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THE IMPACT OF QUALITY MANAGEMENT PRACTICE IMPLEMENTATION IN AN ORGANIZATION ON THE PSYCHO-EMOTIONAL WELL-BEING OF EMPLOYEES

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Abstract. This article presents the challenges and opportunities the application of a quality management practice in healthcare organizations presents in view of the psycho-emotional well-being of employees when implementing quality management practices. The article addresses the academic challenge of the impact implementation of a quality management practice has on the emotional well-being of employees, which is formulated as the following conundrum: does an implemented quality management practice improve the emotional well-being of employees. Although studies show that a quality management practice put in place has a positive impact on the quality of work, the introduction of a quality management practice sometimes has a negative impact on the emotional well-being of employees. *The objective* - to assess the impact of a quality management practice implementation on the emotional well-being of employees – has been met. Analysis and synthesis methods were applied, and a quantitative survey of 285 workers in three healthcare organizations was conducted. It was established that although all employees of organizations surveyed experience stressful situations at work, they feel better in organizations where a quality management practice is in place than in those where the practice is not in place. Therefore, we can argue that the implementation of a quality management practice improves the emotional well-being of employees.

Keywords: quality management practice, emotional well-being, management, employees, healthcare organizations, sustainability.

1. Introduction

Academic literature provides several practical examples demonstrating the impact quality management implementation has on activities of organizations, employee relations, economic indicators of organizations, etc. (Nasir, 2015; Laužikas, Miliūtė, 2020). A study conducted in 2014 found that a quality management practice in place not only increased the level of job satisfaction among employees, but also reduced the amount of work-related stress and psychological pressure (Liu, In 2014), another study found that the introduction of a quality management practice increased the overall level of job satisfaction among employees (Boikanyo, Heyns, 2019); a long-term study found that a strong focus on the recognition of merits of employees and an introduction of a quality practice increases the level of enthusiasm among employees, stimulates creativity and enhances their teamwork skills (Mosadeghrad, 2014). However, negative examples of quality management practice implementation affecting relationships between employees are also provided: conflicting views regarding the need for implementation of a quality management practice between managers and subordinates creates regular and more frequent conflicts (Poksinska, 2007), regular internal audits increase the level of stress experienced at work (Becker et al., 2010).

In the interim, when assessing the application of quality management practice implementation, a certain stagnation is observed in Lithuanian healthcare institutions. Over the last decade, the process of implementing quality management practice in Lithuanian healthcare institutions has slowed down, the process of accreditation in primary healthcare institutions is slow, despite additional annual funding allocated to these organizations from the budget of the Mandatory Health Insurance Fund, and the positive impact quality management practice implementation has on organizations depicted in academic literature.

The academic challenge is formulated as the following conundrum: does quality management practice implemented improve the emotional well-being of employees? To measure the impact of quality management practice implementation on the emotional well-being of staff, *the objective* was set: to assess the impact of quality management practice implementation on the psycho-emotional well-being of employees. Research objective: impact of quality management practice implementation on the psycho-emotional well-being of employees. Methods used: analysis of research literature sources, systematization, synthesis, generalization, and comparison were applied on the theoretical level. Quantitative research i.e. questionnaire survey and data processing methods were applied in the empirical research.

2. Literature Review

Caring for the well-being of health workers has a direct impact on their ability to provide the best possible health care solutions. When doctors and nurses experience negative emotions in a working environment or, for example, are experiencing "symptoms of burn-out syndrome", there is a risk of disagreements arising when interacting with other healthcare professionals (Bodenheimer, Sinsky, 2014), which potentially has an effect on the probability of conflict. However, it should be noted that the ability to effectively manage one's workload and time reduces the level of stress experienced at work (Benson et al., 2016), which significantly improves the quality of service.

