Learning From Employees

The Healthy Workplaces Research Summary Report

Healthy Workplaces in the Helping Professions

By

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Our Partner Organizations

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Introduction

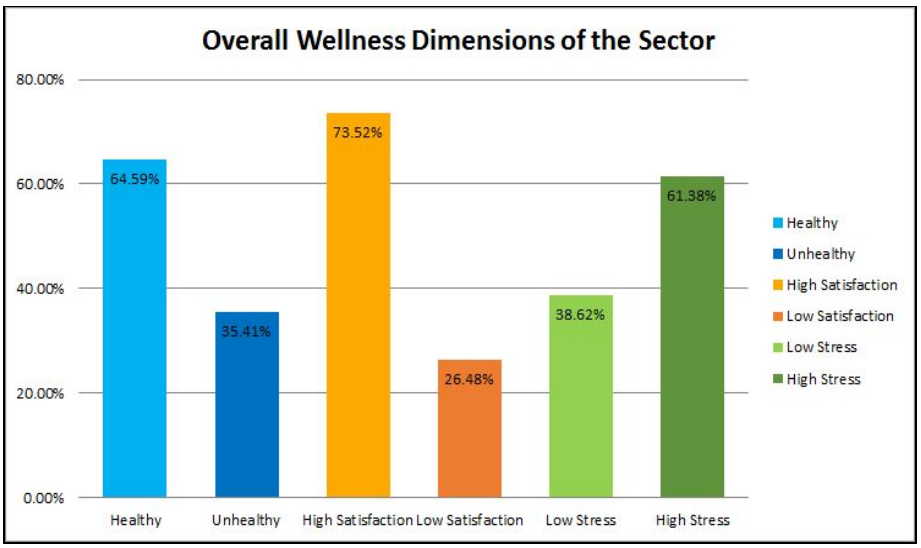
The Healthy Workplace for Helping Professions (HWHP) Project is funded under the OH&S Futures Program of the Ministry of Labour, aiming to increase, over a three-year span of activities, the health and wellness capacity in the non-profit agency human-services sector in Alberta. We hope to "move the needle" towards a healthier workplace for the 13,000 or more helping professionals in the sector.

The strategy we are using in the project is to survey these agency workers in the first year, use the results of this survey to shape tools and resources in the second year, and to follow up with another survey to show the results in the third year. We worked closely with agency-membership associations, such as ALIGN, ACDS, AHVNA, CYCAA, ACWS, and AASAS, in order to reach these front-line staff helping professionals.

The year 1 survey was conducted online between October 13, 2015 and January 25, 2016 among 593 employees in the sector. They comprised six categories: child and family workers, child and youth counsellors, disability workers, sexual assault workers, women shelter workers, and home visitation workers, with a wide range of professional, administrative, and leadership roles.

Key Findings

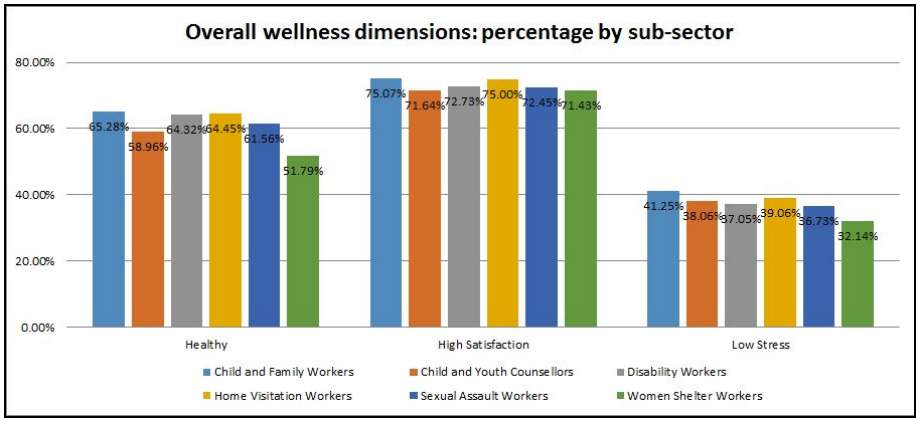
The key findings are presented below in the form of wellness outcomes or "dimensions" and the factors that contribute to them.



