

# Work Redesign for Worker Well-Being: Selected Findings from Health Care Settings

## PRINCIPAL INVESTIGATORS

**Lisa F. Berkman, PhD**

Director, Harvard Center for Population and Development Studies  
Thomas D. Cabot Professor of Public Policy, Epidemiology, and  
Global Health and Population at the Harvard T.H. Chan School of  
Public Health

**Erin L. Kelly, PhD**

Sloan Distinguished Professor of Work and Organization Studies at  
the  
MIT Sloan School of Management and  
core faculty at MIT's Institute for Work and Employment Research

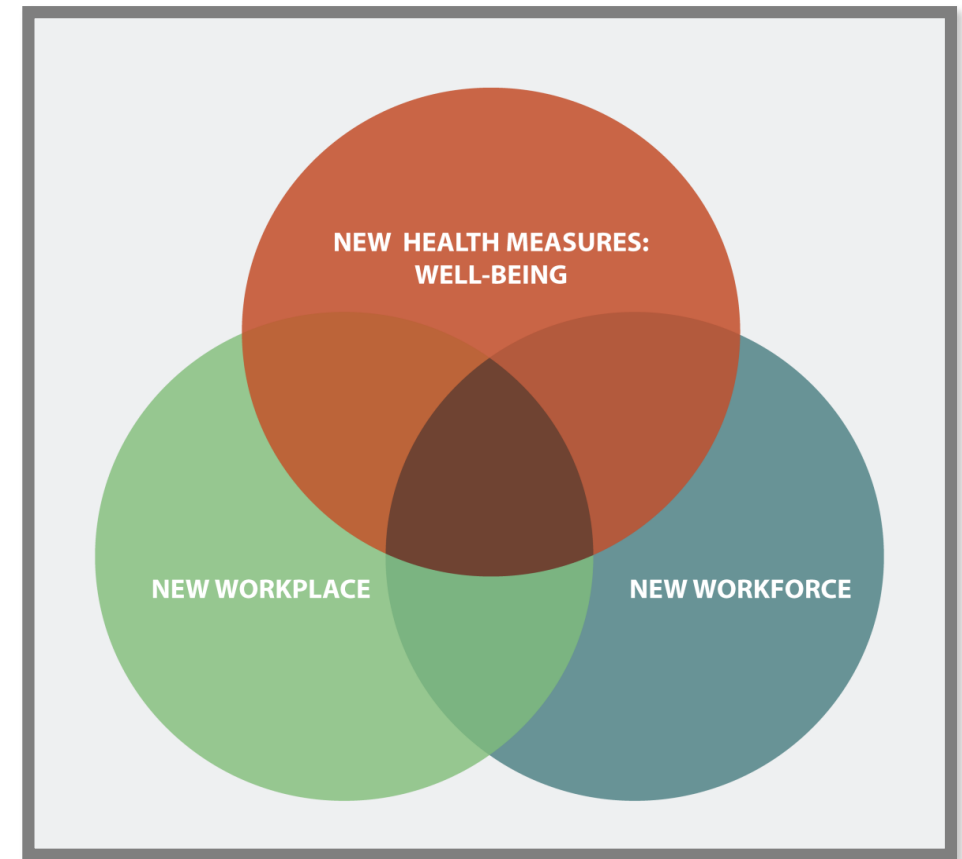
**Laura D. Kubzansky, PhD**

Lee Kum Kee Professor of Social and Behavioral Sciences &  
Co-Director of the Lee Kum Sheung Center for Health and Happiness  
at the Harvard T.H. Chan School of Public Health

## PROGRAM DIRECTOR

**Meg Lovejoy, PhD**

Research Program Director of the Worker Well-being Initiative  
at the Harvard Center for Population and Development Studies



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# Work Design for Health Approach

- Work is a **social determinant** of health
- Central tenet: **change the workplace, not the worker**
- Change workplace policies, practices, environments to improve population health
- A “primary prevention” approach; consider **positive health outcomes**

