Leisure and the Quality of Working Life in an Academic Health Center[1]

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Abstract:

Promotion of leisure activities to alleviate workplace stress and organizational wellness programs have developed with management efforts to improve work design and enhance productivity. This study of employees in an academic health center assesses the role of leisure in workplace stress. The basic hypothesis, that employees' use of allocated leisure time for work-related interaction with colleagues increases stress, was tested by anonymous survey of faculty, staff, and administrators on work roles, leisure, and social activities. Preliminary analysis of responses did not support the hypothesis for the majority of respondents, but it confirmed perceptions of work as stress-inducing and the value of leisure in reducing stress. Intra-organizational variations in leisure patterns associated with diverse occupational and professional roles are suggested.

Keywords: *quality of working life, organizations, health professions, stress, leisure*

Introduction

Changing social and cultural norms for work and leisure, occupational values, world views, meaning of work, and the relationship of professions to work organizations in the United States have been addressed in extensive sociological, anthropological, and psychological research and theoretical literature (Daft and Weick 1984; Abbott 1988; Fogel 1989; Lurie 1990; Pugliesi 1995). Concern with the relationship of leisure to work has complemented efforts to improve work design, along with the establishment of employee wellness, stress management, and employee assistance counseling programs by work organizations (Conrad 1988). These trends have been stimulated by the growth of the human relations and sociotechnic schools of organizational management (Cummings and Staw 1981). Research analyzing organizational culture to implement management goals of fostering specific types of cultures for success (Frost 1985; Van Maanen and Barley 1984; Morgan 1986) is complemented by that on worker autonomy and control by health care and scientist professionals (Dejonge, et al 1999; Zabusky and Barley 1997).

However, despite ostensible management interest in promoting employee welfare and productivity, research findings by the National Institute of Occupational Safety and Health, showing that job stress is linked to minor health complaints and long-term illness, have been reconfirmed. Psychological research on 2,877 wage and salary workers in the United States, conducted for the Families and Work Institute in New York, found workplace stress affects both health and job performance negatively; stress increased difficulty in concentration, fatigue, and tardiness, while low-stress offices had more productive workers (Bond 1999).

Sociological research in health and social behavior has analyzed and assessed the health effects of stress and the application of related coping methods (Thoits 1995; Wickrama 1997). Sociocultural and medical anthropology research on the cultural meanings of social networks and their effects on health and mental health from a grounded, contextual perspective analyzes factors that increase or alleviate stress (Jacobson 1987). Although self-reliance and participation in family and social networks have been found to be significant in ameliorating employment-related stress and depression within southern African-American communities (Dressler 1991), contrasting perspectives on "work-home interference" have been compared for medical residents (Guerts, et al. 1999).

A more theoretical approach analyzes self-identification and feelings of belonging (*emic* perspective) as related to the structured roles (*etic* perspective) of scientists who are both professionals and members of work organizations (Zabusky and Barley 1997). Such professionals may perceive themselves as in one of four types of relationships: accepted by members of the firm, but not by the scientific community; insiders in the scientific

community but not in their firm; identifying with and accepted by both groups; or liminal – not fully identifying with or considered members of either group. This offers a more powerful explanation of work roles and behavior for professionals than does the concept of stress, which implies an undifferentiated internalizing of work role strain. It has more profound implications for the study of leisure than merely as an immediate means of coping with stress that is treated as a transitory phenomenon.

Research Goals and Context

This paper analyzes the relationship of recreation to work in an academic health center with a variety of professional and non-professional employees involved in teaching, research, patient care, community health, and health education. The study of employees' use of leisure time during the work week for recreation was conducted for the Department of Medical Humanites, 1997-1998. The purpose of the research was to describe and compare the ways in which employees in various departments and programs, positions, professions in the medical school, Physician Assistant program, outpatient clinics, teaching hospital, graduate school for biomedical sciences, and the master's in Public Health program typically make use of their leisure time at work. This included lunch hours, breaks, shared time under administrative guidelines for fitness activities during the work week, evening, and weekend recreational activities.

This research compares the ways in which administrators, faculty, and staff in various positions in the academic health center interpret and attempt to balance or combine professional, career, institutional, and community commitments and demands with needs for personal relaxation and reflection. It also provides insight into their exchange of professional or avocational interests with friends or colleagues at work, other social networks, and family members, to address effects of leisure and the role of social relationships in alleviating work-induced stress. Structural influences on employees' recreational activities are defined as variations in professional obligations, departmental work units, related social interaction patterns, and family roles of employees.

