

Quality of working life strategy

Developing an
action plan to
improve health and
productivity



Australian Government

Comcare

Acknowledgements

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Preface

Quality of Working Life Strategy

"Quality of Working Life" was a term developed from work health research beginning in the early 1970s. It has various meanings which are usually based on the degree to which members of an organisation are able to satisfy important personal needs through their experience in the organisation. Quality of working life programs, therefore, focus on providing a work environment conducive to the satisfaction of individual needs.

The benefits gained from quality of working life programs are:

- improved health and job satisfaction
- increased organisational efficiency and productivity.

Research

A research project on the Quality of Working Life was conducted by Comcare Australia in six selected Commonwealth Government organisations during 1990/91 to investigate the incidence, cost and causes of occupational stress.

The researchers analysed workers' compensation claims for stress-related illness in the six participating organisations and conducted interviews with their staff.

Comcare Australia's workers' compensation data for 1990/91 was also analysed.

The study found that stress-related workers' compensation claims were a significant and disproportionate cost to Commonwealth Government organisations. In 1990/91 stress claims made up 4.6% of all claims, but were responsible for 18% of the costs.

Table 1: Acute Events by Frequency of Staff Members Reporting of at Least One Episode

<i>Acute Event</i>	<i>Frequency</i>
Conflict with supervisors	47%
Physical assault, harassment or abuse	43%
Conflict with peers	29%
Forced relocation or redeployment	29%
Counselling for poor performance	23%
Disciplinary action	12%

Analysis of stress claims in the participating organisations demonstrated that workload, physical assault, harassment or abuse, conflict with supervisors, and forced relocation or redeployment were leading precipitating events. For workload however, the researchers found that in many cases where workload had been nominated as the cause, other relevant factors were at play.

Interviews with staff in the participating organisations showed that the events demonstrated to be the precipitating factors in the stress claims were experienced frequently. This is shown in table 1.

Many staff also reported illness or injuries which they attributed to work. Almost half (49%) of those interviewed said they had an episode of work-related illness or injury in the previous three years, and one-fifth described the illness or injury as stress-related.

Only one of the 171 staff members interviewed had lodged a workers' compensation claim, which means that the other 84 employees who reported that they had experienced an illness or injury which they attributed to work, had dealt with the problem through sick leave.

The research demonstrated that claimants took three to four times the amount of sick leave in the 12 months before making a claim, compared to non-claimants. Furthermore it showed that statistically significant relationships existed between physical assault, harassment and abuse; conflict; forced relocation; and sick leave and illness.

Quality of Working life Strategy

In response to these findings Comcare Australia initiated the Quality of Working Life Strategy in December 1992.

The Strategy recognises that to date most interventions have focussed on assisting individuals to cope with stress. The Strategy seeks to redress that imbalance by including approaches to the way work is organised and the way people are managed.

Potentially significant factors in developing an organisational approach to reducing stressors and improving health and productivity are shown in table 2.

Table 2: Improving Health and Productivity - Factors of Potential Significance

Way Work is Organised	Way People are Managed	Quality of Working Life Indicators
<ul style="list-style-type: none"> • Safety • Job Control • Job Content • Workload and Pace • Work Scheduling • Social Environment 	<p>Human Resource Management Systems:</p> <ul style="list-style-type: none"> • Supportive • Participative • Definition of Role and Expectations, Feedback • Opportunity for Development and Promotion 	<ul style="list-style-type: none"> • Rates of Workers' Compensation Claims • Rates of Absenteeism • Rates of Client Aggression • Rates of Disciplinary Procedures • Rates of Systems Break Down • Staff Turnover • Rates of Grievance Reporting • Measures of Job Satisfaction

However the Quality of Working Life Strategy also recognises that as well as designing work systems which promote health and productivity, it is necessary to assist and support individuals who experience stress reactions.

The Quality of Working Life Strategy is multi-faceted covering prevention, rehabilitation and compensation. The activities which were undertaken in phase one of the Strategy are shown in table 3.

Developing an action plan to improve health and productivity

From the research it was apparent that there were indicators which organisations might use to assess their Quality of Working Life. A list of potential indicators was developed as shown in table 2. The list, and the indicators themselves will benefit from further development.

It was decided work was needed to explore how organisations could use such information, and what other information was required to identify factors in the work system which were having an adverse effect on health and productivity.

Two demonstration projects were conducted in phase one of the Strategy, with the aim of developing a practical approach to improving health and productivity by identifying and controlling stressors in the work system.

The result is the step by step guide described in this manual.

Table 3: Quality of Workling Life Strategy - Phase One

Way Work is Organised	Developing an Action Plan to improve Health and Productivity-Manual	The Prevention and Management of Client Aggression-Guidelines		
Way People are Managed				
Assistance and Support for People with Stress Reactions			Early Intervention, Claims Administration and Return to Work Strategies-Guidelines	
Return to Work Strategy				
Compensation				Review of current policy

Introduction

Aim

The aim of this manual is to assist workplaces to develop, implement and evaluate an action plan to improve health and productivity.

Scope

This manual is designed to guide you through the steps to be taken to:

- assess the impact of the work system on health and productivity
- identify modifications to the work system which have the potential to improve health and productivity at work
- develop, implement and evaluate an action plan to improve health and productivity.

How this manual applies to your workplace

The information collected through the steps outlined in this manual will be useful on two levels:

- for a workgroup
- in adding to the understanding of these issues as they affect your organisation overall.

A fundamental principle on which the manual is based is one of full participation by all parties in the workplace. Without it, this approach will not succeed. Staff members are often the best source of suggestions for positive change. They are in the best position to know what is going wrong, and frequently know how to improve the work system. The steps outlined in this manual are designed to identify problems and capture suggestions for improvements by:

- generating statistics about health and productivity
- collecting information about staff views
- using discussion groups to investigate those and other suggestions for change
- developing and implementing an action plan based on all the information collected.

