‘Occupational health & wellbeing in healthcare’
Peter Bohan
Outline

- Explain the value of an Occupational Health & Wellbeing model in healthcare and why it's important.
- Analyze the link between Occupational Health & Wellbeing on patient safety incidents.
- Why is leadership important in managing health of staff and engagement.
- Describe how to construct an Occupational Health & Wellbeing strategy explaining the measurable outcomes.
Background

- Staff are the main healthcare delivery system for services to patients, providing medication, support and care.
- Staff are the most valuable asset accounting for 65% of healthcare costs.
- Sickness rates in healthcare are 27% above other public sector employees in the UK.
- 44% of staff say their employer takes positive action on Health & Wellbeing.
- Most common ill health conditions in healthcare include stress and musculoskeletal disorders.
- A CEO of a NHS Trust said ‘We’re in the healthcare business if we cant take care of staff health there isn’t much hope for anybody’ (Royal College of Physicians Implementing NICE public health guidance for the workplace: Overcoming barriers and sharing success.)
Costs of ill health in the UK

- Each year, significant numbers of workers are injured or made ill by their work. These cases impose ‘human’ costs (in terms of the impact on the individual’s quality of life, fatal injuries, loss of life).

- Annually (2015/16) 614,000 workers were injured in the workplace and a further 521,000 workers suffered a new case of ill health which they believe to be caused or made worse by their work.

Executive UK

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£9.7bn
Illness
(equivalent to unit cost of £18,500 per case)

£14.9bn
Cost of workplace injury and illness 2015/16

£5.3bn
Injury
(equivalent to unit cost of £1.6m per fatal injury, £8,200 per non-fatal injury)
• ‘If the NHS were an airline company ‘planes would fall out of the sky all the time’

• Chances of being involved in airline incident 1-15,000,000

• NPSA estimate risk of harm in the NHS 1-10
Key elements of wellbeing

- **Physical well-being:**
  - Absence of unrecognised disease.
  - Presence of healthy lifestyles

- **Psychological (Mental) well-being:**
  - Clam, relaxed, focused
  - Deals with pressure well not over stressed, anxious, depressed.

- **Social well-being:**
  - Supportive social networks, at work and outside of work
# Wellbeing elements in healthcare

<table>
<thead>
<tr>
<th>Physical work environment</th>
<th>Personal health resources</th>
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<tbody>
<tr>
<td>Usability of IT systems</td>
<td>Exercise, smoking cessation, weight management (Obesity)</td>
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<tr>
<td>Risk of RSI</td>
<td>Cholesterol testing, Meditation, yoga</td>
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<tr>
<td>Manual handling</td>
<td>Access to physiotherapy, CBT</td>
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<tr>
<td>General work environment</td>
<td>alcohol and drugs support.</td>
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<tr>
<td>Space to move freely</td>
<td>Counselling,</td>
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<tr>
<td>Right equipment.</td>
<td>Diabetes support.</td>
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<tr>
<th>Psychosocial work environment</th>
<th>Enterprise community involvement</th>
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<tbody>
<tr>
<td>Listening into Action.</td>
<td>Volunteering in the community,</td>
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<tr>
<td>Stress management agenda and</td>
<td>Corporate support for a charity</td>
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<tr>
<td>support. Organisational culture.</td>
<td>Mentoring young people</td>
</tr>
<tr>
<td>Leadership behaviour and support.</td>
<td>Work with CAB, Mind etc..</td>
</tr>
</tbody>
</table>
| Shift work and unsocial hours known to course ill health conditions. | }

- Patients at the heart of what we do
- Respect each other and roles
- Our hospitals; your hospitals
- United to provide best care to patients
- Dedicated to excellence

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Achieving effective Wellbeing

- Strong organizational values and staff participation in the wellbeing agenda is required.
- Respecting and engaging staff is key for support.
- Collecting data on sickness absence and ill health conditions, accidents and stress cases.
- Make organization an attractive place to work, cultural norms and expectations.
- Ensure managers can understand their role in the improvement of mental health and wellbeing at work through positive supportive behaviour.
- Board members joining in activities getting involved in initiatives helps to positively support agenda.
Wellbeing process in practice

- Develop effective partnerships with external agencies.
- Ensure the website has self-help guides for staff to access support.
- Stress assessments effectively monitored through audit process and reduced referrals.
- Resilience and mindfulness sessions available for all staff.
- Create opportunities for staff to be involved physical activity through local promotion of gym membership/Zumba/yoga etc.
- Work in partnership with staff side representatives in the promotional of wellbeing, to encourage satisfaction and engagement of the workforce.
- Flu plan effective for year.
Well Being milestones

• Sickness absence rates reduced.