The academic health center is a state-supported, free-standing institution in a southwestern city of approximately 500,000 people 35 miles south of an affiliated university. The health center comprises an urban campus of two multi-purpose educational, clinical, research, and administrative buildings, a library, a comprehensive clinic building in the process of completion, two additional outpatient clinics, a geriatric education and research center, and two general services buildings. Campus grounds are limited to walkways, a few trees, and a small park area with two picnic tables near the general services buildings. Although all buildings and grounds are designated as non-smoking areas, some staff take smoking breaks outside. Additional health center clinics provide outpatient care across the city, within five to ten miles of the main campus. After the survey new offices were opened in a collaborative Alzheimer's patient care, rehabilitation, and research center in a former hospital downtown. The health center campus, across the street from the major private teaching hospital, is surrounded by hospital clinical offices and bordered by a quiet residential area with a public school. Three art museums surrounding a park, several small galleries, a science museum, coliseum complex for sports, western, craft, or gun shows and community events, restaurants, and a movie theater offer dining and entertainment within walking distance; various commercial services are also located in this area.

The overall total of about 700 medical, graduate biomedical, public health, and physician assistant students live off-campus, and the majority of employees commute by private car from within the city or adjacent towns. Regular employees receive monthly sick and vacation leave days in addition to state holidays, and schedule vacation time during the twelve-month academic calendar according to work roles and priorities. The off-campus employee-student assistance counseling program, selected for contract services by a faculty-staff task force several years ago, is supported by health insurance and used confidentially as needed by individual workers, through self or supervisors' referral. In recent years, state employee merit raises have been reduced for staff and eliminated for faculty, who must fulfill academic promotion and/or tenure requirements. Development of new educational programs along with health care system change and related research have affected institutional funding, responsibilities, and priorities.

At the health center, the small campus café in the open basement area of the library, set up in response to requests from the Employee Benefits Committee, serves

breakfast and lunch for faculty, staff, students, and visitors. A television set beside the cafeteria line is left on for staff and students to view news, favorite dramatic shows, and "soap operas," so quiet conversation at lunchtime is difficult. Suggestions have been made by some faculty that television viewing might be more appropriate in another location. The lounge and kitchen on the first floor of the library above are limited to library faculty and staff; a lounge for first-year medical students provides coffee, vending machines, a kitchen area, and tables, as well as recreational equipment for pool, Ping-Pong, a stereo, and piano. Small private break rooms serve staff and faculty in the new clinic building, and three picnic tables by the hospital across the street are used by staff and patients as smoking areas.

This study followed earlier efforts by graduate faculty members in the health science center's Executive Council of the Faculty to obtain a faculty lounge for collegial dining and relaxation as a complement to the existing library staff lounge, campus café, hospital cafeteria, physicians' dining room, and board room. Their request to extend use of the library lounge to general faculty was not accepted; it was initially deferred to completion of the new comprehensive clinic building, then to proposed development of new property east of the campus near the museum area. As a culmination of efforts by the Health Promotion Committee, the health center provides free professionally-directed fitness activities and workout equipment for employees at noon, during shared daily time, and in the evenings. Employees may obtain discounted memberships at the hospital fitness center across town, and other private recreational facilities. An annual fitness assessment, health fair, and periodic noon-hour health education programs are offered as benefits to staff, faculty, and students.

Organizational Research and Methodology

This study was preceded by a 1997 organizational study designed to assess perceptions of organizational culture by institutional administration, academic administration, faculty, and staff. Organizational value statements were ranked by a total of 85 respondents to develop an organizational culture profile for the institution, subsequently analyzed in a management retreat. Results indicated divergence in values within and among various employee categories, but the management retreat was evaluated by some administrators as too general to be valuable for the organization.

The Employee Work and Recreation study was developed on the basis of observational and anecdotal evidence of lunch-time activities of physician faculty and articles in the press reporting a national decline in the proportion of leisure time to working hours. The implicit research hypothesis was that faculty typically engage in work tasks and/or meetings with colleagues to discuss work-related topics, rather than recreation during their lunch time. The corollary was that such activities amplify stress instead of enhancing personal relaxation or renewal. By extension, the hypothesis and corollary were applied to all employees – faculty, administrators, and support staff. The following assumptions were made: that work differs qualitatively from leisure; that all employees cognitively differentiate work from leisure; that interaction in work-related activities causes or increases the level of stress; that leisure, or "non-work," activities are beneficial to individuals because they induce personal relaxation or renewal.

