
Improving performance through wellbeing & engagement

—
essential tools for a
changing HE landscape

Kim Shutler-Jones
2011

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Foreword



Professor Michael Arthur
Vice-Chancellor, University
of Leeds and Chair,
Russell Group



Professor Eric Thomas
Vice-Chancellor, University
of Bristol and President,
Universities UK

In our universities, we strongly believe that our staff are our greatest resource. They deliver a fantastic student experience, and world-changing research. But as we move into a new era for higher education, we must recognise the impact that major change is having on our people. This is why, if we are to get through these difficulties and emerge as strong, resilient institutions, their wellbeing and engagement must remain an important priority.

We have been impressed to see the level of engagement in this work, bringing together a broad spectrum of professional areas and diverse institutions. As this project has shown, however, if we are to create meaningful and sustainable change and experience the real institutional benefits, there is a lot of work still to do and we must all be prepared to commit in the long term. This is something we recognise in our own universities.

One of the key messages has been the crucial role of leadership and management in building wellbeing and engagement – and continuing to invest in this area will be essential for our success.

We have been delighted to be part of this cutting-edge project – and hope that other institutions will take full advantage of the findings.

A stylized, handwritten signature in black ink, likely belonging to Professor Michael Arthur.

Professor Michael Arthur
Vice-Chancellor, University of
Leeds and Chair, Russell Group

A stylized, handwritten signature in black ink, likely belonging to Professor Eric Thomas.

Professor Eric Thomas
Vice-Chancellor, University of Bristol
and President, Universities UK

Introduction from the National Director for Health and Work

There is an increasing body of evidence that employee wellbeing and engagement has a direct relationship with positive business outcomes. I would hope that all employers would see the benefits. For universities, these outcomes relate to students, innovations, research and a thriving university. Healthy, engaged employees will deliver a better student experience, better teaching and more innovative work.

I warmly commend what has been done in the area of wellbeing and engagement across the higher education sector. Over the period of the project, more and more institutions have taken part and real progress has been made. We must, however, recognise that there is still much to be done and commitment is needed longer term.

I hope that practitioners and managers will read this report with interest – accessing the guidance materials that have been developed as a way to enhance their practice. Sustained success will have been achieved if more universities take a lead on this agenda and I very much hope that this valuable foundation work will be sustained going forwards.



Dame Carol Black
National Director for Health
and Work, Department for
Work and Pensions (DWP)

A handwritten signature in black ink that reads "Carol Black". The signature is fluid and cursive, with the first name "Carol" and the last name "Black" clearly distinguishable.

Dame Carol Black
National Director for Health and Work,
Department for Work and Pensions (DWP)

Executive summary

BACKGROUND

Intuitively it makes absolute sense – people who feel valued, well managed, communicated with, who understand and feel fulfilled by their role and can see how they contribute – will be healthier, feel better about their work and do a better job. These things aren't new and, in fact, often seem obvious. They are also backed up by clear empirical research, showing the significant benefits for both individuals and organisations.

So if this makes such sense, what do we need to do to make it a reality?

THE PROJECT

'Improving performance through wellbeing and engagement' is a national project, funded by the Higher Education Funding Council for England (HEFCE), Scottish Funding Council (SFC) and Higher Education Funding Council for Wales (HEFCW). Over the past three years, work has been carried out to increase awareness of this agenda, enhance practice, encourage learning and sharing, and build the evidence base.

78%

of UK institutions
subscribing to our
website

95%

positive feedback
from delegates

Significant sector engagement has been achieved with individuals from over 78% of UK institutions subscribing to our website. Workshops have attracted over 300 individuals representing 131 different organisations, with an average of 95% positive feedback from delegates. Excellent working relationships have been also been established with a broad range of sector associations, and trade unions.

WHAT ARE WELLBEING AND ENGAGEMENT?

Although there are multiple definitions of wellbeing and engagement (both within and outside the HE sector), findings from the project consultation programme suggest that stakeholders view it as a much more holistic agenda – encompassing all aspects of the staff experience. This includes health promotion and certainly has health as a key outcome, but is also much broader. It is about the culture and values of the organisation, and must underpin everything that we do – rather than being a bolt-on initiative or one-off campaign.

£270m

cost of sickness
absence to the UK
HE sector, per year

THE BUSINESS CASE FOR WELLBEING AND ENGAGEMENT

In a challenging economic climate, the need for a robust business case has become increasingly important. The evidence base for wellbeing and engagement is well established. For example:

- Just a 10% reduction in average sickness absence is worth almost £27 million, per year, to the UK HE sector, and £400,000, per year to an institution the size of the University of Sheffield (CIPD, 2009).
- If a 10% increase in performance is worth a minimum 5% of salary (£1,606 per employee), the potential financial gain to the UK HE sector is over £600 million, per year and over £9.6 million, per year to an institution the size of the University of Bristol (calculations taken from Robertson Cooper Ltd).

£600m

potential financial
gain to the UK HE
sector, per year

This report covers further key statistics highlighting the risks if this agenda is not taken seriously, as well as the institutional benefits which could be realised through further investment. This includes the results from an exploratory study carried out through the project showing the statistical relationship between wellbeing and engagement, student satisfaction, research performance and self-reported productivity.

PRACTICAL GUIDANCE

Drawing on the findings from the project, part two of the report focuses on areas which institutions may wish to consider when carrying out wellbeing and engagement work.

Guidance is provided to enable institutions to carry out impactful, high-quality interventions which are strategically aligned and maximise benefits at both an individual and institutional level. Notably, many of these things do not require extensive resource. In the main, it is about considering how things might be done differently to improve effectiveness and increase efficiency.

Suggestions are also provided on developing a strategic organisational approach to wellbeing and engagement, for example, by focusing on the crucial role of leadership and management, developing a collaborative, multi-disciplinary approach and ensuring clear, visible leadership from the top of the organisation.

Full reports for each of the key project strands are available at www.wellbeing.ac.uk

PART I

Chapters:

1. Context
2. The project
3. Where we are as a sector
4. What are wellbeing and engagement?
5. Wellbeing and engagement
– the business case
6. Wellbeing and engagement
interventions

1

Context

SUMMARY

In knowledge intensive organisations, people are at the core of everything we do and the key to our success. But in a climate of significant change, the negative impact on individuals is already apparent. We believe that by supporting our people now – so that they remain healthy and able to attend work, are able to cope with the stresses of change, and can to perform to the best of their abilities – we can ensure a strong, resilient, and loyal workforce in the future.

1.1. Background

The past two years have seen significant challenges for the UK economy, which have impacted greatly on the higher education (HE) sector. As the English sector moves towards implementing the recommendations from the Browne Report: ‘Securing a sustainable future for higher education’, and the Scottish and Welsh sectors face a period of great uncertainty, institutions are being forced to tackle the issues of changed funding structures, increased competition and raised student expectations.¹

The impact of such changes on employees cannot be underestimated. In the face of uncertainty including potential redundancy, restructures and changing expectations, research by the Chartered Institute of Personnel and Development (CIPD, 2010 and 2011), across all sectors, shows an increase in staff feeling under excessive pressure (with highest reported levels in the public sector), reduced levels of job satisfaction, significant reduction in levels of confidence and trust in senior managers, and an increase in staff looking for new jobs (CIPD 2010 and 2011). Within HE, even before the recession, research showed that only 38% of university employees were able to cope with the demands of their work, and nearly half felt that their general or average levels of stress were high or very high (Mackay et al, 2004 and, Court and Kinman, 2008). Further, with the knock-on effect of reduced health, increased sickness absence and presenteeism, decreased motivation and engagement, and reduced performance, the impact for individuals and organisations cannot be underestimated.

Responding to these challenges – the ‘Improving performance through wellbeing and engagement’ project, is based around the principle that, in knowledge intensive organisations, our people are at the core of everything we do and key to our success. It also asks the important question: as institutions face a period of significant challenge, how can we ensure that our staff remain motivated and engaged?

We believe that by changing the way we work with our people – leading and supporting them so that they remain healthy and able to attend work, are equipped to cope with the stresses of change, and can perform to the best of their abilities – we can ensure a strong, resilient, and loyal workforce in the future.

1. The Browne Review or Independent Review of Higher Education Funding and Student Finance was a review to consider the future direction of higher education funding in England, commissioned by the Department for Business, Innovation and Skills (BIS).

**In knowledge intensive organisations,
our people are at the core of everything
we do and key to our success.**

1.2. The national agenda

With an ageing population and increase in chronic disease, coupled with the country's economic challenges, over recent years, the government has highlighted the health and wellbeing of the working age population as key priorities for action.

In 2008, Dame Carol Black, National Director for Health and Work at the Department for Work and Pensions (DWP) was commissioned to carry out a review of the health of the working age population: 'Working for a Healthier Tomorrow' (Black, 2008). A number of its key recommendations have since been implemented, including the introduction of the Fit Note, Fit for Work pilots and a specific review on the health and wellbeing of staff in the NHS.²

The Government continues to prioritise the health and wellbeing of the working age population with a number of ongoing activities. In 2010, David Cameron announced the introduction of the country's first index to measure the wellbeing of the population, as an addition to the GDP. Other ongoing work includes an in-depth review of sickness absence (launched February 2011) and the Public Health Responsibility Deal (launched March 2011) which recognises work places as key, and encourages organisations across all sectors to pledge their commitment to workforce health improvement.³

Engagement linked to business performance, has been another area of interest. In 2009, David MacLeod was commissioned by the Department for Business Innovation and Skills (BIS) to write the seminal report: 'Engaging for success – enhancing performance through employee engagement' (MacLeod, 2009). A new task force was launched in March 2011 to continue this work.⁴

2. For more information please visit www.dwp.gov.uk/health-work-and-well-being/

3. For more information see www.dh.gov.uk/en/PublicHealth/PublicHealthResponsibilityDeal/index.htm

4. For more information please visit www.bis.gov.uk/policies/employment-matters/strategies/employee-engagement

“Wellbeing is central and integral to sustainable engagement, and engagement is intrinsic to organisations achieving their purpose. If people are really committed, if they understand what the organisation is trying to do, then those organisations achieve their prime need.”

David MacLeod

Advisor to the Department for Business, Innovation and Skills and author of 'Engaging for success – enhancing performance through employee engagement'

2

The project

SUMMARY

‘Improving performance through wellbeing and engagement’ is a national project, funded by the Higher Education Funding Council for England (HEFCE), Scottish Funding Council (SFC) and Higher Education Funding Council for Wales (HEFCW). Over the past three years, work has been carried out to increase awareness of this agenda, enhance practice, encourage learning and sharing, and build the evidence base.

Significant sector engagement has been achieved with individuals from over 78% of UK institutions subscribing to our website. Workshops have attracted over 300 individuals representing 131 different organisations, with an average of 95% positive feedback from delegates. Excellent working relationships have also been established with a broad range of sector associations, and trade unions.

2.1. Phase One — ‘Creating success through wellbeing and engagement’

A Phase One pilot project, funded through the HEFCE, Leadership, Governance and Management (LGM) Fund, was carried out between October 2008 and 2009. This aimed to understand current levels of practice across the sector around wellbeing, and begin to enhance awareness of this agenda. Over the 12-month period we were able to build up high levels of interest in our work. Feedback gathered, however, highlighted two significant gaps, currently forming barriers to institutions realising business benefits:

- A HE-specific business case for wellbeing and engagement, including an understanding of what really works, and how to evaluate activity
- Practical guidance and information to help institutions to learn and improve their practice.

2.2. Phase Two — ‘Improving performance through wellbeing and engagement’

To respond to these gaps, a second bid was made to HEFCE. Funding for Phase Two (a further two years) was awarded under the LGM Fund’s ‘Leading Transformational Change’ initiative – which was specifically launched to support institutional leaders in challenging times. Following on from our funding agreement from HEFCE, successful approaches were made to the SFC and HEFCW, to allow their respective institutions to participate.

Led by the University of Leeds, this phase of work has been delivered through a consortium of institutions, including the Universities of Aberdeen, Bristol, Birmingham, Cardiff (lead institution for Wales), Chester, Glasgow (lead institution for Scotland), Heriot-Watt, Newcastle, Queen Mary - London, Winchester and Grimsby Institute for Further and Higher Education.

In addition to this group, other institutions participating through the wellbeing and performance mapping strand of work include the Universities of Aberystwyth, Essex and Lancaster.

The key aims and objectives of this phase have been:

- To begin to develop evidence in support of a HE-specific business case
- To increase sector understanding around topic-based interventions, their implementation for maximum benefits, and the impact they can have on performance
- To increase awareness and expertise, build capacity across the sector around the wellbeing and engagement agenda, and create opportunities for learning and sharing.