Overall wellness outcomes

Almost two-third (64.59 percent) of surveyed employees reported that they feel healthy in their workplace, and an even a higher percentage (73.5 percent) reported they are satisfied with their job. However, only 58.7 percent of respondents perceived their workplace to be both healthy and satisfied. Meanwhile, 61.38 percent of human-services workers said that they typically feel unhealthy stress during their workday.

Levels of stress and wellness are differently experienced by different staff groups. Employees working in shelters were the least healthy group: they have the lowest percentage of feeling healthy, satisfied with the job, as well as having low stress levels.



Child and Family Workers are the least stressed, most satisfied and most healthy group.

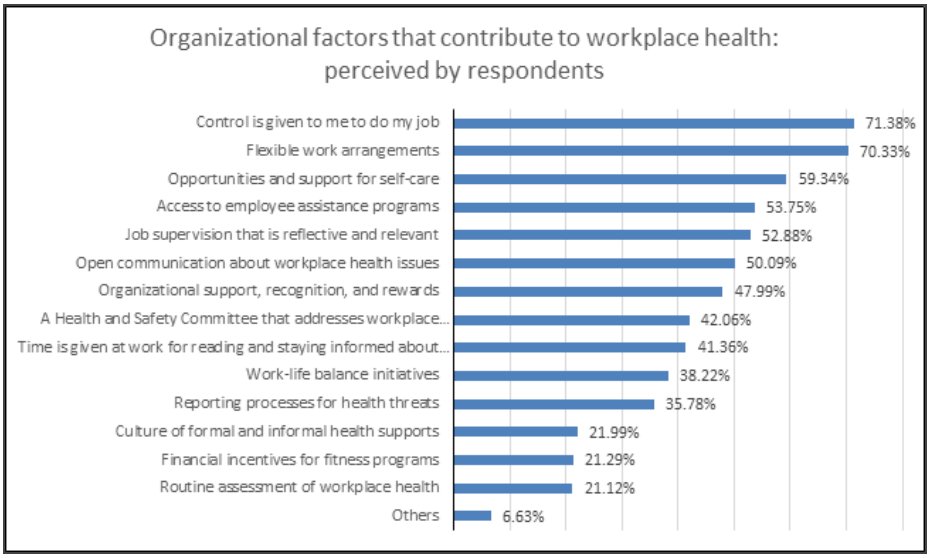
There were strong correlations between all of the outcomes, meaning that high stress levels and reduced job satisfaction were associated with poor perceived health in the workplace. Likewise, as health and wellbeing deteriorates, satisfaction with the job goes down. It is therefore not surprising that employees working in shelters that were reporting higher unhealthy stress levels were also reporting lower levels of job satisfaction and overall health.

Personal factors, including demographic variables, such as age and gender, may also have impacts on health behaviours and outcomes: women respondents scored slightly lower on health as well as job satisfaction; young employees reported a lower level of health and job satisfaction than those over 55 years old; those who were single seemed to have worse health and experience more stress compared to other groups; and employees working part-time, rather than full-time, tended to experience less stress, which could be a result of a more successful balance between work and home responsibilities.

Leadership and supervisors were more likely to experience greater satisfaction with the job and better health in the workplace compared to front-line staff who worked directly with clients, although there seemed to have no difference in terms of stress levels.

Factors contributing to workplace health

There were differences between employees' perceptions of factors contributing to their workplace health and the real sources of health and wellness. Employees perceived "*control is given to me to do my job*" as the main source of wellness, with 71.38% of employees indicating that this factor contributed to their health in the workplace. It is followed by "*flexible work arrangement," "opportunities and support for self-care*," and "*access to Employee Assistance Programs*".