The cross-sectional study utilized an anonymous survey to obtain confidential quantitative and qualitative data for comparison of standardized responses from individual employees. The questionnaire was developed specifically for the study. Closed-ended questions elicited information on each employee's department, location, position, education, age, sex, marital status, number of children at home, years employed at the health center, weekday and weekend working hours, work breaks, and lunch times. Questions were also asked about on- and off-campus locations where employees eat lunch, persons with whom they usually eat, the frequency of attending meetings on- and off-campus during lunch time, and other weekly lunch-hour activities. These included errands, hobbies, work, appointments, library visits, television viewing, reading, museum shows, religious groups, fitness activities, sports, walking, and sitting outside. This section concluded with a question about shared weekday time and weekend time spent in fitness activities. Two final open-ended questions gave respondents the option of commenting on what they would like to help them relax at work, and what they had found worked for them that would help others. The survey was accompanied by a letter from the Medical Humanities Department explaining the purpose and requesting each employee's confidential participation.

The letter and questionnaire were sent anonymously through campus mail to employees in all departments on campus and in off-campus health center clinics - approximately 1000 faculty, staff and administrators.

A total of 302 employees responded by completing and returning questionnaires: a proportion of almost one-third of the original sample. These included: 64 in administrative and 60 in non-academic departments; 114 clinical, 52 basic science, and 2 library personnel. Respondents' primary positions were categorized as: 20 administrators; 6 non-academic department heads; 7 academic chairs; 48 regular faculty; 8 research faculty; 5 library personnel; 93 supervisors; 114 non-supervisory staff. These employees work in one or more main locations, as follows: 164, 43, and 30 respectively in the three adjacent education-research-clinic buildings; 19 in the new clinical building. An additional 35 are located in outpatient clinics; nine in the teaching hospital; nine in general services or other campus buildings; two in the small geriatric education and research center on campus (Tables 1-3).

Table 1.

Departments	**N**
Administration	64
Non-academic	60
Basic Science	52
Library	2
Clinical	114

Table 2.

Building	**N**
I	164
II	43
III	30
IV	19
Other	9

Table 2 cont'd.

Off-campus clinic	35
Hospital	9
Geriatrics	2

Table 3.

Position	**N**
Admin.	20
Non-acad. head	6
Academic Chair	7
Faculty	48
Researcher	8
Librarian	5
Supervisor	93
Staff	114

Findings

Preliminary findings from response category frequencies are reported pending further statistical analysis using the SPSS computer program. Response totals for each closed-ended question in the first section vary, since answers to some specific questions were omitted on a number of questionnaires. A total of 207 female and 84 male employees responded: of these, 40 were aged 20-29; 72 aged 30-39; 97 aged 40-49; 75 aged 50-59; 14 aged 60-69. These included 92 single and 191 married employees; a total of 121, both married and single, indicated they have children at home, while 130 reported none (Tables 4-7).

Table 4.

Age	**N**
20-29	40
30-39	72

Table 4 cont'd.

40-49	97
50-59	75
60-69	14

Table 5.

Sex	N
Female	207
Male	84

Table 6.

Marital Status	N
Single	92
Married	191

Table 7.

Children	N
None	130
1-10	121

Educational levels of respondents ranged from general education equivalency (G.E.D.) to medical, doctor of philosophy, or jurisprudence degrees. There were: 31 D.O.s and four M.D.s; 1 Doctor of Veterinary Medicine; 1 Doctor of Jurisprudence; 29 Ph.D.s and Doctors of public health; one masters in public health; one masters in Social Work; 40 masters of arts or sciences; 62 bachelors of arts or sciences; 26 associate degrees; four Registered Nurses; eight Licensed Vocational Nurses; and 78 employees with high school diplomas or G.E.D. certificates. A total of 121 respondents had worked at the academic health center from one to four years; 72 from five to eight years; 47 from 9-12 years; and 54 for 13 years or more. Their weekday hours ranged from 1-20 for 46 respondents to 21-40 or more for 246. Eight respondents reported also working one or two hours on weekends; 15 worked from 3-5 hours; and 20 from 6-10 hours (Tables 8-11).

Table 8.

Ed.-Degree N	Degree N
DO 31	BA/S 62
MD 4	AA 26
JD 1	RN 4
DVM 1	LvN 8
Ph.D. 29	HS 78
MA/S 40	

Table 9.

Years Employed	N
1-4	121
5-8	72
9-12	47
13+	54

Table 10.

Weekly Hours	N
1-20	46
21-24	246

Table 11.

