

Employee safety, health and well-being focus group findings from one Veterans Affairs medical center

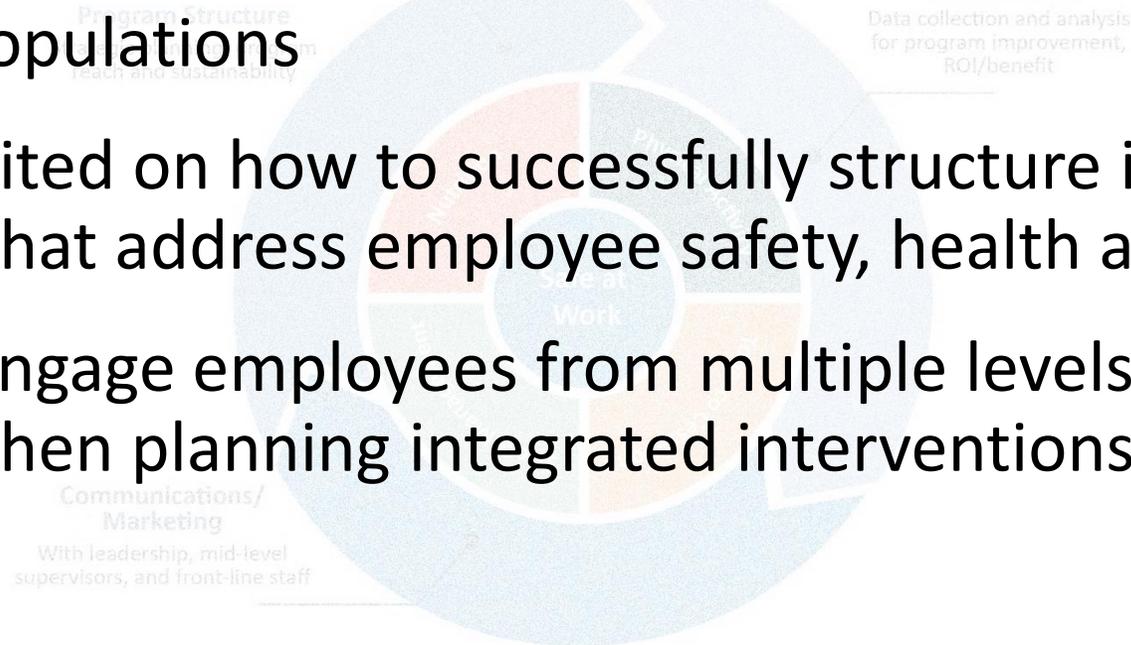
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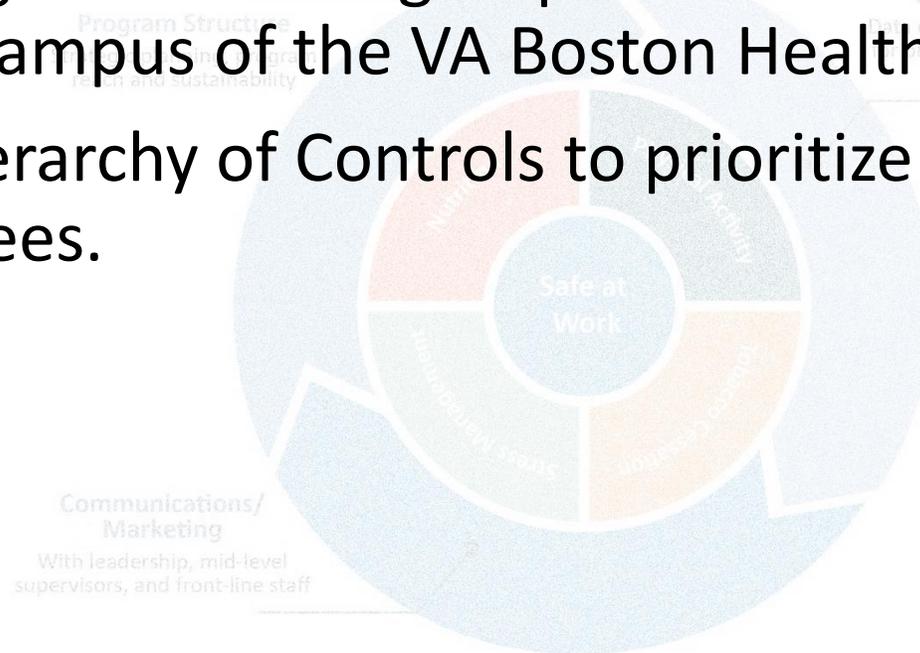
Background

