Improving Workplace Health: what support do managers need to make a difference?

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Economic Imperative

• The economic costs associated with work-related sickness absence in the UK are estimated at over £13 billion per year.

• In 2010
  - public sector employees averaged 8.1 sick days
  - private sector employees averaged 5.9 sick days, (CBI, 2011)

• It was estimated that £1.4bn could be saved if public sector matched the private sector average in respect of absenteeism (CBI, 2008).
Areas of action

Sustainable communities and places

Healthy Standard of Living

Early Years  Skills Development  Employment and Work  Prevention

Life Course

Accumulation of positive and negative effects on health and wellbeing

Prenatal  Pre-School  School  Training  Employment  Retirement

Family Building

Life course stages

Rationale – role of managers

• Crucial to staff wellbeing due to the level of influence they hold over employees’ daily working lives.

• Supervisor behaviour, and leadership styles, are associated with
  • job satisfaction
  • psychological well-being
  • performance at work
which in turn are related to absenteeism.

Aims

- to scope current practice with respect to sickness absence and management of health & wellbeing of staff in 3 organisations in Greater Manchester:
  - City Council
  - Mental Health Foundation Trust
  - Private Sector organisation

- to understand the support requirements of line managers in order effectively manage sickness absence and promote the health & wellbeing of employees
Stage 1 – collating background information:
- Gaining University of Salford ethical approval
- Literature Review*
- Interviewing key national stakeholders
- Scoping existing tools/resources
- Completing IPR – contractual arrangements, & explore issues around IPR & commercial value of project

PHASE 1

Stage 2 – Scoping – organisational phase:
- Develop inclusion criteria for ‘sign-up’ organisations
- Identify (ideally 3) partner organisations, with an established HWB plan, including:
  - Key departments to work with
  - Baseline data, inc. sickness absence, mental wellbeing etc.
  - Staff satisfaction survey data
  - Invite organisations to ‘sign up’

PHASE 2

Organisational Diagnostic on Health & Wellbeing:
- Using the key organisational issues from the literature, scope/review what partner organisations are currently doing in respect of mental health & wellbeing
- Analyse existing policies
- Identify managers views on what works well & why
- Establish if managers are using toolkits, and if so, do they find them effective?
- Invite line managers to be part of an advisory group to inform the development of appropriate support structures
Findings – Absenteeism is complex

• Different patterns for different sectors, types of jobs; shift patterns types of worker etc.

• Minor illnesses (such as colds and upset stomachs) are the most common cause of short-term illness followed by back pain, musculoskeletal disorders, stress, home or family responsibilities.

• Pattern is broadly similar for long-term sickness – also includes the consequences of illnesses such as stroke, heart attack and cancer.

• In addition to work-related issues, lifestyle factors, particularly linked to smoking and obesity, are associated both with the presence, and the duration, of sickness absence.

(North West Public Health Observatory (2010) Creating Healthier Workplaces; Synthesis)
Findings – workplace health promotion

- leads to better health, reduced absenteeism, enhanced motivation and improved productivity, leading to a return on investment of between 2.5 – 4.8 Euros due to reduced absenteeism costs (European Agency for Safety & Health at Work, 2010).

- strategies for managing sickness absence and encouraging a quick return to work:
  - ‘fit note’,
  - ‘return to work interviews’
  - comprehensive ‘sickness absence policies’
  - interventions designed to have a positive impact on the health and wellbeing of staff.

‘Working for a Healthier Tomorrow’ (2008)
Findings – support for managers?

• National guidelines recommend that the role of line managers be recognised and that they are assisted in delivering on the health at work agenda – e.g. mental health and wellbeing

• Although workplace guidance and toolkits exist to promote health at work much less is known about how managers translate these into practice in the workplace setting

  • In this study the following were explored (n=37)
    ➢ Current workplace policy environment with respect to health & wellbeing
    ➢ Management training to implement health at work agenda
    ➢ Management processes around sickness absence management
Interviews

Extremely competitive working environment due to recession:
- Budget cuts and redundancies, reconfiguration, targets
- Sickness absence is falling due to presenteeism – fear of job loss

The impact this is having on people: stress etc.

Emphasis on managing sickness absence:
- monitoring and managing – challenging
- prioritised over promoting health

I think “I think as a manager the buck stops with you and I think you have to examine your own conscience and I think you have to make a decision based on all of the facts and on your knowledge of that individual.”

“...what we’re looking for is doing more with less”
Interviews

- Fit note & advice from Occupational Health providers can be hard for managers to understand/implement
- Range of policies aimed at improving sickness absence, e.g.
  - Flexitime/compressed working
  - ‘Stuck not sick’
  - Proactive health & safety
  - Policies for long-term life threatening illness
- Range of structures aimed at supporting health and wellbeing, e.g.
  - Financial incentives
  - Occupational health
  - Human resources
  - Opportunities for ‘health checks’
  - Schemes, e.g. Cycle to work;

“The difficulty we have with fit notes is that, you know … when they say lighter duties, well actually that is not possible; we do not have lighter duties in some areas.”

“Staff need to know that they matter”
Good workplace practice may not be recognised
• Work reorganisation that yields positive health outcomes

Culture of some organisations emphasised importance of employees’ health more strongly than others e.g. Private Sector organisation

Mental Health Foundation Trust
• Managers were frustrated that work patterns were not flexible enough to ensure staff got respite in stressful situations e.g. facing threat of violence from patients
• Intervention was often reactive rather than proactive

“we’ve changed the working week ..now staff have told us they are happier as they get more time off in a block..they are volunteering to cover more often as a result”

“one person, who is currently off sick..he has been suffering PTSD from an incident that happened last June…he had not really told anyone about…”
Challenges to health improvement, monitoring and managing sickness absence

- Pressure of work
- Communication difficulties
- Staff ‘working the system’
- Occupational health
- Managing mental ill-health
- Maintaining training standards – time needed
- Monitoring ‘trigger points’
- The ‘best’ staff taking redundancy opportunities
- Knowing what to do – being aware of ‘best practice’ in managing/monitoring sickness absence (often even internally) – lessons from the private sector
- Perception that in some cases policy is punitive rather than supportive and results in people coming into work ill (or taking holidays) to avoid ‘trigger’ points
- Lack of motivating incentives – particularly in the Mental Health Foundation Trust

“…it just seems a long process to get somebody referred…”
Conclusions – what support do managers need?

Organisations - senior management teams
- Ensure health of staff is a central theme in business planning.
- Be more aware of the impact of work design on staff health.
- Check policy environment is proactively supporting health promotion rather than providing a reactive approach when staff are sick.
- Introduce broader range of support e.g. debt counselling.
- Need to encourage appropriate uptake of health interventions and evaluate their impact on staff.
- Need support to develop integral health and wellbeing strategies.

Managers
- Expressed desire to learn about good practice with respect to managing health of staff.
- Did not use existing national workplace health guidance/toolkits.
- Proactive/flexible systems for managing sickness absence.
- Training needs to be ongoing and provide case study examples of best practice around health and wellbeing.
Thank you for listening…any questions?

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