2.3. Key strands of activity

The aims of the project have been addressed through four key strands of activity:

- **Wellbeing and engagement consultation** – a programme of consultation workshops to understand what wellbeing and engagement mean for our sector;
- **Piloting and evaluating interventions** – a programme of 13 interventions piloted and evaluated in 12 diverse institutions, including the development of detailed case studies and associated guidance materials;
- **Wellbeing and performance mapping** – a piece of work to explore the relationship between the results of employee wellbeing surveys, student satisfaction and research performance;
- **Communications and events** – a programme of communications and events including regional workshops, a resource website (www.wellbeing.ac.uk), and other activities to increase awareness and support learning and sharing across the sector.

2.4. Governance

A comprehensive governance structure was established to ensure that activities were delivered in line with agreed aims and objectives, to ensure value for money, and to ensure that our work was fit for purpose.

Steering Group – a national group Chaired by the University of Leeds Vice-Chancellor and made-up of representatives from the funding councils, as well as the following key sector associations:

- Association of University Administrators (AUA)
- Association of Heads of University Administration (AHUA)
- British Universities and Colleges Sport (BUCS)
- British Universities Finance Directors Group (BUFDG)
- Equality Challenge Unit (ECU)
- Leadership Foundation for Higher Education (LFHE)
- Organisational Development in Higher Education (ODHE)
- Universities and Colleges Employers Association (UCEA)
- Universities Safety and Health Association (USHA)
- Universities Human Resources (UHR)

Executive Group – comprising of representatives from the lead institutions for England, Scotland and Wales.

Interventions Group – made-up of representatives from each of the institutions carrying out project interventions.

2.5. Sector engagement

Although, traditionally, universities have had a good reputation for staff benefits – including the generous pension schemes and holidays – the broader wellbeing agenda is a relatively new concept. Feedback from the Phase One pilot work showed that, although some institutions had been working in this area for some time, the majority were at a relatively early stage of development – with many not having considered it at all. A key aim of the Phase Two work was, therefore, to increase levels of awareness and engagement – and encourage more institutions to take it seriously. An additional important aim was to encourage increased sharing of information, and learning across the sector, as a way to enhance practice and reduce duplication.

“In an environment of greater competition, a sharpened focus, reductions in public expenditure and the need for greater staff flexibility and ability to cope with change, it is more important than ever that we are able to engage our staff effectively and provide real opportunities for them to contribute to the development of their organisations.”

Matthew Knight
Chair, Universities HR

78%

of UK institutions
subscribing to our
website

Project website – www.wellbeing.ac.uk

A project website was established to enable individuals and institutions to access information about the project, including guidance materials and case studies. The site has also acted as a way to signpost to up-to-date research, information and guidance developed by others (inside and outside the sector).

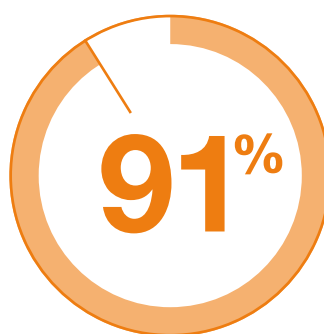
The site has operated on a subscription basis. To date, individuals from over 78% of institutions in England, Scotland and Wales have subscribed. The site has also started to attract paying subscriptions from international HE institutions and organisations from outside the sector.

Regional workshops and events

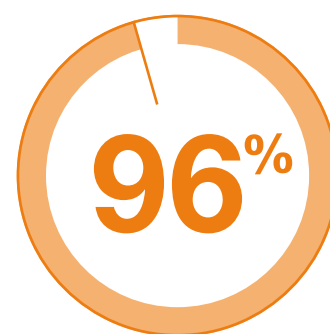
Following the popularity of the Phase One workshops, a new programme was developed to enable institutions to learn from best practice case studies, and have the opportunity to discuss common challenges. To make these events as accessible as possible, a regional model was used. We were also able to offer the events free of charge, thanks to the generosity of host organisations – the Universities of Birmingham, Bristol, Cardiff, Glasgow, Leeds, Leeds Metropolitan, Manchester, Westminster and the Educational Institute of Scotland (EIS). An evaluation of these events showed that they were well attended, with over 300 places taken by individuals representing 131 different organisations:



98% strongly agreed or agreed that attending the workshop was time well spent



91% strongly agreed or agreed that the workshop had suggested ideas for their university



96% strongly agreed or agreed that the workshop had increased their understanding of the wellbeing agenda

Qualitative feedback was also very positive:

‘It was helpful in providing the opportunity to network and exchange experiences and practice.’

‘Very good – I enjoyed the opportunity to learn about recent research as well as practical applications.’

‘Very good. It’s given me lots of ideas for new wellbeing initiatives.’

A final project conference will be hosted in September 2011. This will present the results of the project from the past three years.

2.6. Engagement with sector associations

The nature of the wellbeing and engagement agenda is that it interests individuals from a broad range of professional areas. Although our largest stakeholder group continues to be human resources, followed closely by health and safety, there has also been significant interest from occupational health, sport and physical activity, counselling and student services.

Notably, interest has also been shown from professionals who might not normally be associated with this agenda, for example, finance directors, registrars/secretaries and even Vice-Chancellors. Encouragingly, this shows that wellbeing and engagement are increasingly being recognised as core issues for institutions.

To ensure that our work remained fit for purpose, and responsive to the needs of such groups, we have developed and maintained close working relationships with a broad group of sector associations. In addition to representation on our Steering Group, regular presentations and updates have been given at each of the associations' executive meetings and they have also provided active support through the promotion of events and dissemination of project materials.

2.7. Trade unions

Again, to ensure that our work has met the needs of individuals and institutions, it has been essential to develop good working relationships with the trade unions. Regular meetings have been held with national representatives to provide updates, receive input and share information. Unison and Unite, in particular, have provided active support throughout the project including dissemination of materials, engaging local representatives and providing speaking opportunities. More recently we have been also been working more closely with the University and College Union (UCU). Joint activities for consulting members are currently being planned. Finally, since expanding the project into Scotland, we have started to work with the Educational Institute of Scotland (EIS), including them hosting one of our workshops.

“ [This project] has ensured that the notion of ‘wellbeing’ is firmly on university’s agendas, particularly as the sector moves into uncharted and unprecedented challenging times. It has assisted in the raising of a sector-wide concern to ensure that sufficient support for staff – either through their leadership and management practices, or their organisational offerings more widely – is in place.”

Professor Stephanie Marshall
Director of Programmes, Leadership Foundation for Higher Education

3

The higher education sector

SUMMARY

Our work has shown that, although many institutions have progressed significantly, this is still a relatively new agenda. Broadly, institutions can be categorised according to five different stages of progress. These range from stage one, where the wellbeing and engagement agenda is in the very early stages of development, mainly focusing on staff benefits, through to stage five, where a strategic, joined-up approach is taken, leadership is clear and decisions are based on robust evidence.

BACKGROUND

Our work across the sector shows that the wellbeing and engagement agenda is relatively new in higher education. Institutions are, however, at different stages of development. They can be broadly categorised as follows:

3.1. Stage one

Institutions may not have considered developing a wellbeing and engagement agenda or may not see it as a priority, particularly during challenging times. In these cases, focus is usually based around achieving basic compliance, for example, with the Health and Safety Executive (HSE) Management Standards for Work Related Stress. Most institutions do, however, have some staff benefits in place as well as varying support services (Occupational Health and sometimes staff counselling).

3.2. Stage two

These institutions have progressed further, however, may still be limited by negative or limited perceptions of the wellbeing/engagement agenda. Activity is usually limited to one-off interventions, for example, health promotion campaigns or events. As with stage one, there are staff benefits and support services in place, but it is unlikely that a joined-up or strategic approach is taken.

3.3. Stage three

Institutions have started to develop a wellbeing and engagement agenda. In many cases the agenda will be driven by a single or small number of enthusiasts, without strategic ownership and buy-in. In other cases the agenda may be driven by the need for compliance – for example, they may have had a HSE inspection around stress management, which has driven them to invest. In the majority of institutions, resourcing still tends to be quite limited with individuals delivering activities in addition to their usual responsibilities. There is also risk that, in an austere climate, it is likely to be de-prioritised. Activities are generally adhoc and initiative driven, rather than responding to specific institutional need. If evaluation takes place it is at the ‘happy sheet’ (feedback form) level or measuring participation.

3.4. Stage four

Institutions have formalised a wellbeing/engagement agenda and are taking more proactive steps to address specific issues identified, for example, as part of staff survey results. This includes investing more resource, such as dedicated staffing to manage activity. In the main, work is still initiative driven rather than tackling primary issues or taking a whole institutional approach. Other activities continue to be carried out on an ad hoc basis and whilst there is more evidence of evaluation, it is still limited. Institutions that have progressed the most are those with visible institutional/senior level buy-in.

3.5. Stage five

A small number of institutions have started to enter stage five. These are institutions which are taking a strategic approach to the wellbeing and engagement agenda. For these institutions it is seen as a core activity – integrated within the organisation rather than initiative driven. This usually means a collaborative, joined-up approach which is driven from the top of the organisation through clear, visible leadership. Institutions focus on tackling core issues – responding to the needs of the organisation as well as to what individuals really want. This is based on sound evidence, and activities are robustly evaluated which allows sound decisions to be made.

“The project has been an excellent vehicle for the university to encourage and facilitate its employees to look after and improve their own health and wellbeing.”

Veryan Johnson
Executive Director of HR, Newcastle University

4

What are wellbeing and engagement?

SUMMARY

There are multiple definitions of wellbeing, many of which focus on the mental and physical health of individuals. The results of our national consultation suggest, however, that for our sector, wellbeing and engagement are viewed in much broader terms. This should be a holistic agenda, encompassing all aspects of the staff experience and underpinning everything we do. Notably, it could also be used to describe the key principles of being a good employer and/or good leadership and management practice.

4.1. Overview

There are multiple definitions of wellbeing, used by different organisations and in academic studies. In the main, these focus on individual mental and physical health, although social and financial wellbeing are also factors in a variety of definitions. For example, the World Health Organisation's (WHO) definition of health incorporates wellbeing, and the Foresight definition, which shows wellbeing in a broader societal context:

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948).

'This is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society' (Foresight, 2008).

For others, specifically in the work place context, the definition of wellbeing is more closely integrated with the concept of engagement.

'Creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation' (CIPD, 2007).

'[Engagement is] a workplace approach designed to ensure that employees are committed to their organisations's goals and values, motivated to contribute to organisational success and are able at the same time to enhance their own sense of wellbeing' (MacLeod & Clarke, 2009).

A combination of wellbeing and engagement enables an agenda which is appealing to both individuals and organisations:

'Typical models of employee engagement are too narrow and emphasise the benefits to organisations. Including wellbeing in a broader model of engagement is more balanced and much more likely to bring benefits to individuals and organisations alike' (Robertson, 2011).

In line with this view, if organisations *only* focus on engagement, they are unlikely to achieve the buy-in of employees. As a result, it is a less sustainable solution.

Another key area of wellbeing which is interesting to consider, in the context of the work place is hedonic and eudaimonic aspects:

- **Hedonic** – linked to happiness, contentment and positive emotions
- **Eudaimonic** – linked to personal growth, challenge, autonomy and sense of achievement (Rhyff et al, 2004).

Although both aspects play a crucial role, eudaimonic wellbeing is particularly interesting in the context of an academic environment – showing that an individual doesn't necessary need to be 'happy and smiling' in order to experience a sense of wellbeing (Shutler-Jones, 2010).

4.2. Resilience

In addition to wellbeing and engagement, resilience is another area that has become increasingly popular over the lifetime of the project. This is likely to be in line with the changing economic climate – as organisations consider how to best support their staff during a period of challenge, enhance coping capacity, and develop a more flexible and agile workforce (Bevan, 2010).

For the purposes of the project, we have primarily based our work around resilience on the 'Keeping Pressure Positive' framework developed by Robertson Cooper Ltd. This is the major feature of the resilience training incorporated into the sessions delivered as part of the University of Bristol and University of Glasgow interventions.

