

HONESTY

EXCELLENCE

AMBITION

RESPECT



Impact of strong
social connections
at in workplace:
increasing levels of
employee wellbeing
at Access.

FOR INTERNAL
USE ONLY

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access

Your Community Your Trust

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Loneliness and Wellbeing Online Survey



Chapter 1 – Introduction

1.1

Following a review of staff wellbeing, conducted through our annual staff survey, it was felt important to conduct a formal approach to our work, ensuring we were connecting academic knowledge with our operational work. The core objective was to examine relationships between social connectedness and loneliness within the Access Community Trust workplace and any negative impact it may have on an organisation shown by reduced productivity, sick days for things like stress, and the financial impact of this. Loneliness is becoming well-documented significant indicators of poor mental health. In turn our mental health, particularly in the workplace, is now a fundamental aspect of any Human Resource strategy as we begin to understand more about the impact of poor mental health on employee performance and motivation. *“Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work”*, CIPD, 2016.

Using the 3 components of wellbeing model (psychological, physical and social) identified by Robertson and Cooper, 2011 this research used the “positive and supportive social network” description as the basis for social wellbeing.

The outline concept of using loneliness for this research has been directly influenced by two main drivers; the loneliness and isolation aims and objectives held by the author’s organisation and the need to include loneliness and isolation evidence in a new Health and Wellbeing strategy for the organisation. The organisation does not currently have any specific loneliness strategies.

The initial research objectives were:

- To determine if loneliness and social isolation research has a role to play in workplace wellbeing strategy
- To determine if there a correlation between loneliness and a negative Human Resource impact i.e. productivity, sick days for things like stress, financial impacts such as sick cover

1.2 Organisational perspective and context

Access Community Trust is a medium sized charity, employing in excess of 120 paid staff, across two neighbouring counties, both of which include rural areas and large areas of poverty and deprivation. Our charitable aims and business planning processes concentrate on social inclusion for individuals and communities, investing in, developing and providing front line services. The impact of reduced productivity, increased sick leave and the subsequent financial burden on this type of organisation is significant due to continuity of business requirements, whereby minimum staffing requirements are in place for services to operate. For example, Access has a network of social enterprise cafes and housing related support projects, both of which require adequate staffing to open. When there is unplanned absence this results in the need for cover to be arranged or other staff to be diverted away from their regular duties thus causing reduced productivity within other areas of the organisation. The quality of employee relationships is key to ensuring periods of reduced staffing does not impact on individuals wellbeing (working longer hours to cover for a colleague) or result in employees feeling undervalued (through lack of reward or award).

Social Exchange theory suggests that we form relationships if it is rewarding to the individual and that insufficient levels of social exchange leads to poor employee performance. It is therefore important to consider the relationship between employees and the organisation in conjunction with wellbeing and loneliness. Through undertaking this project and subsequently seeking to improve the connectedness and wellbeing of staff by implementation of a coproduced workforce development strategy Access can ensure maximum productivity. For example, enhanced training has been shown to demonstrate increased levels of commitment from staff as they feel that Access is investing in them.

The outputs of the survey data focus groups and interviews provide an insight into the current state of wellbeing, connectedness and stress levels within the organisation in addition to elucidating this data into situational improvements and recommendations. By using existing staff, we ensure that any future Health and Wellbeing Strategy will be representative of the needs of staff. The aim is to put wellbeing and enhanced levels of connections at the centre of any future workforce planning going forward.

Chapter 2 – What did we look at

2.1 Loneliness

The majority of literature relating to loneliness relates to older people, with very little being available that relates specifically to the workplace. However, a general understanding of the principle of loneliness per se, was a helpful starting point for our approach to a health and wellbeing strategy.

