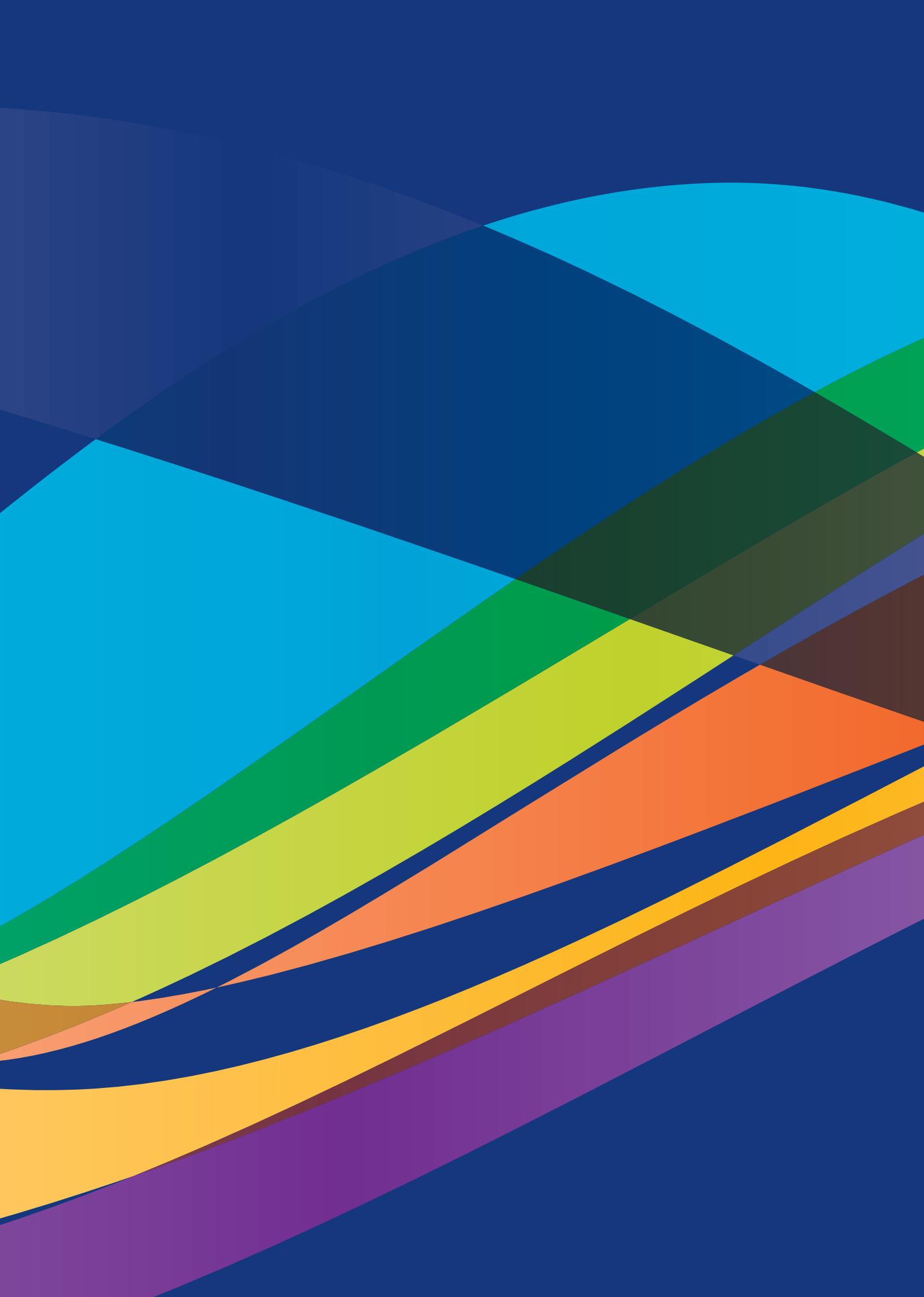


The case for healthy workplaces

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Healthy workplace, healthy you



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Introduction

The interest in employee health and wellbeing has grown significantly in recent years, with increasing evidence of the benefits of staff health and wellbeing. Not only is health and wellbeing important in its own right, but it can improve the quality of organisational performance, patient experience and outcomes in health and social care organisations.

