Exploring Factors that Affect the Well-Being of Healthcare Workers

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Abstract

While the literature on well-being has largely explored workers in different industries, and much has been written about patient well-being and quality of life in recent years, little attention has focused on the well-being of healthcare professionals. This study aims to provide a relevant state-of-the-art on the healthcare sector within the context of well-being. The paper employs a systematic literature review, following the PRISMA guidelines, to find relevant studies; the analysis of results is then provided by using Herzberg's two-factor theory to explore factors affecting the well-being of healthcare workers. The literature review revealed that few relevant studies were conducted before the year 2013; only a recent increased attention to this theme, with a particular focus on nurses, enabled this study to confirm several factors individuated in the general literature on well-being and to highlight some other factors specific to healthcare. This paper provides suggestions to build a better and healthier work environment, highlighting that managers need to focus their attention on creating conditions that facilitate intra- and inter- professional relationships, on providing healthcare workers with adequate solutions for their well-being, and on strengthening the individual employee's identification with, and involvement in, the organization.

Keywords: employee well-being, healthcare workers, organizational behaviour

1. Introduction

Literature representing a variety of professional fields, such as psychology, medicine, and organization behaviour, has contributed to a unified understanding of well-being in the workplace. Well-being at work has increasingly become a common topic in scholarly research journals (Cooper & Marshall, 1978; Danna & Griffin, 1999; Smith, Kaminstein, & Makadok, 1995; Warr, 1990), since it may have direct consequences for both individuals and organizations. This study focused on the organizational perspective. The real importance of well-being for scholars, researchers, managers, and executives is quite evident, given the link to the everyday work and life experiences of all organizational members (De Simone, 2015a). In fact, employees spend a great amount of their time at work, and in some cases they do not necessarily leave the job behind when they leave the worksite (Conrad, 1988). Second, a low level of well-being can potentially affect both workers and organizations in negative ways. Workers whose levels of well-being are reported to be low may be less productive and more prone to be absent from work; in addition, their ability to make high-quality decisions and overall contributions to their organizations may be diminished (Price & Hooijberg, 1992).

Danna and Griffin (1999) identified two interrelated sets of consequences of well-being in the workplace: direct implications for individuals (i.e. physical, psychological, and behavioural consequences) and direct implications for organizations (i.e. health insurance costs, productivity, and absenteeism). The main physical consequences at the individual level are clearly related to consequences at the organizational level (De Simone, 2014a).

As described in the literature, the general concept of well-being in the workplace comprises both life and work aspects (e.g. non-work satisfaction enjoyed by individuals, work/job-related satisfaction, and general health), thus involving physical, emotional, mental, and social aspects (De Simone, 2014a).

Hence, although employee well-being represents an important issue in every work environment, its importance is significantly higher in the field of medicine, as medicine is involved with critical decisions regarding public

health (De Simone, 2015b). In healthcare systems, along with the more traditional occupational health risks, some critical challenges (e.g. exposure to infectious diseases, psychological stressors, night-call duties, and threats of malpractice) must be taken into account. A number of stressors are intrinsic to medical workplaces, including working with emotionally intense issues, suffering, fear, and death (Agarwal & Sharma, 2011). Healthcare workers now face the stress associated with increasing government regulations, malpractice suits, business aspects of medicine, increased clinical demands, less time with patients, and a rapidly expanding knowledge base; in addition, they must find ways to balance their personal and professional lives. Although it has largely acknowledged the existence of these types of stress, it is difficult to fully understand their effects on healthcare professionals' health (De Simone, 2015a).

Distress and dissatisfaction result in significant costs not only to the individual physician, but also to the patient and healthcare organization. The characteristics of the organization in which physicians practise have a substantial effect on physicians' perceptions of stress, job satisfaction, and, consequently, on their physical and mental well-being. Stress reverberates through the organizational matrix to affect the ways in which physicians think about and perform their everyday clinical work (De Simone, 2015a).

Since there is scant literature specific to the well-being of healthcare workers, this study attempted to fill this gap by exploring factors that influence the well-being of healthcare workers. A systematic literature review, with a specific focus on factors that negatively affect well-being, was conducted and analysed through the approach Herzberg used in his two-factor theory (Herzberg, Mausner, & Snyderman, 1959).

In this way, the present study contributes to the literature on well-being in general and, more specifically, to a state-of-the-art theme on the well-being of healthcare workers.