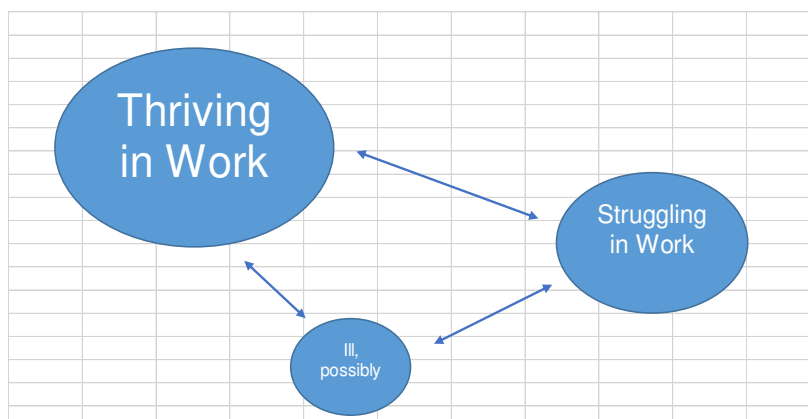
Loneliness, defined in a 2018 government review (DCMS, 2018) is “*a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want*”. The impact that this can have on individuals is well documented within the mental health arena, “*being lonely can become a serious issue when it becomes a day-to-day reality*” (www, 2018) “*even though they are surrounded by people, they don't feel understood or cared for*” (mind, 2016) and “*just as we once knew that infectious diseases killed, but didn't know that germs spread them, we've known intuitively that loneliness hastens death, but haven't been able to explain how*” (Shulevitz, 2013). Shulevitz goes on to emphasise that the “*key part of feeling lonely is feeling rejected, and that, it turns out, is the most damaging part*”. Feeling rejected at work, either by fellow colleagues or by not feeling recognised or valued by management, is then it would seem, a key indicator for workplace loneliness and further promotes the need for loneliness to be a part of any workplace strategies, whether that be health and wellbeing or reward/award programmes. Ozcelik and Barsade (2011) suggest that by not addressing workplace loneliness it Barsade “*will trigger both attentional deficits and relational withdrawal from the work place, leading to lowered performance*”. Worryingly, Berinato (2017), introduces the recognition that ‘*loneliness spreads*’ reporting on a study by John T. Cacioppo that reports that when individuals begin withdrawing from their social networks “*they tend to transmit the same feeling of loneliness to their remaining friends, starting the cycle anew*”. This could have devastating impacts on small teams of employees, particularly if there is an element of remote working such as rural based services.

2.2 Work and wellbeing

Is work good for your health and wellbeing (Waddell and Burton, 2006) illustrated that work should be *“good work which is healthy, safe and offer the individual some influence over how work is done and a sense of self-worth”* Why else might organisations want to invest in wellbeing? It’s not just about direct financial impacts, such as sick pay or lost production, Working for a Healthier Tomorrow (2008) also highlights: corporate social responsibility; improving the quality of life of the workforce and their families as well as of the local community and society at large. *“Employees who report higher wellbeing miss fewer days, get better evaluations, and are more productive”* Berinato, 2017 and Shulevitz reminds us again of the most negative impacts of loneliness *“our loneliness will probably make us moody, self-doubting, angry, pessimistic, shy, and hypersensitive to criticism”*– not good traits for employees! The Stevenson/Farmer review (2017) is a key piece of literature to review as any part of an organisations planning of workforce health and wellbeing. Coming at things from a business perspective, rather than solely an HR perspective (CIPD for example) provides new information around return on investment, which could be a useful engagement tool for many organisations, particularly smaller business who may not have dedicated HR professionals but know that they need to invest in workforce development.

They offer a three phase approach that appears to be extremely helpful in identifying three very different types of strategy an organisation could use, depending on the individual involved.

Table One below details the Stevenson/Farmer Three Phases People Experience in Work

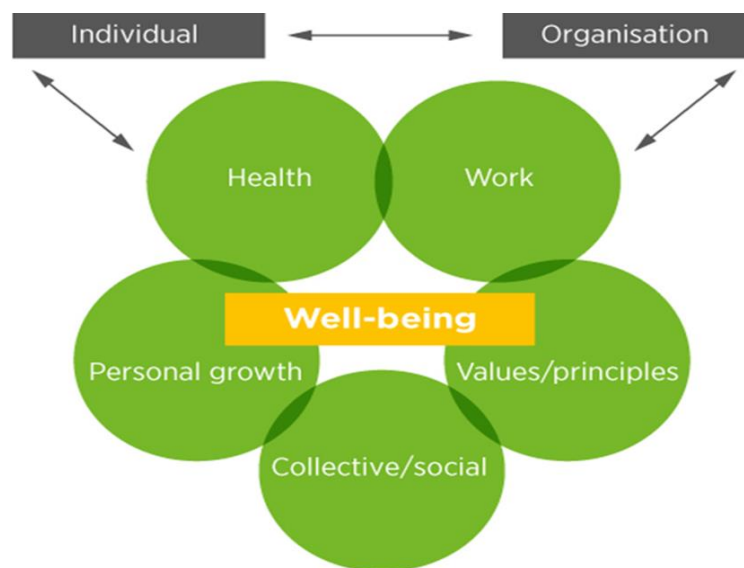


The benefits of a wellbeing culture are not limited to reduced absence and reduced absence costs, organisations that genuinely promote and value the health and wellbeing of employees will benefit from improved engagement and retention of employees with consequent gains for performance and productivity.