Physical, emotional and mental wellbeing, as well as job satisfaction, are key predictors of organisational outcomes, including effectiveness, productivity and innovation and this link applies even more so to the health and social care sector, where the behaviours and attitudes of staff are likely to affect the patient experience.

This overview aims to summarise the relevant evidence, with particular attention to research from the health and social care sector.

This document outlines the RCN's approach to promoting employee health and wellbeing through the creation of healthy workplaces.



1. The five domains of a healthy workplace

The RCN has identified five key domains that are vital for the promotion of health and wellbeing in the workplace.

Work-life balance

Striking a balance between the demands of employment and responsibilities outside work. Flexible working opportunities can improve productivity and performance, reduce unplanned absence and support recruitment and retention of staff.

Dignity at work

How people feel, think and behave in relation to the worth or value of themselves and others. A workplace culture where everyone is treated with dignity and respect and feels valued will reap the benefits of a more motivated, harmonious, willing and loyal workforce. Dignity at work means that there is employee voice in organisation and that employees are seen as central to the solution.

Health and safety at work

The proper control of risks to workers' health and safety and the achievement of physical, mental and social contentment. Employers must ensure

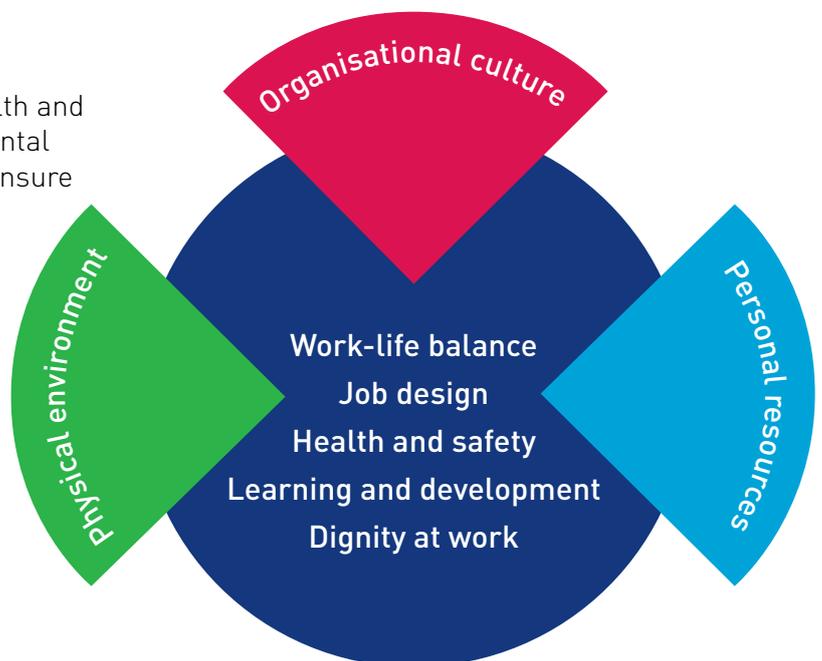
compliance with relevant health and safety laws while work-related ill health and injury can present significant costs in terms of sickness absence, loss of skilled workers and replacement agency spend.

Job design

How jobs or tasks are organised in the work environment to ensure they are well matched to employees. Poorly designed jobs can lead to psychological and physical ill health while well-designed jobs can improve organisational commitment, work motivation, performance, job satisfaction, mental health, leading to reduced turnover and sickness absence.

Learning and development

The provision of time and learning and development opportunities for employees at all levels of the organisation to maximise their potential.



2. The key determinants of healthy workplaces

There are three key determinants which act individually and integrate to create a healthy workplace: organisational culture, the physical work environment and the resources and opportunities available to support employees' efforts to improve or maintain their personal health or lifestyle.