The paper is structured as follows: The next section describes the key concepts of Herzberg's two-factor theory (Herzberg et al., 1959), and the Method section illustrates the steps that were used to complete the literature review. The results and discussion are then provided, followed by the conclusions and possible future directions for research.

2. Herzberg's Two-Factor Theory

Herzberg's two-factor theory (also known as Herzberg's motivation-hygiene theory; Herzberg et al., 1959) maintains that there are some factors which operate independently on job satisfaction (motivators) and on job dissatisfaction (hygienic factors). According to Tosi and Pilati,

Hygiene factors create dissatisfaction if they are not present. If they are present in a job setting, dissatisfaction will be lower, but satisfaction will not be high. Hygiene factors are associated with the context of a job…Motivators are related to high satisfaction and willingness to work harder. When they are present, these job factors may induce more effort, but if they are absent, it will not produce dissatisfaction in most people. Motivators are associated with the content of the job. (2011, p. 85)

The presence of motivating factors generates job satisfaction, while their absence has no impact on job dissatisfaction. Without motivators, employees will perform their jobs as required; with motivators, however, employees will increase their efforts and exceed the minimum requirements. In contrast, the presence of hygienic factors has no impact on satisfaction, while their absence generates dissatisfaction.

Herzberg's (1959) theory is well-suited to the aim of this study for two main reasons:

-       Given the particularity of the context, healthcare workers need continuous *stimuli* to maintain high levels of motivation, satisfaction, and well-being.

-       The theory supports the relevance of factors that negatively influence job satisfaction, motivation, and, in turn, employee well-being.

In this paper, the presence of negative factors is considered to be as the absence of hygienic factors: The latter, in fact, generates job dissatisfaction and a decrease in employee motivation; similarly, the presence of negative factors generates dissatisfaction and, in some cases, leads to employee malaise.

In addition, one must also consider the following two criticisms of Herzberg's (1959) theory: first, it does not recognize individual perceptions of the factors that influence satisfaction; second, it does not move on a continuous scale from satisfaction to dissatisfaction. However, this study considers only those aspects related to the presence/absence of factors that undermine employee well-being.

3. Research Method

To find contributions on organizational well-being specific to healthcare workers, a systematic literature review

was conducted following the PRISMA guidelines and according to the recommendations of Khan, Kunz, Kleijnen, and Antes (2003). Using keywords, the research was conducted on PubMed, Scopus, and ISI Web of Knowledge research engines, respectively. The results were then integrated via a second keyword search using the research engines of six journals. Most of the results, however, were obtained via the first keyword search.

The review process was completed using the following five steps (Khan et al., 2003):

1. Framing questions for a review by establishing useful keywords.

2. Eliminating duplicates and identifying relevant studies by selecting titles and abstracts.

3. Assessing the quality of studies by analysing full papers.

4. Summarizing the evidence.

5. Interpreting the findings.

Pertaining to the general situation, the following inclusion criteria have been followed:

•   Articles or reviews related to the theme of well-being for healthcare professionals;

•   Articles or reviews related to possible solutions to manage employee' malaise.

Indeed, the following exclusion criteria have been used:

•   Articles or reviews published in a language other than English;

•   Articles or reviews that do not consider the well-being in the specific context of healthcare organizations;

•   Articles or reviews that do not clearly meet the research subject and its purpose.

In more detail, the keywords used were "well-being" AND "healthcare workers" and "well-being" AND "hospital workers." The research was conducted by looking at all previous literature, and no time limit was set for this process.

In total, 124 articles emerged from the first step: 19 from PubMed, 47 from Scopus, 16 from ISI Web of Knowledge, and 42 from single journal research engines.

After eliminating duplicates, the second step consisted of selecting relevant studies by searching for keywords ("well-being" or "workplace" or "healthcare" or "employees" or "professionals" or "hospital" or "doctors" or "nurses") and coherence with the aim of this paper based on titles and abstracts (including results concerning specific topics on organizational well-being, such as burnout, depression, and stress). This step provided 21 articles.

