

Exploring Relationships Between Transformation Leadership, Work Productivity, and Disability Management Practices



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Participants (Participatory Research)

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- **Labour and Human Resources Management Stakeholders**

- Nina Hansen (BC Federation of Labour), David During (Health Sciences Association of BC), Christian Codrington* (Human Resources Management Association of BC), Stacey Sprague (Vancouver Coastal Health), Louise Nagy* (LifeLabs), Kim Skeath* (Seaspan ULC)

- **Research Assistants**

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- **Volunteers**

- Madeline Doucette, Juliet McEwen, Nicole White

- **External Evaluators**

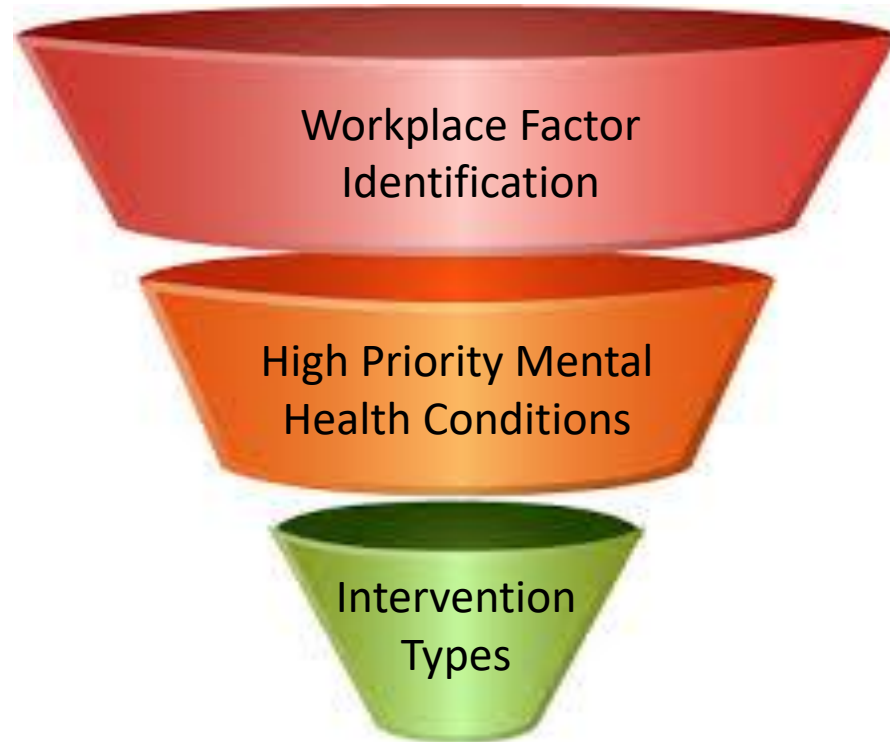
- Nora Spinks

The Science – Findings from our work

- Synthesis 1. Risk factors contributing to prolonged work absence across health conditions
- Synthesis 2. Workplace Interventions that impact identified risk factors
- Synthesis 3. Identification, prevention and control of psychosocial hazards and social conditions contributing mental health disorders

Recommendations: Preventing Workplace Psychosocial Hazards: Recommendations based on Pattern Analysis of 57 Systematic Reviews

Stakeholder Consultation



High priority risk factors and interventions:

- Mental Health Symptomatology
- Job Control
- Job Demands
- Social Support

Stakeholder Interest

- Stress Management
- Wellness and Health Promotion

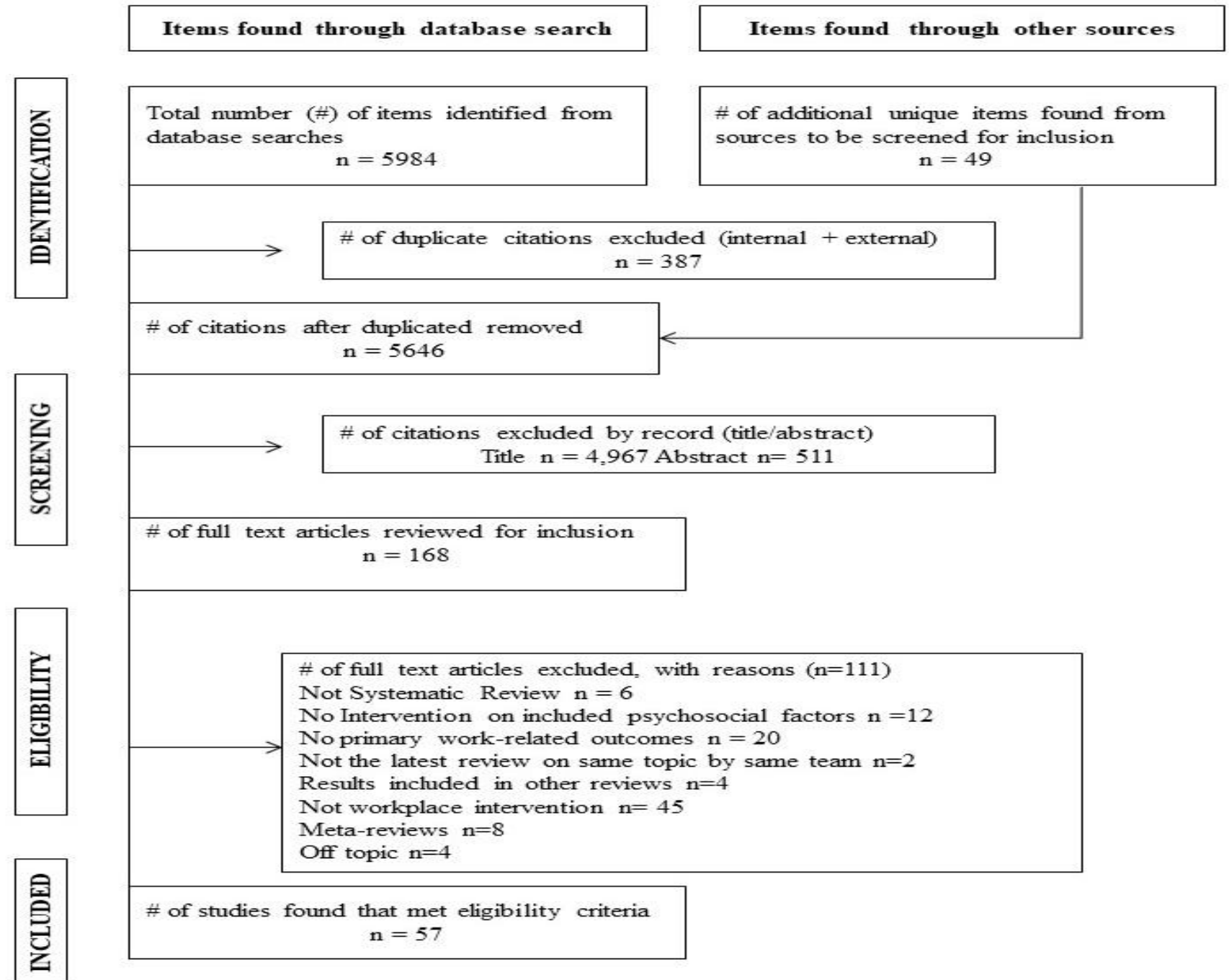
Methods

- PRECEDE-PROCEED Model
- Best Evidence Synthesis
 - Quality
 - Quantity
 - Consistency
- Database Search (Medline, Embase, Cochrane, CINAHL, PsycINFO, TRIP, REHABDATA, REHAB+, Health-evidence.ca)
- Independent Peer Review

- Inclusion Criteria:
 - Systematic reviews
 - Working aged adults
 - Workplace-based interventions
 - Focus on a risk factor of interest
 - Written in English
 - Outcomes must include work absence, productivity or financial impacts
 - January 2000 to February 2016