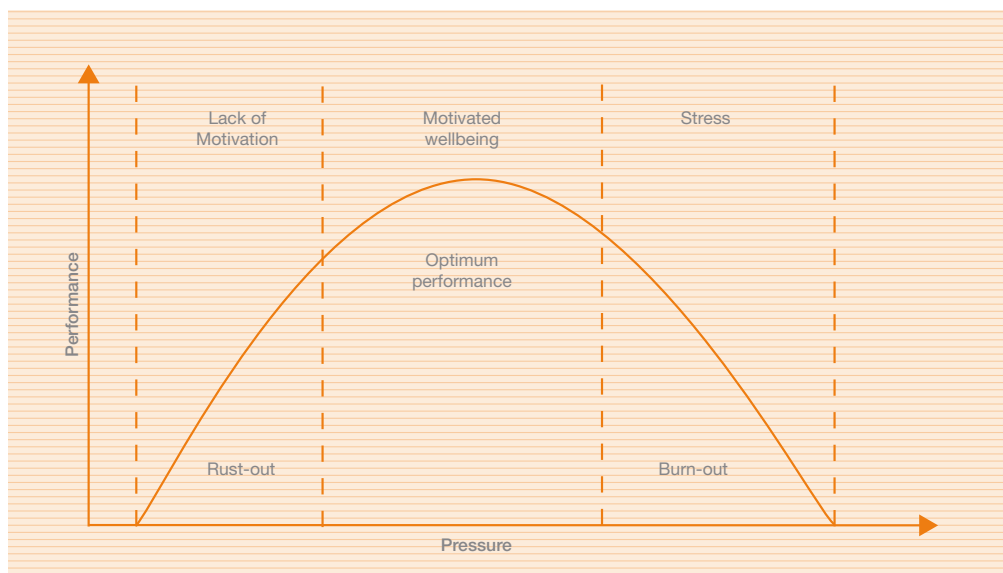


Figure 1 — Keeping pressure positive

The 'Keeping pressure positive' framework (Figure 1)⁵ highlights the difference between stress and pressure, and recognises that a certain amount of positive pressure is essential for wellbeing as it helps to create a sense of overcoming challenge and achieving objectives. It helps to provide the motivation needed to drive performance. If, however, such pressure is maintained over a prolonged period or becomes excessive, then it can lead to negative stress and reduced coping capacity. Ultimately this can then impact on the health of an individual as well as their ability to perform. At the other side of the spectrum is what is known as 'rust out'. This is where an individual does not feel sufficiently challenged and, therefore, becomes de-motivated and disengaged. Again the consequences for individuals and organisations can be significant (Robertson Cooper Ltd).

It is important to note, however, that resilience training should not form the entirety of a stress management programme – as this must be considered in a more holistic manner, also considering the causes of stress in the work place.

5. The Robertson Cooper Ltd Pressure Performance Curve is based on the Yorkes-Dodson curve of 1908, showing 'the relation of strength of stimulus to rapidity of habit-formation'.

4.3. Higher education – perceptions of wellbeing and engagement

Background

Even within the sector it is clear that several interpretations exist. Many institutions use different terms to describe this agenda – varying from ‘Healthy Working Lives’ and ‘Positive Work Environment’ to ‘Quality of Working Life’. Notably, not all organisations use the word ‘wellbeing’. Others do not think about it as a separately named agenda and just integrate it into day-to-day practice.

The consultation programme

Feedback gathered through our workshops and meetings with key sector associations suggested that the multiple definitions of wellbeing and engagement, coupled with a lack of awareness of the business case, were leading to confusion and cynicism. The project responded to this by running a national consultation programme. Although the aim was not to develop single definitions for these terms, it was hoped that we may be able to identify some broad parameters of understanding – including drawing out key priorities and areas for development. Individuals from a broad range of stakeholder groups were invited to attend a series of consultation meetings.

Three key areas were discussed, specifically focusing on the employee/employer relationship. Discussions were based around common key questions/challenges, which had been frequently raised by stakeholders:

- What is wellbeing? Is it more than health?
- What does engagement mean in a university setting? How do you engage staff with the whole university (rather than only an academic discipline or local department)?
- What does resilience mean in the context of employees?

Perceptions of wellbeing

Feedback suggests that the term wellbeing, in particular, remains problematic for many senior managers. Without a clear remit and tangible outcomes, it can commonly be associated with ‘nice to have’ activities or limited to alternative therapies, staff benefits or simply traditional health related activities. Such negative perceptions have become even more apparent in the context of a challenging economic climate – where there is a danger that it is dismissed as an unaffordable luxury, rather than something which underpins core activity and is crucial for the development of a sustainable, high performing workforce.

Notably, over time, other terms have been introduced, which are frequently used interchangeably, but seem to be more readily accepted. These include engagement, resilience, the psychological contract, discretionary effort, organisational citizenship, organisational commitment and loyalty. Whilst such terms appear to be more palatable amongst senior managers – most likely due to a closer relationship with ‘business outcomes’ – they are not without their own problems. Amongst some staff and trade unions, they can be treated with suspicion as they are sometimes seen as manifestations of managerialism. It is also less clear for individuals to understand ‘*what’s in it for them*’.

A holistic agenda

Although the concept of wellbeing is often specifically linked to health, findings from the consultation suggest that, for the sector, this is a much broader agenda. In fact, specifically in the case of wellbeing and engagement, the majority of people felt that it should be used to describe a much more holistic approach, encompassing all aspects of the staff experience. This includes health promotion and certainly has health as a key outcome, but is also much broader. It could alternatively be used to describe the key principles of being a good employer and/or good leadership and management practice.

Crucially, participants emphasised that this is about the culture and values of the organisation, and must underpin everything that we do – rather than being a bolt-on initiative or one-off campaign. For this reason, it is not necessarily appropriate to badge it as a separate agenda, rather as something that should be integrated within the organisation.

Resilience was viewed slightly differently. It was felt to be something that had emerged as a reaction to changes in the economy, and more about survival. Although it was noted that this would be a fundamental element going forwards, it was important that this was not confused with subjecting staff to excessive and extended periods of pressure. Some participants did observe that building engagement and wellbeing within institutions was itself a way to increase resilience. Positioned in this way, the wellbeing and engagement agenda is much more akin to the broader concept of ‘Good Work’:

‘Good Work is work that is rewarding for employees, employers and society. For employees, good work provides secure and interesting jobs; choice, flexibility and control over working hours; autonomy and control over the pace and timing of work and the working environment; a say in the critical decisions that affect their futures; and an appropriate balance between effort and reward. From a business perspective, good work is productive and efficient; aims to involve and engage employees; and to encourage their contribution to organisational success.

(The Work Foundation, 2011)

Key themes

Within this holistic perspective, the results of the consultation highlighted a number of clear themes. The views of participants can be summarised as:

A holistic approach – creating a positive environment and culture of mutual trust and respect where:

- our people are supported and valued – and the importance of their individual health is recognised
- our people are encouraged to fulfil their potential and engaged in performing to the best of their abilities
- our people are part of a university community – proud to work for their institution, see how they are contributing and want to be part of creating a successful future.

This then contributes to a high achieving organisation, which is resilient in the face of challenge and change.⁶

6. Full report available at www.wellbeing.ac.uk

“ [Wellbeing means] a group of staff who are more than content and are passionate about working at the University – about delivering to students who enjoy their work – and who can’t wait to get back on a Monday morning and carry on delivering and changing people’s lives.”

Professor Les Ebdon
Vice-Chancellor, University of Bedfordshire

5

Wellbeing and engagement – the business case

SUMMARY

In a challenging climate, the need for a robust business case has become increasingly important. The evidence base for wellbeing and engagement is well established, however, feedback gathered throughout the project suggests that awareness of this is still low. There is also demand for higher education specific evidence. This chapter provides an overview of some of the existing evidence, including data from inside and outside the sector.

5.1. Background

In a challenging economic climate, the need for a robust business case has become increasingly important. The evidence base for wellbeing and engagement is well established, however, feedback has shown that awareness of this is still low. In addition to this, as most of this evidence has been gathered from outside the sector, there appears to be a demand (particularly from senior managers) for HE-specific evidence showing the benefits that can be realised in an academic environment.

5.2. The business case for wellbeing and engagement

The following section provides an overview of some of the existing business case for different areas of wellbeing and engagement. This covers the financial risks if this is not taken seriously, the savings which could be achieved, and the significant institutional benefits that could be realised through a more proactive approach.

Sickness absence

Sickness absence is often a hidden cost in HE, partly due to the challenges associated with accurate reporting. The costs associated with sickness absence are difficult to ignore:

- Sickness absence costs almost £700 per employee, per year, therefore, almost £270 million, per year, to the UK HE sector, and over £4 million, per year, to an institution the size of the University of Sheffield (CIPD, 2009).⁷
- Research shows that investment in a wellbeing programme can lead to a return of £10 for every £1 spent, and an average reduction of sickness absence of 30-40% (PricewaterhouseCoopers, 2008).

30-40%

average reduction of
sickness absence

It is also essential to note the hidden costs related to sickness absence such as the cost of management and the impact on other staff. Work within the sector has, however, shown that it is possible to achieve significant reductions. For example:

- As a result of their stress management programme, the University of Aberdeen reduced their average days lost per year due to stress by 21% – despite being in a period of significant change.⁸
- Efforts to increase employee physical activity at the University of Bolton contributed to a reduction in absence from 11.69 days per person, per year, to 8.38 days.⁹
- As a result of their comprehensive wellbeing programme, Grimsby Institute for Further and Higher Education reduced their absence from 3.6% per year in 2004/5 to 1.18% per year in 2007/8, and the number of staff with no sickness absence increased from 26% to 46%.¹⁰

7. Based on 2009/2010 data from the Higher Education Statistics Agency (HESA), showing that 387,430 staff are employed in UK HE institutions.

8. Full report available at www.wellbeing.ac.uk

9. Information provided directly from the University of Bolton

10. Information provided directly from Grimsby Institute for Further and Higher Education

Performance and engagement

As we move into a new era for HE, leaders across the sector are focusing on how they can deliver ‘more for less’. Although more difficult to calculate accurately, estimates suggest that:

- If a 10% increase in performance is worth a minimum 5% of salary (£1,606 per employee), the potential financial gain to the UK HE sector is over £600 million, per year and over £9.6 million to an institution the size of the University of Bristol (calculations taken from Robertson Cooper Ltd).
- Organisations with high levels of employee engagement had a 19% increase in operating income over a three year period. Those with low levels had declines of 33% (Towers Perrin cited in Cooper and Robertson, 2011).

Closely linked to engagement and performance is the concept of presenteeism. Again, often a hidden cost, presenteeism is caused by individuals being in work when they are unwell, disengaged or distracted. This means that they are unable to perform to the best of their abilities (Cooper and Robertson, 2011).

- Initial studies suggest that presenteeism could cost as much as two to seven times more than absenteeism. This would mean a cost of between £1,400 and £4,900 per employee, per year, and between £540 and £1,900 million, per year, to the UK HE sector (Main et al, 2005 cited by PricewaterhouseCoopers, 2008).

This is also important to consider in the light of increased student expectations, and continued demand for cutting-edge research:

- 59% of engaged employees said that their job brings out the most creative ideas against only 3% of disengaged employees (Gallup, 2008, cited in MacLeod, 2009).
- 78% of highly engaged workers in the UK public sector said they can make an impact on customer services delivery versus only 29% of disengaged employees (Civil Service, undated, cited in MacLeod, 2009).

Work as part of our project has also shown a positive relationship between wellbeing, research performance, student satisfaction and self-rated productivity (see Chapter 5.3).

19%

increase in operating income over a three year period for organisations with high levels of employee engagement

78%

of highly engaged workers in the UK public sector said they can make an impact on customer services delivery versus only 29% of disengaged employees

“[Wellbeing] goes hand-in-hand with being a high performing organisation and one that people will want to join [... and] will create stronger institutions which will be better able to withstand the challenging times that we are all experiencing.”

Judith Hackitt,
Chair, Health and Safety Executive

Becoming an employer of choice

Wellbeing and engagement play an important role in the aim to become an ‘employer of choice’. Research, for example, shows that, ‘in addition to good pay, career prospects and opportunities for advancement, a growing proportion of workers are attaching importance to the ethical reputation of the organisation (...) [including] treatment of employees’ (Schwab, 1987, Turban and Greening, 1996, Highhouse and Hoffman, 2001, Bevan and Willmott, 2002, cited in Bevan, 2010). This is backed up by clear research showing that:

- 67% of engaged employees actively advocate their organisation as a place to work compared with only 19% of not-engaged employees (Flade, 2003 cited in Cooper and Robertson, 2011).

It will also be essential for institutions to recruit and retain the ‘best staff’ in order to compete in the global market and meet the increasing expectations of students. Although, in the current climate, many HE institutions may not be concerned by the issues of recruitment and retention, in a globally competitive market, this issue cannot be ignored in the longer term. As the Work Foundation (2010) highlight:

‘With a more highly-educated workforce, even in a relatively depressed labour market, the cream will rise to the top and the best people will be in demand’ (Bevan, 2010).

The cost is also significant. For example, a report by the Chartered Institute of Personnel and Development (CIPD) showed that the average recruitment cost, per vacancy, is £4,333, increasing to £7,750 when organisations are also calculating the associated labour turnover cost (CIPD, 2007).

This is particularly interesting to consider from the perspective of organisations that are down-sizing. As demonstrated by the CIPD, the recession has already had a significant impact on employees, and their perceptions of the way they (and their colleagues) are treated during periods of difficulty, could significantly influence their desire to stay at that organisation in the longer term (CIPD, 2010 and 2011). In fact, research by Trevor and Nyberg, shows that an intended down-sizing of just 1% of the workforce can lead to an unintended increase in turnover of 31%’ (Trevor and Nyberg, 2008, cited in The Good Work Commission, 2009).