The full-text analysis in Step 3 looked for the coherence of the articles by searching for a focus on organizational well-being for healthcare workers. Based on this analysis, two articles were discarded, since one focused on the comparison of two different measurement tools for organizational well-being, and the other focused on U.S. healthcare sector cost management. The selected 19 papers were then cross-referenced to find other relevant studies. After the cross-referencing, 11 articles that were cited at least two times proved to be consistent with the aim of this work. Thus, the final database comprised 30 papers. Figure 1 shows the review process from Step 1 through Step 3.
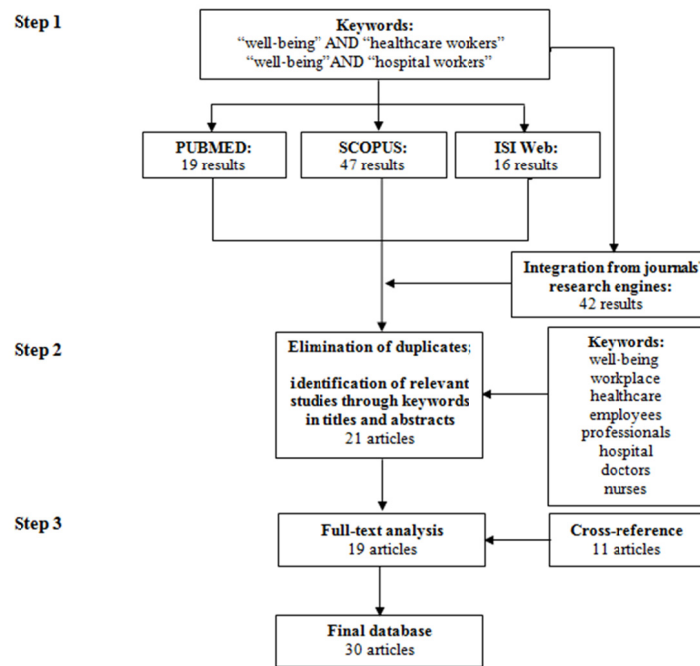
Figure 1. Literature review process from step 1 through step 3.

In Step 4, the results have been summarized as in Table 1, by presenting the authors, main article topics, healthcare workers observed, method of analysis, and factors that influenced well-being, as represented in each paper analysed.

In Step 5, the findings were re-interpreted as in the Findings and discussion section.

4. Findings and Discussion

A first discussion may be on the fact that, following a relatively low number of articles on the well-being of healthcare workers, the recent increased production of relevant literature is a significant factor in the results of the present study. In fact, most of the analysed studies were produced in 2015 and 2016 (12 articles), while the remaining 18 articles were published over a 23-year period with a mean of 0.78 articles per year. Figure 2 shows the publication trend over time.
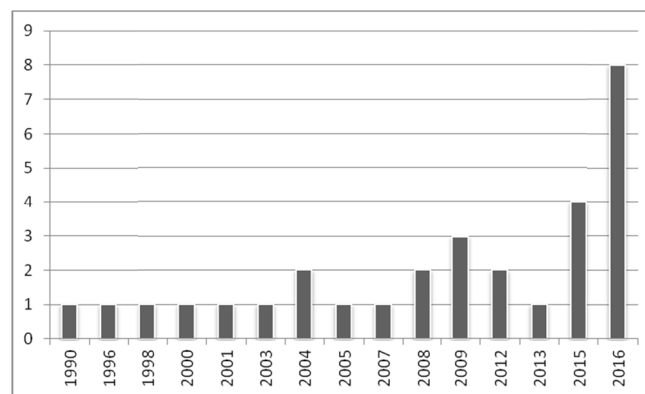

Figure 2. Literature production per year

The trend shown in the figure clearly pertains only to the specific theme of well-being for healthcare workers; this, however, does not mean that the general theme of employee well-being has not been addressed in literature but that the health sector, in particular, has received less attention compared to that accorded to the general

theme.

The following table presents the results of the literature review, including the author(s), main topic, healthcare workers observed, method of analysis used, and factors influencing well-being/main results of the study.

Table 1. Literature review summary of results.