2.1 Organisational culture

This describes the attitudes, values and beliefs that are demonstrated in the workplace on a daily basis that affect the mental and physical wellbeing of employees.

The way that jobs are designed, the level of control that an employee has over their role and their workload all combine to form the 'psychosocial work environment' and can present as hazards or workplace stressors which influence the emotional and physical health of employees.

According to the Commission on Wellbeing and Policy chaired by former UK Cabinet Secretary Lord O'Donnell, workers must have a clear idea of what is expected of them and how it relates to a wider whole¹. They must have manageable workloads and have reasonable freedom over how they do the work. This sense of control or agency

includes the need for people to be consulted over things that obviously affect them.

There is also a need for support and recognition. People like to be rewarded in ways that make them feel personally valued by their employer. This includes fair and transparent financial rewards, as well as praise from managers and opportunities at work, including access to learning and development.

Recent research has identified that the pace of change in the UK economy has intensified with people in jobs working harder, faster and to tighter deadlines than they did in the past². Some groups of workers and parts of the economy have felt these pressures more than others, particularly full-time female workers and all workers in the public sector. The authors state that this renewal of work intensification is likely to have come at a cost in terms of increased levels of stress and potential losses of productivity. The research found that work intensification is not just associated with long working hours but 'high strain' working conditions in which excessive workloads are combined with low job control. It concludes that 'in general, better job control entails increased employee involvement and participation.'



¹ <http://li.com/programmes/the-commission-on-wellbeing-and-policy>

² Felstead A, Gallie D, Green F and Inanc H (2012) *Work Intensification in Britain: First Findings from the Skills and Employment Survey, 2012*

2.1.1 Organisational culture and work-related stress

Work-related stress is defined by the Health and Safety Executive (HSE) as 'The adverse reaction people have to excessive pressures or other types of demand placed on them at work'.

Work-related stress occurs when employees feel unable to cope with work demands or the work environment, and can result in decreased productivity and reduction in physical or mental health. In turn this can increase the risk of cardiovascular disease, hypertension, Type 2 diabetes and unhealthy behaviours, and significantly increasing the risk of depression³. Causes of stress are linked directly to the organisational culture, and can include high workloads, bullying, ineffective management, lack of resources, inability to cope with change, inflexible or unsociable working hours, unclear job demands, job insecurity, limited opportunities for personal development.

The Commission on Wellbeing and Policy concludes that 'it is generally not stress per se that leads to higher levels of psychosomatic symptoms and lowered wellbeing, but rather the combination of external stress combined with an inability to control the situation.' Their report goes on to state that 'institutions and practices that give people real power and control are associated with higher levels of satisfaction and wellbeing.'

2.2 Physical work environment

A safe and healthy physical work environment is one where health and safety hazards (for example, chemical or musculoskeletal hazards) are recognised, assessed and controlled. But healthy work environments provide more than the absence of risk; factors such as noise, space, temperature and light levels are key determinants of how staff view their working conditions and quality of working life.

In the health and social care sector there are particular health and safety risks linked to shift work, with indications of a higher risk of certain illnesses such as cardiovascular disease and the incidence of accidents.

2.3 Personal resources

These are those resources, opportunities and flexibility available to support employees' efforts to improve or maintain their personal health or lifestyle. Conversely, work often creates barriers to employees wishing to make healthy lifestyle choices. Positive steps include:

- flexible working
- smoking cessation programmes
- stress management training
- healthy food choices.

The Commission on Wellbeing and Policy argues that social relationships and feeling part of a community are significant drivers of positive wellbeing, so policies on flexible working, weekend working, and annual leave that allow people time to spend on friends, family, and leisure activities should be promoted.

In a healthy workplace, employers will provide information and resources to assist their workers to make healthy lifestyle choices and to achieve and maintain good health.