A further note of caution is that employer branding should not be the only driver for developing a wellbeing and engagement agenda. Anecdotal feedback suggests that some organisations can be in danger of ‘ticking the wellbeing box’ which only leads to a mismatch of expectations when a new employee arrives.

Conclusions

To support the business case development, occupational psychologists Affinity Health at Work¹¹ were commissioned to carry out a comprehensive literature review as part of the project. This is available at www.wellbeing.ac.uk.

The literature review showed that there is a substantive body of research examining outcomes such as absenteeism, physical and mental health, and turn-over. This is likely to be because such ‘hard measures’ are easier to observe and report upon. Other areas such as presenteeism and engagement, which are multi-dimensional constructs, are much harder to measure directly.

Future research would benefit from more longitudinal work. By measuring change over a longer period of time, it would also be possible to understand whether benefits are sustainable or, for example, the positive impact of a programme diminishes over time.

67%

of engaged employees actively advocate their organisation as a place to work

31%

unintended increase in turnover, from an intended down-sizing of just 1% of the workforce

In addition to the business benefits, wellbeing and engagement play an important role in the aim to become an ‘employer of choice’.

11. Affinity Health at Work is an occupational psychology firm. For more information please see www.affinityhealthatwork.co.uk

5.3. Wellbeing and performance mapping – exploring the relationship between wellbeing, student satisfaction and research performance

Outline

Responding to the feedback from senior stakeholders, a key strand of the project has focused on exploring the relationship between wellbeing and HE specific indicators of performance. Occupational psychology consultants, Robertson Cooper Ltd, were commissioned to support this work – due to their academic background and specialist expertise around evaluation.¹²

The study focused on the relationships between wellbeing and engagement scores and research performance (as measured through the Research Assessment Exercise - RAE), student satisfaction (as measured through the National Student Survey – NSS, and Guardian Teaching scores), and self-reported productivity.

The study consisted of:

- The analysis of employee survey data gathered from 2,088 employees in 13 HE institutions in 2002 as part of a HEFCE study, using the standardised Robertson Cooper Ltd's ASSET employee survey tool (Jacobs et al, 2007).¹³
- The gathering and analysis of data from 2,819 staff in five new institutions (Universities of Aberystwyth, Bristol, Chester, Lancaster, and Grimsby Institute for Further and Higher Education) using the Robertson Cooper Ltd ASSET tool.¹⁴
- Working in partnership with Quality of Working Life (QoWL), to carry out further analysis using their survey data – gathered from 1,976 staff in the Universities of Cardiff, Essex and Queen Mary, London, between 2007 and 2008.^{15, 16}

Findings

The following figures highlight some of the interesting relationships shown through this study.¹⁷

Research performance

The 2002 data, as illustrated in Figure 2, shows that there is a significant difference between the mean psychological health scores for the three different 'levels' of RAE attainment (low, medium, high). Results from the 2010/11 data added to these findings by showing that the four 'enablers and barriers' that have the strongest relationships with research performance are: Work Relationships; Overload; Aspects of the Job; and Pay.

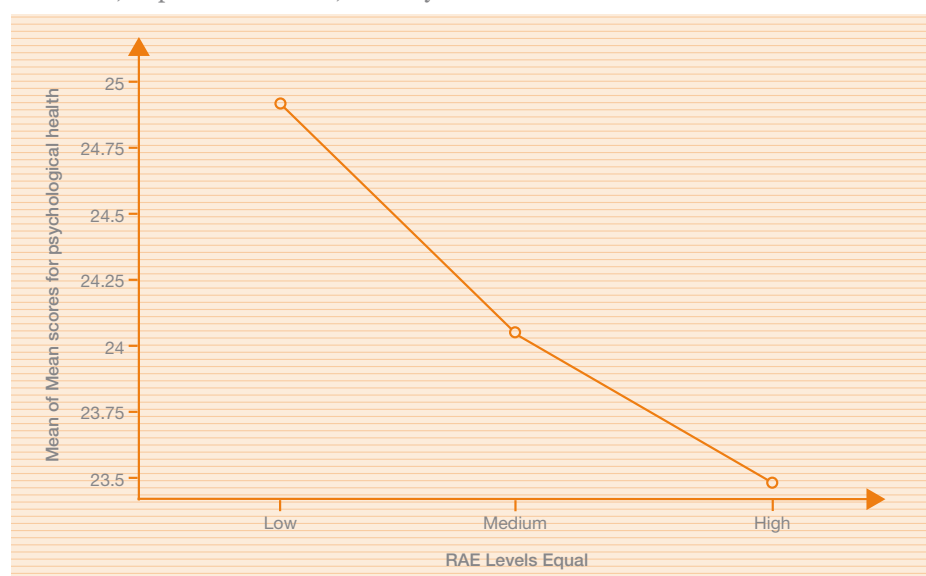


Figure 2 – research performance, 2002 data

12. Robertson Cooper Ltd is a spin-off company from the University of Manchester. Cary Cooper is a Professor at the University of Lancaster and Ivan Robertson is a Professor at the University of Leeds.

Teaching performance

The 2002 data, as illustrated in Figure 3, shows that there is a significant difference between the mean psychological health scores for the three ‘levels’ of teaching attainment (‘low’, ‘medium’, ‘high’). The 2010/11 data added to these findings, showing that the four ‘enablers and barriers’ that appear to have the strongest relationships with student satisfaction are: Work Relationships; Control; Resources; and Communications.

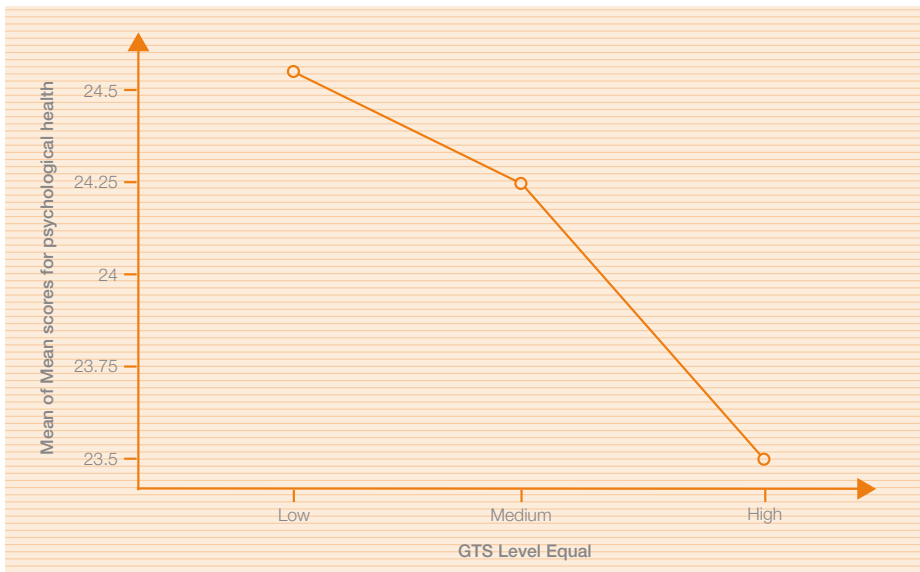


Figure 3 – teaching performance, 2002 data

Self-rated productivity

The 2002 data, as illustrated in Figure 4, shows that there is a significant difference between the mean psychological health scores for the five levels of self-rated productivity.¹⁸

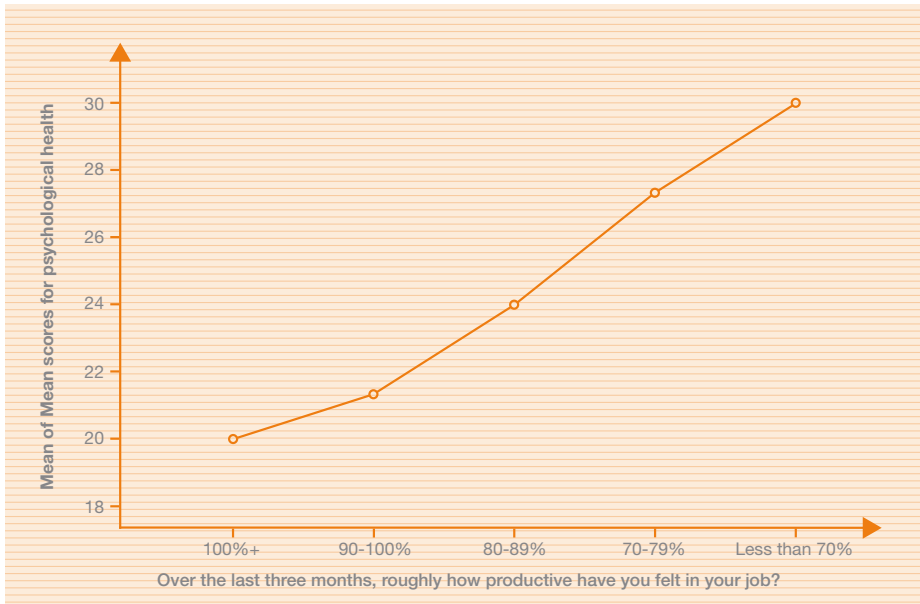


Figure 4 – self-rated productivity, 2002 data

13. The institutions included in this study were the Universities of Birmingham, Brunel, Gloucestershire, Imperial College London, Keele, King's College London, Leeds Metropolitan, Manchester, Manchester Metropolitan, Newcastle, Plymouth, Surrey and Wolverhampton.

14. Although a survey was carried out at Grimsby Institute for Further and Higher Education, the response rate was not high enough for data to be included in the analysis, whilst maintaining confidentiality.

15. Quality of Working Life (QoWL) is based at the University of Portsmouth. For more information see www.qowl.co.uk.

The 2010/11 data, as illustrated in Figure 5, adds to this, showing that increased stress appears to have a negative impact on productivity for all participants.¹⁹ In addition, higher levels of positive psychological wellbeing (PPWB) appears to buffer this effect. This suggests that the impact of increased stress on productivity will be more marked for those who also have a low level of positive psychological wellbeing.

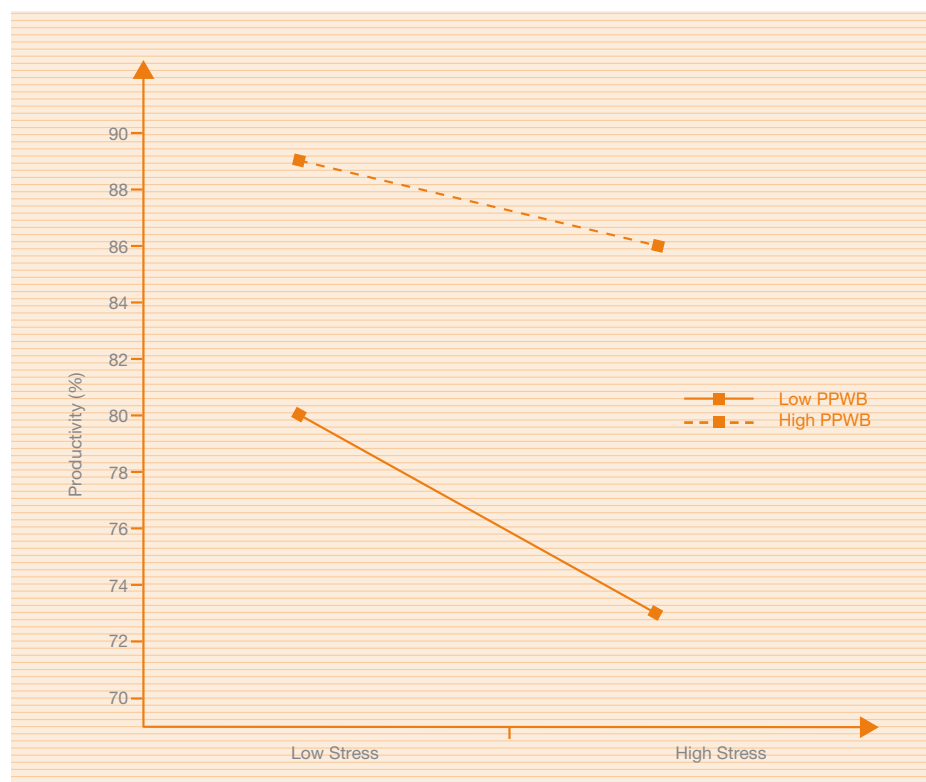


Figure 5 – positive psychological wellbeing, stress and productivity, 2010/11 data

Research Excellence Framework

This exploratory study has begun to show some interesting relationships between wellbeing and performance, which adds to existing research from other sectors. In order to enhance the validity of the study, it would be beneficial to carry out more ‘mapping’, working with survey data which has been gathered during the same year that the research assessment (now Research Excellent Framework) is conducted.