PRISMA DIAGRAM

January 1, 2000
- February 2016



Job Control

- Studies included if intervention addressed or measured job control
 - Skill discretion, decision authority, skill utilization, work group decision authority, formal authority (JCQ, Karasek et al, 1998)
 - 32 reviews, 111 individual studies
 - Intervention examples
 - Stress reduction committees, participatory ergonomics, health circles, worktime control, participatory goal setting
 - Impact
 - Absenteeism: 70 studies = positive, 15 = no impact
 - Cost: 30 studies = positive, 5 = no impact
 - Productivity: 33 studies = positive, 2 = no impact
- *Only 3 studies report negative impact on any outcome of interest

Factor	Intervention Examples	Absenteeism		Cost		Productivity	
		+ve	0	+ve	0	+ve	0
Job Control	Stress reduction committees, participatory ergonomics, health circles, worktime control, participatory goal setting	70 82%	15	30 86%	5	33 94%	2
Job Demands	Task restructuring, participatory ergonomics, increased rest breaks, skill development, CBT to improve problem-solving	40 65%	21	24 96%	1	14 100%	0
Social Support	interaction with peers (e.g. teamwork), supervisor + worker training (communication, leadership, emotional intelligence, mental health awareness, RTW support	30 79%	8	19 100%	0	13 100%	0

Factor	Intervention Examples	Absenteeism		Cost		Productivity	
		+ve	0	+ve	0	+ve	0
Mental Health & Substance Use	CBT, stress inoculation, modification of dysfunctional thinking, collaborative care, telephone intervention, work coaching, substance use awareness training and peer support, clinical intervention plus work intervention	40 81%	9	13 87%	2	24 92%	2
Stress Management	skill enhancement to manage work demands, change management communications, exercise, CBT, relaxation, meditation, encouraging EAP	45 52%	42	14 100%	0	31 91%	3
Health Promotion /Wellness	Health risk assessments, targeted diet/smoking/exercise interventions, online interactive behaviour change programs, supervisor training in mental health	52 68%	24 (-6)	18 95%	1 (-7)	31 86%	5 (-5)

Other Patterns Across Literature Reviews

- Comprehensive Implementation planning
- Communication
- Motivation

Compromised intervention fidelity reduces

- effectiveness
- negatively impacts organizational outcomes

Work absence may not be injury /disease driven

Participatory approaches more robust, sustainable than solely management-driven initiatives

Patterns Across Literature Reviews

Two way communication
necessary for

- problem identification
- problem clarification
- problem resolution

Focus on primary
stressors and felt
needs of workers

Intervention based on data
and targeted to needs and
desired outcomes increases
motivation for action

Interventions should
target workers,
supervisors and
managers

Patterns Across Literature Reviews

Programs with shorter duration and recurrent/refreshed have similar effect size than longer duration

Improved job demands and job control are possibly prerequisites for social support

Supervisor supports

- Socio-emotional
- Instructional
- Environmental

At Risk and RTW

Transformation leadership mixed evidence possibly related to organizational structures, policies, and training

Pre-Implementation
Conditions for Success

Implementation
Conditions for Success

Post-Implementation
Conditions for Success

Employee Involvement

Maintain Implementation Fidelity

Data Analysis

Risk/Needs
Assessment

Intervention
Selection

Leadership
Support/
Resources

Roles &
Responsibilities

Clear
Objectives

Competencies

Valid &
Reliable
Measures

Implementation &
Communication
Plans

*Primary Prevention
All Workers*

- ↓ Job Demands
- ↑ Job Control
- ↑ Social Support
- Mental Health Training/Awareness
- Health Risk Assessment
- Skill Development
- Foster physical activity

*Secondary Prevention
At Risk Workers*

- ↑ EAP Utilization
- Work-focused CBT
- Training to increase job competencies for supervisors & workers

*Tertiary Prevention
Return to Work*

- Integrated, onsite OHS
- Job Accommodation
- RTW Coordinator
- Structured Team Approach