Authors	Main Article Topic	Healthcare Workers Observed	Method of Analysis	Factors Influencing the Well-Being/Main Results of the Study
Atallah, McCalla, Karakash, and Minkoff (2016)	analysis of the problem of burnout and provision of steps to be undertaken to restore well-being	obstetricians/ gynaecologists	call to action to present solution for burnout in healthcare workers	burnout, cognitive-behavioural training, mental and physical relaxation
Barnes-Farrell et al. (2008)	impact of shift characteristics on the well-being of healthcare workers	healthcare professionals	regression and correlation (N = 906)	interference of work with family, work demands, family demands, number of working days
Cloninger, Salloum, and Mezzich (2012)	analysis of the causes of health and well-being	healthcare workers	Person-centred integrative diagnosis (PID)	integrated view of well-being: physical, mental, social, and spiritual aspects
Coates and Howe (2015)	analysis of stressors, burnout, and mental health on healthcare workers	healthcare workers	descriptive statistics (N = 55)	bureaucratic environment, discrepancy ideal-real work, conflicting demands, client load, insufficient flexibility in managing working hours, role uncertainty, organizational climate
de Jonge, Le Blanc, Peeters, and Noordam (2008)	analysis of the moderating role of job resources in the relation between emotional job demands and employee well-being	healthcare workers	multivariate multiple regression analysis (N = 826)	emotional job resources moderated the relation between emotional job demands and health/well-being outcomes
d'Ettorre and Greco (2016)	analysis of the impact of work-related stress (WRS) on the health status and well-being of healthcare workers	healthcare workers	retrospective observational study	work context factors
Einarsen and Matthiesen (1998)	analysis of the impact of bullying on the burnout and psychological well-being of nurses	nurses	Cronbach's alpha (N = 745)	bullied nurses have significantly higher levels of burnout, low job satisfaction, and well-being
Estrynbehar et al. (1990)	analysis of the effects of job stress and mental health on female healthcare workers	healthcare workers	chi-squared, multiple logistic regression (N = 1505)	mental load, insufficiency in internal training, strain due to schedule
Galletta, Portoghese, Fabbri, Pilia, and Campagna (2016)	analysis of job control as a buffer for workplace environment and affective commitment	hospital workers	linear regression analysis (N = 210)	workplace empowerment is positively related to affective commitment; workplace incivility is positively related to emotional exhaustion; job control has a buffering effect on these two dimensions
Gosseries et al. (2012)	analysis of burnout among healthcare workers managing patients with severe brain injuries	healthcare workers	chi-squared and logistic regression (N = 523)	emotional exhaustion, depersonalization, personal accomplishment
Jakobsen et al. (2015)	effects of physical exercise at home and at the workplace on work ability	healthcare workers	two parallel groups cluster randomized (home and work); physical exercises; measurements	physical exercise at the workplace has positive effects on the social relationship among colleagues and on the psychological well-being of the individual

			with the Work Ability Index; ANOVA (N = 200)	
Kilfedder, Power, and Wells (2001)	analysis of burnout characteristics for psychiatric nurses	nurses	t-test, ANOVA, and regression analysis (N = 510)	emotional exhaustion, depersonalization, personal accomplishment
Markwell and Wainer (2009)	analysis of factors affecting the health and well-being of junior doctors	junior doctors	descriptive survey (N = 14)	workload, risk of hazard and injuries, stress, lack of support, sleep disorders
Martínez-Íñigo and Totterdell (2016)	analysis of emotion regulation on healthcare general practitioners and nurses	healthcare general practitioners and nurses	longitudinal field survey study (N = 233)	distributive justice, emotional exhaustion
Mason, O'Keeffe, Carter, and Stride (2016)	analysis of well-being in junior doctors	junior doctors	longitudinal study using online survey (N = 217)	anxiety, depression, motivation, job satisfaction, confidence, self-reported competence
McVicar (2003)	analysis of the causes of workplace stress for nurses	nurses	literature review	workload, leadership/management style, professional conflict and emotional cost of caring, lack of reward, and shift work
Niedl (1996)	Investigation of the relationship between mobbing at work and well-being and an exploration of the possible organizational effects of mobbing in connection with coping behaviours	health professionals	N. A.	mobbing has negative effects on well-being and generates absenteeism and lower levels of performance
Nixon, Lanz, Bruk-Lee, Schantz, and Rodriguez (2015)	analysis of the impact of work safety on the affect and attitude of nurses	nurses	structural equation modelling (N = 326)	psychological safety climate influences employee strain through job attitudes, including JRNA and job satisfaction; job attitudes mediate the relationship between psychological safety climate and turnover intentions, experience of hazards, and injuries
Park, Wilson, and Myung (2004)	examination of the ways in which social support at work affects depression and organizational productivity in a work-stress framework	hospital workers	multiple regression and structural equation modelling (N = 240)	social support did not buffer the negative effects of work factors on depression and organizational productivity
Poissonnet and Véron (2000)	effects of irregular schedules on the health of healthcare professionals	healthcare professionals	systematic review; three databases; 21 papers	physical health, mental health, sleep disorders, work duration
Preposi Cruz (2016)	investigation of the quality of life and its influence on self-reported clinical competence among nurses	nurses	multivariate multiple regression and stepwise multiple linear regression analyses (N = 163)	quality of life positively affects the organizational well-being and self-reported competences of nurses
Rose and Glass (2009)	exploration of nurses' experiences with well-being, emotional work, and professional practice	nurses	interviews/storytelling (N = 15)	emotional strain, stress, anxiety, physical exhaustion, sleep disorders
Salmond and Ropis (2005)	analysis of job stress and its impact on well-being	nurses	comparative descriptive study; t-test and ANOVA	stressors include excessive paperwork, meeting deadlines, frequent interruptions,

