# REDUCING STRESS AMONG FEMALE CLEANERS AT A HOSPITAL

## 1. Organisations involved

University of Hanover, Masters Programme in Ergonomics for Professionals (WA), Germany

## 2. Description of the case

### *2.1. Introduction*

The Masters Programme in Ergonomics (WA) of the University of Hanover is targeted at management and safety experts. Students can take courses in applied occupational safety and health (OSH) management, among other topics. In this way the students gain a practical knowledge of ergonomics and OSH in the company. The focus is on the transfer of scientific findings into the enterprise concerned. Students have to carry out practical projects, under the guidance of OSH experts and lecturers from the WA. One of these projects was carried out among cleaners at a local hospital, with very positive results.

The case was part of a project and a broader sample of measures implemented at a hospital of the City of Hanover (now merged into the newly founded Hanover Region Hospital). The focus of OSH management in a hospital is usually on medical staff (nurses, physicians etc.). This means that other groups of workers and their special risks and strains at work may be neglected in the risk assessment process and when taking health promotion measures. The WA project team decided to select three non-medical support services of the hospital in order to demonstrate how effective OSH management could be implemented and how to carry out an inclusive risk assessment process. The WA selected the cleaning workers, the maintenance workers and the kitchen staff of the hospital to carry out the project.

The risk assessment that was carried out for cleaning workers demonstrates how health circles can contribute to the identification of gender-specific safety and health issues.

### *2.2. Aims*

The general aim of the project at the hospital was to implement an OSH management system into general management, not only of the medical service but also all support services. It was to be based on health circles in each of the hospital services, which would be able to identify specific risks and target groups in the different workplaces, and to elaborate adequate measures.

### *2.3. What was done, and how?*

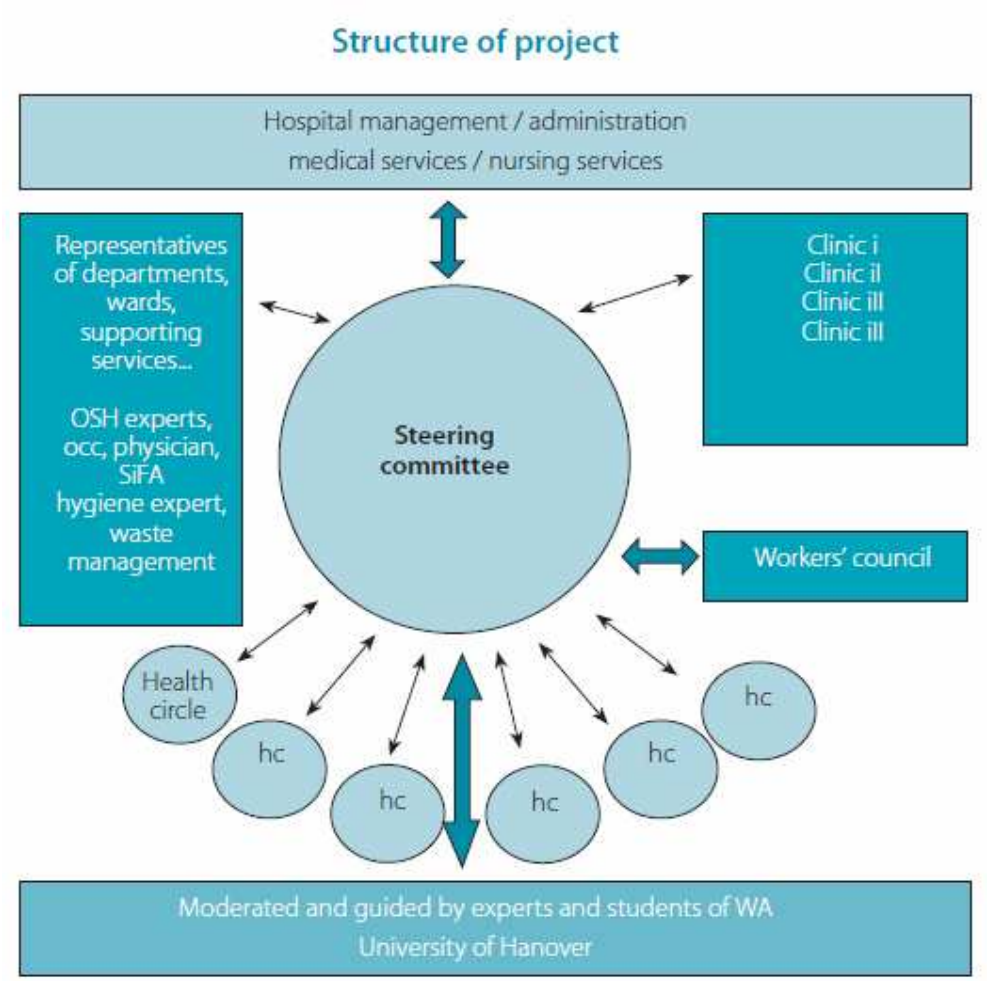
A steering committee was established, consisting of:

- representatives of the hospital general management;
- representatives of management of the medical and nursing staff ;
- the company physician;
- the company's safety representative;
- representatives of the workers' council;
- a safety expert from Hanover municipality;
- the head of the purchase department; and
- heads of the different services.

