills but also holistic development as an employee and professional, which occurs within working communities. Decent work also fosters adherence to ethical standards (Zoromba et al. 2024). A competent working community is not a given, but its development and maintenance should be ensured. Education and promoting community learning are means of maintaining interest in the field and ensuring the quality of work, but also the professional growth of employees. Work and continuous development are professionally important, but healthcare employees feel this development should not be excessive, as it then becomes burdensome.

When the foundation of decent work is seen as the interactions within communities, this places specific demands on the actions of leaders to ensure equal opportunities for everyone. Furthermore, growing evidence connects the meaning of relational leadership (Hult et al. 2023; Maritsa et al. 2022) with a culture of trust and psychological safety among employees (Park et al. 2023). Thus, the duty of a close leader is not only to lead concrete work tasks but also to extend leadership to people and interactions and understand the dynamics between working community members (Velez & Neves 2022). This is a challenge for traditionally hierarchical healthcare organizations (Maritsa et al. 2022), in which power dynamics have been acknowledged to impact negatively on team effectiveness and patient safety (Kearns et al. 2021). Sometimes an employee's trust in the organization or employer weakens, and in such cases, our findings indicate that trade unions play a key role in strengthening the employee's sense of security. Furthermore, by increasing uncertainty, trade unions may play a more significant role than ever before in enhancing the sense of security among healthcare workers.

The achievement of decent work is hindered by employees' experience of having limited influence over their own work (El-Gazar et al. 2024). The responsibility to provide decent work requires from employer active safeguarding on employees' rights and working conditions. In addition, ensuring employees commitment to the norms and rules of the working community and cooperate with different levels of the organization to achieve common goals is an important and challenging task for employers in complex and dynamic healthcare sector (Bonnie 2023).

Interestingly, even though we asked healthcare employees about their understanding of decent work based on the ILO's (1999) macro-level dimensions, their descriptions focused on the working community level. This is essential for the development of the concept and the expansion of its use (Pereira et al. 2019). Decent work, as a characteristic of working community, consists of the relationships between employees and their dynamics, where employees with individuality are recognized and acknowledged

and where employer ensures sufficient social integration. Alongside recognizing the individuality of employees, common practices and ways of working are created within communities through mutual agreement. Cohesive team based on reciprocal interaction facilitate better performance by employees, particularly when leaders inspire trust, as earlier research demonstrated (Maritsa et al. 2022).

According to findings, employees expect leaders using power to promote the cohesion among the working community, but also to concretely improve working conditions. Misused power leads to disastrous consequences in terms of decent work, such as intention to change career and negative psychological and emotional experiences (Cummings et al. 2018; Trepanier et al. 2019). Organizations applying decent work principles foster dialogue with employees (Nourafkan & Tanova 2023). Recent research confirms the results of this study, finding that relational leadership is crucial and power misuse by higher levels of hierarchy is harmful (Essex et al. 2023). Working communities including constructive and human-centered interaction and leadership create a sense of job security and fairness for employees and strengthen work well-being and commitment (O`Donovan et al. 2021).

7 Conclusion and Recommendations

Decent work is facilitated by healthcare working communities which embrace interactional, relational leadership and organizational culture. To achieve this, organizations should foster a culture of respect, inclusion, and fairness by emphasizing shared social norms and rules through regular workshops and training. This approach not only enhances the quality of work life for healthcare professionals but also promotes a supportive and collaborative environment, ultimately leading to improved patient care and organizational effectiveness. Future research should focus on collecting broader data using statistical methods from employees in different organizations.

8 Implications

Healthcare employees primarily define decent work in terms of social relationships, continuous development of work and skills within the working community, and interactivity of leadership. Factors that seem to hinder decent work include constant changes, unclear work practices, and insufficient social interaction, leading to feelings of insecurity and diminished work motivation. Decent work does not arise from the characteristics of individual employees but is built by the members of working community, becoming a characteristic of the entire community where each employee contributes to decent work through their actions.

This paper underlines the importance of a dimension of decent work that has not been widely examined in healthcare, namely the contribution made by each employee through their actions. Furthermore, leaders should be encouraged to put effort into relationship-based interaction with employees in order to tackle the problem of employee turnover by increasing job satisfaction. In healthcare organizations, this all affects overall patient and occupational safety and care quality.

Declarations

Ethics Approval and Consent to Participate

The study was conducted in accordance with the Declaration of Helsinki and informed consent was obtained from all participants (World Medical Association 2024). According to national legislation, ethical approval was not required for this study (Ministry of Social Affairs and Health 488/1999).

Consent for Publication

Not applicable.

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Availability of Data and Materials

The dataset supporting the conclusions of this article is available from the authors upon request.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

Author Contribution

Conceptualization and methodology were conducted by R.M. and H.M. Investigation, including data collection, was carried out by R.M. and H.M. Formal analysis was performed by R.M., H.M., and S.H. The study was supervised by H.M. The original draft of the manuscript was written by R.M., H.M., K.V., and S.H. All authors contributed to writing, review, and editing, critically revised the manuscript for important intellectual content, and approved the final version.

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