3 Siegrist J, Benesh J, McKnight A, Goldblatt P, Muntaner C [2010]. *Employment arrangements, work conditions and health inequalities*. Institute of Health Equity. www.instituteofhealthequity.org/projects/employment-and-work-task-group-report

3. The cost of doing nothing

At its most basic the argument can be made in economic terms: unhealthy, overly stressed employees obviously cost an organisation in terms of absenteeism and decreased productivity. Indeed, according to the Office of National Statistics, 131 million days were lost due to sickness absences in the UK in 2013⁴. While Investors in People (IiP) estimate that between nine and ten per cent of UK organisations' annual pay bill is spent managing the direct and indirect effects of sickness absence⁵. The Faculty of Public Health point out that the cost of making reasonable adjustments to keep an employee who develops a health condition or disability will almost certainly be far lower than the cost of recruiting and training a new employee⁶.

The Health and Safety Executive estimate that injuries and new cases of ill health in workers resulting largely from current working conditions

cost society an estimated £14.2 billion in 2012/13⁷. Half of this cost fell on individuals with the remainder shared between employers and Government.

A 2014 poll by Investors in People found that 54 per cent of British full-time employees felt their employer did not care about their health and wellbeing, as long as they get the job done. Almost half (48 per cent) of those who stated that their employer did not care about their wellbeing also said it has led to them feeling less motivated, with a third stating they had considered looking for a new job as a result.



4 Office for National Statistics, *Sickness absence in the labour market*, February 2014. www.ons.gov.uk/ons/rel/lmac/sickness-absence-in-the-labour-market/2014/rpt---sickness-absence-in-the-labour-market.html

5 www.investorsinpeople.co.uk/resources/ideas/has-your-company-got-x-factor-health-and-wellbeing

6 Faculty of Public Health, *Creating a healthy workplace* www.fph.org.uk/uploads/l_healthy_workplaces.pdf

7 Health and Safety Executive. *Costs to Britain of workplace fatalities and self-reported injuries and ill health*, 2012/13 www.hse.gov.uk/statistics/

4. Creating a healthy workplace

Doing nothing is not a likely scenario for most employers or staff. At the very least, employers are likely to have policies on key areas such as sickness absence, equality and diversity, learning and development and flexible working. However, evidence shows that there is not only a moral case for taking proactive steps to improve working environments, but also a business case.

A review by the Department of Business, Innovation and Skills into worker wellbeing and business performance suggests there are three causal mechanisms through which higher levels of health and wellbeing can bring about higher job performance⁸:

- affecting employees' cognitive abilities and processes – enabling them to think more creatively and to be more effective at problem-solving
- affecting employees' attitudes to work by 'raising their propensity to be co-operative and collaborative'
- improving employees' physiology and general health by 'improving their cardiovascular health and immunity, enabling speedier recovery from illness, and securing greater levels of energy and potentially effort.'

The review goes on to acknowledge that there is not necessarily a straightforward link between an employee's health and wellbeing and their job

performance and points out, as an example, that 'raised levels of creativity and improved social interaction is only likely to generate better employee performance in jobs with a substantial degree of autonomy and those that involve team work or customer interaction.' The authors also state that employee behaviours or work attitudes may be most heavily affected when levels of health and wellbeing are particularly high or particularly low.

In effect, the three causal mechanisms described in the review combine to effect employee engagement, which can be defined as the way staff feel about their jobs, their colleagues and the organisations they work in. According to a government-backed organisation Engage for Success, an engaged employee 'experiences a blend of job satisfaction, organisational commitment, job involvement and feelings of empowerment.'⁹ Chartered Institute of Personnel and Development (CIPD) describe the converse situation and risks of disengagement: 'As well as productivity losses, organisations may lose their best people and face huge difficulties when embedding organisational change if employees are not on board. Disengagement also threatens effective collaboration, innovation and human capital management, as employees will not be inclined to use their tacit knowledge and skills for the good of the organisation.'¹⁰

8 Department for Business, Innovation and Skills (2014) *Does worker wellbeing affect workplace performance?*
www.gov.uk/government/publications/worker-wellbeing-and-workplace-performance

9 www.engageforsuccess.org/about/what-is-employee-engagement/

10 Chartered Institute for Personnel and Development Employee engagement
www.cipd.co.uk/hr-resources/factsheets/employee-engagement.aspx

5. Monitoring and evaluating health and wellbeing

The Commission on Wellbeing and Policy asserts that if worker morale is so important for an employer, then it must be in the employer's interest to measure it; to manage anything properly, it must be measured.