Weekend Hours	N
1-2	8
3-5	15
6-10	20

Approximately half - 145 - reported spending a half hour or less at lunchtime, while 138 usually spent more than half an hour. A total of 95 respondents took work breaks daily, while 186 did so less often. Of those who reported that they usually eat during lunch time, respondents selected one or more locations: restaurant

or fast food establishment, 80; work area, 57; campus café, 45; home, 30; hospital cafeteria or physician's dining room, 28; other area, 25; hall or atrium, 18; break room, 16; library staff lounge, 4; museum, 3. None reported having picnics for daily lunches, although the campus picnic table is occasionally used by students. These respondents made one or more choices of lunch companions: 148 chose a co-worker or colleague; 159 ate alone; 37 with a spouse or family member; 35 with a friend; 10 with students; and 2 chose other options (Tables 12-15).

Table 12.

Work Breaks	**N**
Daily	95
Less	186
NA	10

Table 13.

Lunch Time	**N**
1-30 min	145
31-60	138

Table 14.

Lunch Place*	**N**
Break Room	16
Work unit	57
Hall area	18
Stairway Café	45
Library	4
Restaurant	80
Hospital	28

Table 14 cont'd.

Home	30
Museum Café	3

*one or more responses

Table 15.

Lunch with*	**N**
Colleague	148
Friend	35
Student	10
Family	37
Alone	159

*one or more responses

To the question of how often they attended meetings on campus during the lunch hour, 44 did so weekly; 69 monthly; 97 responded less than once a month; and 59, never. Off-campus meetings during lunchtime were attended by 13 weekly; 25 monthly; 74 attended these less than once a month; 114 never attended. Other activities employees pursued on a weekly basis during lunch time included one or more of the following: 93 worked; 98 ran errands; 60 pursued fitness activities on campus; 60 read; 22 watched television; 21 performed other activities, including doctor's appointments; 18 walked or ran; 16 had hobby groups; 4 played team sports; one visited the library; one, the museum; and one sat outside. A number of employees participated in weekly recreational or fitness activities: 29 during shared working hours; 30 in the mornings or evenings; and 63 on weekends (Tables 16-19).

Table 16.

On Campus	**N**
Weekly	44
Monthly	69
Less	97
Never	59

Table 17

Off Campus	N
Weekly	13
Monthly	25
Less	74
Never	114

Table 18.

Weekly Lunchtime Activities	N
Errands	98
Work	93
Reading/Library	61
Fitness	60
TV	22
Appointments/other	21
Walk, Run	18
None	17
Hobby group	16
Religious group	16
Museum	6
Team sports	4
Sit outside	1

Table 19.

Weekly Recreation Hours	N
Shared Work Hours	29
Morning/Evening	30
Weekend Hours	63

In addition, 155, or over half of all respondents, answered open-ended questions in the final section, giving one or more work-related and/or recreational suggestions. Results are grouped as follows, with response numbers greater than five indicated.

I. What they would like to help them relax at work:

A. Work-related changes:

1.
a) Management: administrative consistency; change of administration; more money, fair reimbursement or compensation; annual pay increase.
b) Work load: more help/staff; co-workers do fair share (15); less work/paperwork; less-demanding persons to work with; better communication.
c)Task time: more time; fewer last-minute, emergency projects, less poor planning (6); more structured, non-interrupted time; set own schedule; efficiency, plan well, be prepared.
d) Schedule: close to 40-hour work week; four-day week; flex time; later arrival, departure.

2.
a)Equipment: office furniture, better desk equipment; computers, printers; Netscape.
b) Environment: more space, storage area, walls, private office (7); more clinic exam rooms; window; closer parking.
c) Sound: eliminate voice mail, reduce phone calls, pages; music.

3.
a) Stress reduction: less self-induced, work-related stress; help for stress experienced for years (6); down time, eat at desk, if no breaks; stretch breaks.
b) Relationships: solve co-workers' gossip; more collegial atmosphere; enjoy students to reduce stress; friendly conversation; listen and help co-workers.
c) Religion: prayer; supervisors and co-workers need God in life.

4. Need to further evaluate.

B. Recreation and leisure:

1.
a) Lunch and break areas: quiet place to eat, lounge area for quiet or private lunch, relaxed break/lunch

area without television (9); quiet outdoor places to rest or eat, outside benches, tables in shade, picnic or patio area.
b) Space: more space, break area; place for faculty, club, or lounge; area to talk without disturbing workers; covered, private smoking area; place to lie down at lunch, on break, or when feel ill.
c) Food and drink: coffee service; yogurt in afternoon.