Additional work could also be done with the existing data to carry out further analysis, for example, using multi-level modelling. Further, it may be useful to investigate the relationships with different job roles (e.g. academic versus non academic) or job types, and to consider additional outcome measures, for example, sickness absence data.²⁰

16. There were some limitations in terms of the availability of the QoWL data, at a departmental level, meaning that limited conclusions could be drawn about the links with research performance.

17. As we were working with three different data sets, the analyses were carried out separately. Analyses included descriptive statistics, ANOVAs and Pearson’s correlation.

18. The Productivity scores were categorized using five ‘levels’ (1=100%, 2=90-99%, 3=80-89%, 4=70-79%, 5=Less than 70%).

19. Note that Figure 5 uses a continuous measure of productivity.

20. Full report available at www.wellbeing.ac.uk

6

Wellbeing and engagement interventions

SUMMARY

Feedback gathered throughout the project suggests that many organisations still carry out their activity in a relatively ad hoc manner, without serious consideration of the business case or fit against organisational and individual's needs. This chapter provides an overview of a key project element; the piloting and evaluation of 13 different interventions across 12 institutions. Further information about each of the interventions is available at www.wellbeing.ac.uk. This covers aspects such as key success factors, overcoming barriers, evaluation design, and more detailed results and analysis.

6.1. Current practice in higher education – overview

Feedback gathered throughout the project suggests that many institutions carry out their wellbeing and engagement activity in a relatively ad hoc manner, without serious consideration of the business case or fit against organisational and individual's needs. This is not unique to higher education. Research shows that, across all sectors, organisations often expend a great deal of effort and resource, without systematic evaluation of impact and effectiveness (Sadler-Smith, 2006). In our experience, this is partly due to the extra cost and effort involved but also a lack of understanding around how and what to evaluate. Without such evaluation, however, it is difficult for leaders to decide where to concentrate their efforts and resource, for maximum benefit, and which activities are, in reality only 'nice to have'.

6.2. Project activity – piloting and evaluating wellbeing and engagement interventions – overview

Responding to feedback gathered during the Phase One project, a key element of Phase Two has been to pilot and evaluate a broad range of interventions with a view to understanding their impact on individuals and organisations, as well as key learning from how they were implemented.

Again, working in partnership with Robertson Cooper Ltd, this strand was delivered through a consortium of 12 institutions²¹. Each one selected an intervention which they wished to design, implement and evaluate in their own institution. Although each institution was required to resource the implementation themselves, each received some support through the central project team, as well as two days of consultancy from Robertson Cooper Ltd. With finite resources and relatively short timescales (between 10 and 18 months) to pilot the interventions (from design to reporting), it was essential for work to be designed realistically. For this reason, a number of institutions chose to retrospectively evaluate interventions that had already been carried out.

In line with the view that wellbeing and engagement is a broad concept, the interventions were selected to cover a diverse range of topics. Detailed information about each of the interventions is available at www.wellbeing.ac.uk. This covers aspects such as key success factors, overcoming barriers, evaluation design and more detailed results and analysis. There are also accompanying documents including example communications plans, top tips, example surveys and much more.

21. Consortium institutions included the Universities of Aberdeen, Bristol, Birmingham, Cardiff, Chester, Glasgow, Heriot-Watt, Leeds, Newcastle, Queen Mary – London, Winchester and Grimsby Institute for Further and Higher Education.

6.3. Intervention evaluation

For the purposes of the project, we chose to base our intervention evaluation around the Taxonomy of Training and Development Outcomes (TOTADO) framework, which was developed by Birdi, University of Sheffield (Birdi, 2010). This was developed from the influential and widely used evaluation framework, originally developed by Kirkpatrick (Kirkpatrick, 1967). This provided us with a clear framework to review the different outcomes of the interventions - considering four different levels, from individual to societal level.

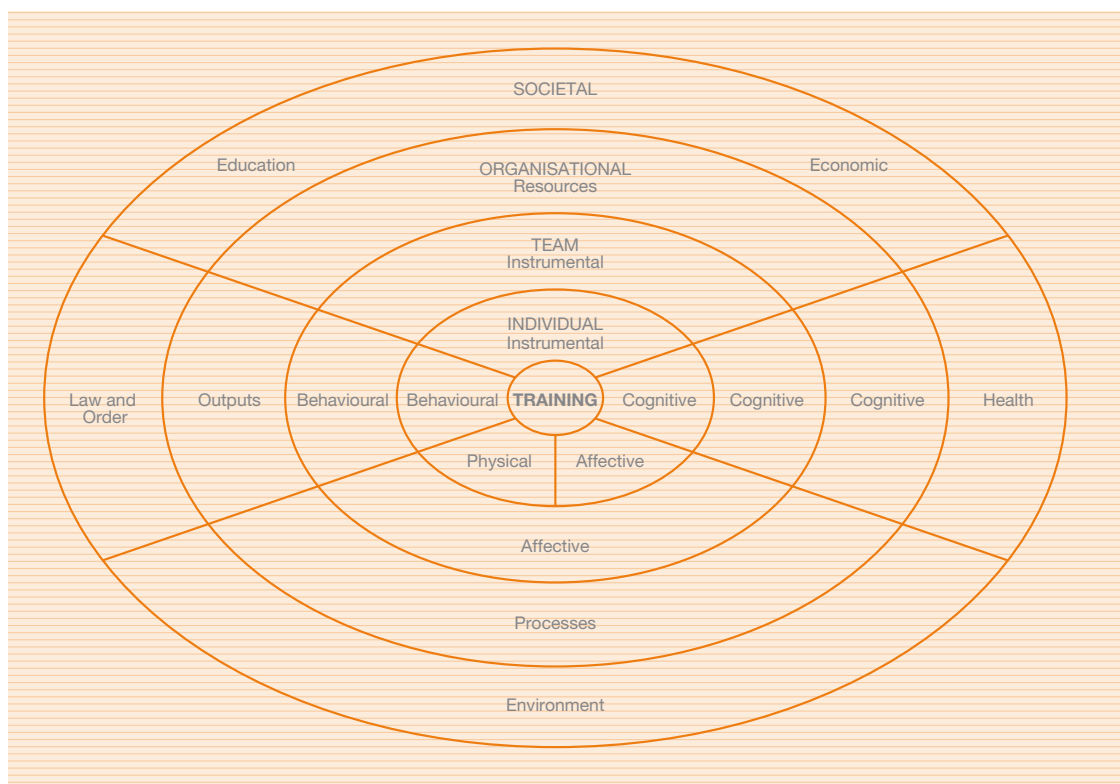


Figure 6 – The Taxonomy of Training and Development Outcomes (TOTADO) Framework²²

Notably, although the levels demonstrated in this framework work well in the context of evaluating wellbeing and engagement interventions, a further level between organisational level and societal – which considers sector level impact – may also be useful to consider.

As the interventions strand of the project suggests, at an organisational level, institution-wide interventions can significantly impact precursors to performance such as staff satisfaction and engagement (see Birmingham and Winchester interventions). It also appears that, with sufficient investment, it is also possible to impact sickness absence levels within a relatively short time period (one to two years), however, other organisational level measures are less simple. For example, organisational level measures such as research performance, student satisfaction or financial measures, could take several years to show impact. In all of these cases, the measures are also unlikely to improve as a result of small scale, tertiary interventions which do not target root issues. As demonstrated through our work, in the short term, it is more realistic to influence individual or group level performance, for example, through self-reported productivity.

Although we have begun to develop a HE-specific business case for wellbeing and engagement with this project, a longer-term commitment to robust evaluation is required. Chapter 7 highlights what institutions learnt through this process and key considerations when planning your own interventions.

22. Note that although the TOTADO framework was developed with training interventions in mind, in the absence of any one model suitable across all interventions, Robertson Cooper Ltd recommended that this would provide the most appropriate fit.

6.4. Control and validity

Finally, when evaluating activity it is important to note that with work place interventions such as these there are limitations in terms of the level of control that can be achieved. As a result, it can be difficult to ascertain whether an intervention has ‘caused’ a specific change (as opposed to one or more other factors). Although laboratory investigations using randomised control groups would enable a high level of certainty (Fisher, 1925 and 1926), this approach was not felt to be appropriate in this particular case. It must, therefore, be recognised that there are some threats, particularly in terms of the internal and external validity to conclusions drawn (Cook and Campbell, 1979). Most of the interventions would have benefited from a longer time period to run, both to be able to affect change but also, so that they were less likely to be influenced by things happening within the university or the sector as a whole.

6.5. Overview of pilot interventions and results

The following interventions and evaluations are not held up as examples of best practice, rather as good real-world case studies with realistic aims and objectives, which we hope will provide useful learning for other institutions.²³

‘Board response to staff survey results’

University of Birmingham

This intervention responded to feedback received as part of the staff survey. It aimed to improve the visibility of the University Executive Board, to clarify and communicate the institutional aims and to improve the quality of leadership at Board level. Development activities included the implementation of personal development plans, mentoring, group sessions and 360-degree feedback. Communications activities included workshops with staff to increase understanding and engagement in the strategic plan, Vice-Chancellor led open meetings, and improved online resources and communication. Evaluation was primarily based on tracking organisational level trends in staff engagement survey data, with statistical significance testing between staff surveys in 2009 and 2011. There were significant improvements in a number of key questions. For example, ‘Board visibility’ increased from 16% to 28% favourable, ‘Awareness of goals’ increased from 53% to 56%, ‘Leadership at senior level’ increased from 32% to 45%, ‘Effectiveness of leadership’ increased from 32% to 45% and ‘Confidence in the Strategic Framework’ increased from 22% to 33%.

‘Stress Management’

University of Aberdeen

This intervention aimed to reduce the average sickness absence days lost per person, per year due to stress, and to increase overall staff satisfaction within the ‘stress’ category of an annual employee survey. A number of activities took place including a stress risk assessment, briefings, training and

As a result of their stress management programme, the University of Aberdeen reduced their average days lost per year due to stress by 21% – despite being in a period of significant change.

solution groups. Links were also made to improve physical exercise by providing free gym membership and a trial of ‘fit-bug’ pedometers. A blended approach to evaluation was taken including results from the employee survey. Organisation-level measures showed that the average days lost per person, per year due to stress reduced by 21%. The cluster of stress-

related survey questions improved by an average of 2.9% – improvement was in almost all questions. There is also tangible evidence that the training and development has had an impact at individual, team and organisational level. Evaluation of the physical health interventions is less tangible and more difficult to evaluate at this stage.

23. Full case studies and accompanying documents are available at www.wellbeing.ac.uk

‘Employee communications’**University of Winchester**

This intervention responded to feedback from the staff survey and aimed to improve employee communications at the University, to improve communications ‘horizontally’ and to improve communication between the faculties and the professional services. Activities included focus groups, pulse surveys, Vice-Chancellor open meetings, promoting staff benefits and improving the staff portal. Evaluation was focused on tracking the statistical significance between staff surveys from 2008 and 2011. There were statistically significant improvements in a number of areas. For example, ‘Senior management communications’ increased from 55% to 63% favourable, ‘Involvement’ increased from 58% to 71% and ‘Engagement’ increased from 86% to 90%.

‘Executive coaching’**University of Leeds**

A number of academic and non-academic middle managers participated in a programme of individual executive coaching as a way to build resilience during a period of major change. Evaluation included gathering both baseline and post intervention measures – gauging levels of resilience based on five key elements: psychological wellbeing; sense of purpose; engagement; ability to manage change; and hope. Measures of self-rated productivity were also taken in addition to semi-structured interviews with coaching participants. Results showed statistically significant shifts in resilience and improvements in self rated productivity recorded after the coaching period.

‘Physical health and nutrition’**University of Chester**

This intervention was developed: to determine a profile of the health and wellbeing status of University staff; to investigate the links between physical activity and psychological wellbeing; to establish the links between physical, dietary and mental health; and to assess the impact of increasing knowledge of health and wellbeing from participating in individualised assessments. Randomised sampling was used to identify an intervention group who were offered a ‘Health MOT’ including a wide range of individual measures such as questionnaires and physical assessments. The evaluation method was designed in partnership with academic colleagues, with students from the University playing an active role in the implementation and analysis of data. The evaluation provided a picture of nutritional status, health and workplace factors – for which there was a significant positive correlation between total score for ‘happiness and psychological wellbeing’ and both the ‘total quality of working scale’ and ‘total sense of purpose and engagement’ scores. It was felt that a longer period of time would be required in order to show impact on health behaviours.

‘Sickness absence management’**Cardiff University**

This intervention aimed to improve sickness absence management across the institution including recording of data and staff support systems around ‘return to work’. This included the development and implementation of a new absence procedure, training and guidance for managers, introduction of the Bradford Factor and improved reporting systems.²⁴ Organisation-level outcomes were used (with some analyses for teams/demographic groups) including: levels and length of sickness absence including the use of the Bradford Factor; numbers of ‘return to work interviews’; numbers of ‘management referrals’ to Occupational Health; and the effect upon staff attitudes using focus groups. There was reduction in reported staff sickness levels by 1.64% over the previous year. The University expect to impact on this level further over a longer period of time.