# Work Design for Health Approach: Updating the Classic Occupational Health Model for the 21<sup>st</sup> century

**Refines 3 evidence-based principles to improve worker well-being:**

- 1. Give workers more **control** over their work including:**
  - a) Schedule control
  - b) Worker voice and input
- 2. Rein in excessive **job demands** including:**
  - a) 24/7 availability
  - b) Longer hours
  - c) Enhanced productivity surveillance
- 3. Improve **social relationships** in the workplace considering:**
  - a) Supervisor support for family/life
  - b) Enhanced teamwork and social relations with external clients/partners



# Employer Toolkit

## ***Goals of Toolkit:\****

*Provides an evidence-based framework - Work Design for Health - to guide employers on enhancing workplace health & well-being*

*Highlights promising research-tested practices*

*Offers how-to advice*

## ***Toolkit Location:***

<https://workwellbeinginitiative.org/employertoolkit>



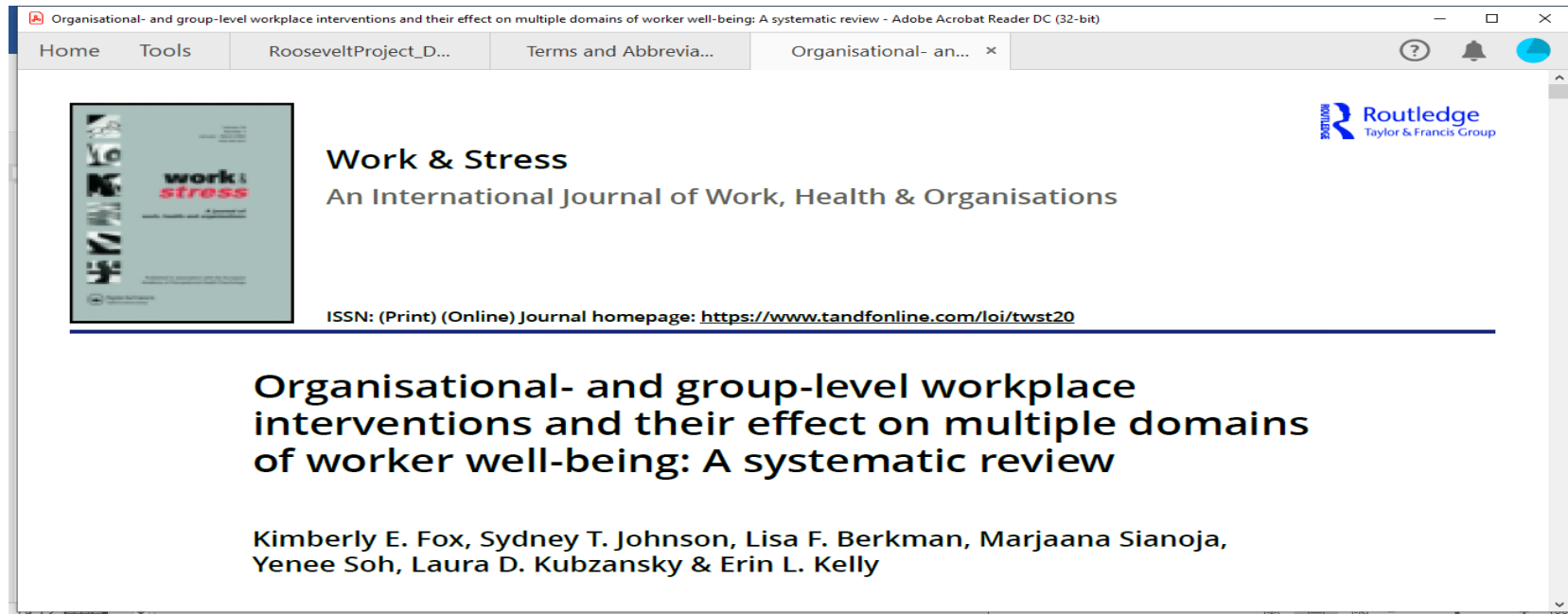
*\*Toolkit based on a systematic review of evidence, preparation of report supported by Robert Wood Johnson Foundation*