2.
a) Lunch and break schedule: answering service, close clinics at lunch.
b) Leisure time: get away at lunch; longer lunch, time to run errands; morning and afternoon breaks; afternoon, other quiet time (7); get away from computer; breaks reading non-work-related materials; morning, noon exercise period.

3.
a) Health activities: Weight Watchers; noon staff health seminars, relaxation training.
b) Exercise: walking, activity; more treadmills, Stepmaster, bikes; non-weight-lifting equipment for women; pool, dart board; exercise, Yoga, aerobics classes on better schedule; close, safe place to work out at lunch.
c) Music, dance: radio, music; sound-proof music/piano room; teaching line or tap dance.

4.
Treatment: back, other massage; free "aqua medicine" bed; free manipulative treatment, massage, stimulator, vibrator.

5.
Relaxation: relax at home.

II. What they have found works for them, to help others:

A. Work-related responses:

1. Accomplishment: get grant funded; take one task/job at a time, no panic, organize, prioritize, keep up (6); privacy for work; take work less seriously, have fun in job; talk and solve problems when they happen; leave work problems at work, let go.

2. Work relations: not listen to gossip; get help for others' habits; "Golden Rule," friendly relationships; recognize burn-out and support underpaid staff.

B. Recreation and leisure:

1. Leisure: get away from desk, computer, office; pace hall (11); peace and quiet, silence; dim lights; socializing: fellowship, laugh with others; time off: beer and day off; more vacations; money: dream of winning lotto.

2. Lunch hour: walk around, visit museums, eat outside/in gardens; bring lunch and walk daily; lunch, breaks talking with others; quiet lunch alone; space for lunch; WeightWatchers; eat out.

3. Activities: schedule recreation; Netscape 15 minutes a day; computer games; creative painting, sculpture, quilting, crafts, woodworking; reading (5); music (8); audio tapes, walking dog or ironing; coin collecting.

4. Rest: nap for alertness at work, relax at home after work.

5. Fitness: exercise (8); deep breathing, pause outside/stretch, meditation, yoga/Tai Chi (9); stress/relaxation walks (8); aerobics, workout, treadmill, volleyball (6); group dancing.

6. Physical treatment: massage, aqua bed.

7. Relationships: spend plenty of time with family; put self and family in place; treat everyone kindly, take no offense; volunteer to help others; counsel other employees on drinking problems.

8. Spirituality: believe in God's help, share word of God, read Bible, pray daily.

9. Personal: confidential, "crazy."

10. Need solution: have not found it yet, still searching.

Additional comments from a female physician, a graduate of the medical school who began practice at the health center following the survey, indicated gender issues also influence use of leisure time at work. Although she usually eats lunch in the hospital's physicians' dining room while nurses eat in the clinics,

she reported that she has found the dining room to be a "boys' club." This suggests the need for further qualitative research on the context of professional and collegial relationships, and their effects on leisure.

Conclusion

Employees' responses to the survey confirmed their awareness of the sources of workplace stress and of actual or potential means of alleviating it by improving working conditions. Responses also delineated use of leisure time for relaxation in the workplace and in outside activities, and common concerns of balancing job demands, professional commitments, and achievements with personal, social, and family needs and roles. The majority of respondents were non-physicians; two-thirds of these are female, and over two-thirds have more than a high-school education. Many expressed desires to improve work management, staff support, compensation, working environment, and relationships, as well as for more appropriate leisure time, facilities, and activities.

The basic hypothesis, that the majority of employees used lunch and break time for work-related interaction that increased stress, was not supported. However, results confirmed their tendency to distinguish work from leisure and to recognize the benefits of relaxation and recreation. This general profile of employee perceptions and activities may be refined by statistical analysis and further qualitative research to determine if contrasting world views on careers and leisure by faculty and staff, professional, and non-professional employees are reflected in behavior.

It may be further hypothesized that administrators, health-care practitioners, and support staff tend to distinguish between work and leisure more definitively than do teaching and research faculty, particularly non-physicians in basic and social sciences, and public health. Faculty in these fields are more concentrated in tenure-track positions, for which academic preparation, research, scholarly, and grant-writing require long-term professional commitments, flexible working schedules, and collegial peer relationships. Recognition of the legitimacy of various career paths, occupational cultures, and values in the work setting and among professionals may enhance the quality of working life and strengthen an understanding of effective means of achieving both institutional and professional goals.

Notes

1. This research was conducted for the Department of Medical Humanities, Carl Raymond Olson, D.O., Acting Chair. The author thanks the faculty, staff, and administration of the University of North Texas Health Science Center for their cooperation and response to the survey.

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