The steering committee developed the overall implementation and information strategy, which consisted of a ten-step work flow:

- anonymous survey of the workers in order to identify special strains, health risks and possible sources of accidents;

**Figure 1. Project design: all stakeholders were involved**




- assessment of the answers in the particular services;
- dissemination of findings to staff and discussion of the results in staff meetings;
- implementation of eight health circles with homogeneous structure in the different services;
- discussion and completion of the results in the health circles (max. 5 sessions of 90 minutes foreseen) to set priorities in the different job areas;
- analyses of risks and strains as well as possible solutions in the health circles;
- identifying concrete measures and proposing them to the steering committee;
- discussion and decision in the steering committee;
- feedback to the health circle: positive feedback → initialisation of the resources needed for implementation; negative feedback → giving the issue back to the health circle in order to look for alternatives;
- after implementation: transferring the duties of the steering committee to the general committee for OSH.

One health circle was formed by the hospital cleaners, all of whom were women. Therefore the project management decided to use two female students of the WA to moderate the circle. Both students were experienced management representatives in their particular companies. So as not to disturb the structure of the health circle the supervision by the professors of WA was done externally (afterwards). This allowed an atmosphere of trust to be created so that the workers felt they could air their concerns more easily.

The circle was originally supposed to discuss working postures, wet work, and the risks posed by disinfecting agents. But within the group of women it became obvious that psychological pressure rather than physical risks was the main concern of the cleaning staff .

The cleaners suffered from disrespect towards their work and from sexual harassment by

staff and patients. Their work uniform, a short dress made of synthetic fibre, was identified as the main reason for sexual harassment: when cleaning floors and stairs or when bending forwards the women felt particularly exposed to their male colleagues and patients. The synthetic fibre of the dress encouraged heavy perspiration, which was another reason why the workers felt very uncomfortable at work. The design and cut of the dress was also a point of discussion: it tended to snag on work equipment, door handles, and handrails. This was considered dangerous as it could easily lead to accidents at work.

The health circle sent a report to the steering committee and tested new uniforms consisting of a cotton shift and trousers. This new clothes no longer gave rise to innuendo on the part of colleagues and patients. They were more like the nurses' clothing, so that wearing the new clothes signalled the cleaners' equality with the medical and caring staff.

**Figure 2. The new cleaners´ uniform**

An agreement was reached with the management and the laundry staff and the cleaning workers were allowed to switch to the new uniform. The only compromise was that the acquisition of the new uniforms could be realised in various phases in order to lower the financial burden for the hospital.

## *2.4. What was achieved?*

In interviews the hospital cleaners stated that they felt a lot more self-confident in their new uniforms. Problems could be eliminated effectively: the cotton uniform was more comfortable and safe. The women said they were better accepted by the medical staff than before. Some felt that they had been noticed by the nurses and doctors for the first time since they started work at the hospital. Sexual harassment on account of the unsuitable uniform also stopped. The cleaners also reported greater solidarity with one another. The experience of being taken

seriously and being given the chance to put their own ideas into effect also improved their self-esteem and their interest in occupational safety and health issues.

After the project ended they continued to participate in health circles. On the management level the project became an ongoing process. The steering committee decided to establish further health circles for other hospital services, e.g. the transport service.

### *Problems faced*

As already mentioned the main problem was the cost of the new uniform, which was not foreseen in the hospital's annual budget. The cleaners and the hospital management therefore agreed to purchasing the new clothes in various phases. In this way the financial burden could be stretched over a few years.

## *2.5. Success factors*

One of the core success factors was the health circle work in a homogeneous group. Because the cleaning circle included only women the cleaners could speak frankly about feeling exposed and sexually harassed by their male colleagues and patients. When facing gender-specific problems it is particularly important to respect the gender-specific point of view.

In the special case of the cleaners it demonstrated that the management was not aware of the specific problem of sexual harassment. The health circle proved to be an effective measure to involve the workers themselves in risk assessment and the OSH management process.

Through the health circle the cleaners found they were taken seriously and that their opinion counted. Internal communication among the workers as well as between workers and management was improved.

## *2.6. Further information*

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## *2.7. Transferability*

Health circles are easy to implement but should always be guided by experienced experts. Because of their communicative design they have proved effective in identifying the problems of specific target groups, for example migrant workers, women, younger or older workers. The case of the hospital in Hanover shows that starting health circles was also helpful in identifying workplace risks to support service workers, who are usually not included in the hospital OSH management.

Nevertheless it has to be taken into account that work in health circles always boils down to good group communication. Participating in health circles should be actively promoted, and the circle should be informed frequently about management decisions.

The advantage of using health circles is that risks are identified by the workers themselves. Nevertheless their success rests on good communication with the OSH management and the general management that has to decide on what concrete measures to take. The management should be committed to this method, prepared to participate in discussions and to take the measures which may be suggested as a result.

This may mean investing more in the enhancement of safety at work. All key groups in the enterprise should be represented in OSH management. OSH management should also be seen as part of the general management.

## 3. References, resources:

- http://osha.europa.eu/en/publications/reports/TE7809894ENC