

HEALTH CIRCLES – AN EFFECTIVE AND ENJOYABLE WAY TO CONDUCT RISK ASSESSMENT

1. Case metadata

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2. Organisations involved

Nursing home Solgarden

3. Description of the case

3.1. Introduction

In the year before the health circle project started, the employees at the nursing home Solgarden became aware of several physical and safety-related work strains. The majority of problems were detected with regard to the psychosocial work environment. Although the nursing home had consistently worked with work environment problems by using checklists for risk assessment, regular safety checks and dialogue groups to discuss problems, a number of small and large problems remained and led to irritation, frustration, missing overview and a feeling of stress with the potential risk of increasing sickness absence. When in 2006 the National Research Centre for Work Environment (NRCWE) in Copenhagen was recruiting nursing homes for a research project about improving risk assessment, Solgardens' motivation to participate was high.

3.2. Aims

The aim of the project was to test the health circle method as a way to improve the existing risk assessment approach and to implement work organisation changes.

3.3. What was done, and how?

About 60 employees at the nursing home Solgarden in the south of Denmark take care of about 47 seniors. The nursing home is divided into four units. In each unit, seniors have their own apartments but share a common kitchen and living area. This so called “Leve-bo-miljø-concept” distinguishes itself from traditional nursing homes by trying to create an atmosphere that is more similar to living at home. The aim is to create a family-like situation in which employees spend more time with the elderly and are closer to them. Although this concept has advantages for seniors as well as employees, employees might feel more psychosocial strain than in traditional nursing homes. It is therefore very important to minimise all potentially irritating aspects in the work environment, for example with regard to work organisation and cooperation.

The Health circles method was chosen to implement comprehensive workplace changes. The method's clear structure helps to come from identifying problems to actually implementing appropriate solutions. The method is based on the assumption that employees are experts about their own work environment and that this expertise should be used to develop improvement suggestions. Health circle meetings are guided by a specially trained facilitator, who takes care of the process and leads the group through the problem solving meetings (see figure 1, 2 and 3).

The project at Solgarden started with a large questionnaire survey about the physical and psychosocial working conditions. The health circle facilitator presented the survey results at a staff meeting, where employees could comment on the results and point out additional problems. At the staff meeting employees were introduced to the health circle method and asked to find among themselves about 6 participants for the health circle group. Health circle participants were supposed to represent the different departments/units at the nursing home, as well as the different shift groups (morning, day, night). Because motivation among employees was high, participants were quickly found either directly at the staff meeting or shortly thereafter. The high motivation of the health circle participants had a positive effect and ensured the good contact with the employees that did not participate in the health circle. The health circle participants became the ambassadors of the project. In addition to the employees representing the different departments/units, health circles should also include the health and safety representative, the shop-steward and a management representative. This brought the number of participants to nine. Within the next six months the health circle met six times for two hours each. The nursing home manager only participated in the first and last health circle meeting.

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Figure 1. Health circle participants prioritizing work place problems during the first health circle meeting.



Source: Solgarden

Figure 2. The health circle group at work



Source: Solgarden

Figure 3. Most problems identified concerned the psychosocial work environment



Source: Solgarden

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The starting point for the discussion in the health circle group were the workplace problems identified through the questionnaire survey, plus additional problems pointed out at the staff meeting. The other employees, those not participating in the health circle, were asked to put forward further problems and/or solutions to the health circle group, for example by dropping a note in the health circle “post box”. The health circle group started with an overview of the collected problems and by making decisions about in which order these problems should be discussed. Each problem was analysed in detail. Here it was important that the facilitator guided the groups’ discussion by using the following set of questions (see box 1) that led to a clear picture about the size and nature of the problem as well as potential solutions.

Box 1: Questions to identify problems and solutions

Detailed questions about identifying problems and potential solutions

- What is the problem?
- Where does the problem occur?
- When does the problem occur?
- How often (for example during the last four weeks) does the problem occur?
- Which or how many employees are affected by the problem?
- How straining is the situation for them?
- How does one become aware of the situation?
- Which symptoms/strains occur?
- Which possibilities are there to reduce or eliminate the strain?
- Who can be asked for help?
- Who will be responsible for this task?

Source: Solgarden

With the help of these questions the health circle participants at Solgarden developed appropriate improvement suggestions to the identified problems. The results of the discussions in the health circle group were documented in meeting notes including the name of the person responsible for solving the problem and a deadline. The notes helped the health circle participants in keeping overview, but the notes also served the other employees in keeping track of the progress in the health circle group.

During the six months implementation phase the health circle meetings were guided by the nursing home manager. In these meetings even more problems and appropriate solutions were identified. The nursing home decided to continue the health circle meetings in spite the fact that the research project has now ended. All employees still have the opportunity to give suggestions about problems that should be taken up to the health circle group. This can be done by talking to one of the health circle participants or by writing a (anonymous) note describing the problem and putting it into the health circle box, which the health circle designed for this purpose (see figure 4).

Figure 4: The health circle box



Source: Solgarden

3.4. *What was achieved?*

In the course of six months 24 problems were identified, the majority of them relating to the psychosocial work environment. During this time the health circle group developed solutions to 14 of these problems, resulting in a total of 33 improvement suggestions (in most cases a set of suggestions were developed to solve one problem).