In fact, it is "*reflective and relevant supervision*" which makes the most important organizational mitigator of stress. Staff members provided with relevant supervision were approximately twice as likely to feel healthy, satisfied, and less stressed than those who lacked this. *Open communication* in the workplace and

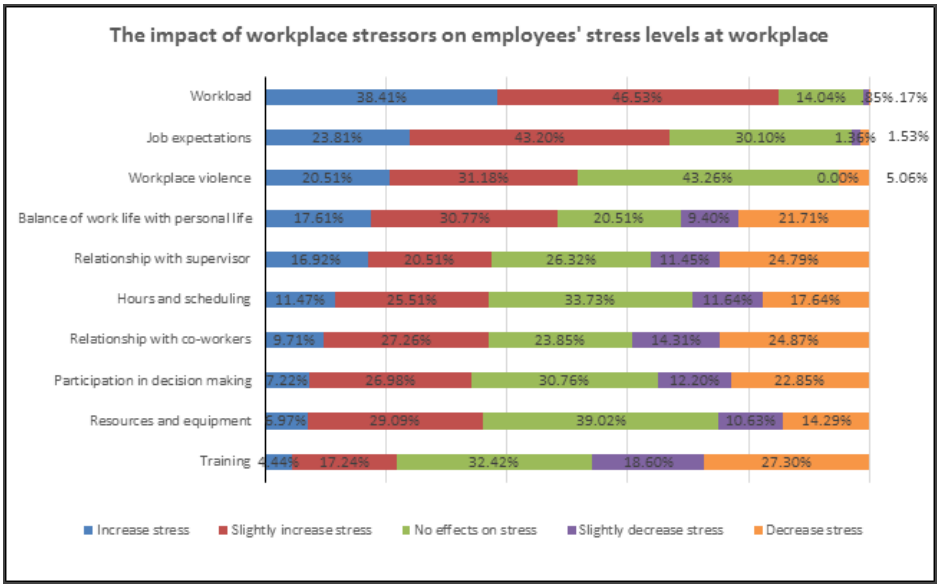
greater *job control* are more likely to lead to better health and higher job satisfaction, while *organizational culture* and *time given at work for reading about best practices* helps reduce stress.

In general, human services staff were active in seeking ways to maintain their health. For example, 83.73% of the participating employees were taking actions to be professionally capable and qualified, and 81.86% reported having personal strategies to balance life and work. Personal factors as main sources of health and job satisfaction include: *physical and mental exercise; sharing ideas with supervisors and co-workers; support at work; and being professionally capable and qualified to do the job*. Work-life balance strategies, although reported with high percentages at both personal or organizational level, in fact did not contribute to employees' workplace health.

Factors that might threaten workplace health

The hazards frequently experienced (all, most, or some of the time) by helping professions included:

- Unrewarded contributions (25.39%)
- Lack of discussion on tough wellness issues in the workplace (22.28%)
- Insufficient staff to handle client needs (16.81%)
- Lack of involvement in decision-making (16.07%)
- Imbalanced work-life (13.75%)

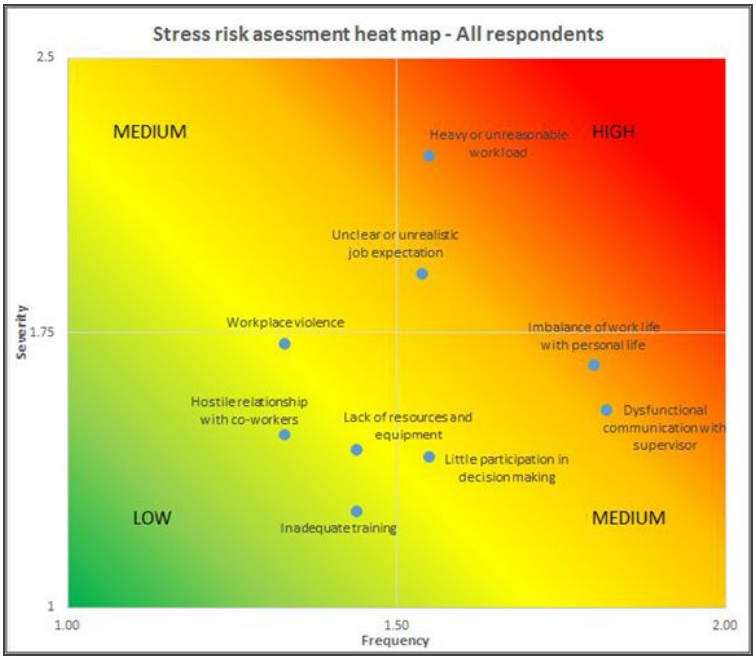


In terms of severity, the most stressful aspects ("increases stress" or "slightly increases stress") of the human services job were:

- Workload (85%)
- Job expectations: (67%)
- Workplace violence (52%)
- Balance of work life with personal life (48%)
- Relationships with supervisor (37%)

Training, equipment and resources, and relationships with co-workers seemed not to be a problem among human service workers, since they were rated with low negative impact on stress levels as well as low frequency across all sub-sectors.