- Work-related factors contribute to many safety and health problems in employee populations
- Evidence is limited on how to successfully structure integrated interventions that address employee safety, health and well-being
- Important to engage employees from multiple levels within an organization when planning integrated interventions



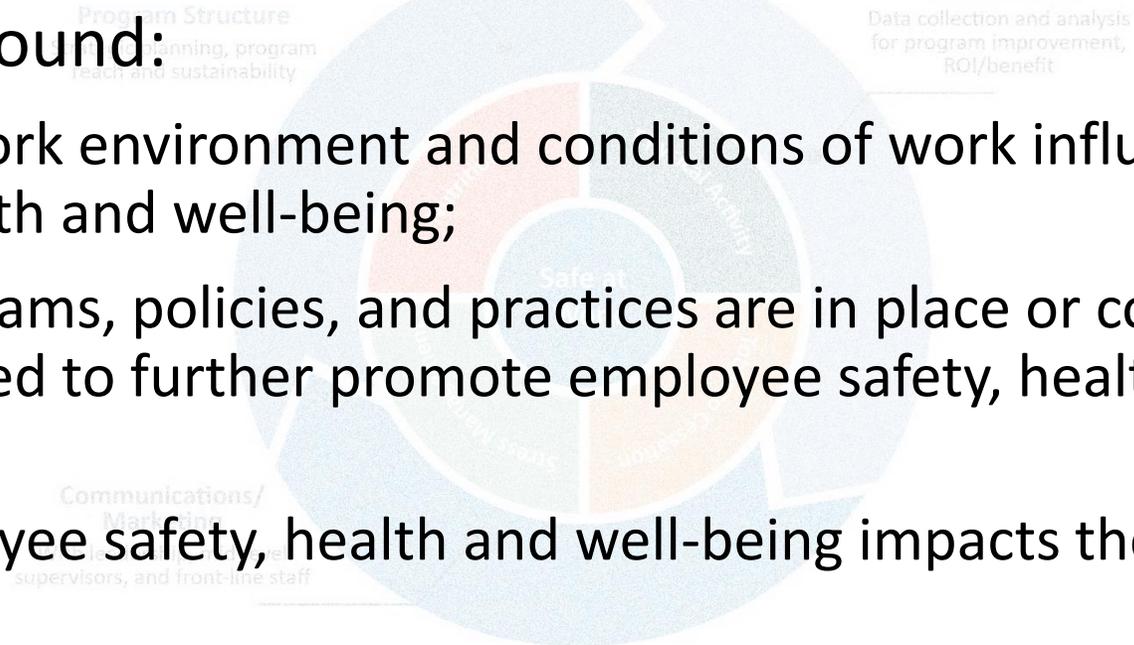
Session Objectives

- Present findings from focus groups conducted with employees at the Brockton campus of the VA Boston Healthcare System.
- Apply TWH Hierarchy of Controls to prioritize future interventions for VA employees.



Purpose of Focus Groups

- Focus groups were conducted to better understand employee perceptions around:
 1. How the work environment and conditions of work influence employee safety, health and well-being;
 2. What programs, policies, and practices are in place or could be implemented to further promote employee safety, health and well-being; and
 3. How employee safety, health and well-being impacts the VA mission.