The roles of employees working in the healthcare sector are notably some of the most stressful occupations. Several studies have shown that stress affects their quality of life. Conflicts with colleagues, lack of respect from the patients and discrimination are all factors that shape the poor self-esteem of healthcare workers (Sarafis et al., 2016, Zahaj et al., 2016). A study conducted in Norway found that factors that influence higher job satisfaction include autonomy, low monotony levels, and low-stress levels in the working environment (Andersen et al., 2016). Some authors claim certain specific job satisfaction in certain industries and analysis of specific business sectors like Kowal & Roztocki (2015) emphasizing the IT sector. However, a perspective where ey factors influencing the job environment are identified and highlighted. Such analysis was performed by Hitka et al. (2019). Employee motivation specifics were analyzed from two perspectives: regional and age-related, and results lead to the conclusion that not just industry but culture, language, generation theory should be considered. The relationship of positive emotions and protection-motivated behaviors presented by Zhen et al., (2020), focuses on the mediating role and the information technologies use and security issues. In relation to the decisions and motivation of employees, sometimes virtual teams and distant work can be considered. Studies processed aiming to analyze the specificity of virtual teams presents factors, which can be treated as most significant in distant work: trust, information sharing, Information and communication technologies, and language (Davidaviciene & Al Majzoub 2020, Presbiterio, 2019, Zuofa & Ochieng, 2017). However, job satisfaction can be caused by many various factors, and the sustainability of decisions and leadership importance in organizational management targeting on job satisfaction is undeniable. Such research performed in Syria (Delati et al., 2017) emphasized main aspects in higher education institutions, and further, it leads to the idea that quality assurance importance should not be missed. An equally significant aspect of medical work satisfaction is a sense of adequate proficiency (Kim et al., 2015). J. Vveinhardt (2010) who analyzed mob mentality manifestations in different organizations found that conflictual work relationships in the healthcare sector are prominent at organization level. A general tendency that mob mentality in discriminatory co-worker relationships is more prominent in service-providing organizations that have frequent contact with external individuals is introduced. Therefore, this confirms our view that creating safe working conditions for health workers is crucial as displays of discontent and anger from patients are common, and adversely affect the psycho-emotional

well-being of healthcare workers. The literature also notes that promoting and investing in the development of workers' qualifications, and acknowledging and publicizing their achievements (Adeniji et al., 2019), also have an impact on the work satisfaction of healthcare professionals.

Research carried out supports the claim that work-related stress has a negative impact on the organization, mental well-being, continuity of work and commitment to the organization. Expertise and workload assessment are both reliable indicators of the level of stress at work. Considering the latter, it is essential for organizations to develop response strategies to these and other indicators (career development, transparency, leadership model shaping, employee involvement in decision-making), thus avoiding work-related setbacks linked to output and loyalty to the organization, (Sariwulan et al., 2019).

Causes of work-related stress in the healthcare sector are complex, interrelated, and numerous. These causes relate not only to financial resources, and "pressure" to provide quality health care services (Hall et al., 2016, Cimiotti, etc., 2012), but also organisational factors such as work planning, workload, responsibility assignment, execution of an organization's objectives through quality practice(s) implementation or accreditation processes.

The mismanagement of factors affecting the psychological well-being of staff will undoubtedly further hinder the introduction of innovations such as implementation of quality practices in healthcare organizations. Morally exhausted staff will focus more on resistance than on the organization which aims to implement a quality management practice.

Undoubtedly, various factors affecting the working environment have an impact on job satisfaction, which is the foundation of innovation in organizations. It has been found that factors affecting the working environment directly correlate with various dimensions of job satisfaction (social environment, clarity of roles, quantitative requirements). Arguably, the lack of job security i.e. a strong possibility of dismissal or staff feeling uncertain about the future is also associated with lower levels of job satisfaction. Forthwith, it is important to emphasize that clarity of roles at work, social dialogue and support all increase job satisfaction (Suifan T., 2019), simultaneously reducing the obstacles to innovation in healthcare institutions.

Patient safety policy and its organisation have long been and still is the subject of political, public, and clinicians' discussions. Although huge progress has been made in this field over the years, there are still many challenges that compel health organizations to improve and look for new solutions (Wang et al., 2014, Dixon-Woods, etc., 2013, Shekelle, etc., 2011). Because of the complexity of the healthcare system, in an attempt to warrant the provision of safe health care services researchers of many areas endeavor to combine practice with theory. One of the areas that has been given a high degree of attention is the working environment of employees of healthcare organizations, which includes risk factors associated with psychological, physical and social environment of the workers (Adriaenssens et al., 2015, Boudrias et al., 2012, Chiang, Chang, 2012). As Yerdavletova, F., Mukhambetov, T. (2015) observes, according to his research, in most cases healthcare organizations have only a functional understanding of quality management without monitoring and getting constant feedback from patients, and as a result the quality of patient care is still below expectations, which in turn puts healthcare professionals under stress again.

In the United Kingdom, a survey (NHS, 2011) highlighted the health and well-being of healthcare staff in the working environment and stressed that to protect the psycho–emotional wellbeing of workers from adverse effects, measures must be taken on all healthcare levels. The study identifies the need to get all staff (assessing their needs) and all organizations involved in general developments, and it is crucial to focus on five systemic factors: understanding and assessing staff needs, getting staff of all levels involved in the governance of the organization, strengthening leadership capacity, promoting staff health and improving management (senior management).