How to use this manual

This manual will guide you through the 17 steps you need to make in order to initiate and successfully manage a project to improve health and productivity in the workplace. There are often a number of ways each step can be taken, depending on the needs, size and composition of the workplace. The group running the project will need to make decisions

about the way each step will be taken. Points at which decisions need to be made are listed under the heading "Decision Points". Together with the "Action" box they make up a checklist for each step of the project.

At the back of the manual you will find a case study based on a demonstration project. The information from two demonstration projects formed the basis of the steps outlined in this manual.

The process described in this manual is not prescriptive. Whatever is done must be culturally appropriate for your workplace. You are encouraged to adapt the steps to meet the needs of your organisation.

Developing an action plan to improve health and productivity

Manual at a Glance

This manual comprises the following 17 steps which fall into five phases:

Getting Started

- Step 1 Develop a Project Brief
- Step 2 Inform Staff
- Step 3 Select Project Co-ordinator
- Step 4 Form a Project Group or Groups

Data Collection and Analysis

- Step 5 Decide on Methodology
- Step 6 Collect Information on Quality of Working life Indicators
- Step 7 Prepare to Collect Information on Factors Affecting Health and Productivity and Suggested Solutions
- Step 8 (optional) Develop a Survey Tool
- Step 9 Provide Update of Progress to Staff
- Step 10 Collect Information
- Step 11 Analyse Information

Interpreting Results and Generating Solutions

- Step 12 Compose Discussion Groups
- Step 13 Prepare Presentation for Discussion Groups
- Step 14 Run Discussion Groups
- Step 15 Collate Results

Developing and Implementing an Action Plan

- Step 16 Develop and Implement Action Plan

Evaluation

- Step 17 Evaluate

Step 1 - Develop a Project Brief

Decision Points

- Is there support for a project which aims to improve health and productivity in this organisation?
- Who will develop the project brief?

The need to improve health and productivity can be recognised at either a local or central organisational level. In either case a proposal to run a project to improve health and productivity should be submitted to senior management for approval. Before doing so support for the project should be gauged through consultation with the OHS committee, the union and key individuals in the organisation.

A project brief will be required. It should describe the aim and scope of the project outline the proposed strategies and specify how the project will be organised and resourced. The project brief should include reference to the results and what will be done with them (development and implementation of an action plan). The details of the methodology will be developed later. (See Step 5)

Action

- Develop project proposal.
- Consult with management, unions and OHS Committee.
- Obtain approval from senior management for the project.
- Develop project brief.

Outcome

- Support for project elicited.
- Approval for project obtained.
- Documented and agreed description of the aim, outline, resources and anticipated results for the project.

Step 2 - Inform Staff

Decision Points

- How will staff be informed?
- Who will do it?

Promoting the project throughout the organisation is essential. Once the project has been approved, staff should be informed, told that a project group will be established and that they will receive further information as the project progresses.

Make sure that the promotion is undertaken in a way appropriate to the workgroup culture. In the case study it was found that having union representatives involved in giving information and encouragement to staff members was successful. Initially, staff were "suffering from survey fatigue" and doubted the benefits of participating. Having a union representative who was committed to the project reassured them and encouraged enthusiastic participation.

It should be emphasised that this process is designed to improve the health and productivity of all staff, and will be based on their suggestions and needs.

Action

- Circulate information to staff.

Outcome

- Staff informed of project.
- Understanding of and support for project from staff.

Step 3 - Select Project Co-ordinator

Decision Points

- Who will be selected as project co-ordinator: OHS Officer? Other staff member? Person external to the organisation?
- If an external person is selected, how will this person become familiar with the organisation?

Following the decision to undertake the project, a project co-ordinator will need to be selected. An occupational health and safety (OHS) officer would be a suitable person. If the co-ordinator is from outside the organisation, she/he must become familiar with the worksystem, staff structures, office layout, etc. This can be achieved by workplace visits. As well as familiarisation with the organisation, the visits can be used by the co-ordinator to collect management and staff opinions on health and productivity issues, and information on strategies that have been tried in the past. A proforma to assist with collection of information on workplace visits is included. (See Appendix 1)

The project co-ordinator will be responsible for planning and organising the project. This will involve establishing and convening the project group and undertaking other activities as agreed by the project group. (See Step 4)

Action

- Management appoint project co-ordinator.

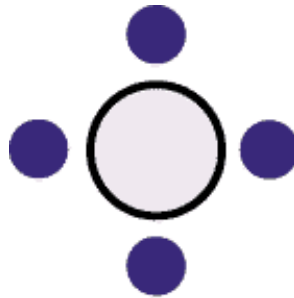
Outcome

- Project co-ordinator appointed.

Step 4 - Form a Project Group or Groups

Decision Points

- Which option will you need?
- Who will be in the project group or steering committee and project groups?
- When and how often will it / they meet?



Project Group

Option 1: Project Organised by Project Group

How the project is organised will depend on whether you are running one project at a workgroup level (Option 1) or a number throughout the organisation (Option 2). Throughout the document differences in the process between Option 1 and Option 2 have been outlined.

Option 1

The project is organised at a local level involving one workgroup.

The co-ordinator will be responsible for establishing and leading a project group which will plan and run the project at the workgroup level. The success of the project will largely depend on the success of the project group in organising and enthusing project participants.

The project group should contain:

- the project co-ordinator. Preferably the occupational health and safety officer
- management representative(s). Preferably from both the workgroup and central organisation
- workplace union representative(s)
- occupational health & safety officer (if not the co-ordinator)
- the person who will be running the discussion groups (if not one of the above).

The nucleus for the project group could already exist, ie, the OHS committee or sub-committee. It is useful to have a representative from senior management as a member of the project group. The survey (see Step 7) and discussion groups (see Step 12) may elicit suggestions for change which can only occur at the central organisational level. A senior manager can act as a conduit for this information.

The project group will act together to decide how to run the project.

The manual gives guidance for each of the steps.

Option 2

The project is organised at a central organisation level involving several workgroups or the whole organisation.

If you are running the project this way, you will need to form a steering committee to co-ordinate the activities of the several projects run by individual project groups at the workgroup level.