For the purposes of this review I have used the World Health Organisation definition of mental health “*a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*”. This aligns itself very well to the organisations own approach to its overall business aims, driven by the loneliness and inclusion agenda a key objective in all its investment, development and provision focuses on the communities in which employees live and work.

2.3 CIPD viewpoint

Fig 1 CIPD wellbeing model (CIPD, 2018)



The five domains of wellbeing, as detailed previously from the CIPD, offers a focus from which organisations can begin to build a wellbeing strategy. CIPD are clear that “*HR professionals are in a unique position to steer the health and wellbeing agenda*”.

The CIPD policy report 'Growing the health and wellbeing agenda' (2016) highlights three main types of interventions:

- ***“Health and safety:*** *these interventions are driven by government policy initiatives and shaped by statutory requirements*
- ***Management of ill-health:*** *these interventions focus predominantly on ‘reactive interventions’ and include occupational health, rehabilitation, long-term disability management, return-to-work schemes and absence management programmes*
- ***Prevention and promotion:*** *there are a range of interventions that could fall under the prevention and promotion banner, including: health promotion activities, work-life balance, time management schemes and primary care management”*

These three intervention types are nicely linked to the wellbeing model above, and the more detailed version of the model considers ‘elements’, such as physical health, physical safety and mental health, as well as offering examples of initiatives and activities such as, personal safety training for physical safety or stress management sessions for mental health.

To implement these domains effectively, it requires an organisation to actively support staff to maximise their physical, social and mental health. Some of the most important aspects include employees having meaningful and challenging work and the opportunity to apply their skills and knowledge in effective working relationships with colleagues and managers in a safe and healthy environment. For a wellbeing-oriented organisation, it will be vital to ensure that employees are provided with the tools to get the job done and the opportunity to achieve personal aspirations while maintaining work-life balance.

Wellbeing in relation to remote working, which is an aspect of the rurality of the organisation being researched is also currently under study by the CIPD, 2019. *“Low social support has been linked to emotional exhaustion, but research suggests that the presence of informal communication and the development of good working relationships can alleviate this”* however the article goes on to state *“positive impact seems to peak at 15 hours of remote work – beyond this, reported job satisfaction somewhat decreases”*. So, it would appear that there needs to be a check on the hours

individuals are remotely occupied across their working week and that wellbeing needs to be part of any supervision process.

2.4 Organisational culture – culture web

To begin the process of understanding wellbeing within the Access Community Trust context and acknowledging that cultural issues can sometimes be responsible for low morale, absenteeism or high staff turnover ((Mindtools.com, 2019) rather than any wellbeing issues, an initial exercise was undertaken using The Cultural Web, described by Johnson and Scholes (1992) as showing “*the behavioural, physical and symbolic manifestations of a culture*”. It will be fundamental to any strategy that the organisation understands in existing culture as there may well have to be some initial interventions to ensure new ways of working are accepted and promoted. It is a key tool for any change management programmes.

Below details the completed organisational cultural web, highlighting the areas that informed the recorded outcomes. The cultural web results appear to support that the organisation allows for influence over work, thus supporting the findings in Waddell and Burton, 2006.