When assessing the potential for systemic change in healthcare organizations, it must be considered that for

any initiatives to be successful, organizational factors in healthcare institutions must be considered. Traditional models of change are based on the principle that a gradual step-by-step approach to transition to a structured set of rules is effective which suggests that adverse effects of the implementation of change are influenced by directly interrelated causes. Therefore, in the process of implementing planned change to improve the well-being of workers in healthcare organizations, this may lead to unforeseen complications, and this may prove to be challenging when applying traditional analysis or solutions. Nevertheless, these initiatives designed to improve the well-being of health workers are generally used in isolated parts of the organization, such as separate units, disciplines or professions, and it is here that differences between strategies, measures and interventions becomes apparent. Notably, to successfully apply a strategy, a healthcare organization must display a more dynamic approach which focuses on the system as a whole and involves all levels of the healthcare system within the organization. It is also noted that staff play an important role in the development and/or transformation of the system, and that key performance indicators are recommended to be used to monitor this (Rewiev, 2009).

When looking at system reform and/or monitoring indicators, it is essential to consider the application of standards governing the psycho-emotional settings for staff within organizations as well as the prominence of fundamental standards. It has been shown that the application of management standards' methods is an effective work-related stress management strategy, which suggests that risks resulting from a lack of certain aspects within a working environment can be systematically addressed by combining well-established risk management methodologies tailored for the psychosocial working environment with modern human resources management methods (MacKay et al. 2004). To defuse anxiety and avoid resistance to change, employee participation should incorporate accumulation of personal resources (through appropriate training and development). Some consider that evidence of the effectiveness of organizational interventions is problematic (Reynolds, 2000).

Various tools can be used to manage staff resistance to innovation and the introduction of quality standards, including needs assessment, motivational systems, leadership style and/or methods, risk forecasting and management, etc.

In Lithuania, all organizations, regardless of the form of ownership or activities, must identify psychosocial occupational risk factors. However, as obligations deriving from legislative provisions such as the former are not declaratory, the persons responsible have a great deal of room for interpretation. Since 2005, methodological guidelines for the study of Psychosocial occupational risk factors have been incorporated and are the basis of enquiries into working conditions, job prerequisites, working arrangements, organisation of work, content of work, employee interrelations and/or employee relations with the employer and/or third parties (TAR, I. k. 105-3897). Following an assessment of psychosocial occupational risk factors, further action to be put into effect by organizations is presented in the general provisions for the Occupational risk assessment implemented in 2012. Considering the level of risk identified, a decision based on the tolerability of risk is made. In the event of unacceptable risk, immediate action is taken to address or mitigate the risk. In the event of tolerable risk, measures to eliminate or mitigate risks are mapped out and the effectiveness and adequacy of these measures is determined; a proposal for risk elimination or mitigation measures is prepared, preventive measures are implemented. Following implementation of preventive measures to address or mitigate a specific risk, re-assessment of the risk commences, the need for additional measures to address or mitigate the risk is determined, the risk is continuously monitored (TAR, i.e. 2017-16548).

One of the other possible measures to be taken is the implementation of a relevant quality standard or execution of activities in accordance with the provisions of this standard. Organizations that focus on the safety, health and well-being of staff may voluntarily implement quality management practices that either partially or completely cover measures of employee health and safety policies implementation. In recent years, the focus on occupational health and safety quality systems has increased and is reinforced by quality management practice standards developed by the International Organization for Standardisation (ISO), which include, in part or in full, occupational health and safety policies of organizations (Çalış, Büyükakıncı, 2019).

Organizations that implement quality standards have the option to choose from a large number of quality standards: ISO (standards – ISO 45001/2018, ISO/AWI 45002, ISO/AWI 45003, ISO 9000, ISO 14001, ISO 3100 – generally for all types of organizations), European Union regulations (some regulations for all types of organizations (2012/18/EU/2012, 89/391/EEC/1996), some for organizations operating in specific industries, for example, the chemical industry (82/501/EEC/1982), British standards (for all types of organizations, cover environmental requirements, occupational health and safety — BS 5750/19 79, BS 7750/1994, BS 8800/2004), OHSA (USA, part 1910, standard 29 CFR) standards.

Various indicators are used to assess the quality of services provided. These indicators may be related to both the service provided and the customer and employee: satisfaction with the service received, positivity of servers, attentiveness to the recipient of the service, the fastest possible provision of service, queue management, etc. Satisfaction with service received is seen as an important indicator in assessing the level of competitiveness of an organization. Concerning quality of services, it is also important to note that this perception is shaped by expectations before services are received and the factual assessment of services received (Tannady et al., 2018).

The introduction of quality standards allows for certain areas of activity which include measuring and improving service quality indicators, e.g. level of satisfaction with the service received, non-compliant product analysis, etc. However, these standards do not pay enough attention to factors that affect the emotional state of the working population, and, arguably, to quality assessment indicators.

For this reason, risk management becomes an important aspect of the introduction of quality standards, where a strong focus is on preventing risk by either eliminating or substantially reducing the chances of risks developing in the first place (more frequent and diligent planning, regular inspection and auditing) (Cooper et al., 2005; Strelnik, 2016).