Measuring and improving health and wellbeing can be done by using staff surveys, monitoring outcomes and processes and creating standards and benchmarks at an organisational, departmental or team level.



6. Health and wellbeing in the health care workplace

The state of play

A seminal study of nurses in the United States, Canada, England, Scotland and Germany led by Linda Aiken demonstrated the relationship between workplace stress and nurses' morale, job satisfaction, commitment to the organisation and intention to quit¹¹. Further work led by Aiken in the RN4CAST study showed a connection between patient satisfaction and nurse-patient ratios, nurse staffing levels and work environments¹².

Using results from the NHS Staff Survey for England, research published by the National Institute for Health Research found a clear pattern of better staff experiences associated with better outcomes for employees and patients¹³. In particular, the report shows that negative experiences such as aggression, discrimination or perceiving unequal opportunities are harmful to staff, increased absence were also linked to lower patient satisfaction. Positive staff experiences, reflecting the quality of jobs and positive attitudes about organisations, are associated with higher patient satisfaction and lower absenteeism.

The RCN's own 2013 survey of its members across the health and social care workforce shows that the nursing workforce is currently struggling with both high workloads and the fast pace of work, while feeling unsupported and detached from the changes being implemented within their workplace. Respondents report working long hours, combined with unrealistic time pressures and unachievable deadlines.

The survey heard from nursing staff that they face a wide range of issues that get in the way of being able to provide the high level of care they wish to. As well as heavy workloads and staff shortages, nursing staff are often fatigued by shift working and very few manage to get the number or length of breaks they need. Others feel that pressure to do more and more work is testing their ability to do their job well and some even feel pressured to work beyond their scope. Frustrations also come from paperwork, targets and a lack of resources such as equipment and IT. Meanwhile, other research demonstrates the very high levels of nursing staff working unpaid overtime, mostly due to inadequate staffing levels.

The RCN research report (*Beyond breaking point*) shows that many nursing staff identified a direct link between work and their health and wellbeing, with the most common reasons for feeling unwell being stress, workload and relationships with co-workers¹⁴. However, there is a common feeling of being under pressure to attend work when unfit or unwell, with this pressure often being self-directed, as nursing staff are aware of the impact of being away from work on colleagues and patients/service users. The research also found that stringent use of sickness absence policies was placing undue pressure on staff to attend work when unwell or unfit, and to return to work before they are ready, with many describing the sickness management process as 'intimidating.'

The survey found a very high incidence of physical or verbal violence from patients or service users or their relatives, but in many cases this is almost expected, especially in such settings as dementia

11 Aiken L, et al. (2002), cited in International Council of Nurses. *Nursing Matters: Nurse: Patient Ratios*.

12 RN4CAST: *Human Resources Management for Nursing in Europe, a study on the impact of nurse deployment on patient safety* www.rn4cast.eu/en/index.php

13 Powell M, Dawson J, Topakas A, Durose J and Fewtrell C (2014) *Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data* www.journalslibrary.nihr.ac.uk/hsdr/volume-2/issue-50#abstract

14 RCN (2014) *Beyond breaking point? A survey report of RCN members on health, wellbeing and stress* www.rcn.org.uk/__data/assets/pdf_file/0005/541778/004448.pdf

care. While a significant proportion of respondents stated that they received good support from their managers and had been provided with training, others feel let down as physical or verbal violence is accepted as the norm.

RCN members described incidents of both overt bullying from colleagues or managers within their workplace, such as arguments and rudeness, and covert bullying which can include more subtle cases of excluding and ignoring people and their contribution, unacceptable criticisms and overloading people with work. Many respondents referred to corporate bullying within their organisation, where bullying has become entrenched in the culture. This is often described as linked to organisational change, as well as an increased emphasis on performance within tight budgetary constraints.