			(N = 86)	insufficient personnel to handle assignments, insufficient personal time, job pressure, and lack of support
Sancassiani et al. (2015)	Examination of organizational well-being and the correlations between job satisfaction and the psychosomatic health of workers	mental health workers	descriptive-correlational study (N = 31)	workers who did not report high levels of psychosomatic symptoms (e.g. nervousness, restlessness, anxiety, headaches/concentration difficulties, and sense of depression) could be more satisfied with the organization and likely perceive organizational well-being
Sun et al. (2016)	relationship between quality of life and social support in female nurses	nurses	correlation (N = 320)	social support as a buffer for pressure and individual stress perception
Suresh, Matthews, and Coyne (2013)	measurement and analysis of job-related stress of nurses	nurses	Nursing Stress Scale questionnaire with an open-ended question (N = 71)	workload, conflict, inadequate preparation, lack of staff support
Tepas et al. (2004)	analysis of which aspects of well-being are most likely to need attention when shift-work management solutions are being developed	healthcare workers	ANCOVA (N = 865)	physical exhaustion, mental exhaustion, tension
Tuisku, Virtanen, De Bloom, and Kinnunen (2016)	impact of cultural leisure activities and recovery on the well-being of hospital employees	hospital employees	ANOVA, ANCOVA, and chi-squared test (N = 769)	weekly leisure activities have positive impact since they improve relaxation, mastery, and control experiences during off-job time
Wallace, Lemaire, and Ghali (2009)	analysis of physicians' wellness as a quality indicator for healthcare services	physicians	descriptive	mental energy, work climate, work tempo, work-related exhaustion, skills development, organizational efficacy, and leadership
A. Yildirim and D. Yildirim (2007)	effects of mobbing and reactions experienced by female nurses	nurses	correlation and multi-regression analysis (N = 505)	mobbing behaviours from superiors and colleagues; this in turn is reflected in nurses' physical and psychological health

Considering the specific professional categories analysed, an interesting result to highlight, excluding the general reference to "healthcare or hospital workers" (13 articles), is the specific focus on nurses (7 articles). This focus could be mainly related to the fact that nurses experience prolonged exposure to stress or frustration at work. Despite increased professionalism in nursing and the increased emphasis on accountability in the clinical setting, many nurses perceive that their autonomy continues to be restricted. This may be due to the fact that a significant portion of work in nursing overlaps that of the medical profession. Possible reasons for insufficient autonomy in nursing are the patriarchal dominance of the medical professional and adherence to an outdated, bureaucratic style of management (Finn, 2001). Restricted autonomy can, in turn, limit the well-being of nurses.

An analysis of the articles clearly revealed a classic twofold approach to well-being that considered aspects related both to individual and organizational/context characteristics.

On the individual side, several authors (Gosseries et al., 2012; Kilfedder et al., 2001; Mason et al., 2016; Preposi Cruz, 2016; Sancassiani et al., 2015; Tepas et al., 2004; Tuisku et al., 2016) highlighted several physical and mental conditions/factors that influence well-being, with a particular emphasis on physical exhaustion, anxiety, depression, stress, and burnout. Sleep disorders comprise the factor that is specifically highlighted with respect to healthcare workers (Poissonnet & Véron, 2000; Rose & Glass, 2009), especially considering the effects of night shift-work and difficult work schedules. Some authors underlined the role of leisure activities and other off-job experiences in buffering the negative effects of the reported factors (Tuisku et al., 2016), since an improved general quality of life may positively affect employee well-being (Preposi Cruz, 2016).