When looking at the complexity of the impact quality management practice implementation in organizations has on the emotional well-being of employees, it is important to emphasize that implementation of a quality management practice is a crucial part of the process of achieving a higher quality of service, it covers all activities of the organization and requires timely action to reduce risks associated with it.

3. Survey methodology and sampling

The survey was carried out in 2019 Q4 in three healthcare establishments with the same form of ownership and subordination – non-profit-making public bodies that meet the needs of the public. The institutions studied provide specialized healthcare services, two of which are inpatient. The total number of respondents in the survey was 285.

The instrument used for the survey was the Scale of stance on quality management practice and the scale of psycho-emotional working environment. It contained 39 statements about employees' stance on quality management practice, working environment, response to stressors affecting levels of stress at work, relationship with the working environment and four demographic questions. During the study, 364 questionnaires were distributed (78.2% return rate). Survey respondents consisted of 52.3% nursing staff, 12.3% doctors and 22.5% other staff. The majority (44.6%) were over 50 years of age. 18.9% of employees who had taken the survey indicated they live on their own, and 70.5% claimed they live with another person. In terms of seniority, 18.2% of respondents had up to 5 years of relevant work experience, 21.1% between 6 and 15 years, and 45.3% - more than 15 years of service.

4. Survey results

The survey assessed the viewpoint on the functioning and impact of Quality Management Practice (QMP) of employees of organizations where a QMP is in place, and it was estimated that 78.7% believe their work and QMP are closely related, 56.8% identify that QMP facilitates their workload, 32.2% of workers do not think

that implementation of QMP increases stress levels at work, 71.9% believe that the implemented QMP significantly contributes to the positive image of the organization and 72.6% would not want the organization to abandon the introduction of QMP. The analysis of results suggests that nurses are more likely than doctors to see the positive effects of QMP implementation in the organisation, as 67.0% of nurses and only 25.9% of doctors specified that QMP facilitates their workload ($p<0.05$).
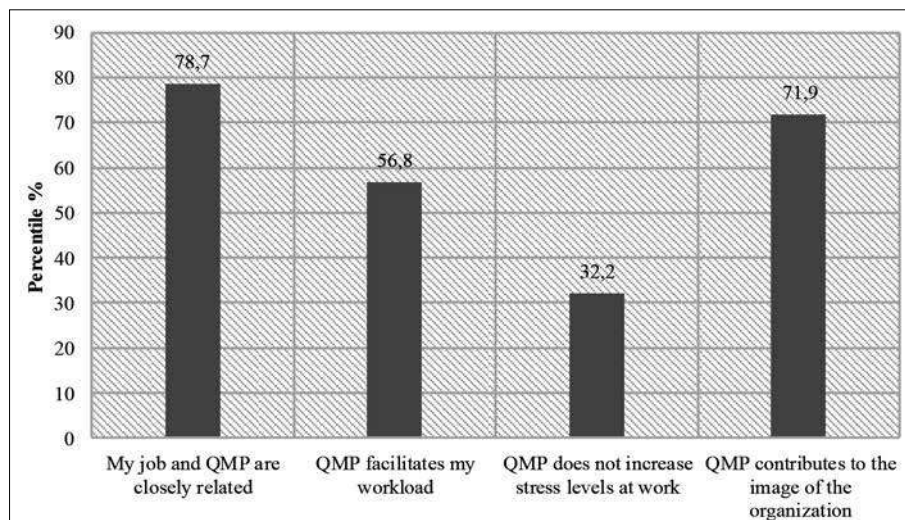
Figure 1. Employee outlook on the impact of quality management practice implementation.

During the assessment of respondents' right to take part in work organisation processes, it was found that 51.9% of workers' views on work related issues are considered, and 64.5% of respondents feel self-sufficient in their jobs. The analysis of the results of the study suggests that employees who operate in accordance with strict standards do not have room for interpretation, their roles are clearly defined and controlled, and the level of autonomy in the organization is lower as 58.9% of respondents consider their work as independent in organizations where QMP has been implemented compared to 70.5% of respondents in organizations where QMP has not been implemented ($p<0.05$).

Certain physical factors affecting the psycho-emotional well-being of the working population were reported by employees of all organizations surveyed. Obligatory rush to complete work, challenging periods of time, physical stress, etc. are often mentioned in academic studies analysing psycho-emotional factors that affect workers (Katic et al., 2019, Diebig, 2016). An analysis of survey results found that 68.5% of respondents must constantly rush at work, 84.2% of respondents experience challenging periods, and 60.7% of respondents believe their jobs are physically stressful.