• Workforce establishment data/turnover rates/appraisal rates improve.

• Identify work-related injury moving and handling; needle sticks, slips, trips or falls; or exposure to dangerous substances.

• Health Surveillance undertaken to minimise ill health conditions developing.

• Number of wellbeing events organised and managed including evidence to support action plan.

• Number of staff kept in work by OH Health interventions.

• Number of staff receiving stress management and resilience training evidenced.

• Support staff to develop strategies to achieve a work-life balance.

• Fairness and effectiveness of incident reporting procedures and HR policies.
Why don’t organization's think about wellbeing

“Here comes Edward Bear now, down the stairs behind Christopher Robin. Bump! Bump! Bump! on the back of his head. It is, as far as he knows, the only way of coming down stairs. He is sure that there must be a better way, if only he could stop bumping for a moment to think of it.”

A. A. Milne, Winnie-the-Pooh, Chapter 1
Why change to wellbeing

- Change the focus to a preventive, pro-active action to improve health.
- Requires a cultural shift.
- Identified wider benefits of well-being, such as reduced rates of MRSA infection, mortality rates are associated with low morale and poor staff well-being.
- Less accidents and ill health conditions at work.
Key elements of wellbeing

- Management leadership – Board champion who leads by example
- Align the services to deliver the model
- Measure, measure and measure
- Live the behaviour and be persistent
- Deal with the de motivators early
- Do not forget the basics about having a good workplace safety
<table>
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<tr>
<th>Vision for Service</th>
<th>Key Milestones</th>
<th>Service Development</th>
</tr>
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<tbody>
<tr>
<td><strong>Mental Health Support</strong></td>
<td>To ensure that staff are adequately supported to deal with mental health issues both in the workplace and in their personal lives</td>
<td>Evidence number of stress action group meetings &amp; target areas that require support through OH &amp; HR manager’s interventions. Evidence staff gaining support for bereavement from chaplaincy. Evidence staff accessing support prior to requiring OH support through intranet &amp; library for self-help books. Counselling &amp; CBT KPI’s met. Evidence number of staff who report help from wellbeing events. The staff survey evidences year on year improvements in results on stress.</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Work with partner organisations to evidence research why health &amp; wellbeing is important. Evidence how input can result in improved performance.</td>
<td>Ensure staff are more physically active to improve posture fitness &amp; general wellbeing. To provide staff who want to be more physically active opportunities to take part in activities. To identify specific health issues within staff groups to enable them to firstly identify their ill health condition &amp; then undertake action to remedy this. Evidence number of new staff who have taken up activity as a result of promotion.</td>
</tr>
<tr>
<td><strong>Sickness Absence</strong></td>
<td>Review sickness absence policies to ensure that flexible working and grievances are managed effectively.</td>
<td>Evidence a clear line of between the type of ill health &amp; what Directorates have specific sickness absence issues. Review the appraisal system &amp; effectively monitor how many staff are asked about their wellbeing. To get the best information available from HR data base, all second level sickness data is required to drill down and find the root cause of ill health. Reduce stress within the workplace as low as reasonably practicable. Review musculoskeletal disorders &amp; ensure high risk areas are targeted &amp; risks reduced.</td>
</tr>
<tr>
<td><strong>Alcohol &amp; Drug Support</strong></td>
<td>Support staff with issues not directly related to work that affect their wellbeing.</td>
<td>Number of staff referred to drug &amp; alcohol services reported and evidence of positive outcomes for staff. Confidential report provided by drug &amp; alcohol services and define underlying courses of substance misuse amongst staff. Evidence number of staff supported via the Policy. Evidence of qualitative data from events such as mock tails on the terrace provided to support staff.</td>
</tr>
<tr>
<td><strong>Healthy Choices</strong></td>
<td>Ensure staff have access to appropriate health promotion programmes.</td>
<td>Smoking Policy effectively implemented &amp; evidenced through smoking cessation group actions being effectively monitored. Evidence number of staff on smoking cessation programme; who have quit smoking as a result. Staff dress and uniform sizes to be monitored to see if weight management plan has direct effect on staff via food strategy. Evidence numbers of staff who have been provided with support through weight watchers, slimming world. Flu campaign in place organisation to achieve</td>
</tr>
</tbody>
</table>
Success Factors