The steering committee will develop the methodology to be used and will oversee the implementation and evaluation of the projects at the workplace level. Local co-ordinators will be represented on the steering committee.

The steering committee should go through this manual, paying particular attention to the decision points marked for each step. It should, by making these decisions, come up with a plan for participating workgroups to follow. This plan will then be put into operation by the local co-ordinators.

The steering committee should include

- senior management representative. Preferably from Human Resources
- occupational health & safety co-ordinator or equivalent
- union representative(s)
- local workgroup representatives (project co-ordinators at workplace level).

The steering committee will monitor progress as workgroups undertake their projects and will have a role to play in consideration of action to be taken on organisational-wide issues.

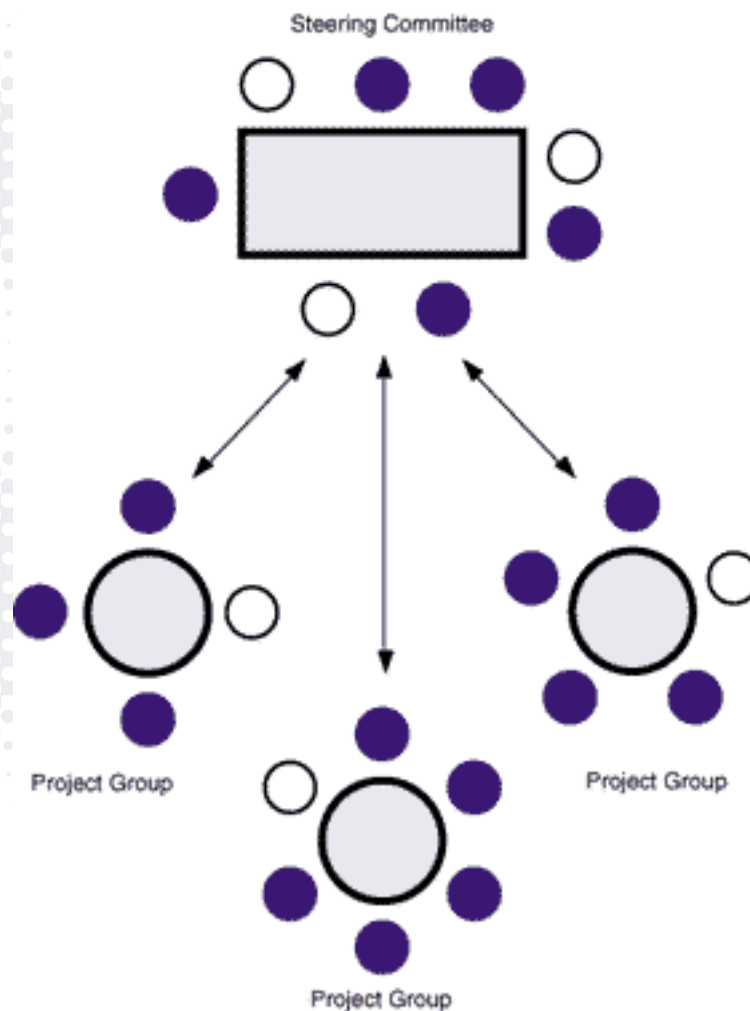
Project groups at the workgroup level will be formed as for option 1.

Action

- Invite appropriate people to join project group or steering committee and project groups.
- Organise first meeting/s.
- Provide group members with the case study for background information. (See Appendix 4)

Outcome

- Project group or steering committee and project groups established.



Option 2: Project Organised by Steering Committee

Step 5 - Decide on Methodology

Decision Points

- What will the methodology be?
- Who will: Collect information for Quality of Life indicators? Administer the survey or alternate means of data collection? Conduct discussion groups? Develop action plan? Implement and evaluate action plan?
- Who will take on the other tasks?
- When will these things happen?
- What resources are you prepared to commit to this project? For example, what percentage of staff can you spare for discussion groups?

The project brief will give an overview of the project (see Step 1), the methodology will describe the nuts and bolts of how the project will be run. A major part of deciding on your methodology will be agreeing on how the required information is gathered by this project and how the information will be acted upon.

In Option 1 the project group will decide on the methodology to be used in the project. In Option 2 the steering committee will develop a draft methodology for consideration by the local project groups.

Once the methodology has been determined, follow the remaining steps of this manual. Decisions about who will be responsible for each task will need to be made.

A timeline should be set, with deadlines for group members for tasks as appropriate. Collecting the information can be undertaken successfully in a month. Whatever the decision, try not to let it drag on. Staff need to know that there is a definite process which will produce specified results.

If staff know how the information they are being asked to provide will be used to achieve improvements they will be more likely to participate. Therefore it is important that the project group or steering committee decide at this point how the information collected will be acted upon. That is, who will develop the action plan. The action plan should be developed in consultation with unions. In some organisations the responsible body will be the project group or steering committee. In others, the information will be referred to already established consultative forums (eg, a joint consultative committee).

The methodology will include the following stages:

- collecting information on Quality of Working Life indicators (see Step 6)
- informing staff about the details of the project (see Step 9)
- collecting information on factors affecting health and productivity and suggested solutions by conducting a survey or an alternative means of data collection (see Step 7)
- collating results from survey or alternate means of data collection (see Step 11)
- composing discussion groups (see Step 12)
- preparing material for discussion groups (see Step 13)
- running the discussion groups (see Step 14)
- feeding information back to management and staff (see Step 14)
- preparing a report summarising the information (see Step 15)
- developing an action plan (see Step 16)
- implementing the action plan (see Step 16)
- evaluating the project (see Step 17)

Action

- Determine methodology.
- Assign tasks.
- Prepare timeline.

Outcome

- Methodology determined.
- All project group members clear on their tasks, deadlines.
- Necessary resources committed to project.

Step 6 - Collect Information on Quality of Working life Indicators

Decision Points

- Which indicators will you use?
- Who will collect the information?
- When?
- How?