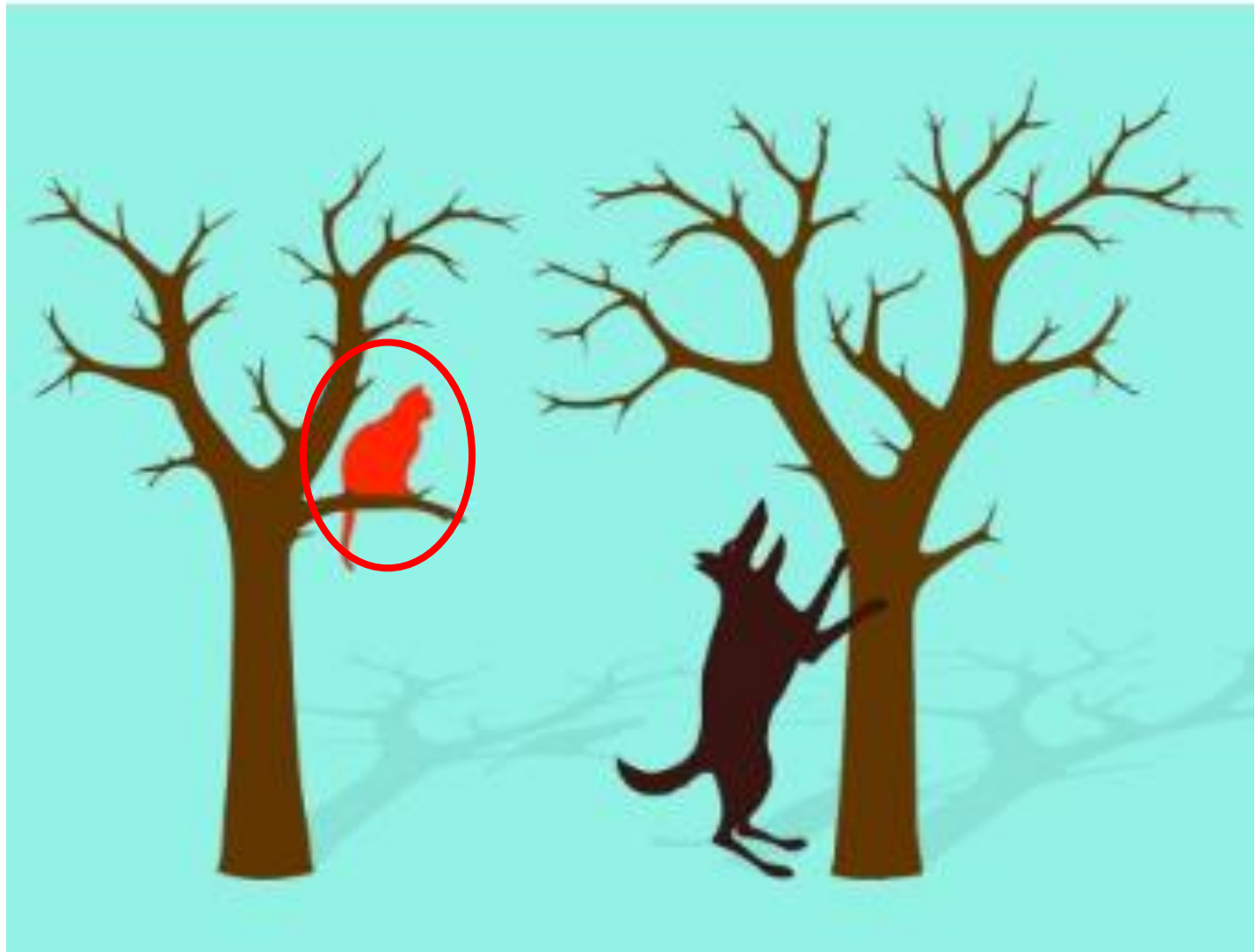
Repeat
Measures

Opportunity for
Feedback

Quality
Improvement



**Are we
barking up
the right
tree ?**





Merci beaucoup / Thank you



Q&A Discussion

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