81.4% of study participants feel productive, 86.9% of respondents consider their jobs relevant and meaningful, 85.2% of the survey participants reported that their work responsibilities are well-defined, 64.5% said they could assess the quality of their work themselves, 44.9% alleged they could accidentally damage valuable equipment or work product while at work, 16.5% of respondents consider their jobs monotonous, 66.7% think their jobs are tense, 23.5% of respondents were satisfied with their renumeration , 66.0% of survey participants were satisfied with their jobs and 53.4% of respondents felt stressed at work in the last six months.

The assessment of the prevalence of psychosocial stressors depending on whether a quality management practice is in place leads to the assumption that employees feel better in healthcare organizations with an implemented quality management standard. This can be explained by clearer order, subordination, responsibility, knowledge of where and when you can seek help, etc. As a result, organizations that do not have a QMP in place are more likely to be stressful than organizations with an implemented QMP.

Table 1. Comparison of the prevalence of psychosocial stressors depending
on implementation of a quality management practice in an organization

Statements	Quality management practice implemented in the organization (%)	Quality management practice not implemented in the organization (%)
Must rush to complete work in time	24,7	48,2
Consider their job tense	59,6	74,1
Consider their job physically stressful	46,6	75,6
Question the relevance and meaningfullness of their job	14,3	7,9
Are dissatisfied with the renumeration they receive for the work they do	63,0	44,6
Have doubts about responsibility at work	6,9	20,1
May accidentally damage valuable equipment or work product at work	37,6	52,5
Are completely satisfied with their jobs	14,4	33,1
Have experienced stress at work in the last 6 months	45,1	61,9

NB: In all cases, materiality level <0,05

An analysis of respondents' views on their subjective health found that 28.1% considered their health better than that of their peers, 48.8% had no opinion on the matter, and 15.4% considered their health worse than that of their peers. A comparative analysis between organizations where the QMP was implemented and not implemented found that 19.9% of employees working in an institution where a QMP was in place and 10.9% of employees working in an institution where a QMP was not in place claimed they do not believe that their health is worse than that of their peers (p<0.05).

When assessing respondents' satisfaction with their current lifestyle it was found that only one in ten respondents were fully satisfied, i.e. 10.9% of respondents who took part in the survey (8.1% were dissatisfied). A comparison between lifestyle satisfaction levels among employees working in organizations where QMP was implemented and not implemented found that 5.5% of employees working in an organization where QMP was in place and 16.5% of employees working in an organization where QMP was not in place (p<0.05) were fully satisfied with their current lifestyle.

An analysis of recent abnormal fatigue experienced by respondents found that 30.9% of subjects surveyed felt abnormally fatigued recently, and 37.9% of all subjects of the survey did not. When comparing the occurrence of abnormal fatigue among organizations, it was found that 34.1% of employees working in an organization where a QMP was in place and 41.7% of employees working in an organisation where a QMP was not in place did not feel abnormally fatigued. (p<0.05). During the survey, 27.4% of respondents ticked off deterioration of health because of their job, and just over a third (30.6 %) reported no deterioration of health. 41.7 % of the latter group of employees did not feel deterioration of health because of their job were employed by an organization where a QMP was in place, and 35.2 % by an organization where QMP was not in place (p<0.05).

An assessment of all survey participants' notion of managerial support when it was most needed found that 71.4% claim they received it. 5.5% of employees working for an organization where a QMP was implemented and 15.2% of employees working for an organization where a QMP was not implemented (p<0.05) believed they did not receive managerial help and support when it was most needed. 79.6% of people surveyed gave their relationship with co-workers a good evaluation. 63.7% of employees who gave relationships with co-workers a good evaluation work in an organization where QMP is in place and 48.2% work in an organisation where QMP is not in place (p<0.05). 70.6% of respondents reported that friends and family are supportive of their job. 19.2% of employees working for an organization with a QMP in place and 36.7% of employees working for an organization where a QMP is not in place claimed that their friends and family are entirely appreciative of the work they do (p<0.05). Of the 76.1% of respondents who rated their relationship with their manager as good, 81.2% of employees working for an organization where QMP is in place and 69.7% of employees working for an organization where QMP is not in place indicated that they have a good relationship with their manager (p<0.05).

The survey found that only three out of ten employees (27.8%) consider their workplace ergonomic. A comparison of approach to workplace ergonomics between organizations with implemented and not implemented QMP found that 22.6% of employees working in an organization where QMP was in place and 33.1% of employees working in an organization where QMP was not in place believed that their workplace was ergonomic (p<0.05). 37.2% of those in employment feel safe at work work, of whom 48.0% work in an organization where QMP is in place and 25.9% work in an organization where QMP is not in place (p<0.05).