For the purpose of this manual, quality of working life is described as the degree to which members of a organisation are able to satisfy important personal needs through their experience in the organisation. Quality of working life programs focus on providing a work environment conducive to the satisfaction of individual needs, and so improve health and productivity.

Factors which can influence quality of working life include:

the way work is organised

- safety
- job control
- job content
- workload and pace
- work scheduling
- social environment.

the way people are managed

- support
- participation
- definition of work role, expectations and feedback
- opportunity for development and promotion.

Measures that are appropriate indicators of Quality of Working Life in your organisation, either a reduction or improvement, need to be identified. Examples of potential Quality of Working Life Indicators are listed table 4. Some of these indicators will be more relevant in your workplace than others. Data for some may not be available at all. There may be other indicators which you feel are also important. You are free to choose the ones which are suitable for your workgroup or organisation.

In the case study, the indicators used were:

- average number of days of sick leave per staff member per year for the state, compared to the averages for the organisation nationally and for Australian Government Employment (AGE)
- proportion of workers' compensation claims which were stress-related for the state, compared to the averages for the organisation nationally and AGE
- total number of incidents of client aggression (national)
- percentage of types of incidents of client aggression (national).

Other indicators were not available (eg, staff turnover) or were considered irrelevant (eg, rate of disciplinary procedures).

Once the indicators to be used in your project have been determined someone in the project group (probably the coordinator) will need to collect the data.

One use of this information will be to stimulate the discussion groups. Perhaps more importantly, your chosen indicators will provide a benchmark for the project - a level against which the quality of working life in your organisation can be compared to itself over time. Data from your organisation can also be compared to data from other organisations, eg, Comcare Australia figures for Australian Government Employment.

None of the information should be collected in such a way that individual staff members can be identified. Persons collecting the information must understand the privacy requirements imposed in their organisation.

Action

- Collect information.

Outcome

- Indications obtained on the Quality of Working life in your organisation.

Table 4: Possible Qualify of Working life Indicators

<i>Health Outcome</i>
<ul style="list-style-type: none"> • Total number and costs of compensation claims for stress-related illnesses per 1,000 staff members for previous injury year (Compare to AGE average - Comcare Australia data) • Average duration of sick leave per staff member for workplace, area or regional group for the previous 12 months (Compare to organisational average, AGE data, data from other Quality of Working Life projects) • Average frequency of episodes of sick leave for workplace, area or region for the previous 12 months (Compare to national average for your organisation, AGE average, data from other Qualify of Working Life projects) • Frequency of use of mediation and counselling services • Information on trends from Employee Assistance Programs
<i>Known Risk Factors</i>
<ul style="list-style-type: none"> • Numbers of incidents of client aggression per staff member for the previous 12 months (Compare to national average for your organisation, data from other Qualify of Working Life projects) • Percentage of type of incident of client aggression for the previous 12 months • Rate of systems breakdowns
<i>Staff Turnover</i>
<ul style="list-style-type: none"> • By workplace, area or regional group • By staff levels - eg, entrance level, supervisors, etc • By length of service
<i>Attitude Surveys</i>
<ul style="list-style-type: none"> • Job satisfaction
<i>Complaints Regarding Work Activities</i>
<p>Formal</p> <ul style="list-style-type: none"> • Number of grievances (by type) per employee (Compare to national average for your organisation) • Number of disciplinary cases per staff member <p>Informal</p> <ul style="list-style-type: none"> • Reports to: supervisors, workplace delegates, OHS reps, How often? What issues?

Note: Information on grievances reported informally will be collected by interviews with supervisors, OHS officers and representatives and others. Therefore information on grievances will be both quantitative (number and type of formal grievances) and qualitative (based on interviews). You will need some way of organising the qualitative data. It may be appropriate to use the some grievance categories as for formal complaints.

Step 7 - Prepare to Collect Information on Factors Affecting Health and Productivity and Suggested Solutions

Decision Points

Either

- How will the survey be handed out and collected?
- Who will be responsible for introducing the survey to staff?
- How long will you give people to complete the survey?

Or

- What other means will you use to collect information?

As stated earlier, staff are often the best source of suggestions for positive change. They are in the best position to know what is going wrong, and frequently know how to improve the work system. As well as providing information directly useful for the development of the action plan, this information will be used to stimulate debate in the discussion groups. Collection of information from staff on factors affecting their health and productivity and suggested solutions can be done in one of two ways.

Either

Conduct a survey. (See Step 8)

In administering a survey, aim for a good return rate (50% or more), and as little collusion between staff as possible. Giving the survey out at staff meetings and asking people to fill it in on the spot is useful. Make sure staff understand that it is confidential and anonymous and will be used to: 1) inform the discussion groups; and 2) inform management of staff concerns.

If you run special information sessions, the survey can be handed out then.

Or

Collect information by other means.

Distributing a survey in your workgroup may not be appropriate, particularly if other surveys have been carried out recently. Instead, you could gather information on major issues in other ways, like informal discussions with staff, talking to OHS representatives and union representatives.

Action

- Decide how to collect information from workgroup.

Outcome

- Means for collecting information on factors which influence health and productivity and suggested solutions are determined.

Step 8 - Develop a Survey Tool

(optional)

Decision Points

- Who will you involve in the design of the questionnaire? Project Group? Systems and/or statistics sections? Others?
- Which factors will you include in the questionnaire?
- How will you word the questions?
- How will you test the questionnaire?

If the steering committee or project group chooses to conduct a survey, a questionnaire based on local issues will need to be developed.

The aim of the questionnaire is to identify the factors which the workgroup consider have a significant impact, either positive and/or negative, on their health and productivity.

To do this the project group can start by using its own knowledge of the workgroup and then consult others. If possible, ask for help from your systems or statistical section in the design of the questionnaire. Their involvement from the outset will facilitate the production of meaningful results.

Before you send out the questionnaire to all staff, you must test it. Select a small number of staff (see Step 10) and ask them to fill in the questionnaire. Check that they have done so accurately, and then talk to them to make sure that they understood the questions in the same way you intended them.