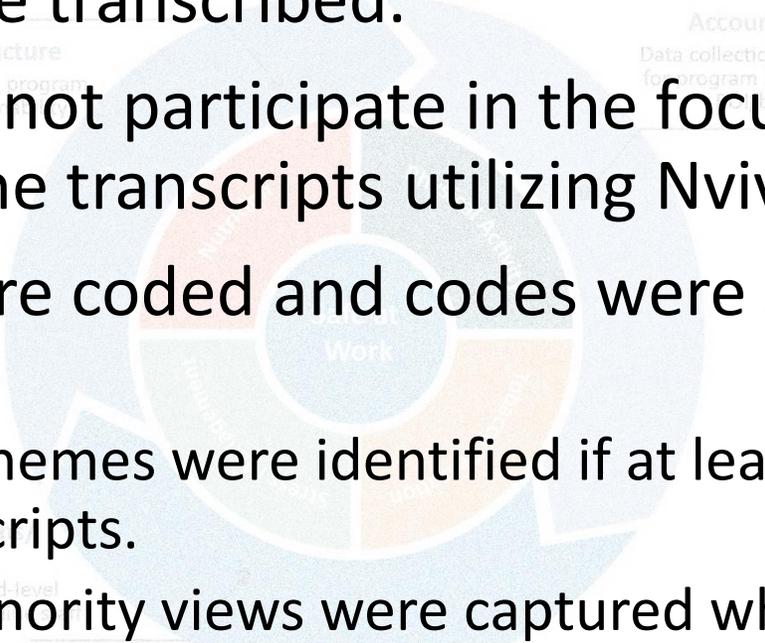


Methods: Study Design

- VHA Employee Health and Well-being in collaboration with Harvard's Center for Work, Health, and Wellbeing conducted focus groups at one VA medical center in October of 2016.
- 9 one-hour focus groups were conducted with leadership, supervisor, and front-line employee groups.
- All focus groups were audio-recorded after obtaining informed consent.
- VA Boston HCS IRB approved the study.

Methods:

Data Analysis

- Audio recordings were transcribed.
 - One analyst, who did not participate in the focus groups, conducted content analysis on the transcripts utilizing Nvivo10 software.
 - Emergent themes were coded and codes were summarized across all transcripts.
 - Common emergent themes were identified if at least 2 employees reported them across all transcripts.
 - Both majority and minority views were captured when they existed in the transcripts.
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Focus Group Findings: Participant Characteristics

- 55 employees participated in the 9 focus groups.
- Average number of participants per group was 6 (range 5-9 employees).
- Majority of participants were female, clinicians, and were not supervisors.

Table 1. Frequency of Respondent Characteristics (n = 55)

Characteristic	Respondents
Gender	70% Female
Job Role	55% Clinician
	45% Administrative or other role (e.g., police, interior decorator, laborer, electrician)
Level of Supervisory Experience	58% Front-line employee
	40% Supervisor/Middle manager
	2% Executive leadership

Focus Group Findings: Results

6 common themes emerged:

1. Stressful working conditions and on-the-job stressors that impact employee safety, health and well-being
2. Health hazards that impact employee safety, health and well-being
3. Other organizational factors affecting employee safety, health and well-being
4. Knowledge of current health and safety programs/initiatives
5. Barriers to participation in current programs/initiatives
6. Suggestions for future programs/initiatives

How the work environment and conditions of work influence employee safety, health and well-being

Focus Group Findings: Stressful Working Conditions

- Staffing/hiring
 - Mandated overtime and off-cycle shift rotation
 - Hiring the right staff who then stay on the job
 - Inadequate staffing levels
- Unforeseen changes to jobs/roles
- Heavy workload
- Nature of duties
- Difficult supervisors/co-workers
 - Working with adversarial or difficult co-workers or supervisors can lead to stress and/or turnover.
- Collateral duties

“People have trouble sleeping, trouble managing work, when they are sick they come in because there’s too much to do, so then everyone else gets sick. I think stress and workload are issues.”