Risk heat map



A heat map was created to measure the overall risk for all respondents by plotting the stressors on a two-dimensional diagram. The horizontal axis shows the likelihood of the stressor occurring. The vertical axis shows the perceived impact the stressor has on employees. The colors are risk areas. Risks plotted in the "high" risk level are designated as orange-red, risks plotted in the "medium" risk level are designated as yellow-green in the heat map. Green area is the low risk area. This diagram allows us to prioritize interventions.

Discussion and Recommendations

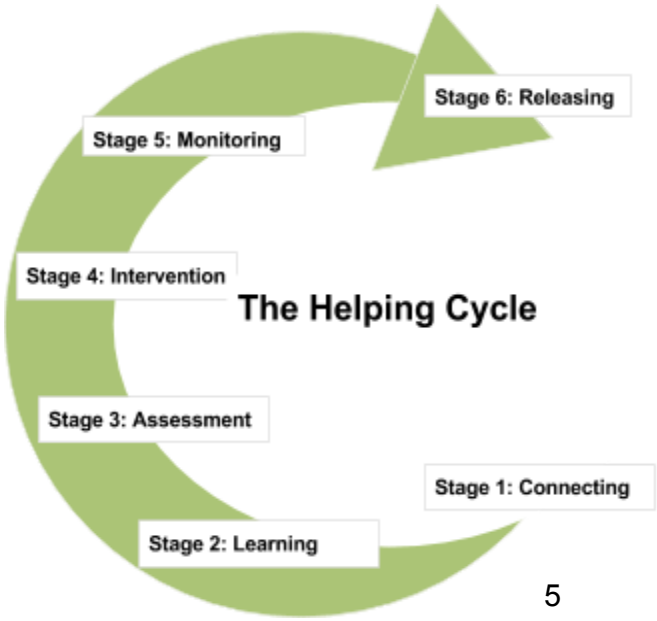
The outcomes measured in our survey indicate that agencies and employees are indeed successfully facing current challenges and maintaining their health. As a result, they are delivering the kinds of support that clients across the province need. However, in the long term, this capacity may be fragile.

Among those factors that might affect wellness capacity, the ability of the organization to support employees' well-being appeared to be more important than individual factors. Human service employees working in an unhealthy environment (eg. some shelter workers) would be more likely to experience unhealthy stress, no matter what they do for themselves. Hence, individual wellness efforts need organizational support in order for the personal wellness strategies of employees to make a difference.

Survey results show that four most important areas for an agency to engage its employees in wellness efforts include: (1) job control, (2) healthy and reflective supervision, (3) support for self-care, and (4) increased communication about health issues. These solutions suggest a more sustainable healthy workplace model which is based on engaging employees and supporting their efforts, rather than on health promotion in isolation. An intervention program at both leadership and staff levels is recommended as follows to embody each of these four categories.

Tools for Staff: "Be a Wellness Leader"

This workshop series is designed to support wellness initiatives at the individual level. The overall process outlined in the workshop is to establish a basic understanding of dynamics of hazards and stress in the sector, and help participants identify the roles that each individual employee and an agency can play in minimizing the impact of potential stressors. Next, the workshop provides tools that employees can use to identify and mitigate the hazards they experience in their helping work. Finally, the workshop encourages employees to share their wellness "stories" and to develop a plan for sharing these stories in their workplaces. This workshop series can be used as a component of an agency-wide assessment, planning and policy development effort aimed at building a sustainable wellness culture.