- Improved attendance management and staff engagement may require reviewing based on survey.
- Effective systems for development of effective OH staff and patient outcomes.
- Clear systems for self-referrals, counselling, CBT, EAP, pre-employment screening, flu campaign vaccines/bloods, sickness absence and referrals from Managers.
- Health Surveillance for staff based on risk assessment Skin surveillance, Latex, Night workers, Noise/Audiology, Hep A, B, typhoid/plumbers, lab workers.
- Implementation of electronic records and management system (such as MEDGATE - COHORT).
- Needle stick exposure management and reduction.
- Quality assured system in place.
- Engaged healthy, happy workforce needs the leaders involved.
Why does leadership link with wellbeing

- Research consistently identifies good-quality people management, particularly by line managers, as one of the core drivers of employee engagement, wellbeing and good mental and physical health.

- Patient safety outcomes our influenced by wellbeing of staff, lower mortality and less infections. (DoH Health & wellbeing Final Report Steve Boorman wwnhs.healthandwellbeing.org/FinalReport)

- Support and strategic leadership from the top will create organizational cultures where management styles based on openness and mutual respect can flourish.

- The senior management team will influence how managers throughout an organization see their jobs and the extent to which they place a priority on people management and support.
Background

- Undertook research for MSc on Executives behaviour within a UK Acute Trust identified if leadership behaviour affected Q&S outcomes.

- The style of the DoH cascaded down the line ‘if there is a failure in targets there is a kicking all the way down the line, that creates the behaviour.’

- Dictatorial bullying was the most inappropriate style; most Executives had seen or been a victim of bullying in the past.

- Working to a autocratic Manager was described as being ‘absolutely horrendous.’

- Increase in safety incidents was described as ‘Commissioner would be very aggressive about us intervening and stopping this problem’ however this causes a safety paradox increased reporting means an improved safety culture.

- The Francis Inquiry identified a culture within the DoH of potential bullying.
Transactional Management Style

- Directive style may be used in a medical emergency. ‘I don’t mind being shouted at in a cardiac arrest situation.’

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Research findings

- Executives understood what type of leadership style was appropriate.

- Important issues to them included being honest, inclusive, supportive and showing integrity.

- The leadership programme was not aligned to the strategic vision of the organisation.

- Clear accountability and lines of control where required to ensure staff where effectively educated and engaged.

- Executives saw themselves as transformational & recognised that the style would need adapting dependant on the situation they where in.

- The style of DoH and Commissioners set the tone for the organisation.

- Transactional and autocratic leadership was often required in the achievement of targets.
Francis Report

- In considering the DoH as a cultural leader, the evidence before the Inquiry does not justify a conclusion that there is in fact a culture within the DoH which could properly be described as one of bullying.

- What the evidence does establish is that well-intentioned decisions & directives emanating from the DoH have either been interpreted further down the hierarchy as bullying, or resulted in them being applied locally in an oppressive manner.
Why does behaviour matter? (Challenger 1986)
Leadership and culture (group think)

- The Rogers Commission found NASA's organisational culture and behaviour influenced decision-making processes that contributing to the accident.

- NASA managers had known contractor Morton Thiokol's design of the rocket booster contained a potentially catastrophic flaw in the O-rings since 1977, but failed to address it properly.

- NASA disregarded warnings from engineers about the dangers of launching posed by the low temperatures and had failed to adequately report these technical concerns to their superiors.

- The group decided to override external influences as the cohesion was so strong.
• The organisational causes of this accident are rooted in the space shuttle program’s history and culture.

• Cultural traits and organisational practices detrimental to safety were allowed to develop, including:

• Reliance on past success as a substitute for sound engineering.