The benefits of a positive approach

The *Boorman review* into health and wellbeing in the NHS demonstrated the relationship between staff health and wellbeing and key dimensions of service quality: patient safety; patient experience; and the effectiveness of patient care¹⁵. The report also stated that effective support for staff health and wellbeing should not be seen as a separate initiative, divorced from other NHS priorities. It makes the point that support is 'integral to enabling the NHS to meet the quality and productivity challenge it faces, and to do so through a focus on innovation and prevention.'

A major study by the National Nursing Research Unit (NNRU) at King's College London demonstrated a link between hospital-based staff

who had autonomy in their jobs and who worked in a supportive environment and patient satisfaction with the care they received. Where patients rated care as 'bad', staff also felt their wellbeing was poor, with high job demand and burnout risks. But where patients rated their care as 'good' staff felt much more supported, in a good team and with high job satisfaction¹⁶. Two key issues were that if nursing staff have some control over their work, such as the ability to make decisions then this mediates their wellbeing. Similarly, leadership on a ward and good co-worker relationships helps to support people in difficult jobs and bolster their wellbeing¹⁷.

The NNRU report goes on to assert that there is a relationship between staff who have autonomy in their jobs and who work in a supportive environment, and patient satisfaction with the care they receive and patient outcomes. This is supported by the unit's previous research which demonstrates that nurses are attracted to, and remain, at their place of employment when opportunities exist that allow them to advance professionally, to gain autonomy and participate in decision-making, while being fairly compensated¹⁸.

The research, led by Jill Maben at King's College London, concludes that individual staff wellbeing is best seen as an antecedent rather than as a consequence of patient care performance¹⁹. This means that if staff wellbeing at work is good, it is likely that staff will perform better in their jobs, rather than the other way around. The researchers assert that 'seeking systematically to enhance staff wellbeing is, therefore, not only important in its own right but can also improve the quality of patient experience.'

15 NHS Health and Wellbeing: *The Boorman review*. <http://nhshealthandwellbeing.org/>

16 Maben J, Peccei R, Adams M, Robert G, Richardson A, Murrells T and Morrow E (2012) *Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing*, National Institute for Health Research www.nets.nihr.ac.uk/projects/hsdr/081819213

17 Maben J, Adams M, Peccei R, Murrells T, Robert G (2012) Poppets and parcels: the links between staff experience of work and acutely ill older peoples' experience of hospital care, *International Journal of Older People Nursing* p83-94 www.nets.nihr.ac.uk/projects/hsdr/081819213

18 Irvine and Evans 1995 and Shields and Ward 2001, cited in International Council of Nurses (2004). *The Global shortage of registered nurses: an overview of issues and actions* developed by James Buchan and Lynn Calman for International Council of Nurses

19 Maben J et al (2012) *ibid*

7. Conclusions

There is a clear case for employers to invest in the health and wellbeing of their employees on the basis of likely performance benefits and patient outcomes in the health and social care sector. Work is usually good for both mental and physical health as well as wellbeing, but it should be 'good work' which is healthy, safe and offers the individual some influence over how work is done and a sense of self-worth.

Following the RCN's five Healthy Workplace domains, we advocate the following.

Work-life balance

Staff members should benefit from a work culture which respects and encourages a healthy work-life balance, receive due compensation for additional work and have flexible working opportunities.

Dignity at work

Staff should work in a positive work culture they are aware of their individual contribution, where staff support each other and feel valued. Managers should welcome staff views and engage teams in decisions and show appreciation of effort and contribution.

Health and safety at work

Staff should have access to physical and mental wellbeing services with support tailored to the diverse needs of the workforce (for example different age groups, working/shift patterns, salary grades, ethnicity, gender). Managers should provide proactive occupational health with early intervention to improve health and wellbeing and adhere to recommendations.