After the six health circle meetings the task was to use the next six months to implement as many improvement suggestions as possible as well as to develop suggestions for those problems that were still missing solutions. When the facilitator invited all health circle participants to the final evaluation workshop at the end of this six months period, most changes had been implemented or were on their way. The health circle group also had found solutions to the remaining problems.

The table below (Table 1) shows examples of problems, improvement suggestions and their effects.



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Table 1: Work strains and suggestions for improvements

Work strains and consequences	Improvement suggestions and effects
The higher psychosocial demands caused by the new "leve-bo" concept are strainful	<ul style="list-style-type: none"> • Ask volunteers from the "nursing homes friends" to help out in stressful periods • Accept that one sometimes needs a short break, where one can be alone • Continuously work with the problem because the new concept is here to stay
Unsure about what employees who are partly disabled (or have other kinds of lighter tasks) can do	<ul style="list-style-type: none"> • The nursing home manager will inform the unit about a new employee with disability, including a more detailed description about the type of disability/sickness. • Clear agreements between the new employee with disability, the nursing home manager and the other employees.
Once in a while not planned "all alone shifts" occur (for example: only one elderly care assistant for the whole nursing home). The situation is very stressful and leads to higher sickness absence	<ul style="list-style-type: none"> • Improve the planning of tasks for nursing home assistants • Overview over which nursing home assistants are at work at what time
Not enough personal for cleaning leads to taking personal away from other tasks, which causes frustrations	<ul style="list-style-type: none"> • Distinguish cleaning tasks from other task so that task can be assigned better
Some reported about mobbing/bullying in the questionnaire survey	<ul style="list-style-type: none"> • A more detailed questionnaires survey about mobbing/bullying was conducted, to gain a better understanding of the situation in which employees could feel bullied/mobbed. • "The good communication" as a topic at a staff meeting • Offer a dialog with the shop steward
Sickness absence often leads to that knowledge about a senior is not available to the person covering for the sick colleague	<ul style="list-style-type: none"> • Better information flow from one shift group to the next
Some apartments are too dark and therefore make work difficult (especially with regard to taking care of open wounds)	<ul style="list-style-type: none"> • Installing ceiling lamps • Better lamps in the apartment living rooms
Lack of cooperation between the different units	<ul style="list-style-type: none"> • An agreement was made to be more attentive to the other units need for help • Cooperation between the units has improved
Lack of permanent lifting aids was a potential risk for musculoskeletal strains	<ul style="list-style-type: none"> • More permanent lifting aids were installed • Employees have the impression that the physical strains decreased
The seniors laundry was not always sorted out right and thereby accidentally coloured	<ul style="list-style-type: none"> • Common rules for how to sort the laundry were developed and put up in each unit • New employees are now better informed

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Once the problems started to get solved and the successes were noticeable, the health circle group experienced that conducting risk assessment by using the health circle method could actually be fun and at the same time effective. Employees expressed that the working climate had become (even) better and that many of the psychosocial strains had become less.

Sickness absence in the beginning of the project period was not high and mostly due to a few employees with long-term sickness absence. Nevertheless, sickness absence fell from 1514 sickness days in 2006 to 1017 sickness days in 2007 and there were only 353 sickness absence days in the first six months of 2008. It is difficult to say if and if so, how much the health circle project contributed to this decrease in sickness absence. However, employees expressed that the psychosocial work environment clearly improved as a result of the health circle project, which in turn had a positive effect on motivation. It seems therefore very likely that the health circle project at least partly contributed to the decrease in sickness absence. Furthermore it is expected that by continuing with the health circle meetings the low sickness absence rate can also be maintained in the future.

3.5. Success factors

The method is based on dialogue and gives a clear structure, which helps to go from identifying problems to actually implementing appropriate solutions.

The detailed action plans helped to follow up on the problems found. Furthermore the method involved the employees in the risk assessment process. This improved the transparency of the method.

Existing risk assessment tools for the sector focussed often on ergonomics. The health circle project identified many problems, which had not been picked up by the existing methods for risk assessment. Especially problems with regard to cooperation between colleagues and shift groups were not identified with the existing checklists. But also with regard to problems which had been known, sometimes for years, and to which solutions had not been found, the health circle method was an improvement. The method provided a structure that could be used for all problems no matter how large or small, old or new they were.

Employees pointed out that the health circle method was more effective than existing risk assessment methods because of the following reasons:

1. A more visible and detailed analysis of the problems (under the guidance of the facilitator) helped with finding appropriate and manageable solutions.
2. All problems, small and large, were heard and dealt with. Although not all problems could be solved, employees experienced that "their problems" were taken seriously. This had a positive effect on employees' job satisfaction.
3. Problems did not have a chance to get stuck. Deadlines and agreements about who was responsible for the next step helped to move on.
4. The fact that the health circle group consisted of representatives from all units led to a better understanding of each other's problems and needs. It was also helpful in quickly communicating decisions about solutions back to the units.
5. Although not all problems could be solved, it was nevertheless good that the problem had been discussed, because it supports a better understanding of each others needs.

3.6. Further information

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3.7. *Transferability*

The health circles concept is easily transferable to other sectors / companies and other countries.

4. References, resources:

Information provided by the company in the framework of the Good Practice Award Competition 2008/2009.