# Work Design for Health Approach & Employer Toolkit Informed by Evidence from our Systematic Review

**Our Systematic Review:** What workplace conditions affect well-being?

## Methods:

- RCT or quasi-experimental designs evaluating workplace interventions and worker well-being as outcomes
- 83 studies and 68 articles, published from 2000-2018
- ***31 studies conducted in health care settings.***



# Promising Work Redesign Strategies in Health Care Settings: **Selected Evidence from our Systematic Review**

## Give Workers More Control Over Their Work:

### 1) **Schedule Flexibility** – Garde et. al. 2012

- Implemented a self-rostering system (the PRIO project)
- **Results:** Reduced mental distress and need for recovery

### 2) **Worker Voice & Input** – Linzer et. al. 2015

- Clinicians participated in guided process of workplace problem identification & improvement
- **Results:** Significant improvements on burnout, job satisfaction (trend toward reduced intention to leave)

# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Systematic Review

## Tame Excessive Work Demands:

### **Providing Resources – Bourbonnais et. al. 2010; Linzer et. al. 2015**

- Clinicians in 2 settings – acute care hospital & group of clinics – provided with multiple resources to lighten work demands, including:
  - Increasing the amount of time primary care doctors could spend with their patients
  - Providing improved training for new hires to reduce burden on existing staff
  - Offering psychological supports (e.g., counseling)
  - Hiring additional staff to help physicians with nonessential tasks
  - Shifting training for clinicians from off-site to on-site to reduce staff travel time.

### **Results:**

- Significant reductions in sense of work intensity & workload, improvements in mental health (including reduced burnout) and less likely to consider leaving.

# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Systematic Review

## Improve Social Relationships in the Workplace:

**Foster Supportive Supervisor Relationships** – Kossek et. al. 2017; Odle-Dousseau et. al. 2016

- Supervisors of health care workers in 2 settings – nursing homes, retirement homes – received training to enhance 4 kinds of supervisor supports for work-life issues:
  - Providing emotional support (i.e., expressing empathy for work-family demands)
  - Providing practical support (i.e., helping employees resolve work-family problems)
  - Modeling work-family balance
  - Creative work-family management (i.e., reorganizing work to support employee work-family life)

### Results:

- *Retirement home setting*: improved employee engagement, job satisfaction, job performance
- *Nursing home setting*: reduced stress & psychological distress for employees also caring for other family members off the job (e.g., young children or elderly relatives).



# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Qualitative Study

- **Qualitative study of frontline workers in 3 industries – health care, warehouse, and retail**
- **Design:** interviewed before and during pandemic
  - **Sub-sample of Health Care Workers:**
    - Wave One: 48 CNAs and their supervisors across 4 New England hospitals
    - Wave Two: 17 CNAs and their supervisors in 2 of the original hospitals
- **Goal:** Explore sources of worker and organizational resilience, innovation, and agency in times of crisis

# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Qualitative Study

## What Supported Worker Resilience: Enhancing Teamwork

Hospitals enhanced teamwork practices during the pandemic (through recommended practice of “Cluster Care”), which led to CNAs perceiving greater respect and appreciation from nurses (CNAs; *health care*)

*I think we really value each other more and we respect each other more.... Because now, everybody knows that this is teamwork. You cannot do this by yourself...[Now] the nurses will call you and ask, ‘What do you think about my patient?’ They were never doing that. So that is teamwork. And that made it much, much better.*

*This is a new normal now, everyone (nurses and CNAs working) together...I don't think we're going back to the old way...I just think because we all came together so much. It's a whole new outlook. [The nurses] see what we need to do every day and how much that the [CNAs] do, but that they really are supposed to be doing it too. And I think by everyone doing it together, it just changed everything....It's wonderful.*

# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Qualitative Study

## What Supported Worker Resilience: Strong Supervisor Supports

- Pre-pandemic practice of “staff rounding” – regular supervisor check-ins with staff comparable to “patient rounding” - helped staff feel supported during the crisis (CNAs; *health care*)

*You can always get a hold of [my supervisor] if you need to speak to her. She's never where you can't reach her. She reaches out, and is always emailing and giving us updates.*