“When you talk about psychological stress, what I see is when management changes, there’s not much of a lead-up to it or just like all of a sudden you’ve got a new nurse manager...that’s very stressful.”

Focus Group Findings: Health Hazards

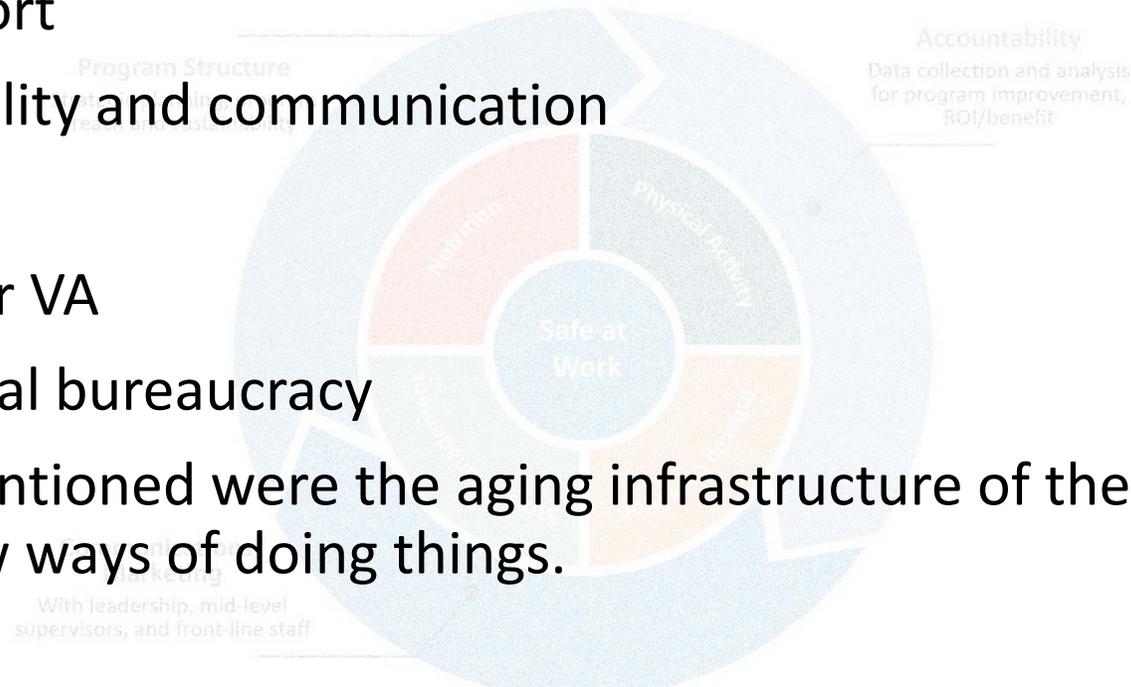
Employees felt the following were health hazards that adversely affect safety, health and well-being:

1. Hazards associated with the environment
2. Not taking breaks
3. Staff safety including violence
4. Physical jobs with risk
5. Too much sitting

A common theme brought up by multiple staff members was that the medical center was an open campus so anyone could come in; in addition, patients in inpatient units have mental health and substance abuse problems and could be agitated; general concern for personal safety on campus, especially at night in the tunnels.

Focus Group Findings: Organizational Factors

- Leadership support
- Supervisor flexibility and communication
- Patient mix
- National press for VA
- VA culture/Federal bureaucracy
- Other factors mentioned were the aging infrastructure of the facility and staff resistance to new ways of doing things.



“I think that we need to convince top administration that to reduce stress by having things like this offered to the employees is good—stress levels go down, the output of their workload would increase.... but it’s not just the existence of the programs, but the time to participate in them.”

