CASE STUDIES

CO-ORDINATION AND SUPPORT FOR UNIT LEADERS: A NEW APPROACH TO HANDLE THE BURDEN OF SICKNESS ABSENCE AT WORK

1. Organisations involved

Home Care Department of the Health Centre of the City of Helsinki

Occupational Health Centre of the City of Helsinki

Figure 1: Providing services

2. Description of the case

2.1. Introduction

The Home Care Services unit (domestic services and home nursing) of the Helsinki Health Centre provides nursing, care and necessary support services in order to maintain the health and functionality and offer care in case of illness or disorders for the elderly, for convalescents, for patients suffering from chronic illnesses and for disabled people over the age of 18. The objective is to secure the clients' active and safe living at home.

A person is entitled to home care services and related support services if he/she needs help in daily activities, such as eating, washing, dressing, getting out of bed/chair, walking, or visits to the toilet.

Recent statistics showed that short and long-term sick-absences have become a growing problem at the Home Care Department of the Health Centre of the City of Helsinki. For example, the statistics for 2008 showed that sickness absences in the home care department of the City of Helsinki are higher than the average sickness absences for employees of Helsinki municipality (See Table 1):

Table 1: The percentage of sickness absences (both short and long term)

City of Helsinki	Health Centre	Home Care Department
5.3 %	6.2 %	8.4 %

These sickness absence patterns contributed to problems in:

- Productivity

- Leading the teams
- Managing the every day work load
- Employees' wellbeing at work

Due to the rise in sickness absence, and the knock-on effects of working arrangements and work productivity, a two-year development project that aimed to reduce sickness absence levels was started in 2009 in the Eastern and South-Eastern Districts covered by the city of Helsinki Health Centre's Home Care Services Unit. In 2009, the number of staff for both districts was 465.

The project's focus is on the support offered to management. This is due to previous research showing the importance of the home care advisor's role in terms of assisting in the wellbeing of the individual and helping to create a pleasant working environment. In addition, home care advisors are themselves likely to suffer from considerable stress, especially during organisational change and in situations where numerous sickness absences intrude on the day-to-day customer services provided by the home care teams.

Another aspect of the project involves an evaluation off the current processes compared to the processes being implemented. This evaluation will focus on differences in sickness absences and the economic impact of the changes implemented.

Research has shown that sickness absences, in addition to being very costly to organisations, increase the managerial workload and the workload of other employees as well as impacting negatively on the time spent on patient care. Further, depending on the length of the sickness absence of a particular employee, his or her salary might be negatively affected. Thus it is useful for the intervention to monitor sickness absence and to calculate the return of investments of the project. The evaluation will consist of both qualitative and quantitative elements and focus on the functioning and transferability of the work models developed in the project as well as the ability of management to lead in work wellbeing matters and to face those challenges that arise. The Central District will act as the benchmark in the project for the Eastern and South-Eastern Districts.

Persons involved in the project

The project has individuals with specific roles throughout. As such, an occupational welfare coordinator takes responsibility for implementing the project, and is one of the key players. Through her work she supports the work of management, promotes collaboration models and helps home care advisors to improve their leadership skills. The occupational welfare coordinator is appointed to the Home Care Services Unit, and works together, among others, with a qualitative evaluator, who is seconded from inside the unit. Also, additional expertise is outsourced and includes specialists from the Finnish Institute of Occupational Health (FIOH) to do the quantitative evaluation of the project. A multidisciplinary steering group is in charge of the project control, while practical operations are under the responsibility of the project team.

<u>Steering Group (Project Control)</u>

- Occupational Welfare Coordinator
- Project Coordinator
- Occupational Health Care Nurse
- Occupational Psychologist
- Senior Researcher (FIOH)
- And others

Project Team (Practical Operations)

- Home Care Advisors, East
- Home Care Advisors, South-East
- Occupational Welfare Coordinator
- Project Coordinator
- Occupational Health Nurse
- Occupational Psychologist

2.2. Aims

The main aim of the project is to reduce sickness absence, thereby lightening the workload of the home care advisors and employees alike and cutting operating costs.

Further, one of the objectives of the project is to develop further the collaboration models e.g. Early Support - called ***Vatu*** - and Return to Work Support - called ***Patu*** - that are in place to address those issues which relate to sickness absence in the City of Helsinki and to incorporate them into the general personnel management model. See Figure 2.