Table 5: Factors Surveyed in the Case Study

<i>Factor</i>
• Unplanned staff shortages
• Job security
• Introduction of new changes/ initiatives
• Responsibility & accountability
• Systems performance
• Training
• Client satisfaction
• Promotion and Appeals

- Public contact
- Feedback on individual performance
- Face to face contact
- Current rotation system
- Relationships with supervisor/manager
- Relationships with work group
- Services from other parts of organisation
- Feedback on your group's performance
- Space/work layout
- Overtime
- Other

Testing may lead to changes in the list of factors or in terminology.

For example, table 5 shows the factors included in the survey questionnaire in the case study. This table includes the factors "Public contact" and "Face to face contact". In some workplaces there is no face to face contact with the public, and this could be taken to mean face to face contact with fellow workers. In others, public contact occurs over the phone and by letter as well as face to face, so two categories are appropriate. Make sure that your questions convey the meaning which is intended. Another example is job security - this stressor might mean the fear of being retrenched, or the fear of being attacked by clients. If necessary, change the terms used so that there is no ambiguity.

If several of your test subjects make the same or similar entries in the box marked "Other", then add those items to your list.

The factors listed in table 5 provide an example of the kind of factors influencing health and productivity which you might include in your questionnaire. Many of these factors may be relevant to your workplace. However, you do not have to use any of these factors if they are not appropriate.

A sample questionnaire is in Appendix 3. Note that the survey is anonymous.

Action

- Develop questionnaire.
- Test questionnaire and adjust if necessary.

Outcome

- Reliable questionnaire developed.

Step 9 - Provide Update of Progress to Staff

Decision Points

- How will staff be informed?
- Who will write letter / article / memo?
- When?

Staff were told about the project before the project group was formed. (See step 2) Now that you have the basics of your methodology worked out, you should begin giving your staff more detailed information. Use whatever means are at your disposal: newsletter, staff meetings, noticeboards, informal meetings, union meetings.

The case study describes special information sessions to brief staff on the project. The opportunity was taken to distribute the survey questionnaire at these sessions.

It is important that the means chosen to inform staff be appropriate for the culture of your organisation. The union representative on the project group will have good ideas about what works best.

A useful method is to have a manager and union representative speak at a meeting. Follow this up with a letter to each staff member from the co-ordinator.

The letter should contain the following information:

- background to the project
- names of project group members
- outline of project (ie, survey followed by discussion groups)
- firm dates for when activities will be run
- what good it will do (eg, a chance to make recommendations and have them heard)
- how their recommendations will be acted upon
- a reminder that union is supporting the project. (See Step 12).

To selected participants:

- request for volunteers for discussion groups plus clear directions on how to volunteer and what it will entail, eg, two hours on specified date. (See Appendix 2)

Action

- Circulate information to staff.
- Invite participants.

Outcome

- Understanding of and support for project.
- Participants volunteer.

Step 10 - Collect Information

Collect information from workgroup/s on factors which influence health and productivity, and suggestions to improve quality of working life, using means previously determined.

(See Step 7)

Action

Either

- Distribute and collect survey.

Or

- Collect information by alternate means.

Outcome

- Information on factors which influence health and productivity, and suggestions collected from workgroups.

Step 11 - Analyse Information

Decision Points

- Who will collate the information from the questionnaire or alternate data collection method?
- Do you need help with the statistical analysis?
- How will you organise the information?

Option 1

The project is organised at a local level involving one workgroup.

You should now have two sets of information: the data on the Quality of Working Life Indicators and issues/suggestions for improvement from your workgroup.

If you have administered a questionnaire as a tool to collecting information, it now needs to be analysed. Using the sample questionnaire (see Appendix 3) as an example, first you would tally the responses to question 1 and 2 to determine the frequency of responses to each factor.

This will give a rough estimate of which issues are most important to staff. A table then needs to be prepared in a format suitable for presentation to discussion groups.

Next, the responses to questions 3 & 4 would require analysis. This may call for some judgement on your part, since these responses will be qualitative, not statistical. It is suggested that the responses be sorted under the headings of the factors listed in the earlier questions. Some answer may be applicable to more than one category. Remember that for the discussion groups, stimulating ideas are more important than a perfect classification.

If you choose to collect information in other ways, you could use the list of factors to help you organise this information.

Option 2

The project is organised at a central organisation level involving several workgroups or the whole organisation.

Results should be passed up from the workgroups and analysed centrally.

As well as making comparisons between individual workgroups and the organisation as a whole, or other organisations it may be possible to make comparisons between workgroups. Factors which may be significant in making comparisons include whether workgroups have public contact or not, size, location, demographics of area, office layout (eg, open-plan vs closed), management structure. Talk to your statistical section.

Action

- Collate and analyse information.

Outcome

- Information in useable form.

Step 12 - Compose Discussion Groups

Decision Points

- How many groups will you run?
- What kind of groups will you run (horizontal or vertical)?
- Who will you invite to participate?
- What will you do if other people wish to participate?
- How long will the groups run for?
- When will you run them? Where?

Discussion groups are the primary vehicle for staff to discuss possible strategies /solutions for improving health and productivity based on:

- data on the Quality of Working Life Indicators
- information about issues/solutions collected from workgroups.

Participation in the discussion groups will be voluntary.

Groups may be organised in two ways: horizontally or vertically. Horizontal groups are drawn from one level of staff. You might, for example, run two groups of junior staff, and one of supervisors. Horizontal groups are more likely to talk freely, but less likely to develop an overall or balanced picture of problems in the workplace.

Vertical groups are made up of staff drawn from different levels. Such groups may be able to give an overall picture of how certain problems affect the workplace at all levels and therefore be more likely to negotiate workable solutions. However, junior staff may be intimidated and reluctant to put their views forward, particularly if they are in conflict with supervisors' views.

If you choose to run the groups this way it is preferable that supervisors are not put into groups with the staff that they supervise. If this happens, the group may fail. However, in small workplaces where there are insufficient numbers of any one level of staff to make up separate groups this may be necessary (in this situation, discussion groups could be run at ordinary staff meetings).