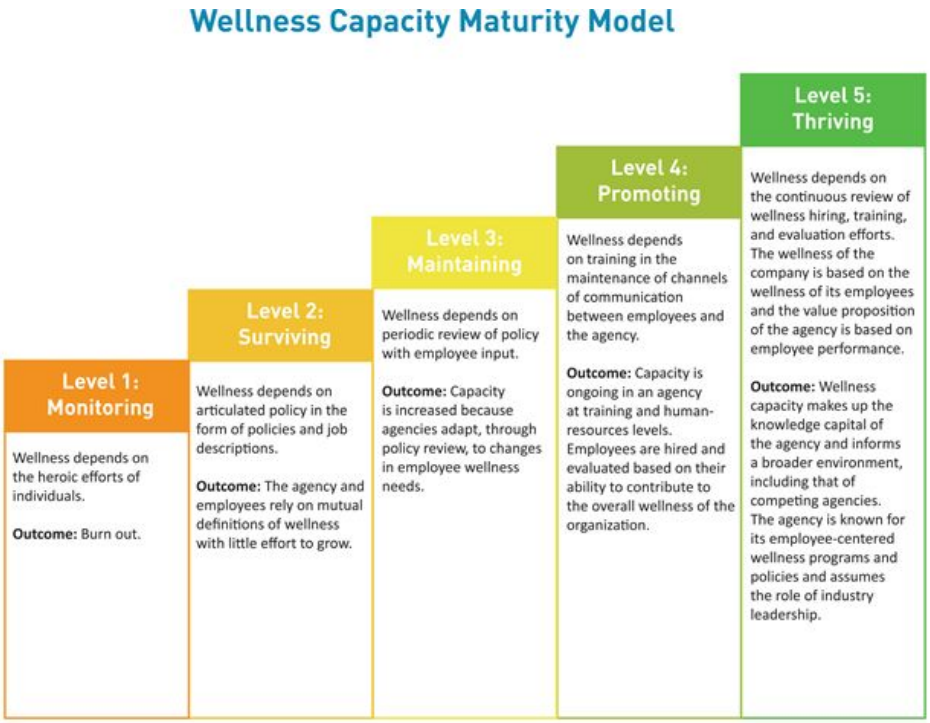
At the core of the Be a Wellness Leader workshop is a generic representation of the cycle of helping, sometimes called the social work process, that all front-line staff, to one extent or another, undergo in their daily work. This process is available in many forms and describes the

interaction of helping professional with clients. This process represents the basic value proposition of human service agencies, in that, to the extent that they carry out this process successfully with clients, the greater their performance is as an agency. This cycle is also at the core of our planned intervention materials for agency wellness leadership. Employees who shape their wellness vision based on their role as productive employees represent the dynamic of wellness, those who share their vision represent the promise of increased wellness capacity.

Tools for Leadership: "The Research Partnership Program"

The Wellness Capacity Maturity Model below, is the basis for our wellness capacity assessment. It is intended to reflect an organization's capacity to build a healthy work environment. We are currently developing this model in partnership with four agencies in the province: a women's shelter, a helping charity, a teen parenting support program and a child and family service agency.

This model identifies five levels of agency accomplishment, including Hindering, Surviving, Maintaining, Promoting and Thriving. At the lowest level (Hindering), wellness depends on heroic efforts of individuals and are not supported by adequate policies, training and supervision. This could result in burnout for employees. As an agency moves to next levels, it increases its capacity to support employees' wellness efforts through investing resources in policy development, adaptation and review, and training. The Thriving level characterizes a fully mature wellness capacity of an organization, where its business model is based on the wellness and performance of its employees.



As an agency moves from one stage to the next, it improves the ability of employees to perform the activities in the helping cycle actively and safely. It increases the amount of input from employees on wellness issues connected with the helping cycle as it moves toward becoming what is called a "learning organization."

This development means that some factors change as the agency progresses.

- Increased communication among employees and between agency strategic leadership and employees
- Increased professionalism of wellness efforts to match industry standards

- Increased ability of an agency to engage in “double-loop” learning, which builds strategies as well as solutions
- Increased awareness of the agency as a “learning organization” that thrives on the knowledge base of its employees
- Increased capacity for flexibility and resilience as an agency in the face of client demand, industry evolution, and economic change.

As we continue to work on this model, and the assessment, implementation, and evaluation tools that accompany it, we intend to provide an overall framework for agencies in the sector. We will to have this available in the Fall of 2016.

Citations

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