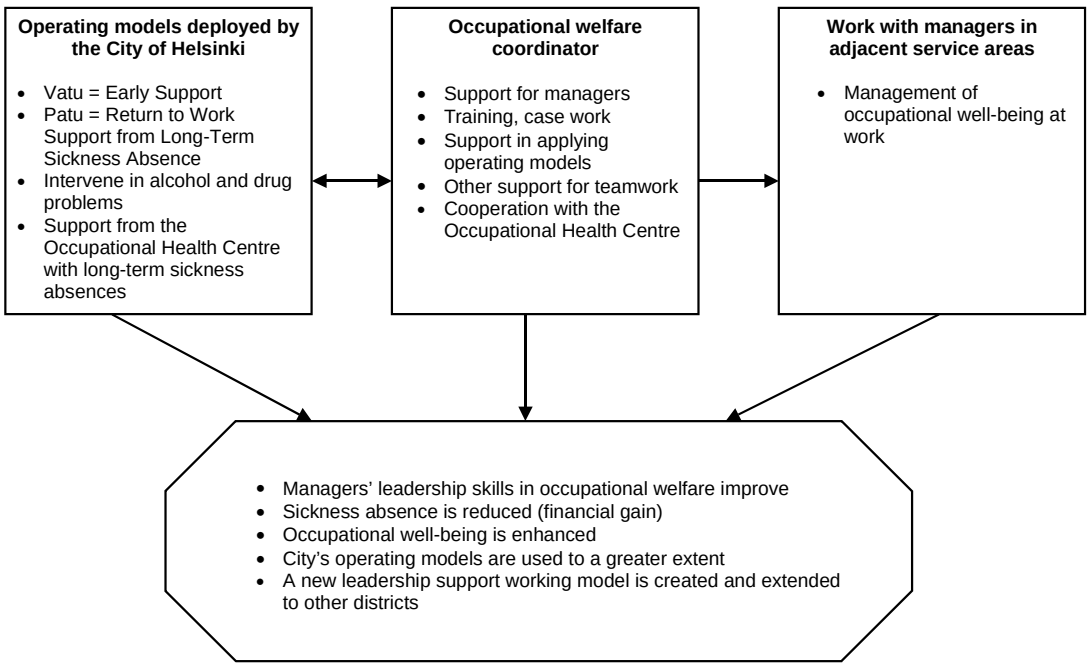

Figure 2: The general personnel management model

In the Early Support Vatu model *first stage* discussions occur with the employee when he or she has been on sickness absence leave five times or for a maximum of 20 days over the last twelve months. The *second stage* discussions occur when the employee has taken 10 periods of sickness absence leave or when the leave amounts to a maximum of 30 days over the last twelve months. In the Patu, Return to Work model, in the first instance, a discussion occurs between the home care advisor and

the employee when the employee is going on long-term sickness absence. During this discussion the Patu model is described to the employee and the contact arrangements during the sick leave are discussed. During the period of sick leave, the home care advisor is in contact with the employee periodically, usually by telephone: asking how she/he is doing, giving news from the work place, and showing a general interest in the wellbeing of the employee. Also the return to work is discussed and the meeting before the return is being planned. The next stage of Patu is the preparation of the return to work. An important part of the return is the return discussion between the home care advisor and the employee. A representative of the occupational health care organisation attends that meeting if needed. Also a written plan of the return and for the period after it is made. It can include limitations of certain tasks for a certain period. The last phase of Patu is the follow-up period once the employee returns to work.

2.3. What was done, and how?

Research background

At the first stage, during autumn 2008, the project coordinator conducted a thorough review of the research literature concerning wellbeing at work and leadership. This allowed an assessment of any new areas of research as well as the identification of the most important areas on which to focus. In addition, the earlier projects conducted at the Home Care Department were taken into account to gauge what was done and what was accomplished. An experienced occupational nurse was hired to work as the occupational welfare coordinator. She started her work in January 2009.

The planning period

Due to the findings from the initial research, the steering group decided to focus on leadership, i.e. *How to support the home care advisors in their every-day work and its challenges?* This focus would improve on all aspects of the working environment, inclusive of improving the coping capabilities of the home care advisors. It was important to plan the project to reflect as fully as possible the needs and wishes of the home care advisors and employees; as well as to use research data and to include the current challenges faced in occupational welfare as the foundations of the project.

During the first three months of 2009, the implementation of the project was planned and the preliminary project plan concluded. Both the occupational welfare coordinator and the project coordinator participated in training organised by the City of Helsinki on the operating models used in the management of sickness absence. Their involvement included also:

- taking part in other forms of training to benefit the project;
- networking with the researcher involved in another productivity project ongoing in the City of Helsinki Health Centre;
- networking with the project coordinator for the Helsinki City Social Services Department's project relating to work community trainers;
- studying some working models from other Finish companies that included an occupational welfare coordinator
- engaging in joint discussion, brainstorming and sharing of ideas in order to compile and edit the collected data; and
- forming an information and activity package that meets the needs of the current project to manage sickness absence.

The project was introduced in the Home Care Services Unit's staff committee meeting in February 2009. An information event meeting was held in May 2009 open to all staff members. A short presentation was given at the meeting on the links between work and health and the project structure. The job description of the occupational welfare coordinator was also outlined and a group discussion

was conducted on the subject “Good manager – Good employee”. Participants were encouraged to ask questions, provide comments and initiate discussion.