When assessing the views respondents who took part in the survey have on the focus on improving relationships between employees and their managers, 41.4% consider it sufficient for this area. A comparison of respondents' views depending on whether QMP is implemented or not in the organization they work for found that 34.2% of employees working in an organization where QMP is in place and 48.9% of employees working in an organization where QMP is not in place believe that the focus on improving employee-management relations is insufficient (p<0.05).

5. Discussion of study results

Caring for the well-being of health workers has a direct impact on their ability to comprehensively provide quality healthcare. It is therefore clear that this is not only a concern for the heads of organizations but must also be systemically approached by the government. Studies have shown that an implemented quality management practice increases the level of employee job satisfaction, reduces work-related stress and psychological pressure, increases the overall level of job satisfaction among employees, increases the enthusiasm of employees, promotes creativity and enhances teamwork skills. The emotional well-being of people working in healthcare organizations is influenced by a number of factors that are interlinked and their proper management can, through quality standards, positively affect not only the well-being of workers, but also improve the final product – the services provided by the healthcare organization – by enhancing quality, increasing the level of safety and ensuring accessibility.

The findings of the study were broadly in line with the results of research carried out by other foreign authors, that is, that employees of organizations where a quality management practice has not been implemented are more likely to experience stress and a poorer psycho-emotional state than employees of organizations with quality management practice in place. Having analyzed the results of the study, we found that employees who do not follow the principles of a quality management practice at work measure their work as less independent, and are more likely to accidentally damage valuable equipment or work products, but are more likely to be satisfied with the work they do and their current lifestyles, and feel abnormally fatigued less often.

The analysis of the results of the survey found that more than half (64.5%) of respondents feel self – sufficient at work and their views on work related issues of 51.9% is taken into consideration. Benson and co-authors (2016) point out that the ability to control your workload and manage time reduces the level of work-related stress. The evaluation of the results of these studies in organizations surveyed suggests that giving respondents autonomy and taking their views on work related issues into account contributes to the reduction of work-related stress. The study found that certain factors impacting the psycho-emotional well-being of the working population were consistently experienced by employees of all surveyed organizations:68.5% of respondents must constantly rush to complete work in time, 84.2% of respondents experience challenging periods of time, and 60.7% of respondents consider their jobs to be physically stressful. These results are complementary to studies conducted by authors such as Katic and Others (2019) and Diebig (2016) who indicate that forced rush of functions, challenging periods, physical stress, etc. are classified as factors that impair psycho-emotional well-being. Summing up the results of the study, parallel to studies in the field of psycho-emotional well-being of workers conducted by other authors, we can assume that a quality management practice in place improves the emotional well-being of employees.

6. Conclusions

Caring for the well-being of health workers has a direct impact on their ability to comprehensively provide quality healthcare. It is therefore clear that this is not only a concern for the heads of organizations but must also be systemically approached by the government.

Studies have shown that an implemented quality management practice increases the level of employee job satisfaction, reduces work-related stress and psychological pressure, increases the overall level of job satisfaction among employees, increases enthusiasm, promotes creativity and enhances teamwork skills. The emotional well-being of people working in healthcare organizations is influenced by a number of factors that are interlinked and their proper management can, through quality standards, positively affect not only the well-being of the workers, but also improve the final product – the services provided by the healthcare organization – by enhancing quality, increasing the level of safety and ensuring accessibility.

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References

Adeniji, A., Osibanjo, O., Salau, O. P., Falola, H. O., Igbinoba, E., Ohunakin, F., & Ogueyunhbo, O. (2019). Competence model for measuring career development and growth in the health care sector. *Business: theory and practice*, 20, 248-258. https://journals.vgtu.lt/index.php/BTP/article/view/10503

Adriaenssens, J., De Gucht, V., & Maes S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *Int J Nurs Stud*, 52(2), 649-661. https://www.sciencedirect.com/science/article/abs/pii/S0020748914002983?via%3Dihub

Andersen, I. H., Hansen, T., & Grov E K. (2016). Norwegian nurses' quality of life, job satisfaction, as well as intention to change jobs. *Nordic Journal of Nursing Research*, 4, 23-31. https://www.researchgate.net/publication/309689118_Norwegian_nurses_quality_of_life_job_satisfaction_as_well_as_intention_to_change_jobs

Becker, C. L., Defondo, M. L., Jiambalvo, J., & Subramanyam, K. R. (2010). The Effect of Audit Quality on Earnings Management. *Contemporary Accounting Research*, 15(1), 1-24. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1911-3846.1998.tb00547.x

Benson, M. A., Peterson, T., Salazar, L., Morris, W., Hall, R., Howlett, B., & Phelps, P. (2016). Burnout in rural physician assistants: An initial study. *Journal of Physician Assistant Education*, 27(2), 81-83. https://pubmed.ncbi.nlm.nih.gov/27123598/