On the organizational/context side, a number of authors (Barnes-Farrell et al., 2008; de Jonge et al., 2008;

d'Ettorre & Greco, 2016; Einarsen & Matthiesen, 1998; Estrynbehar et al., 1990; Galletta et al., 2016; Jakobsen et al., 2015; Markwell & Wainer, 2009; McVicar, 2003; Niedl, 1996; Nixon et al., 2015; Park et al., 2004; Salmond & Ropis, 2005; Sun et al., 2016; Suresh et al., 2013; A. Yildirim & D. Yildirim, 2007) highlighted the relevance of mobbing, conflicts, lack of rewards and recognition by superiors, work demands, work duration, difficulty in balancing work and family commitments, and work context factors. Other authors examined particularly interesting aspects, such as bureaucratic environments (Coates & Howe, 2015; Salmond & Ropis, 2005), the discrepancy between ideal and real work (Coates & Howe, 2015), risk of hazard and injuries related to workers' safety (Markwell & Wainer, 2009) and shift-work (Barnes-Farrell et al., 2008; McVicar, 2003; Tepas et al., 2004). Coates and Howe (2015), in terms of bureaucratic aspects, explained that instances in which staff report administrative issues as their primary concern reflect a contrasting nature of the work; this may conflict with the nurses' professional status while experiencing bureaucratic paperwork or other tasks as activities with which to recover emotional energies when they are feeling the strain of emotional labour.

The risks of hazard and injuries are particularly related to the perception of safety while working (Markwell and Wainer, 2009; Nixon et al., 2015); this is particularly true for the healthcare context since doctors and nurses are constantly in contact with patients that may suffer from different diseases.

Shift-work can impact on the three following aspects: the conflict between work-to-family and social life, physical well-being, and mental well-being (Barnes-Farrell et al., 2008; McVicar, 2003; Tepas et al., 2004). These aspects are particularly emphasized in cases of night shift-work (Tepas et al., 2004), with a reported higher health risk, as it produces symptoms that correspond closely to those of mild or moderate distress (McVicar, 2003).

Again, among organizational aspects affecting well-being, it is of interest to note Suresh et al.'s (2013) conclusions regarding inadequate preparation and training: In their study, the authors analysed stress and stressors among nurses and found that, in particular, nurses felt inadequately prepared in terms of clinical skills, knowledge, and emotional bearing.

More generally, relevance is placed on social aspects due to the great amount of time healthcare workers spend at work with their colleagues, in 12- or 24-hour shifts, sometimes combined, thus leading nurses and doctors to work for 36–48 hours consecutively. In fact, social relationships may undermine individual well-being, considering such aspects as mobbing, bullying, and uncivil behaviours from colleagues and superiors (Einarsen & Matthiesen, 1998; Galletta et al., 2016; Niedl, 1996; A. Yildirim & D. Yildirim, 2007).

Social aspects also represent a solution to the main causes of employee malaise: Several authors have underlined the importance of creating work environments that encourage employees to openly express their emotions to colleagues and managers and of offering training sessions on emotionally demanding work to make employees and managers more conscious about managing emotions (Coates & Howe, 2015); again, Jakobsen et al. (2015) found that social relationships and psychological well-being benefit from organized physical exercises at the workplace, since such exercises represent a social experience shared by employees. A positive work environment can help to improve outcomes by creating a positive perception of how processes are made, reducing work stress, and encouraging innovations as a response to environmental and organizational change (De Simone, 2014b).

The goal-sharing by organizational members engenders a positive climate that serves to increase organizational identification and to develop stronger relationships in the organization that in turn foster higher levels of organizational growth and performance (De Simone, 2014b).

Positive emotions engender social interactions: The emotional climate has important consequences for individual employees and for the organization as a whole. Organizational norms and the constructive use of emotion management are essential for developing and maintaining an emotional climate that enables individual well-being (De Simone, 2013a; 2013b).

Psychological capital (e.g. optimism, hope, and resilience) favourably influences employee attitudes, behaviours, and organizational change, especially through positive emotions. Cognitions fostered by positive emotions such as gratitude and appreciation contribute to increased organizational identification. When employees work together, they can encourage new ideas, share goals, and generate learning. Gratitude motivates and reinforces social actions, in both the giver and receiver of help, by inspiring positive actions. When an organization continues to cultivate a positive emotional climate, it will derive benefits from an increase in the strength of interpersonal relationships (De Simone, 2014b).