In the case study, around one-third of the staff in each of three offices was involved in nine discussion groups (groups of ten). Participation, by those selected, was on a voluntary basis. A representative mixture of staff was invited to participate. Care was taken that the usual spokespeople (those who always volunteer their views) were not over represented - this is a chance to hear the views of quieter members of staff.

Group composition should be representative with regard to age and gender.

An issue to be considered is how many staff will be involved in discussion groups. In small workplaces, if you have a large number of volunteers, it may be better to use everyone, time and resources permitting, than to cause resentments by choosing only some of the staff.

Each group will need two project group members: one to run the group and the other to observe and take notes. These roles should be clearly defined (and may be rotated). Groups should have at least six and not more than twelve participants for maximum effectiveness.

Action

- Decide on nature, timing and size of groups.

Outcome

- Groups organised with optimum mix of staff.

Step 13 - Prepare Presentation for Discussion Groups

Decision Points

- How will the information be presented?
- What will the content of the trigger material be?
- What will the structure of the discussions be?
- Will groups be given information to take away with them?

You should now have:

- Quality of Working Life Indicators (statistical information)
- Information from working group/s on factors which influence health and productivity.
- Some suggestions for improvement.

With this information you should prepare a presentation which you will give at the beginning of each discussion group. This presentation should have two aims:

- 1) To give discussion group members enough information about the overall issue so that they realise the impact of your current system of work on the health and productivity of staff.
- 2) To stimulate discussion not only on the problems associated with how work is arranged but also solutions or strategies for reducing stress and improving health and productivity.

The presentation should include:

- background information on the link between work systems factors and health and productivity (See Preface and Appendix 4)
- data on Quality of Working Life Indicators for your organisation (See Step 6)
- information on the issues from your workgroup (See Step 7, Step 8, Step 10, Step 11)
- examples of solutions. (See Step 11)

Prepare overhead transparencies and handouts with this information (trigger material).

Action

- Prepare presentation.

Outcome

- Presentation ready.

The following is a format for keeping a record of discussions. This format can be used on a whiteboard, an overhead projector or butcher's paper.

<i>Factor/Problem</i>	<i>Suggestion</i>	<i>Action Required</i>	
		<i>Local</i>	<i>Central</i>

Step 14 - Run Discussion Groups

Decision Points

- How will you give participants a record of the group process?
- Will you do a process evaluation?
- If so, how?

The discussion should be structured to ensure that objectives are achieved and unrealistic expectations are not raised. The discussion group will be led by a member of the project group. A suggested method for running a discussion group is presented below:

- 1) Present information about how work system factors have an impact on stress, health and productivity.
- 2) Present the statistics based on the Quality of Working Life Indicators.
- 3) Present the results of the survey.
- 4) Ask for the group's reaction to this information.
 - Are there any factors in the work system/problems which currently have a negative impact on health and productivity?

List all suggested factors/problems. (See Step 13)

- 5) As factors/problems are mentioned, write them down in the first column.
- 6) For each factor/problem presented, solicit suggestions or solutions and write them down in the second column. If discussion flags at this point, use the questions below to regenerate it.

For each factor/problem identified:

- What has been done to date to address this problem?
 - What worked? What didn't?
 - What else could be done? (Suggestions)
- 7) With the group decide what action is required to make the suggestion work. Which items can be acted on at a local level? Which need to be forwarded to the central organisation? Record this information in the third column.

For each suggestion:

- How could this suggestion be actioned?
 - What action would be required locally?
 - What action would be required centrally?
 - Are there any constraining factors?
- 8) At the conclusion of discussion give group participants a hard copy of the information recorded during the session, if possible, and tell them what will happen to it. If it is not practicable to provide a copy immediately, send hard copies as soon as possible. If using an overhead transparency or electronic whiteboard, simply photocopy the record and distribute this to participants, their managers, project group/s and/or steering committee members.
 - 9) Before concluding, offer participants the chance to speak to you privately. A good way to put it is, "If there are any problems we haven't had time for today, please come and see me". People who are shy in groups prefer face to face contact; sometimes a conflict between one or more participants might inhibit their input. Make sure individuals feel comfortable in coming to see you after the session.
 - 10) After each session brief managers of staff who participated in the group. It is helpful to let management know which issues the group felt strongly about.
 - 11) Finally, evaluate the discussion groups. One option is to use a questionnaire. Another idea is to interview one or two participants to check that the group covered the important issues. Try to choose interviewees who are impartial and not pushing their own hobby horse.

Action

- Organise and run discussion groups.
- Distribute a copy of the record to participants, appropriate management and project group/steering committee members ASAP.
- Evaluate the discussion groups.

Outcome

- Discussion group members participate fully and with realistic expectations. They generate accurate lists of problems and suggest solutions.
- Problems and suggestions are passed on to appropriate managers.
- Project group or steering committee and project groups informed of outcomes.

Tips for Running Small Groups

- Make sure a suitable room is booked well in advance.
- Get there early to set up the room and check equipment. Bring extra pens/markers, notepaper, duster, etc.
- Have name tags so everyone knows each other.
- Provide the same information to each person and group. Though some issues will be more important than others to different levels of staff, the leader's job is to draw out their most pressing concerns and discuss possible solutions.
- Be clear about your objectives. Outline what is going to happen in the group.
- Be clear about what you want from group members. Make sure they know that you want to hear their ideas without criticism. Not all groups will be able to produce suggestions. This is not a failure but usually an expression of powerlessness.
- For example, in a large organisation local workgroups often have little or no influence over the computer system they use. Yet systems design and breakdown can be a stressor. In such a case, the group should do two things. first, identify strategies which will reduce the impact of the situation (eg, methods for dealing with the public when there has been a system breakdown). Secondly, consider how to pass on their experience to influence decisions which will lead to improvements.
- Don't raise false expectations. Make sure the group understands that their suggestions may or may not be acted on, but that they will definitely be listened to.
- Don't judge participants. This project aims to find out what staff think, not what the group leader thinks. Remember that someone who has been put down once is unlikely to contribute again.
- Be encouraging.
- Give a clear picture of what will happen next. Give dates and times if possible.
- Thank the group for their participation.