24. The Bradford Factor is used in human resource management as a means of measuring worker absenteeism. It was developed as part of research undertaken by the Bradford University, School of Management.

70%

survey response rate
(up from 44%)

‘Leadership and management development, and organisational values’

Heriot-Watt University

This intervention aimed to: establish linkages between leadership and performance; to increase the skills, knowledge and awareness of leaders and managers; to increase the engagement of leaders (and all staff groups) in the University strategy; and to embed a values-linked leadership approach. It included a training needs assessment and subsequent development of a new programme of leadership and management, as well as a full consultative process to develop, embed and create ownership around a set of new organisational values. A range of evaluation measures was used, including quantitative survey data and qualitative feedback from meetings, focus groups and telephone interviews. There was a significant improvement in the response rate of the employee survey (70%, up from 44%). All relevant questions improved, for example, overall satisfaction increased from 59% to 77%, positive understanding of role increased from 61% to 85% and respect at work/contribution of colleagues increased from 88% to 91%.

‘The academic psychological contract’

Queen Mary, University of London

This intervention was carried out to identify and understand the current academic contract, as perceived by staff. This would allow the institution to: explore if this is broken; what factors have impacted on this; and which of these it would be possible for the institution to influence in the future. Individual cognitive and affective measures were used via a series of focus groups, online surveys and one-to-one follow-up interviews. The intervention has led to a clearer picture of the factors which impact commitment towards the academic profession and towards Queen Mary; this is a combination of external, socio-political, and internal, managerial factors. For those workplace factors that can be ‘addressed’, Queen Mary now has a structure by which it will be easier to exert influence in areas that will be known to have the biggest impact on engagement and wellbeing.

‘Leading and coping with change’

University of Bristol

Leading and coping with change training was delivered to approximately 50 non-academic middle managers, with a significant role in managing organisational change. Sessions focused on: keeping pressure positive; thinking differently; recognising and managing stress; the strengths and risks associated with different leadership styles; and the change process. Managers were given practical tools to help themselves as well as to implement with their own teams. Evaluation included pre- and post-intervention measures, using questionnaires with quantitative and qualitative measures to ascertain ‘affect’ responses and behavioural and cognitive changes. Overall there was an encouraging amount of positive changes (self-reported) in behaviour and cognition with over half (55%) of the managers reporting that they had applied new ways of working to avoid stressors in the workplace. Self-reported productivity also improved. Analysis of a set of resilience questions showed that managers with lower scores in the areas of ‘use of social support’ and ‘adaptability’ were likely to benefit most from the training, i.e. those managers with the most ‘room for improvement’.

55%

of managers had
applied new ways
of working to avoid
stressors in the
workplace

‘Resilience training for senior managers’

University of Glasgow

A group of senior and middle managers (academic and non-academic) participated in a programme of resilience training. This included coping with negative pressure, the role of the manager in developing a positive working environment and supporting colleagues to frame issues positively. Evaluation included pre- and post-intervention measures using questionnaires to ascertain affect responses and behavioural and cognitive changes. There was very positive affect/reactions to the training provision, especially for course design/delivery. A follow-up evaluation form showed improvement (self-reported) in cognitive and behavioural changes with most delegates reporting changes in at least one area and some reporting changes in many of the topics covered.

‘Enhancing staff engagement in the wellbeing agenda’**Newcastle University**

This intervention aimed to enhance staff engagement in the wellbeing agenda, through a number of communications-based initiatives. This included the launch of a new website, development of the ‘Keep well at NCL’ strap-line, establishing a multi-disciplinary steering group and participation in the ‘Better Health at Work Award’. There were improvements in key items within the employee satisfaction survey (e.g. perceptions of the University being a ‘good place to work’ and ‘interested in my wellbeing’). Tracking of the new website also showed that, out of the staff who visited the site, almost all (85%) found it ‘quite helpful, helpful or very helpful’, and nearly one-quarter (23%) declared that they had done something differently as a result of visiting the site – a first step towards employee health ownership.

85%

of staff found the website ‘quite helpful, helpful or very helpful’

‘Team rebuilding after major change’**University of Leeds**

This intervention involved developing, engaging staff in, and delivering a programme of team rebuilding following change. Through a five stage plan, it aimed to address the dip in performance that can occur following major change, with particular emphasis around how to create enthusiastic alignment with strategic goals. The intervention was developed alongside a formal change management process, and provides personal and team-based support to build individual and team resilience, all the while integrating the theories which support resilience building and sitting within a context of strategic alignment. The team rebuilding was tailored according to the specific needs of the local area. An analytical framework and multi-stage evaluation method has been designed, however, at the time of publishing, has yet to be carried out.

‘Peer support’**Grimsby Institute for Further and Higher Education**

This intervention aimed to improve staff resilience by promoting the importance of peer support. A series of training sessions was held across the institution – focusing on ‘how to look out for each other’. Results showed that the sessions were well received and provided a valuable opportunity for discussion amongst peers.

“Successful employee engagement is far reaching – covering the hard and softer aspects of human resources management. It recognises that active employee involvement is important in the shaping of the future of an organisation. [It also recognises] that motivational and reward exercises alleviate stress, because there is a sense of control, and they help to build up feelings of empowerment and job satisfaction.”

Albert McMenemy

Registrar and Secretary, University of Manchester and AHUA representative

“The University of Glasgow was delighted to take part in the project. It is very encouraging to be part of a national initiative that is considering such a wide variety of wellbeing and engagement interventions.”

David Newall
Secretary of Court, University of Glasgow

“The University of Leeds is extremely proud to be the lead institution for this project. Wellbeing and resilience are at the heart of our strategy and the project has provided a fantastic opportunity to work closely with other institutions and develop our work further.”

Gary Tideswell
Director of Wellbeing, Safety and Health, University of Leeds

PART II

Chapters:

7. Practical planning and evaluation
– your guide
8. Key themes
9. Next steps and conclusion

Part one of this report has highlighted why we have done this work, how we define the agenda, and what work has been carried out. Part two draws on our findings to focus on practical considerations for institutions.

7

Practical planning and evaluation – your guide

SUMMARY

This chapter provides a practical overview of key considerations when planning and evaluating interventions in your own institution. This includes the different types of interventions (primary, secondary and tertiary) as well ways to overcome common barriers, and ensure ease of implementation. Suggestions are also made of the types of outcome measures which can be used in a higher education setting.

7.1. Choosing your intervention

Throughout the project our objective has been to demonstrate which interventions had the greatest impact. As our work has shown, however, there are no straight forward answers. The selection of an intervention should be done on the basis of institutional need, ideally backed by a sound business case. These needs will be context specific and cannot be generalised across organisations. Timing is also a significant factor. When selecting your intervention, it is important to consider not only the topic you wish to cover, but also the types of interventions possible.

Type of intervention	Aims
Primary	Reduction of causes (tackle the 'enablers' and 'barriers')
Secondary	Management of causes (reduce impact)
Tertiary	Treatment of causes/symptoms (provide support)

Figure 7 — Types of interventions

Primary interventions

Primary interventions can be highly effective and are the most likely to lead to sustainable solutions because they tackle the root causes of problems. They can, however, be difficult to implement because they may require changes to core organisational processes. They are also likely to require a higher level of resource, and a longer term commitment – particularly if the intervention is trying to change the culture of the organisation.

Feedback gathered throughout the project suggests that in a HE environment, primary interventions should, for example, focus on enhancing leadership and management (at all levels) and the introduction of consistent and effective change management procedures. Clearly, in an academic environment, these are not easy things to tackle and require long-term commitment and appropriate resourcing. As the Universities of Birmingham and Winchester have shown through their interventions, however, it is possible to impact on such areas over a one-to-two year period.

Secondary interventions

Secondary interventions are designed to help employees cope in a given situation. Examples of this are the training courses offered in the Universities of Bristol and Glasgow interventions. It is important to note, however, with such interventions, that they must be considered in a broader context, rather than in isolation, if they are to lead to meaningful, sustainable change. For example, it is positive to offer staff 'coping with change' training, but the rest of the change process must also be considered – to ensure engagement throughout, and that the learning from the training isn't lost.

Tertiary interventions

Tertiary interventions are ‘symptom directed’ or reactive - where support is provided to assist in the cure and rehabilitation of stressed or unhealthy employees. Examples include the provision of support services (employee assistance programmes, counselling etc). As with the secondary interventions, these need to be considered in the broader context. For example, in the management of stress, it is important to offer support mechanisms, but the root causes of stress must also be addressed.

7.2. Key considerations when planning and designing your intervention

Through the project, we have worked closely with the 12 consortium institutions to pilot and learn from their different interventions. As these have been carried out in a changing economic climate, the institutions involved encountered a number of challenges and barriers. The following questions provide prompts on how you might be able to avoid or overcome these when planning your own activities:

Q

1. **Have you taken into account the decision making process?**
 - Will this be constrained by the timescales of committee cycles?
2. **Have you identified key stakeholders? How will you get their buy-in to ensure that your intervention is designed appropriately and can be implemented without any blocks?**
 - Consider involving senior managers and trade unions at an early stage
 - Can you get a senior manager (ideally the Vice-Chancellor) to endorse the work and act as a visible champion?
 - How are you positioning the intervention? Can it be aligned with current activity rather than being seen as another new initiative/flavour of the month?
 - Have you been clear about ‘what’s in it for them’?
 - Managers like to know what the implications will be for them – in terms of time and resource commitment – can you be clear about this?
3. **Have you been clear about what you want to achieve including the financial benefits?**
 - Do you have a clear business case available?
4. **Can you work collaboratively with other departments?**
5. **Have you planned realistic timescales for implementation?**
 - Have you considered ‘busy’ periods e.g. around exams and marking?
 - Have you considered holiday periods?
6. **Are there other priorities which will be ‘competing for attention’ or may be in conflict with what you are planning?**
 - Consider aspects such as restructures and redundancies
7. **How will you actively promote your intervention to your target audience(s)?**
 - Try to be creative with the methods you choose
 - Do you need to use different media to target different groups of staff?
 - Can you encourage localised/peer communication (as this is more likely to achieve buy-in than a centralised/top-down approach)?
 - Have you considered your use of language e.g. in certain terminology might ‘turn-off’ key audiences?

7.3. Key areas to consider when planning your evaluation strategy

As our work has shown, it is essential to evaluate interventions robustly if we are to demonstrate real added value, develop the higher education business case, and have good quality data to inform decision-making. The following areas may be helpful to consider when planning your evaluation strategy:

Q

1. **What are the key ‘performance drivers’ for your intervention?**
 - Can you show that this intervention will add real value to individuals/the institution?
 - Can you seek help from a finance professional within your institution, to help you to make the business case?
2. **What measures do you expect to/hope to influence in the short/longer term?**
 - Have you considered both qualitative and quantitative data?

- Are you measuring real impact – not just initial reactions or participation rates?
- Can you measure actual indicators of performance (such as financial, student satisfaction, productivity) rather than only precursors of performance (such as engagement)?

Based on the Kaplan and Norton Balanced Scorecard, the following table (Figure 8) adapts a well-being scorecard developed by Cooper and Robertson, for a higher education audience, and shows the outcomes which can be influenced by wellbeing interventions (Cooper and Robertson, 2011).

When planning your evaluation strategy it may be useful to consider which of the following could be influenced.

Business level and financial indicators	Internal process indicators	Quality indicators	Learning and development indicators
Sickness absence rates	Stress levels	Student and other customer satisfaction survey results (including NSS results)	Take up of and number of 'did not attends' at training and development events
Retention rates	Levels of work/life balance	Complaints	Feedback from leadership development programmes
Cost of using agency/ contract staff	Stress risk assessment arrangements	Service quality ratings	Feedback on development
Number of ill health retirements	Staff survey results (job satisfaction, engagement, quality of management and leadership)	Number of HSE improvement notices received	Innovations and suggestions
Number of stress related referrals to Occupational Health	Take up of health promotion initiatives	Number of disciplinaries and grievances	Accidents, mistakes and near misses
Overall financial performance – surplus/ break-even/deficit	Regular high quality staff reviews	Research performance measures (RAE/REF)	Knowledge/awareness of interventions
Productivity measures	360-degree feedback		

Figure 8 – evaluation score card

3. Can you access accurate baseline data?

- How accurate is your sickness absence data (for academic as well as non-academic staff)?
- Are there measures of individual performance available?
- Is performance measured consistently across different departments?
- Is there any sensitivity around measuring performance?
- Note that data is often 'owned' by different areas of the institution and can be difficult to access
- Is the data available in the format you need it, or will you need additional help with processing it?