• Organisational barriers that prevented effective communication of critical safety information, stifled professional differences of opinion.
Detail of research process

**Phase 1: Methodology**
Scenarios based on Mid Staffs inquiry distributed to commissioners. Filmed using wide-angle lens and close up taken of facial and body movements.
24 invited; 9 attended

**Phase 1: Data analysis**
Evaluation of video, using microcoding of commissioners’ body language and verbal responses using NVivo 10 to identify leadership behaviour and cultural norms

**Findings evaluated and discussion presented**

**Phase 2: Methodology**
Questionnaire distribution to subordinates of commissioner leaders via local and national organisations.
250 distributed; 48 returned

**Phase 2: Data analysis**
Questionnaire analysed using SPSS 21 data analysis tool. Each element evaluated against specific hypothesis

**Findings evaluated and discussion presented**

Triangulated data sources and cross referenced. Analysis of each set of findings and discussion provided implications
## Table 2. Verbal coding scheme

<table>
<thead>
<tr>
<th>Behaviour type</th>
<th>Definition of characteristic shown</th>
<th>Examples from commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Assertive is closely aligned to transactional management theory</td>
<td>Clear on what is required takes control of the situation. Self-defending own position</td>
<td>a. ‘Start at the top’</td>
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<tr>
<td></td>
<td></td>
<td>b. ‘Go for it’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. ‘Exactly’</td>
</tr>
<tr>
<td>2 Delegating transformational leadership style</td>
<td>Giving others support/direction in a friendly open manner</td>
<td>a. ‘I know what you are saying but we don’t want to jump to controls’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘Who’s going to time us then’</td>
</tr>
<tr>
<td>3 Agreeing with others in a transformational style</td>
<td>Supporting others/sees others as adding value</td>
<td>a. ‘Yeah absolutely board behaviours’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘That’s one of your controls isn’t it’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. ‘Again it’s about what you said doing a proper impact assessment’</td>
</tr>
<tr>
<td>4 Passive management by exception</td>
<td>No clear direction provided to others or self</td>
<td>a. ‘Gathering that evidence’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘Just thinking about reasons why’</td>
</tr>
<tr>
<td>5 Negative closely aligned to transactional management</td>
<td>Does not clearly listen to others, corrects others, is not open to others’ views, talks over others, disagrees with others, providing negative feedback</td>
<td>a. ‘No, no, it’s not clear’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘How do you know they are being discharged’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. ‘I don’t get the link between what you said’</td>
</tr>
<tr>
<td>6 Aggressive style aligned with transactional leadership</td>
<td>Disagrees strongly with others, shows negative behaviour towards others in the group, defends own view aggressively</td>
<td>a. ‘That’s the point I want to make’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘Read that again’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. ‘So we don’t know ask the question’</td>
</tr>
<tr>
<td>7 Open closely aligned with transformational management</td>
<td>Willing to change view/seeks further information from others/clarifying, questioning, asking the group for approval</td>
<td>a. ‘Is it about understanding how wide scale this is?’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘So one of the risks is not having the information to make the right decision’</td>
</tr>
<tr>
<td>8 Positive vision showing transformational leadership</td>
<td>Shows a vision for the future seeks change/ rewards others in group by providing positive feedback</td>
<td>a. ‘Do you want me to read it out’; ‘start with finance that’s favourite’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. ‘Yes the safe decision’</td>
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<tr>
<td></td>
<td></td>
<td>c. ‘Yes that’s right’</td>
</tr>
</tbody>
</table>
Questionnaire results

- 10 distinct themes of leaders behaviour; vision, individual perception, conflict management, supportive behaviour, performance management, behaves well as leader, team think positively about the leader, team beliefs, target and decision making and focuses the teams efforts on positive outcomes.

- The leaders who focused the team’s efforts in a transformational style will show good behavioural traits to the staff who work for them.

- Leaders who supports their staff, spend time coaching team members developing their skills effectively get better performance.

- Good behavioural traits correlate with transformational leadership style.

- Leader with vision show a clear line of sight between the individual & job role, therefore staff think positively about the leader.
Results

- Commissioners demonstrated significantly more transactional actions (53.49%) than transformational actions (33.07%)

- The most dominant & assertive 3 in the group developed allies quickly, by being most open & agreed with individuals more frequently.

- The most active displayed the highest number of transactional actions in scenario.

- Transactional behaviour type predominates within the boardroom, with the majority of the commissioners’ actions in line with this.

- Commissioning group meetings could be dominated by a few individuals, who could look to impose their own views on the agenda.