Other information provided, included:

- A general information bulletin
- An information package for the Eastern District’s Home Care Services employees
- An information leaflet on the role of the occupational welfare coordinator

In order to ensure clarity of roles and facilitate better working practices, the project coordinator and occupational welfare coordinator met with the occupational health care nurse and the occupational psychologist from the Eastern District. These are constant positions in the Occupational Health Centre of the City of Helsinki. It is very important to have discussions with these professionals (the nurse and the psychologist) in order to clarify the division of the tasks of the Occupational Health Centre and the occupational welfare coordinator and to decide on the best way of collaboration. In addition, the project has been highlighted in the personnel magazine (“Terveisiä”) of the City of Helsinki Health Centre, with further publicity occurring at the seminar organised for the Helsinki Social Services Department’s project concerning work community training.

The intervention period

The target group are 18 home care advisors, who work in the eastern part of Helsinki and have two home-care teams each to lead (approximately 20-40 employees).

Over the two-year period the occupational welfare coordinator was available to support the home care advisors in the department in their daily leadership-related challenges. The home care advisors are offered the opportunity to gain additional training and to participate in working groups based on problem-based learning.

The intervention was divided into two parts: The facilitation of the training and the work undertaken by the occupational welfare coordinator.

Before the start of the training sessions the home care advisors had their work evaluated (360° feedback). Subsequently this feedback was used to identify their individual training goals. This process, therefore, facilitates personal growth as well, as it includes not only the common goals of the project, but also those that are personal to the home care advisors.

<u>Training days:</u>

- This takes the form of a study programme over a period of 7 days. The key features are:
    - The selection of themes based on the preferences of the home care advisors in the initial interviews.
    - The primary focus of the training is the home care advisors’ role.
    - The training is flexible. Wishes and needs that arise during the process can be accommodated.
    - Each day 2-3 home care advisors are appointed from among all home care advisors. They plan the day together and support commitment to the process.

These home care advisors select the case studies for the day from their own experiences on issues that appear or appeared challenging.

    - The case studies will then be discussed in smaller groups during the day.
- The lectures / practices occur in the morning and there is a case meeting in the afternoon. There is spare time around the lunch break to relax between the lecture and the case meeting.
- The casework (that is, working through the issues raised by the home care advisors) is based on Problem-Based Learning (PBL, see below).

The *training themes* for each of the days involved:

1. Links between work and health, the theory of emotional attachment in adult interaction;
2. Mental health in working life
3. Interaction and communication styles
4. Emotional skills and challenging customer situations
5. Managing one's own work and workload
6. Leadership and management in the Home Care: Examining Case Sipoo (This is a municipality which has achieved success around leadership and management issues in the health care sector and in social services)
7. Home care advisor's own mental resources and zest for life

Small working groups (based on PBL)

Each month, small working groups of eight or nine home care advisors meet for two hours. The number of participants in each group determines the number of tutored meetings that are scheduled. For the future it is planned that the groups continue to meet independently to maintain the momentum of the learning sessions. The project coordinator and the occupational welfare coordinator act as group tutors. They attended a one-day course on the PBL method before the meetings starts, in order to lead effectively the PBL sessions. After the meeting, the group leaders (the Project Leader and the Welfare Coordinator) collate the discussion and disseminate it to the participants.

Each group member takes turns in submitting a case to the meeting. The aim is to learn together a structured method for working through everyday challenges and problems and to seek help from colleagues. In the future, the work model can easily be adapted for teamwork. This means that the home care advisors can use the PBL method they learn at these meetings, when working with the teams they lead.

Problem Based Learning

According to this method, information is gathered on the basis of personal needs, instead of using ready-processed data. The learner is at the core of the process and he or she creates his or her own objectives. In this method, the issues being discussed have a foundation in reality. A tutor who is responsible for the progress always supervises the work in the small PBL groups.

In the sickness absence project the PBL work advances according to a model consisting of six steps. The same steps are repeated in each case that is developed:

1. Starting point – define the problem

- An existing problem from the work environment is presented. Each participant takes it in turn to introduce his or her own problem
- The situation is described clearly and concisely
- The presenter does not have any ready-made questions to put to the others
- The others only put questions that make the case clearer
- There is no single clear-cut solution to the problem

2. Brainstorming

- All the ideas are recorded
- Either each person writes the ideas on to sticky notes of his or her own or they are written on one board

- No long-winded analyses, only short phrases or single words
- No discussion; the ideas are thrown forth, without any criticism or analysis
- Other people's ideas are not commented on or judged

3. Ideas are classified and grouped

- In this step all the ideas are classified; which ones belong together?
- Normally, this produces 3-4 groups
- The ideas can be grouped first and then given headings or they can be given headings first and then grouped

4. Learning objectives are defined

- Questions are specified relating to each group of issues / headings
- What do we need to know and what do we need to take into account to resolve the problem?
- Do we need to know more or can the group provide the information?