5. A Possible Framework of Factors Affecting the Well-Being of Patient Care Workers

Starting with the aspects arising from the literature review, we identified negative factors affecting the well-being

of healthcare workers (see Table 2). The first implementation to consider, which is discussed in the literature, is the recognition of individual- and organizational/context-related factors that affect well-being. In turn, individual related factors may be distinct in physical and mental conditions, while organizational/context-related factors may be distinct in job tasks, demand and control, relationships with colleagues and superiors, and organizational environment.

Table 2. Factors negatively influencing well-being of healthcare workers

Employee Well-Being Individual-Related Factors		Organizational/Context-Related Factors		
Physical Conditions	Mental Conditions	Job Tasks, Demand, and Control	Relationships With Colleagues and Superiors	Organizational Environment
physical exhaustion (e.g. Tepas et al., 2004) lack of recovering time and energy (e.g. Tuisku et al., 2016; Wallace et al., 2009)	burnout (e.g. Atallah et al., 2016) anxiety (e.g. Mason et al., 2016) depression (e.g. Park et al., 2004; Sancassiani et al., 2015) stress (e.g. Rose & Glass, 2009; Sun et al. 2016) emotional exhaustion (e.g. Kilfedder et al., 2001) sleep disorders (e.g. Rose & Glass, 2009)	work duration and shift work (e.g. Poissonnet & Véron, 2000; McVicar, 2003) strain due to schedule (e.g. Estrynbehar et al., 1990) number of working days (e.g. Barnes-Farrell et al., 2008) work-life balance (e.g. Barnes-Farrell et al., 2008) lack of autonomy (e.g. Galletta et al., 2016) role uncertainty (e.g. Coates & Howe, 2015)	mobbing and bullying (e.g. Niedl, 1996; Einarsen & Matthiesen, 1998) conflict (e.g. McVicar, 2003; Suresh et al., 2013) lack of support (e.g. Salmond & Ropis, 2005; Sun et al., 2016) lack of distributive justice (e.g. Martínez-Íñigo & Totterdell, 2016) lack of recognition (e.g. McVicar, 2003)	lack of safety (risk of hazard and injuries) (e.g. Markwell & Wainer, 2009) inadequate training (e.g. Estrynbehar et al., 1990) bureaucratic environment (e.g. Coates & Howe, 2015) Insufficient flexibility in managing working hours (e.g. Coates & Howe, 2015) workplace incivility (e.g. Galletta et al., 2016)

Considering the factors reported in Table 2 under Herzberg's approach, we might affirm that the presence of such negative factors strongly undermines employee job satisfaction, organizational citizenship behaviour, motivation, and well-being. For example, above all, the lack of safety and the risk of injuries represent critical factors within healthcare contexts. Again, a context characterized by mobbing and bullying has a strong impact on psychological well-being and on job satisfaction. In a certain sense, considering that the absence of hygienic factors generates dissatisfaction, one could consider these (negative) factors as hygienic factors, since their presence generates dissatisfaction while their absence will not improve individual performance: It would be considered "normal" a work context where bullying and mobbing are not present.

Even the presence of other factors (e.g. distributive justice, recognition, and support) is interpreted as "normal": Martínez-Íñigo and Totterdell (2016) highlighted the importance of a distributive justice on exhaustion and on employees' well-being.

On this point, also other authors highlighted the prominent role of a distributive justice: for instance, Chenevert et al. (2013) contend that procedural and interactional justices have an indirect effect on exhaustion through distributive injustice, and that exhaustion, in turn, may generate absenteeism. Thus a greater sense of justice should be promoted by healthcare managers to increase employees' perception of procedural and interactional justice, and indirectly reduce exhaustion and absenteeism.

Indeed, the possibility of balancing work and private life within the healthcare context, which is characterized by long shifts, would be considered a "motivator," as would be increased autonomy and a reduced bureaucratic work schedule.

In conclusion, a reciprocal influence among these factors must also be recognized, as the presence of some contextual factors may generate the presence of some individual factors (e.g. the influence of work duration and shift work on physical exhaustion); on the other hand, even some individual factors may influence organizational/contextual factors (e.g. depression and stress may lead to perceived role uncertainty and conflict

with colleagues and superiors).