- While this evidence may indicate the type of leadership behaviour in a group of commissioners, it may not mirror a much larger social system (Bales, 1950) and as such translate to all Commissioner behavior on the larger scale.
Overall findings

- Commissioners' behaviour in groups requires measurement of leadership style to encourage the concept of having a critical friend to have a voice in meetings.

- Develop general techniques to determine risk tolerance, flow charts for action to be taken when risks are identified, control if not effectively implemented.

- Learn lessons from enquiries focusing more on culture than targets and finance closing services that cannot run at safe staffing levels or provide safe clinical systems.

- The video-observation methods can be used in the field to evaluate leadership behaviour, capturing naturalistic leadership actions. CCGs should establish the behaviours expected within the group and define how they can tease out poor or good decision-making processes.
Great Leaders listen to their staff!
GOOD LEADER

- focus on team interests and needs
- inspiration
- integrity
- clear goals
- good example
- vision
- clear communication
- expects the best
- support
- encouragement
- recognition
- stimulating work
‘Was this worker engaged?’

Engagement is a heightened emotional or intellectual connection that a person has for their work, organisation, manager or co-workers that in turn influences them to apply discretionary effort to their work.
Key issues

- Well-being is not an “add on” but an integral part of management culture
- The effects of work on Well-being must be monitored comprehensively
- Measure everything, work with an academic
- Have a clear, respected brand for Well-being work
- Management leadership, employee involvement and persistence are essential
- It is a marathon, not a sprint
Why is wellbeing important

- Staff are our greatest asset. Without them we couldn’t deliver great patient care. So, when we talk about our staff and their needs to enable them to deliver effective patient care, does it cost too much to invest in them? Is health and wellbeing a nice to do...if we have time and extra budget? Or is this core to our business?
What if we do nothing?

- Sickness absence rates increase
- Staff leave as they are unhappy (best leave first)
- Number and cost of new recruitments (disproportionate)
- Proportion of leavers due to ill-health or low morale
- Increase in incidents/accidents
- More hospital acquired infection for patients
What can organisations do?

- Develop a good organisational culture
- Lead by example
- Engage with staff, what would improve their wellbeing?
- Invest in our staff as they determine outcomes
- Give them the tools to make healthy choices

Better staff engagement

Healthier staff

Happier and healthier patients
The answer is ....staff Health & wellbeing

Staff wellbeing gives staff the environment and opportunities that enable them to lead healthy lives, leading to better patient outcomes. When the staff are fully engaged, they provide high quality care.
What are we doing?

- **Health & Wellbeing Strategy Vision**: “Achieving excellent patient care, by encouraging staff to adopt a lifestyle which promotes physical health and mental wellbeing.”

**Ensure awareness** of all the opportunities provided by Sidra to maintain and improve health and wellbeing are understood by staff.

**Prevention of illness** to monitor and reduce the incidence of these within the workplace.

**Effective Interventions** through OH services and policies which effectively target and support staff at work

**Monitoring** the implementation of the action plan and the impact it has on the workforce.

**Improve the quality of life** through executing actions derived from the monitoring process.
The “Wellbeing at Work” Group

Healthy Choices
- Yoga & Meditation
- Walk at work
- Runners group
- A step challenge
- 5-A-Day balanced meals
- Hydration
- Promoting QF facilities
- Take the stairs!

Mental Wellbeing
- Personal counselling sessions
- Developing healthy mind & body workshop
- Learn the art of silence and self-reflection
- Mindful interpersonal relationships workshop
- Stress for managers
- World mental health day
- Keep mind and body active keep learning
Implementation of the Health & Wellbeing Strategy over next 12 months.

Future (KPI) Key Performance Indicators

- Work stress rate identification
- Health Surveillance (night workers, latex, dermatitis)
- Usage of Health Insurance (Evidence to influence OH Plan)
- Survey (wellbeing evaluation and action)
- Number of people retained as a result of counselling
- OH Database can reflect the data required to measure the success of the strategy in the future
Summary

• Described how wellbeing should be a core value to business outputs and supports patient care.
• Described the focus of wellbeing and how it can improve performance.
• Why leadership behaviour and culture directly affects wellbeing outcomes.
• When an organisation is committed to wellbeing it can achieve good outcomes for staff and patients.
• Described how a local strategy can work with organisational commitment.
STAYING HAPPY & HEALTHY AT WORK
Contact peterjbohan@gmail.com Mobile +974 30355434

Publications