5. Discussion and new ideas are recorded

- There are two different approaches to the discussion:
  - All the participants answer all of the questions, or
  - The case presenter gives his or her own solution to question 1; then each participant explains his or her solution / comment to the question
  - Each question is processed in turn
- A summary of the discussion is produced and recorded
- How can I apply to my work the knowledge and information thus produced?

6. Possible self-study, and new knowledge is introduced to the group

- Depending on each person's own learning requirements, their own work environment and their level of interest, solutions to the questions arising during the meeting can be sought in between meetings
- Any new information is presented at the next meeting and/or, if the case presenter wishes, a previous case is briefly reviewed

Feedback from training

Immediate feedback is collected from the training, before the leisure part of the training course begins. During the leisure session the home care advisors engage in non-work activities such as going for a walk or exercising. The training is discussed at project meetings, and the feedback is taken into account when planning any subsequent training.

<u>The work of the occupational welfare coordinator</u>

The work of the occupational welfare coordinator is based on the idea of giving support to the home care advisors in their everyday working life. Support comes in the form of consultancy and the possibilities of having the coordinator in different meetings as an expert and a supporter both to the

home care advisors and employees. She also gives support to the home care advisors in applying the collaboration models of the City of Helsinki (Vatu, Patu).

Home care advisors, as well as employees, can consult the occupational welfare coordinator on sick leave absence matters or on other matters of occupational wellbeing. An important part of her work are the consultations that are targeted to support the overall wellbeing of the leaders. She is also involved in discussions between the home care advisors and the employees, especially in demanding situations.

In addition to the ongoing management support project, the Home Care Service puts a lot of effort in enhancing the staff's health by supporting the individual and encouraging a healthy lifestyle in general. In autumn 2009 and spring 2010, staff in the South-Eastern Home Care Services Districts participated in health promotion weeks that focused on healthy eating, physical exercise and human interaction.

The evaluation and reporting period

The project evaluation consists of two parts: a quantitative evaluation on sickness absence and return on investment and a qualitative evaluation.

The qualitative evaluation involves collecting initial information, through thematic interviews with the home care advisors. The evaluator, occupational welfare coordinator and project coordinator carry out the planning of the qualitative evaluation. Particular care is taken when deciding on the interview method and questions, to obtain information on the current situation regarding the management of occupational wellbeing as well as its challenges. Also, the participating home care advisors' expectations concerning the project and its content are identified.

The qualitative evaluation at the end of the project consists of an Internet-based anonymous survey followed by interviews with several home care advisors. The main themes of both the survey and the interviews focus on the changes that happened in the abilities of the home care advisors in their everyday work and their opinions of the approaches used in the project.

For the quantitative evaluation, in summer 2009 a preliminary report (an inter-project group report) was written in which the situation and statistical data before intervention (e.g. sickness absence figures) are briefly described.

2.4. What was achieved?

It is anticipated that sickness absence will be reduced at the end of the two-year period of the project. Another anticipated outcome is the general improvement of the wellbeing of the employees.

Additionally a working model on leadership support was gained that can be used across other units and departments.

Also, the concept of productivity in the context of municipal care services has been reflected on during the project from more than just the economic point of view.

The project was presented in the international research conference "Towards Better Work and Well-being" held in Helsinki 10-12 February 2010.

2.5. Success factors

The casework in PBL groups was a good way to apply a structured model to processing challenging situations in the management of occupational welfare and to benefit from the peer support and wisdom of colleagues.

The training model was very effective in promoting 'buy-in' to the process. It supported the involvement of each home care advisor in turn to participate in the planning.

The topics explored during the training days were very relevant to the participants, and gave them the opportunity to work through issues that were important to them and in which they had expressed an interest. This probably explains why:

The feedback collected after each of the training days has been very positive.

The collaboration with occupational health care services has been focused and positive throughout the project. As mentioned previously, the project coordinator and occupational welfare coordinator met with the occupational health care nurse and the occupational psychologist. It is anticipated that these interactions will continue after the end of project to maintain the collaboration points and best practices that were promoted during the project.

2.6. Further information

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2.7. Transferability

This process can be transferred to other companies and across countries. However, it is resource intensive and does need well-trained and professional staff. As such, it may incur financial costs, such as salaries for consultants, and may be too cost-intensive for small and medium-sized enterprises (SMEs). However it is expected that the investment will pay off in the long run.

3. References, resources:

- City of Helsinki, Project: Management of absence due to sickness, 30 March 2009. Translated from Finnish 22 June 2010.
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