6. Conclusions and Directions for Future Research

The aim of this paper was to obtain a state-of-the-art theme of well-being in the healthcare sector and to provide a complete framework of factors that affect the well-being of patient-care workers.

Through the analysis presented, this paper contributes to the general theme of employee well-being, and more specifically to the healthcare sector, by providing an updated literature review.

In particular, this study proposes an integrated view of well-being for healthcare workers by reviewing previous literature on the main factors influencing employee well-being. The analysis revealed several factors that negatively influence well-being, thereby providing the basis for a framework (see Table 2) through which both individual- and contextual/organizational-related factors were highlighted. The results confirm several factors that have been individuated by the literature in other domains; in addition, the study revealed other aspects of specific interest to healthcare sectors (e.g. the bureaucratic environment, shift-work [with particular emphasis on night shift-work], and the lack of safety).

It must be recognized that the present findings were influenced by the significant number of articles focusing on nurses and thus might not be easily generalized to all healthcare professionals; however, it should also be highlighted that an integrated view of factors influencing well-being (despite the different categories) could better help healthcare organizations in searching for overall solutions for dealing with employee malaise. In fact, the review supported the notion that a combination of organizational, professional, and individual factors interact to determine the psychological well-being of healthcare workers. In addition, personal traits have a great influence over factors perceived as negative to well-being; thus, one should conclude that reported factors may be perceived differently, not only considering different professional categories but even considering different individuals within the same professional category. In fact, personal resources (e.g. self-efficacy, organization-based self-esteem, and optimism) were found to partly mediate the relationship between job resources and work engagement (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007), and provide individuals with the ability to control and impact their environment successfully (Bakker, Demerouti, & Verbeke, 2004; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

The real challenge for organizations is not to consider employees well-being as something fixed, since a high level of complexity characterizes both work contexts and individual characteristics. In fact, it is possible to assert that employee well-being is something dynamic rather than static and may vary over time and space, in the sense that personal conditions of employees may vary over time with respect to family conditions, health, economic situations, etc., and that workplace conditions as hygienic and hazard situations may vary from department to department even within the same organization (De Simone, 2014a). This is particularly true for patient-care workers who, every day, face significant emotional and work demands in hazardous contexts and have to continuously balance these work demands with those of their private lives.

Distress and well-being are intimately associated with factors essential to building an economically healthy and thriving healthcare organization, including the provision of good medical care (De Simone, 2015a).

Although individuals are responsible for their own wellness, healthcare organizations can play an important role in promoting worker well-being. In order to build a better and healthier work environment, managers need to focus their attention on creating conditions that facilitate intra- and inter- professional relationships, on providing healthcare workers with adequate breaks and more time to recover energy during the workday, and on strengthening the individual employee's identification with, and involvement in, the organization. This requires long-term commitment to resourcing, to workforce planning, and to achieving strategic aims. Cohesive ward teams developed with the leader's capacity to support staff who must cope with heavy workloads are also needed to achieve health improvements (De Simone, 2015a). Another solution, may result in considering the possibility of better involving employees in the decision-making process in order to increase their perception of procedural and interactional justice, and indirectly reduce exhaustion and absenteeism through a greater perception of distributive justice (Chenevert et al., 2013).

The present article suffers the typical limits of literature reviews, since different keywords may generate different results, both in the first step of research and in the following steps of the article-discarding process.

This study highlights the importance of conceptualizing employee well-being as a complex juxtaposition of individual- and organizational/context-related factors that can vary based on the different personal traits of individuals. All these factors are important when assessing employee well-being. Hence, a first suggestion for possible future research may be to assess the impact of all the factors reported in Table 2 in order to test a

possible integrated model of well-being for healthcare workers. A further direction can be to evaluate the different impacts of these factors on the two patient-care categories (doctors and nurses). The focus on these differences may be of interest to managers while providing them with greater incentive to attend to organizational well-being.

Again, considering the significant weight social interactions have in the healthcare context, future studies might analyse personal/workplace interactions in more depth: It is unreasonable to expect any individual to separate the workplace from their personal lives; more research is needed to identify how personal circumstances exacerbate workplace stress and how they may be used to reduce stress. Also needed are preventative support services to assist nurses in their efforts to avoid health issues. This requires more research to identify the most effective way of detecting when individuals are experiencing early difficulties and thereby to improve their stress management techniques in order to prevent a transition to severe distress.

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