# Promising Work Redesign Strategies in Health Care Settings: Evidence from our Qualitative Study

## What Supported Worker Resilience: Strong Channels for Worker Voice

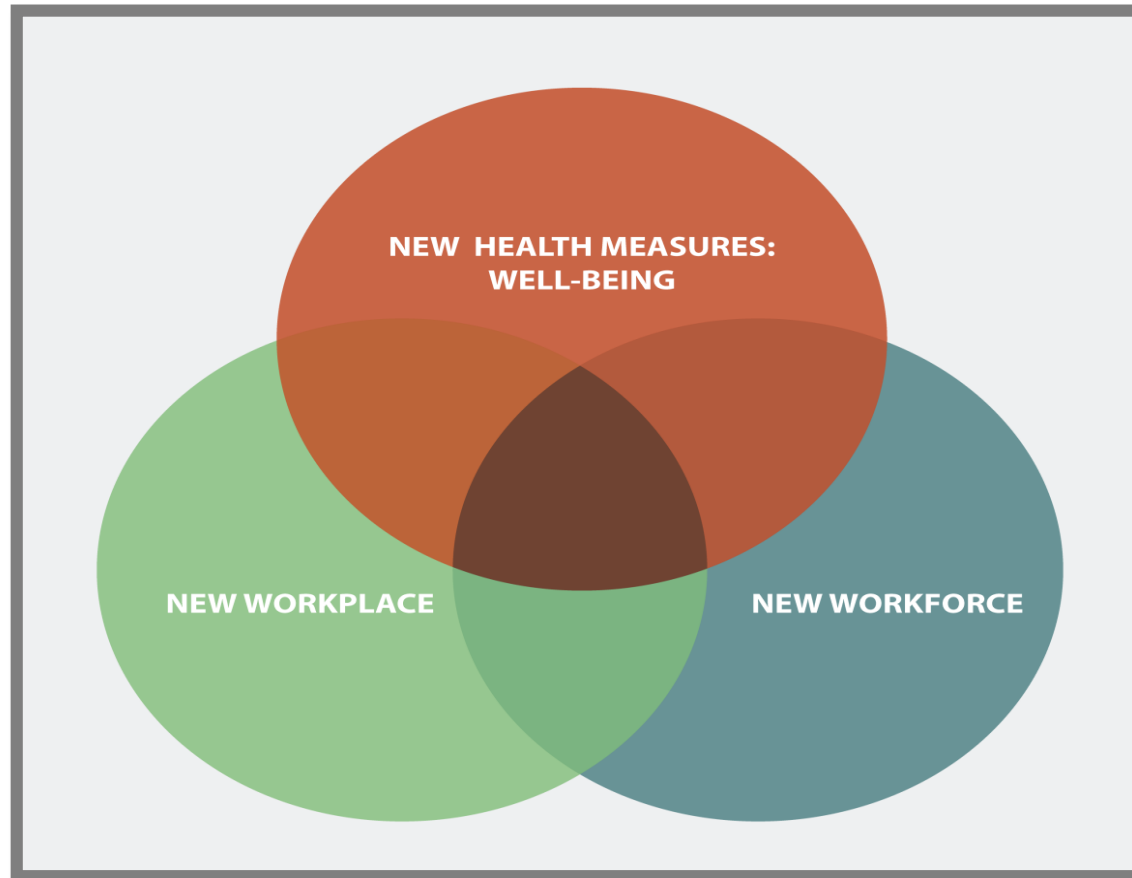
- Lean Huddles (brief daily meetings designed to promote worker input) were a key source of problem-solving, practice innovation, and empowerment (CNAs; health care)

*We would offer suggestions every day in huddle of what would be helpful to us. And [supervisors] were pretty good at listening; but it was definitely up to us to make these changes because we were the ones dealing with it.*

*We have huddles in the morning. And that's where you express your concerns, that's where you can learn how we could do something better...We can voice anything. And our manager is amazing at making sure that she resolves each issue in a timely manner. It might not be that day or that week, but eventually she does get it done. She hears everybody out.*

# Work and Well-Being Initiative

**Thank you!**



# Systematic Review Healthcare Studies

## High Quality Studies

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# Systematic Review Healthcare Studies

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