What programs, policies, and practices are in place or could be implemented to further promote employee safety, health and well-being

Focus Group Findings: Knowledge of Programs/Initiatives

Overall, staff were knowledgeable about a variety of health or wellness programs/initiatives.

Seven types of programs were discussed:

1. Recent health and well-being programs
2. Employee health (occupational health) programs
3. Safety related programs and trainings
4. Ergonomics solutions available
5. Organizational structures in place to improve health and safety
6. Reporting systems in place to improve health and safety
7. Programs available to improve employee scheduling flexibility

Focus Group Findings: Barriers to Participation

- Time constraints and/or timing of when programs offered – most frequent barrier cited.
- Guidelines that limit ability to participate –
 - Not able to combine lunches and breaks to have time to use gym
 - Too many administrative steps to get access to gym
 - Certain departments don't allow for flexible working schedules
- Lack of awareness
- Lack of motivation
- Lack of resources/ funding
- Physical environment not conducive to participation

“I’m a nurse and I’m just too busy and don’t want to get behind.”

“We don’t get a lunchbreak so I can’t use the gym...”

“Aren’t the MOVE program, smoking cessation, and yoga class only for Veterans/patients?”

Focus Group Findings: Suggestions for Future Programs/Initiatives

Employees felt the following would add value to the medical center:

1. Offering additional program offerings/incentives
2. Making environmental/physical space changes
3. Implementing staffing-related changes that allow for increased participation
4. Increasing program communication/education

Allow staff to take duty hours to go to gym, walks, or extend lunch by an extra 15 mins to be able to attend, have floating staff members to relieve you so staff members can take a break, and increase access to flex time or compressed schedule for departments currently limited.

*How employee safety, health and well-being
impacts the VA mission*

Impact on Organizational Mission

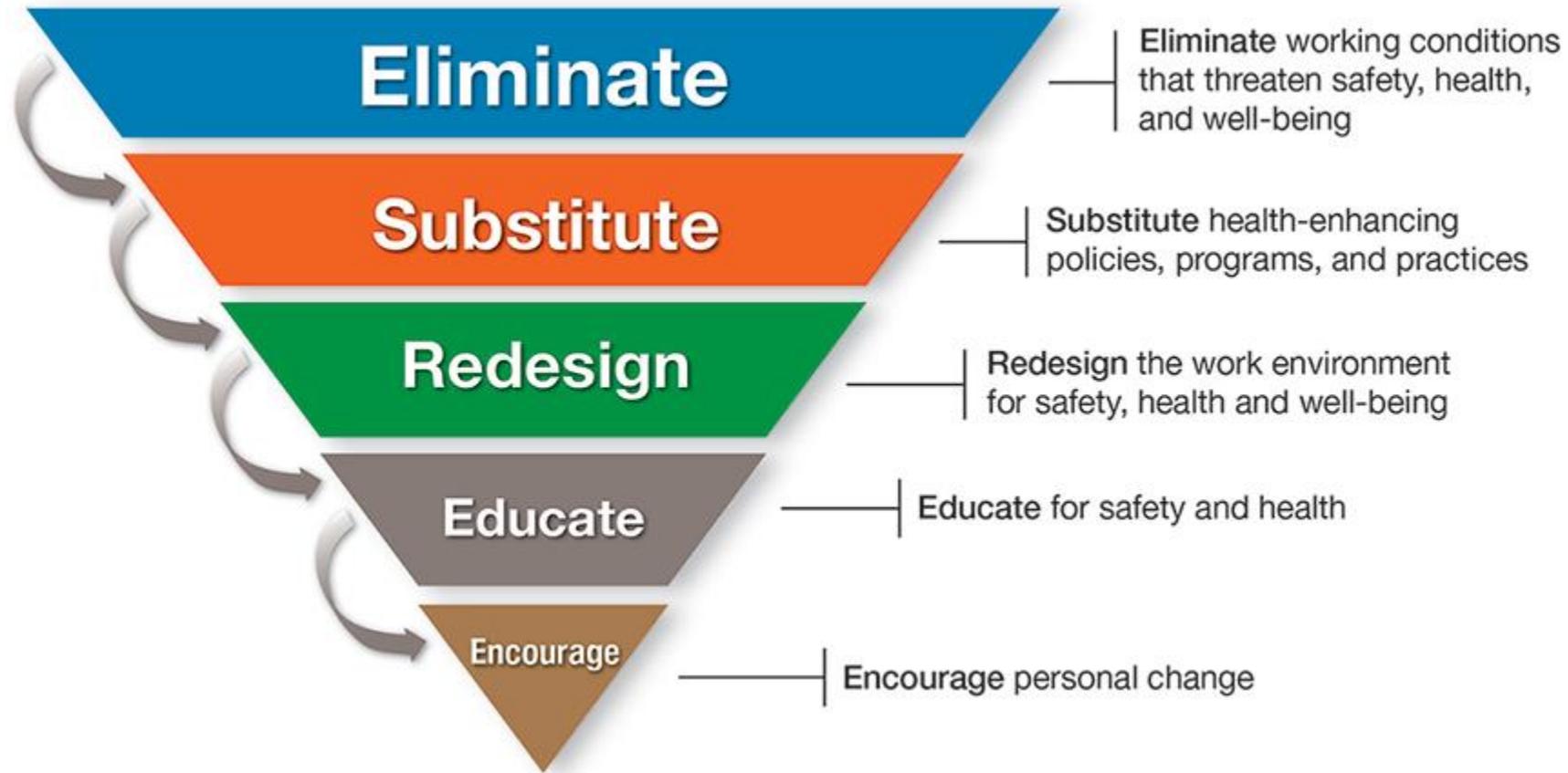
Focus group participants readily understood the impact between their personal health and well-being and the care they provide to Veterans:

“We’re here to serve the Vets but I think the employees have to feel like they’re supported and heard and you know, they have to feel well enough to wait on patients. You have to feel good yourself to help somebody else feel well. To improve their health... It’s like the airplane, you put the oxygen on yourself before you attend to your children with oxygen, you know, you’ve gotta take care of yourself so you can help others.”

“If you have staff that are not healthy, and if they are not in the right frame of mind, they cannot portray to the Veteran the best image. Like we said, stress. They may be short with the Veteran. Not meaning to be, but everything is going on. They may not be able to take the time for the Veteran if they are not feeling well.”

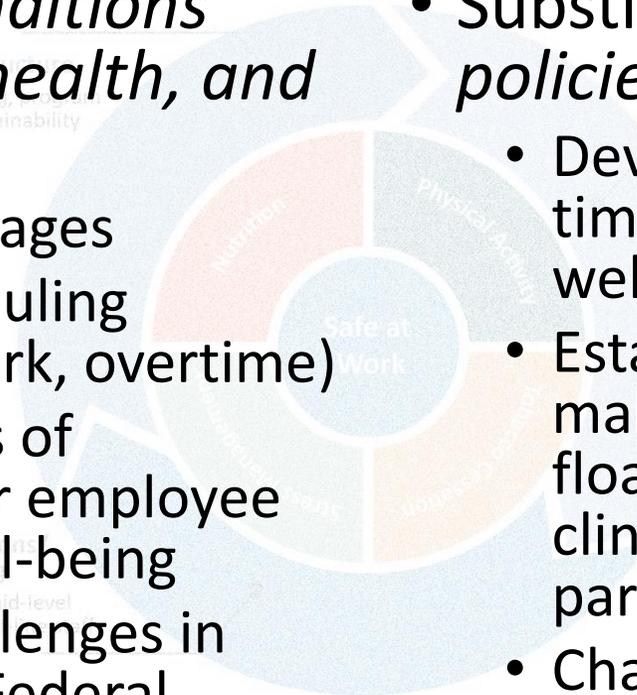
“My practicing self-care is helping me teach my clients how to practice self-care so by me getting supported in it, I’m role modeling for them. I’m teaching them and I see the positive impact it makes. When we’re healthy, our clients do better.”