4. Have you allocated time and resource for evaluation?

- Have you factored enough time into your project plan for this, potentially, time consuming process?
- What is realistic within the timescales and resources available?
- Will specialist skills be required to support this? Can you involve academics and students in the design/data gathering/analysis process?

-
5. **What other influencing factors need to be considered?**
 - What other factors might impact on your results?
 - To what extent can you show a causal relationship?
 6. **Have you managed expectations?**
 - Has it been recognised that robust evaluation requires commitment over a long period of time – particularly when measuring impact at an organisational level?
 7. **Can your evaluation design be improved to ensure greater confidence in the results (e.g. inclusion of pre and post measures and control groups)?**
 8. **Can you benchmark your results?**
 - Consider other institutions, public sector etc.²⁵
-

25. A number of institutions benchmark their data as part of their work with the Universities and Colleges Employers Association (UCEA), or through DLA Piper. The CIPD also provides useful statistics allowing organisations to benchmark against public and private sector norms.

“The project has successfully delivered a significant contribution to the understanding and promotion of wellbeing issues across the sector. It has successfully enhanced networking, discussion and debate, as well as producing effective solutions and strategies.”

Alan Cowen
Deputy Chair, Universities Safety and Health Association

8

Key themes

SUMMARY

This chapter covers some of the key themes which have emerged as a result of feedback gathered throughout the project.²⁶ These include reviewing and realigning current activity to maximise impact, getting senior management buy-in, the crucial role of leaders and managers, and building a collaborative approach. Priority areas for action which institutions may wish to focus on are highlighted, including practical considerations to avoid barriers and enable success.

8.1. Background

As highlighted in Chapters six and seven, although interventions are bound to play a crucial role in the implementation of a wellbeing and engagement agenda, in order to take a strategic approach – ensuring that this work is embedded in a meaningful and sustainable way – there are a number of key organisational considerations. This chapter covers some of the key themes, which have emerged throughout the project, and highlights priority areas for action that institutions may wish to focus on.

Notably, many of these things do not require extensive resource. In the main, it is about considering how things might be done differently to improve effectiveness, increase efficiency and achieve maximum benefit for staff and the organisation.

8.2. Reviewing current activity

As discussed, many institutions already invest in staff wellbeing and engagement in some form, however, it is rare for a strategic approach to be taken. Often led from within multiple different areas of the organisation, it also means that there is duplicated effort. Further, without robust evaluation in place, it is unclear whether they are the right activities to really add value to individuals and the organisation as a whole. The first step towards a more strategic (and cost effective) approach is to review what activities are already in place:

Q

1. **What existing activities could be brought together under the wellbeing engagement umbrella?**
2. **How are these activities evaluated?**
 - Do they reflect the feedback in your staff surveys?
3. **Is the resource being used to its best affect?**
 - Does it need to be realigned?
4. **Are activities and services aligned with the strategic needs of your institution?**
 - How can this be more clearly demonstrated?
5. **Think about the employee lifecycle. How can the principles of wellbeing and engagement be embedded in current activities?**
 - Can you consider recruitment and induction, policies and procedures, and development and promotion?

26. Feedback was gathered through a series of workshops, consultation sessions, meetings with key sector associations and in-depth work with the consortium.

Many of these things do not require extensive resource. In the main, it is about considering how things might be done differently to improve effectiveness, increase efficiency and achieve maximum benefit for staff and the organisation.

8.3. Positioning this agenda

As suggested through our national consultation, for many, the term wellbeing remains problematic (particularly amongst senior managers). Terminology therefore needs to be carefully chosen to fit with the culture of the organisation. For example, in some institutions, words such as engagement, resilience and the staff experience, may be more appropriate.

Although for the purposes of effective communication, it can be beneficial to develop an umbrella brand, which can be used to bring activities together in a recognisable manner, this must be treated with caution. Particularly during challenging times, it is important that this is seen as embedded within the organisation and strategically aligned rather than a new trend or bolt-on initiative.

1. Does this agenda have a name in your organisation?

- Is this appropriate or would it be better to focus on embedding in current activity?



2. What language would have the best cultural fit?

- Do you need to consider different terminology for different audiences?
- Does a particular name result in this agenda being 'pigeon holed'? If this is a broad and holistic agenda, should another approach/name be considered e.g. 'enhancing the staff experience'?

8.4. Senior management buy-in

The institutions that have made the most significant progress are undoubtedly those with the buy-in of senior managers. This includes having a visible (and vocal) champion as part of the top team. Not only does this help to demonstrate clear organisational commitment but it can also help ensure that the work is appropriately prioritised and resourced. Although it is ideal to have the commitment of your Vice-Chancellor, another member of the top team would also be beneficial. It does not have to be the person with operational responsibility for this area, for example, at the University of Bradford, the Finance Director acts as the champion for wellbeing.²⁷

In a practical sense, this means involving your champion as much as possible. This can be through regular statements in staff meetings and newsletters, or chairing steering groups. It is particularly important to reinforce such messages during times of challenge or change. Other members of the senior management team can also be a useful initial sounding board. The (often contrasting) views of academic senior managers and others, such as finance directors, can be extremely insightful. It can help you to understand their views on priorities and challenges, as well as concerns (or causes for cynicism). Taking these onboard and/or influencing their views at this early stage can help to avoid blocks further down the line.

The institutions that have made the most significant progress are undoubtedly those with the buy-in of senior managers. This includes having a visible (and vocal) champion as part of the top team.

When making the case to senior managers, it can be helpful to anticipate concerns. For example, our work has shown that although, instinctively many managers know that this is the 'right thing to do', many are not aware of the business case. Ensure that you have some robust statistics to hand – translating these according to staff numbers in your institution to show tangible savings can be particularly impactful and hard to argue against. It can also be useful to consider how this work aligns with other institutional priorities, for example, it can be a way to meet standards set by the Health and Safety Executive (HSE) or reduce insurance premiums.

27. A full interview with Sue Kershaw, Finance Director at the University of Bradford, is available at www.wellbeing.ac.uk

“Higher education institutions are people organisations. They rely on the dedication of their staff and students. Wellbeing is about ensuring that staff and students feel inspired and committed to the success of the organisation and making sure they have the proper support in place so that they can work effectively.”

Sue Kershaw
Finance Director, University of Bradford

“[Wellbeing is] absolutely critical – our strength are our staff. The more healthy, less stressed and the better that staff feel about themselves, about us and about the entire working environment, then the better they will work, and the better for the University as a whole.”

Professor Ian Diamond
Principal and Vice-Chancellor, University of Aberdeen

1. Do you have a senior champion?

- How can you actively involve your champion to ensure that their commitment is visible to staff?

**2. Have you spent time with other members of the senior management team?**

- Do you understand their different concerns and priorities?

3. Do you have your business case ready – to influence managers when needed?

- Can you show projected return on investment?
- Have you tailored evidence to show the potential benefits in line with the number of staff in your institution?
- Can you show how your proposal aligns with the strategic priorities of the institution?

8.5. Creating a multi-disciplinary approach

In terms of organisational structure, the ‘home’ for this agenda varies across the sector – sometimes dependent on an individual enthusiast being willing to take a lead. In some institutions it is part of HR, in others, Health and Safety, and in some institutions it is a joint agenda linking in with student services. The difficulty with this lies in how it is perceived by staff. For example, alignment solely with health and safety can sometimes lead to it being pigeon-holed as compliance driven or strictly limited to occupational health and stress. Although this is a difficult challenge to overcome, it can be helpful to ensure that a multi-disciplinary approach is taken. Bringing together key individuals from relevant areas across the institution – to steer the agenda and work collaboratively – leads to a more effective, holistic approach. Not only does this reduce duplication, but also by creating a joint sense of ownership, you are also more likely to create institutional buy-in. It can also be helpful to involve trade unions at this stage.

When planning the constituency of a group consider the academic expertise available within your institution. Not only can this add significant value to the group, but the added perspective of academic staff can help to create buy-in for any plans. For example, at the University of Chester, their intervention around physical health was delivered in close partnership with their Faculties of Applied Sciences, Business Enterprise and Lifelong Learning, and Health and Social Care, and also involved working with Masters students to gather and analyse data. Notably, although a collaborative steering or working group can be beneficial, there still needs to be someone to lead the agenda and make things happen. Institutions which have been most successful are those which have some dedicated resource to coordinate the activities across different areas, and drive work forwards. There is always a danger, otherwise, that such working groups can be seen as a ‘talking shop’ – with lots of good ideas but with no real action. Members of the group also need to be at a sufficiently senior level to make (or heavily influence) decision-making – including issues around resourcing.

Bringing together key individuals from relevant areas across the institution leads to a more effective, holistic approach, which creates a joint sense of ownership and is more likely to lead to institutional buy-in.

Institutions that have been most successful are those that have some dedicated resource to coordinate the activities across different areas, and drive work forwards.

1. Who are your stakeholders?**2. Do you have a steering/working group to bring together key individuals?**

- How can you work to develop a joint agenda?
- Can this be chaired by your senior champion?

3. How can you ensure that this group is based around practical actions (not just good ideas)?

- Are individuals willing to take on responsibilities outside the meeting?
- Who will take a lead and make things happen?

4. What relevant academic expertise is available in your institution?**5. Have you involved your trade unions?**

8.6. Don't 'reinvent the wheel'

As the work of the project has shown, there are pockets of good practice throughout the sector including valuable lessons about what works well, and what doesn't. In addition to working collaboratively within your own institution, consider how you might be able to learn from others. The project website provides many case study examples, but it can be useful to link with peers in other organisations to share ideas and learning.

In addition to this one, there have been a number of other projects funded at a sector level by the funding councils and the Leadership Foundation for Higher Education (LFHE), which closely link into this agenda and provide in depth learning around key issues. For example the HELIX Project on internal communications, the Healthy Universities Project which considers universities as a healthy setting (including students and the wider community) and the Flexible Working Project.²⁸ Trade unions have also developed some useful guidance materials that could be used to inform your practice.

It is also important to recognise that, whilst there are many aspects of the academic culture which are unique, we can still learn from other sectors – many of which have made more progress in this agenda. Again, our website provides links to useful resources, tools and case studies developed by other organisations including Business in the Community (BITC), the Work Foundation and the Chartered Institute of Personnel and Development (CIPD).

Q

1. How can you ensure that you continue to learn from other universities and other organisations?

- Do you have opportunities to network with other organisations?

2. Have you accessed the resource section of www.wellbeing.ac.uk?

- Can you review case studies and key learning from other organisations?

3. Have you accessed other resource websites?

- How will you make sure that these are accessed regularly to stay in touch with up to date information?
-

8.7. Avoiding 'one size fits all'

Feedback gathered throughout the project has highlighted that a 'one size fits all' approach would be inappropriate due to differences between institutions, departments, staff groups and individuals. This means that, although the core principles of wellbeing and engagement (as outlined in Chapter 4), should generally be applicable to everyone, they must also be carefully tailored and applied to meet specific needs. For example, academic and non-academic staff, staff with different work patterns and staff from different academic disciplines.

In our experience, localised implementation can lead to the highest levels of buy-in. For example, when communicating a new initiative, it works well to have the local academic leaders engaged - tailoring communications or activities to the needs of their local area, rather than messages coming from 'the university/the centre' which can feel far-removed and more 'top-down'. It can also help to have local champions at different levels, who can support peer-to-peer communications.

At an individual level the line manager plays an essential role. Managers are often best placed to understand their people, identify the support they may need, and know how to get the best from them.

Q

1. How do you know that your plans meet the needs of individuals as well as the organisation?

2. Have you built in sufficient time for meaningful staff and trade union consultation?

3. Have you considered how this work needs to be tailored for different staff groups/areas of the university/individuals?

28. For more information see <http://www.hefce.ac.uk/lgm/build/lgmfund/projects/>

8.8. Listen, act, communicate

Our work has shown that the majority of institutions carry out some form of employee survey. In itself this is an important process and, in fact, the government commissioned Foresight report showed that, even without taking subsequent action, employee surveys can lead to improved engagement (Foresight, 2008). Feedback suggests, however, that whilst much resource and time is expended on a regular survey, many institutions do not make the most of this process. Our stakeholders also suggest that, without a standard HE specific survey, it is also difficult to know which survey/questions to select.

There is a further risk that institutions often carry out surveys without a clear intention to act on the results. Without clear communication of actions, with staff feeling that their views have been taken seriously, it is unlikely that individuals will be willing to engage with future surveys.