Bodenheimer, T., & Sinsky, C. (2014). From Triple to Quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine*, 12(6), 573-576. https://pubmed.ncbi.nlm.nih.gov/25384822/

Boikanyo', D. H., & Heyns, M. M. (2019). The effect of work engagement on total quality management practices in a petrochemical organisation. South African *Jounral of Economic and Management Sciences*, 22(1), 1-13. https://www.researchgate.net/publication/331356008_The_effect_of_work_engagement_on_total_quality_management_practices_in_a_petrochemical_organisation

Boudrias, J. S., Morin, A. J., & Brodeur, M. M. (2012). Role of psychological empowerment in the reduction of burnout in Canadian healthcare workers. *Nurs Health Sciences*, 14(1), 8-17. https://www.researchgate.net/publication/221790082_Role_of_psychological_empowerment_in_the_reduction_of_burnout_in_Canadian_healthcare_workers

Çalış, S., & Büyükakıncı, B. Y. (2019). Occupational Health and Safety Management Systems Applications and A System Planning Model. *Procedia Computer Science*, 158, 1058–1066. https://www.sciencedirect.com/science/article/pii/S1877050919313183

Chiang, Y. M., & Chang Y. (2012). Stress, depression, and intention to leave among nurses in different medical units: Implications for healthcare management/nursing practice. *Health Policy*, 108(2-3), 149-157. https://pubmed.ncbi.nlm.nih.gov/23017221/

Cimiotti, J. P., Aiken, L. H., Sloane, D. M., & Wu, E. S. (2012). Nurse staffing, burnout, and health care-associated infection. *American Journal of Infection Control*, 40(6), 486-490. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3509207/

Cooper, D., Grey, S., Raymond, G., & Walker, P. (2005). Project risk management guidelines: managing risk in large projects and complex procurements. Chichester: John Wiley & Sons. https://www.mobt3ath.com/uplode/book/book-17508.pdf

London: TSO: Department of Health. (2011). *NHS health and well-being improvement framework.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216380/dh_128813.pdf

Dalati, S., Raudeliūnienė, J., Davidavičienė, V. (2017). Sustainable leadership, organizational trust on job satisfaction: empirical evidence from higher education institutions in Syria. *Business, management and education.* 15(1), 14-27. https://doi.org/10.3846/bme.2017.360

Davidavičienė V., Al Majzoub K., Meidutė-Kavaliauskienė I. (2020). Factors affecting decision-making processes in virtual teams in the UAE. *Information*, 11(10), 1-13. https://doi.org/10.3390/info11100490

Diebig, M. (2016). *Leadership and Work Stress: A Three Study Investigation on Stress-Related Antecedents and Consequences of Full-Range Leadership Behaviors.* Dissertation. Germany. https://www.academia.edu/40117349/Leadership_and_Work_Stress_A_Three_Study_Investigation_on_Stress_Related_Antecedents_and_Consequences_of_Full_Range_Leadership_Behaviors

Dixon-Woods, M., Leslie, M., Tarrant, C., & Bion, J. (2013). Explaining Matching Michigan: an ethnographic study of a patient safety program. *Implementation Science*, 70(8), 1-13. https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-8-70

Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *Plos one*, 11(7), 1-14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4938539/

Yerdavletova, F., & Mukhambetov, T. (2015). Quality of medical services: problems, evaluation and regulation. *Business: Theory and Practice,* 16(3), 243–251. https://www.researchgate.net/publication/283623784_Quality_of_medical_services_Problems_evaluation_and_regulation

Hitka, M., Rózsa, Z., Potkány, M., & Ližbetinová, L. (2019). Factors forming employee motivation influenced by regional and age-related differences. *Journal of Business Economics and Management*, 20(4), 674-693. https://doi.org/10.3846/jbem.2019.6586

Katic, I., Kneževic, T., Berber, N., Ivanišević, A., & Leber, M. (2019). The Impact of Stress on Life, Working, and Management Styles: How to Make an Organization Healthier? *Sustainability*, 11, 1-17. https://www.mdpi.com/2071-1050/11/15/4026

Kim, K., Han, Y., Kwak, Y., & Kim, J. (2015). Professional Quality of Life and Clinical Competencies among Korean Nurses. *Asian Nursing Research*, 9(3), 200-206. https://www.sciencedirect.com/science/article/pii/S1976131715000559

Kowal, J., & Roztocki, N. (2015). Job satisfaction of IT professionals in Poland: does business competence matter*?. Journal of Business Economics and Management*, 16(5), 995-1012. https://doi.org/10.3846/16111699.2014.924988

Laužikas, M., Miliūtė, A. (2020). Human resource management effects on sustainability of high-tech companies: what Lithuania and South Korea can learn from each other. *Insights into Regional Development*, 2(2), 562-579. https://doi.org/10.9770/IRD.2020.2.2(5)