Step 15 - Collate Results

Decision Points

- Who writes the report?
- To whom is it circulated?

Combine the results from the Quality of Working Life Indicators, the survey (or alternative data collection method) and each of the discussion groups and summarise results in a report for those preparing the action plan. Some aspects you may wish to consider:

- How much agreement is there on which factors are significant?
- Is there agreement on possible solutions? If so, what are they?
- Do the survey/research results and the results from the groups agree?
- If not, how do they differ? Is the difference related to the staff level in the various groups?
- Are there certain factors in the work system which are seen differently by different levels of staff?
- Which of the factors is controlled at the workgroup level and which comes from elsewhere in the organisation or from society in general?

Action

- Collate results from the Quality of Working life Indicators, survey and groups, and write report.
- Circulate report.

Outcome

- Information in useable form and circulated to appropriate people.

Step 16 - Develop and Implement Action Plan

Decision Points

- What action should be taken?
- Who should take it?
- When?
- Who will be responsible for following through each plan?
- How will you measure the success of the action?
- How can you support those taking the action?

Option 1

The project is organised at a local level involving one work group.

Results of the collation of the Quality of Working Life Indicators, survey and discussion groups should now be sent to whomever the project group has decided will develop the action plan. The action plan may be developed under the aegis of the project group itself or another participative forum, eg, joint consultative committee, OHS committee. This group will make recommendations about changing the work system to reduce stress factors and improve health and productivity.

It should be clear by now which problems can be addressed at the workgroup level. These should be considered immediately. Draw up action plans for dealing with each problem and assign a project group member to see the action plan through.

Developing the action plan should be done with appropriate consultation (eg, with OHS specialist, with managers of sections, with other union representatives). The action plans themselves should include methods of feeding back plans and results to staff. It is important that credible timelines be used for these action plans and that deadlines are adhered to wherever possible.

Once the first enthusiasm of running the discussion groups wears off it is easy for this kind of project to disappear under the onslaught of daily work demands. Make sure that dates and realistic goals are set for the action plans so that everyone involved continues to give the project the time and resources it needs.

Make sure that everyone who will be involved in the action plan is thoroughly briefed and supportive. Clearly establish lines of responsibility and reporting.

Option 2

The project is organised at a central organisation level involving several workgroups or the whole organisation.

Once the results from the local level are fed back to the steering committee, act immediately so local level staff can see that their comments have not been ignored.

Develop action plans for organisational change and distribute them, through the project groups to the general staff. Make them as specific and concrete as possible. State deadlines and realistic, understandable goals.

Support the local level in implementing the action plans wherever you can - either by additional resources, encouragement or by increased attention to these issues in performance appraisals.

Action

- Develop action plans.
- Implement plans.
- Keep staff and management informed.

Outcome

- Action plan implemented.

Step 17 - Evaluate

Decision Points

- What performance indicators will be used?
- Who will collect the information and write the evaluation report?
- Who receives the evaluation report?
- How will action be taken as a result of evaluation?

Indicators by which the project will be evaluated should be determined at the time the action plan is developed. The data collected using the Quality of Working Life Indicators will act as a benchmark for the project, however other indicators specifically related to the action plan will also be required.

It is suggested that an evaluation be done in three phases at 6, 12 and 24 months after implementation has commenced.

Phase 1

Time: 6 months after commencing the implementation of the action plan.

Indicator: Progress in implementing action plan.

If the evaluation reveals that satisfactory progress has not occurred, find out why. The action plan may need to be adjusted. Reassess timeframes, have realistic goals been set? Targets may need modification, are additional resources required? Has enthusiasm for the project waned? Does the project need further promotion?

Phase 2

Time: 12 months after commencing the implementation of the action plan.

Indicators: Progress in implementing action plan; change in Quality of Working Life Indicators; change in other medium- term indicators.

Phase 3

Time: 24 months after commencing the implementation of the action plan.

Indicators: Change in Quality of Working Life Indicators, change in other long-term indicators.

Action

- Conduct evaluation of specified periods offer commencement of implementation.
- Report on evaluation.

Outcome

- Project accurately assessed and changes mode to implementation accordingly.
- Change in health and productivity demonstrated.

Appendix 1 - Guide to Workplace Visits

Possible interviewees

- Manager
- Workplace delegate
- OHS representative
- OHS co-ordinator
- Other key individuals

Guide to interview

Date

Interviewee

Description of work process

- Nature and volume of work
- Organisation structure
- Number of staff by job classification
- Productivity indicators

Health and Productivity information

- What is absenteeism like here?
- Do you receive many workers' compensation claims here?
- What is the staff turnover here?
- What has been the experience in this office with regard to health and productivity issues?
- What action has been taken to date?
- What worked best?
- What didn't work?
- Have there been other suggestions not yet acted upon?

Appendix 2 - Sample Information letter

TO: All staff

Improving health and productivity project

(Insert organisation name) has embarked on a project designed to identify ways of improving the working environment of staff to benefit their health and productivity. The (insert union name) is fully involved in all stages of this project.

The project is being co-ordinated at this workplace by: (insert names of project group members).

Staff are being asked to contribute to this project by identifying the factors in the work system which affect their health and productivity and by suggesting ways to improve their work environments. There will be a survey distributed to all staff followed by a number of discussion groups.

On (insert date), (insert name of person/group) will distribute a survey form to you asking for information about your work system. This survey is anonymous and confidential. Completion of the survey form is voluntary.

Members of the project team will then conduct (insert number) small discussion groups to consider the information gathered from the survey forms and to develop practical recommendations for improving the work environment. Staff will be randomly selected and invited to join these groups. Participation is voluntary.

The groups will be run on (insert dates) and will each last approximately (insert time).