Reflecting on Focus Group Findings: Application of the TWH Hierarchy of Controls



Reflecting on Focus Group Findings: Application of the TWH Hierarchy of Controls

- Eliminate *working conditions that threaten safety, health, and well-being*
 - Address staffing shortages
 - Address certain scheduling practices (i.e., shiftwork, overtime)
 - Address varying levels of leadership support for employee safety, health and well-being
 - Address inherent challenges in working within large Federal agency
- Substitute *health-enhancing policies, programs, and practices*
 - Develop policy to allow for work time to participate in health and well-being activities
 - Establish appropriate practices to make this possible (i.e., utilize floating staff members to cover clinical duties to allow participation)
 - Change law and develop policy to make VA medical centers smoke-free



Reflecting on Focus Group Findings: Application of the TWH Hierarchy of Controls

- Redesign *the work environment for safety, health, and well-being*

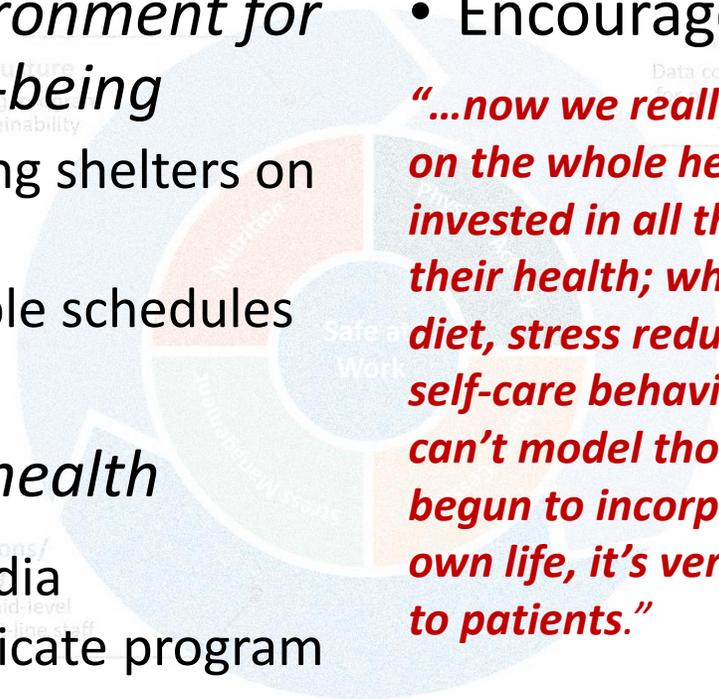
- Removal of fixed smoking shelters on VA campuses
- Increase access to flexible schedules where possible

- Educate *for safety and health*

- Use frequent, multi-media approaches to communicate program offerings
- Increase offerings based on findings

- Encourage *personal change*

“...now we really are educating our Veterans on the whole health approach being more invested in all the things that contribute to their health; whether it’s the exercise, the diet, stress reduction, sleep; all the different self-care behaviors, and I think if employees can’t model those things and haven’t already begun to incorporate those things into their own life, it’s very hard to teach those things to patients.”



Conclusions and Next Steps

- Focus group participants identified organizational and structural elements of their work that impact employee safety, health and well-being, which could be targets for future intervention(s) including:
 - Barriers to participation (lack of dedicated time to participate);
 - Stressful working conditions (staffing shortages, scheduling practices); and
 - Organizational support (leadership support, VA culture).
- Application of the TWH hierarchy to focus group findings was a useful way to identify priorities for future intervention(s) and serves as a means to structure integrated intervention(s) across various levels of the hierarchy.

Thank you!

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