Job design

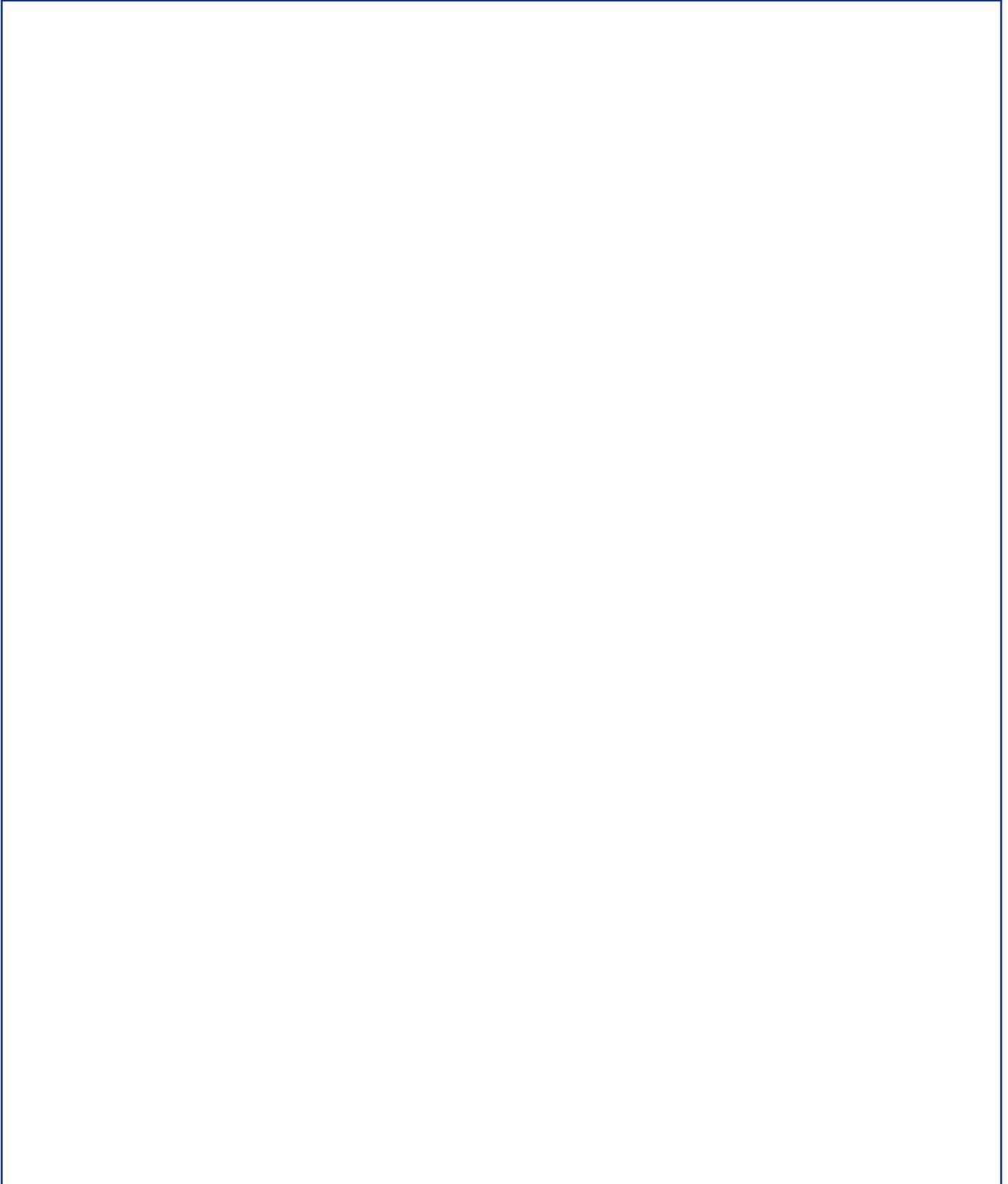
Staff should work in environments with clear lines of accountability and in well-structured teams. They have manageable workloads and access to appropriate resources.

Learning and development

In organisations with a culture of learning and inquiry, work and learning are not distinct activities organised separately, in different ways. Strategies are developed so that people at all levels, individuals and collectively, are continually increasing their capacity to improve services.



Notes







The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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