Strategies proposed in the survey and the groups will be forwarded to (insert group developing action plan). This group will decide which strategies can be implemented and will develop an action plan.

The project will be evaluated after (insert number of months) to assess the success of the action plan and see whether there have been noticeable improvements in your work environment.

I encourage you to participate in this project and contribute to a healthier and more productive working environment for you and your colleagues.

(SIGNATURE)

Appendix 3 - Sample Questionnaire

Q.1. Please tick the factors listed below which have a significant influence on your health and productivity. You may tick as many as you wish. You do not have to tick any.

Q.2.

- Unplanned staff shortages
- Job security
- Introduction of new changes/initiatives
- Responsibility and accountability
- Systems performance
- Training
- Client satisfaction
- Promotion and appeal
- Public contact
- Feedback on individual performance
- Face to face contact
- Current rotation system
- Relationships with supervisor/manager
- Services from other parts of organisation
- Feedback on your group's performance
- Space/work layout
- Overtime
- Other (please explain)

Which of the items that you have just ticked do you think has the greatest effect on you?

Q.3. Can you suggest any ways that those factors could be changed to improve health and productivity in your work?

Q.4. Any other comments ...

Thank you for your time and effort in completing this questionnaire.

Appendix 4 - Case Study

The Organisation

Centrelink is a large agency whose work involves considerable public contact. This case study describes the application of the methodology outlined in this manual in one Area.

Three offices participated in the project and approximately 300 staff were involved.

Comcare Australia provided a co-ordinator to facilitate this demonstration project.

Scope

The scope of the project was to:

- identify work practices that have an impact on the health and productivity of staff
- consider and subsequently implement suggested solutions which have the potential to improve health and productivity
- assess (if possible) the effectiveness of:
 - the client aggression strategy
 - establishment of the Teleservice Centre, in improving health and productivity.

Administrative Arrangements

There were two levels of decision making, ie, national and local.

A Steering Committee was established with representatives from the organisation at a National and Area level, the Public Sector Union and Comcare Australia. The Committee's role was to approve the methodology, oversee the development and implementation of the action plan, and to monitor the evaluation process.

At the Area level a Project Group was established. It developed the methodology, monitored the collection of information and promoted the project.

The Project Group consisted of the Area Manager, the Public Sector Union representative, the two Co-ordinators; one from Comcare Australia and the manager responsible for Occupational Health and Safety in the Area. Occupational health and safety from the central organisation was also represented.

Methodology

As the Comcare Australia co-ordinator was unfamiliar with the worksystem, workplace visits were conducted. The proforma for the visits was the basis for Appendix 1, of this resource.

The Project Group then developed the methodology which was endorsed by the Steering Committee.

It comprised the following stages.

Qualify of Working life Indicators

Three were selected: absenteeism data; stress-related workers' compensation claims; and incidence of client aggression.

An analysis was conducted of the data relating to the study area in Centrelink compared to Centrelink in total, and the wider Commonwealth Government Employment. This data was analysed over a time frame of three years.

From this analysis the working group was able to identify trends and more precisely frame the next phase of the project which involved obtaining the views of staff.

More information about the Quality of Working Life Indicator methodology can be obtained through Comcare Australia in conjunction with the study area.

Survey of Work System Factors

The Project Group decided not to use a scientifically validated questionnaire as they felt it would not reflect the issues of concern to the offices. Instead they identified the work system factors they suspected were of most concern and composed a new questionnaire. This was the basis for the questionnaire at Appendix 3, although some modifications have been made to simplify the questions in the light of the experience of this project. The survey was analysed by an external consultant.

Promotion to Staff

The Area Manager sent a letter to all staff advising them of the project. This formed the basis of the letter at Appendix 2. Information sessions were run at each office. The Area Manager, the Public Sector Union representative and one of the Co-ordinators spoke at each session. Staff were briefed about all aspects of the project and urged to participate. At the union representative's suggestion a point was made of explaining exactly what would be done with the information provided by staff and how it would be acted upon. The effectiveness of the communication about the project ensured good participation in the survey and discussion groups.

Discussion Groups

The Project Group decided to have a mixture of discussion groups, some comprising staff at the same level (ie, horizontal) and some with staff at a variety of levels (ie, vertical groups). As expected the horizontal had a higher degree of input than the vertical, however the vertical groups were effective. The experience confirmed however, the expectation that the inclusion of a supervisor with his or her staff makes a group less effective.

The results of each discussion group were copied from the white board, typed and circulated to the relevant group participants and manager immediately following the discussion.

Evaluation of discussion groups

Telephone interviews were conducted with one participant of each group to check whether they felt the outcomes were representative of the discussion.

Collation of information in a report

The Quality of Working Life statistics, survey results and results from the discussion groups were collated in a report by the Comcare Australia co-ordinator. This report was sent to the Steering Committee and Project Group

Development and implementation of action plan

It was proposed that the Consultative Committee would oversee the development and implementation of the action plan.

Evaluation

It was proposed to refine the indicators when the action plan was developed. The evaluation was to be monitored by the Steering Committee.

Results of the Survey

There was a 62% response to the questionnaire (189 responses).

Overall responses to the worksystem factors were fairly evenly distributed across items. However, the factors which influenced people ranged considerably from person to person.

The three most significant factors were identified.

Results of the Discussion Groups

The issues below were nominated in at least seven out of the nine groups or were common to all three groups in one office.

Specific issues were raised and suggestions put forward in relation to each of the following:

- Supervision
- Selection procedures
- Job rotation
- Training
- Absenteeism
- Written communication to clients
- Systems performance
- Client aggression (one office only)
- Telephone services (one office only).

Action Plan

The findings from the surveys and discussion groups were considered and the Area decided, in consultation with the Staff Association, to establish joint management-union working parties to look at ways to improve the working environment for staff in the following broad areas:

- feedback and communication between staff and their supervisors
- a management of change at the local workplace level
- staff support in respect of client contact
- managing unplanned staff shortages
- making staff selections less stressful
- skills retention in the Teleservice Centre.

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