The following questions may be useful to consider when planning a staff survey in your institution:

- | | |
|--|---|
| 1. Does your survey allow you to benchmark against other institutions? | Q |
| 2. Does your survey cover the key areas of the HSE Management Standards for Work Related Stress? | |
| <ul style="list-style-type: none"> • Could this help you with your reporting? | |
| 3. What methodology does your survey use? Will this 'stand up' in an academic environment? | |
| <ul style="list-style-type: none"> • Can you work with academic experts within your own institution to ensure that this is the case? | |
| 4. Does your survey process enable the institution, local areas and the wider staff group, to receive results quickly? | |
| 5. Have you left sufficient time between surveys to act on results and show impact? | |
| 6. Do you always need to do a full employee survey or could other approaches be considered? | |
| <ul style="list-style-type: none"> • Have you considered shorter 'pulse surveys' (see 'Taking the Pulse' HEFCE Project)? | |
| 7. How will you ensure high response rates? | |
| <ul style="list-style-type: none"> • Can you consider localised communication, for example, working closely with local leaders to promote the survey? • Do you have a senior manager (ideally the Vice-Chancellor) acting as champion and actively encouraging participation? | |
| 8. Will further information/detail be required after running your survey? | |
| <ul style="list-style-type: none"> • Will localised work be needed to identify problem areas? • Have you considered focus or solution groups to explore issues in more detail and involve staff in developing solutions? | |
| 9. How will you ensure that the survey is followed up with actions? | |
| <ul style="list-style-type: none"> • Are there local action plans? • Is there clear ownership? • Can you communicate timescales for short and long term actions? | |
| 10. How can you show staff that actions are being taken? | |
| <ul style="list-style-type: none"> • Can you communicate what has been done since the last survey? • Can you consider a regular way of communicating 'you said, we did...'? • Are there some quick-win actions which can show commitment to change, quickly, whilst planning longer term work? | |

8.9. Prioritising effort – maximising impact with limited resource

It is important for interventions to be planned with consideration of resourcing, if they are to be implemented more widely. When targeting specific or high-risk groups, this may not be problematic, however other activities may need to be reconsidered in order to reach the wider staff population. Often, when resource is limited, it makes sense to focus on building leadership and management capacity. Our work shows that the role of the manager – from the top team through to line management level

When resource is limited, it makes sense to focus on building leadership and management capacity – the role of the manager, from the top team through to line management level is absolutely crucial, and directly influences levels of engagement and wellbeing.

is absolutely crucial, and directly influences levels of engagement and wellbeing. Another key consideration should be the areas of high risk. During times of change, for example, it may be necessary to offer specific and tailored support for areas in review or going through restructure.

In more general terms, however, we know that in the main, the greatest causes of sickness absence in higher education are stress and anxiety, and musculoskeletal problems. It may, therefore, make sense to consider interventions that tackle these specific issues.

Q

1. Where are your high risk areas which may need additional support e.g. areas going through major change?
 2. Do you understand the key health risks in your organisation?
-

8.10. Creating meaningful change

As highlighted in Chapter 6, secondary and tertiary interventions must be carefully planned in a broader context to ensure meaningful and sustainable change.

It can be useful to consider:

Q

1. Is your intervention being carried out in isolation?
 - Are there other factors which need to be considered?
 2. Is your intervention going to have real impact in the longer term?
 - Would it be better to invest resource elsewhere?
 3. What are the root issues in your institution?
 - How can these be tackled to ensure sustainable, meaningful change?
-

8.11. Leadership and management

Our work has consistently shown that – from the Vice-Chancellor and senior team through to the line manager – leadership and management remain the single biggest influence of employee wellbeing and engagement. When it is working well, it is the key driver for motivation and performance, but when it is not working well, can be the most significant barrier. The challenges associated with leadership and management are not limited to the HE sector. For example, research by the Hay Group (2007 and 2008) shows that although 85% of public sector leaders think that engaging and motivating staff is the best way to improve productivity, only one in five feel that they do this effectively. Further, findings from the CIPD workforce survey clearly show that, since the recession, across all sectors, there has been a significant reduction in the level of trust in senior managers (CIPD, 2010).

Within the HE sector, much work has been done to enhance leadership and management over recent years (including both the work of individual institutions, and the work of the Leadership Foundation for Higher Education). This has led to great improvements and areas of best practice. Feedback gathered through our workshop and consultation sessions, and interventions, does however suggest that inconsistent leadership is still a serious issue.

In an academic environment – highly influenced by the principles of autonomy, academic freedom and collegiality – the roles of leadership and management continue to be contentious. In addition to this, the varying and complex roles of the different types of leaders within a single institution, adds a further layer of challenge. For example, the role of the leader of an academic department is entirely different from that of a Principal Investigator, which is again very different to the role of a Head of Service. The following views have been highlighted through our work:

Perceptions of leadership and management

Particularly amongst academic staff, there are often negative perceptions of leadership and management – which are often seen as inextricable from concepts of managerialism, reduced autonomy and increased bureaucracy. Some of the reasons for this include:

- There is frequently an inherent dislike of anything perceived as too corporate (including any language associated with business)
- Management and other ‘administrative’ activities are commonly viewed as a distraction from the core activities of research and teaching
- There is sometimes little perceived incentive for academics to take on a managerial role, as it is felt that this will not support their progress in their academic field. It is, therefore, essential to be clearer about ‘what’s in it for them’ including showing how leadership/management skills enhance academic careers, for example, in building effective research teams, and enabling international collaboration.

80%

of the variation in engagement levels is down to the line manager (Accenture cited by McLeod, 2009)

Structure

Particularly in the case of the older universities, feedback suggests that there are still some challenges with identifying individuals with line management responsibility. As a result, for many individuals, it is unclear who they report to.

Recruitment and selection

Feedback suggests that although leadership and management competencies are now regularly included in job descriptions, selection processes often do not test these sufficiently or they are dismissed in favour of academic credentials. In addition to this, for the above reasons, there can be difficulty recruiting the right local academic leader – particularly in institutions which operate using a rotating model.

Support and development

Feedback suggests that leadership and management development are often non-compulsory. This can mean that the individuals who take up the opportunity may already be the most capable – missing out those who may benefit the most. Finally, this is even more challenging for institutions using a rotating model for academic leaders, as there is less time for an individual to settle into their new role before they will be thinking about returning to their academic work.

Our work has consistently shown that leadership and management remain the single biggest influence of employee wellbeing and engagement.

A further important consideration is the support and development that the leaders/managers might themselves need. Our work has shown that middle and senior managers are now often required to lead large areas of their institution through significant change – including major reviews and redundancies. The additional pressures on them are notable and they may not have had previous experience of this, or indeed have the skills needed. There is, therefore, a high risk to the health of such individuals. Should they go on long term sick as a result of this, the implications for their staff and indeed the institution could be significant. It may, therefore, be pertinent to consider what additional support they might need. For example, the University of Leeds intervention included offering executive coaching to middle and senior managers, leading areas in review. This led to statistically significant improvements in psychological wellbeing.

Insufficient time/resource

Research by the University and College Union (UCU) shows that the demands, particularly on academic staff, are numerous and competing. This can leave little time to invest in good people management (Court and Kinman, 2008). Further, during a period of change and challenge, instead of seeing staff as the key enabler for effective delivery, people management is in danger of being seen as a ‘nice to have’ activity which is quickly de-prioritised.

Perceptions of responsibilities

Feedback suggests that there is sometimes a perception among leaders/managers, that work around wellbeing and engagement will just mean new responsibilities and additional workload. Further, that this should be something that ‘sits’ with Health and Safety, HR or Occupational Health (that is, ‘someone else’s job’). Our consultation (Chapter 4) showed, however, that the key factors that influence wellbeing and engagement could simply be described as good management practice, for example: two-way, timely communications; anticipating the things which may be leading to unreasonable pressure on the team/individuals; providing constructive feedback; and ensuring that people feel valued.

Q

1. How can you ensure that wellbeing and engagement are embedded in the activity of leaders/managers?

- Can you consider it as part of recruitment and induction?
How can you make sure that you test for the competencies required?
- Can current leadership and management development courses be reviewed to make sure they cover this?
- How can you make sure that leaders have the right information/resources they need, for example, to manage stress in their team?

2. Do your leaders and managers have the right skills and experience to manage the new challenges they face?

- Do you need to consider additional support and development?

The key factors that influence wellbeing and engagement could simply be described as good management practice... two-way, timely communications, anticipating the things which may be leading to unreasonable pressure on the team/individuals, providing constructive feedback and ensuring that people feel valued.

8.12. Priorities for further development – overview

Feedback gathered throughout the project, including our national consultation, has highlighted a number of key priorities that need to be tackled at both an institutional and sector level.

Priorities for further development	Sector level	Institutional level
Review and realignment		Recognising that this is not just about doing new things, it is about doing things differently - reviewing activities, processes and policies already in place and embedding the key values and principles in everything the organisation does.
Evaluation	Encouraging consistent evaluation across the sector including benchmarking.	Ensuring consistent evaluation within institutions, identifying key outcomes and hard key performance indicators at the planning stage.
Multi-disciplinary collaboration	Developing further partnerships with organisations outside the sector.	Developing a collaborative, multi-disciplinary approach which joins up the interests of key stakeholders including making use of academic expertise.
Making the most of resources	Ensuring that we can continue to share the best practice and learnings from across the sector (and beyond) – and avoid reinventing the wheel.	Learning from and sharing with other institutions – and organisations outside the sector.
Leadership and management	Continuing to encourage improvements in leadership and management.	Focusing on consistent and effective leadership and management by reviewing recruitment, induction, development and promotion.
Securing strategic buy-in	Identifying senior champions who are willing to raise awareness and increase engagement at the top team level.	Identifying a senior champion who is prepared to show visible commitment to this agenda.

Figure 9 – priorities for further development

9

Next steps and conclusion

SUMMARY

To date the national project has been funded through the Higher Education Funding Councils in England, Scotland and Wales. This funding ends at the end of September 2011. Over the three-year period of the project, we have built up a great deal of momentum and engagement across the sector; however, this is a long-term agenda that requires much more work.

To ensure the sustainability of this work going forwards, from October 2011, the work of the project will be continued by the Universities and Colleges Employers Association (UCEA).

9.1. Project status

To date the national project has been funded through the HEFCE Leadership, Governance and Management (LGM) Fund – although has more recently been added to by funds from the Scottish and Welsh funding councils. This funding ends at the end of September 2011. Over the three-year period of the project, we have built up a great deal of momentum and engagement across the sector. Our work has been met with enthusiasm from a broad range of stakeholders at all levels, across many different professional areas, and in a diverse group of institutions. It is also supported by the trade unions. Encouragingly, despite the change faced across the sector, we have also seen an increase in the number of institutions which have started to take this agenda on board.

Despite this investment, and significant effort on the part of participating institutions, there is still much work to do, if we are to address some of the real challenges in a meaningful and sustainable way. In a period of unprecedented change within the sector it is even more important that we work together, learn from each other, focus our efforts and build our practice. In people-intensive organisations we must continue this work if we are to ensure a strong, resilient and engaged workforce which is able to perform.

In a period of unprecedented change within the sector it is even more important that we work together, learn from each other, focus our efforts and build our practice.

To do this we need to:

- Continue to build the HE specific evidence base for wellbeing, engagement and resilience
- Maintain the network that has been established
- Maintain close working relationships with key sector associations – to allow continued collaboration
- Maintain close relationships with the national trade unions
- Offer more in-depth support to individual institutions, allowing them to improve their practice and evaluate work
- Continue to remain at the cutting edge of practice by continuing action research, and translating academic led study into practical application
- Contribute to research, innovation and knowledge transfer by extending our academic partnerships.

9.2. Future plans

To ensure the sustainability of this work, future activity around wellbeing and engagement in HE will be taken forward by the Universities and Colleges Employers Association (UCEA).

For more information please contact UCEA directly:

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or

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“We are delighted to be taking forward this important work and to be able to disseminate it widely to the sector. We are interested in speaking to institutions which are interested in playing an active role.”

Jocelyn Prudence
Chief Executive, UCEA

9.3. Conclusions

As our sector moves into a new era, we face new and different challenges. We cannot overcome these and thrive without our people. Employee wellbeing and engagement are about the values and culture of the organisation – creating an environment where people are supported to perform to the best of their abilities. This encompasses all aspects of the staff experience, but also places an important emphasis on excellent leadership and management.

Our work has shown that it is possible to have significant impact in this area without huge investment. It is often about evaluating activities already in place, assessing if these are the right things, and realigning if necessary. It is also about doing some of the same things, but differently, and focusing on root issues which really have impact. If, however, we are to realise the significant organisational (and individual benefits), meaningful and sustainable change is required, and this will require strategic commitment at both an institutional and sector level.

Through the project we have established a strong network of individuals and institutions, creating a valuable opportunity and sharing. We must continue to do this to develop our knowledge, as well as look outside the sector for best practice examples.

We hope that you will be able to use our findings to inform and enhance your own practice, and continue to actively participate, as the project becomes embedded in the activities of UCEA.

THANK YOU

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Consortium members



Funding councils



Supporting associations



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