Liu, N. C., & Liu, W. C. (2014). The effects of quality management practices on employees' well-being. *Total Quality Management & Business Excellence*, 25(11-12), 1247-1261. https://www.tandfonline.com/doi/abs/10.1080/14783363.2012.704285

MacKay, C. J., Cousins, R., Kelly, P. J., & Lee, S. (2004). „Management Standarts" and Work-Related Stress in the UK: Policy Background and Science. *Work and Stress*, 18(2), 91-112. https://www.tandfonline.com/doi/abs/10.1080/02678370410001727474

Mosadeghrad, A. M. (2014). Strategic collaborative quality management and employee job satisfaction. *Health Policy Management*, 4(2), 167-174. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4025093/

Nasir, A. (2015). Impact of Quality Management Practicese on job Satisfaction in he Mediation of Quality Certification. *Academic research International,* 2(1), 1-11. https://www.researchgate.net/publication/325260879_Impact_of_Quality_Management_Practices_on_Job_Satisfaction_in_the_Mediation_of_Quality_Certifications

Poksinska, B. (2007). Does Standardization Have a negative Impact on Working Conditions? *Human Factors and Ergonomis in Manufacturing*, 17(4), 383-394. https://onlinelibrary.wiley.com/doi/pdf/10.1002/hfm.20080

Presbitero A. (2020). Foreign language skill, anxiety, cultural intelligence and individual task performance in global virtual teams: a cognitive perspective. *Journal of International Management* 26(2), 1-13. https://doi.org/10.1016/j.intman.2019.100729

Reynolds, S. (2000). Interventions: What works, what doesn't? *Occupational Medicine,* 50(5), 315-319. https://pubmed.ncbi.nlm.nih.gov/10975127/

Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bemidis, P., Niakas, D., Papastavrou, E. (2016). The impact of occupational stress on nurses' caring behaviors and their health related quality of life. *BMC Nurs*. (15)56, 231-239.

Sariwulan T, Capnary M C, Agung I. (2019). Contribution indicators of work stress an employee organizational commitments case study. *Business: theory and practice,* (20): 293-302.

Shekelle P.G., Pronovost P.J., Wachter R.M., Taylor S.L. et al. (2016). Advancing the science of patient safety. *Ann Intern Med*. 2011(154)10: 693-696

Strelnik, M. (2016). Corporate restructuring as a risk treatment method. *Business: Theory and Practice*, 17(3), 225-233. https://doi.org/10.3846/btp.2016.658

Suifan, T. (2019). The effects of work environmental factors on job satisfaction: the mediating role of work motivation. *Business: theory and practice*, (20): 456-466.

Tannady H, Nurprihatin F, Hartono H. (2018). Service quality analisys of the largest retail chains with minimali concept in Indonesia. *Business: theory and practice*, (19), 177-185.

TAR (2012). Minister of Social Security and Labor of the Republic of Lithuania and Minister of Health of the Republic of Lithuania in 2012 October 25 order no. A1-457 / V-961 "On the approval of general provisions for occupational risk assessment". Identification code: 126-6350.

TAR (2005). Minister of Health of the Republic of Lithuania and Minister of Social Security and Labor of the Republic of Lithuania August 24 2005 order no. V-699 / A1-241 "On the Approval of Methodological Guidelines for the Investigation of Psychosocial Occupational Risk Factors". Identification code: 105-3897.

Vveinhardt, J. (2010). Mobbing in Lithuania: Situation of the division and the organisation on the levels of individual statements. *Business: Theory and Practice*, 11(3), 238-247. https://doi.org/10.3846/btp.2010.26

Wang, Y., Eldridge, N., Metersky., M. L,, Verzier, N. R., Meehan, T. P., Pandolfi, M. M., Foody. J. M., Ho, S., Galusha, D., Kliman, R. E., Sonnenfeld, N, Krumholz. H M. (2014). National Trends in Patient Safety for Four Common Conditions, 2005–2011. *The New England journal of medicine*, (370), 341-351.

Zahaj, M, Saliaj A, Metani, L, Nika, S, Alushi, E. (2016). Factors Related To Job Satisfaction Among Nurses. *European Scientific Journal*, (2)5, 100-110.

Zhen, J., Xie, Z., & Dong, K. (2020). Positive emotions and employees' protection-motivated behaviours: a moderated mediation model. *Journal of Business Economics and Management*, *21*(5), 1466-1485. https://doi.org/10.3846/jbem.2020.13169

Zuofa, T. and Ochieng, E.G. (2017). Working separately but together: appraising virtual project team challenges. *Team Performance Management*, 23 (5/6), 227-242. https://doi.org/10.1108/TPM-06-2016-0030

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