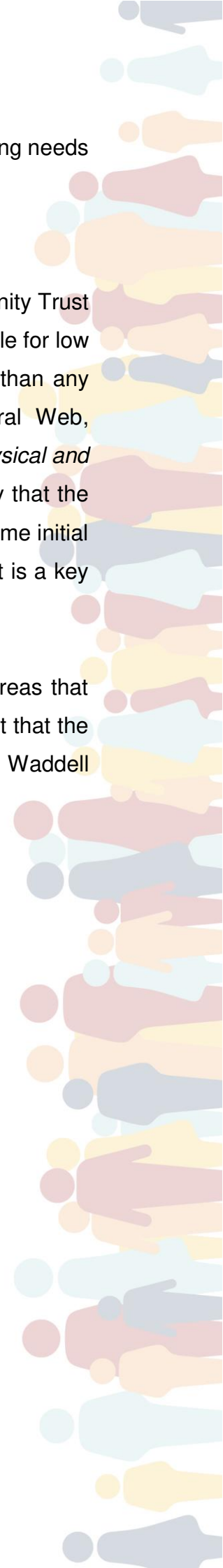


Table 3: Cultural Web Responses

Stories	<ul style="list-style-type: none">• you only get colour ink if you have status• No Secrets (carefrontation)• Compassionate people• Financial freedom
Symbols	<ul style="list-style-type: none">• Sams• Antony Brown (Access mascot)• Brand colours
Rituals and Routines	<ul style="list-style-type: none">• Induction• Yammer (social network platform)• Targets and KPI's• Regular policy reviews:
Controls	<ul style="list-style-type: none">• Incentives – ACTION Star (star rewards)• Clear pay structure• Annual awards/celebration event
Organisational Structures	<ul style="list-style-type: none">• Flat management structure• Clinical Supervision• Empowered• Health and Wellbeing group

Three main outcomes were recorded to ensure the organisational culture was not acting as a barrier to positive wellbeing approaches.

What factors are detrimental to the health and productivity of your workplace?

Responses included: Targets and KPI's were the areas that most individuals felt had a detrimental effect on their work inputs, and therefore their wellbeing. "I get stressed if I don't reach my monthly targets, especially as its not really in my control of someone pays their rent or not"

What factors will you encourage and reinforce?

Responses included: The health and wellbeing group was seen as a source for positive change, particularly as it was a group of frontline staff leading the planning. "I

am excited to see what activity we have planned for the rest of the year, the gym membership has been a significant change to my life”

Which factors do you need to change?

Responses included: Communication remains the main source of frustration across the organisation. “I know we all work so far away from each other but I would like to know what is going on across the border”



Chapter 3 – How we did our research

3.1 Introduction

3.2 Research Approach: Action Research

An action research method was used, this is appropriate to this investigation because it is complementary to the requirements of Access Community Trust to produce clear outputs which can deliver the required actions within a workforce development framework. Action research was considered the most appropriate method as it allows “*practitioners to research their own practices*”.....making the practitioner “*part of the context they are investigating*” (McNiff, 2017).

The issue of employee engagement throughout all aspects of the organisation is key to the success of any resulting policy, procedure or long term strategy. Action Research being participative in nature, ensures that participants are involved as partners, or at least active participants, in the research process, thus gaining employee engagement at a very early stage of strategy development.

For the purposes of this research the Complete Theory of Action Research, as detailed by Shani and Passmore, 2010, offered four factors for an action research project:

- Contextual Factors
- Quality of Relationships
- Quality of Action Research Process
- Outcomes of Action Research Effort

For this research the ‘context’ really drove the core purpose of this work, my goals and that of the participants were completely aligned as the outcome will result in data that will inform a new organisational Health and Wellbeing Strategy.

3.4 Research Strategy: Survey and Questionnaire Design

The survey used encompasses a variety of established questionnaire tools – the Warwick-Edinburgh Mental Wellbeing Scale or WEMWEBs (warwick.ac.uk, 2019), The De Jong Gievelde 6-item Loneliness scale (campaigntoendloneliness.org, 2019) and the Perceived Stress Scale or PSS-14 (midss.org, 2019). In addition to basic

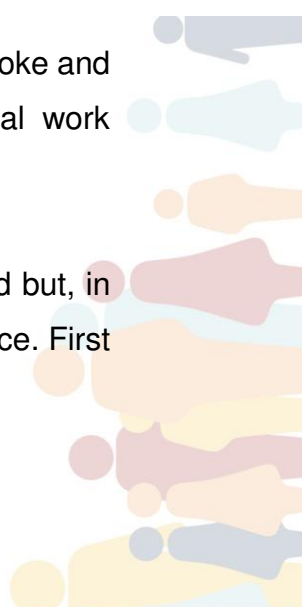
quantitative questions encompassing HR metrics and the number and most common type of workplace social connections.

- WEMWEBs – the most widely used and established tool to measure wellbeing. Covers feeling and functioning aspects of wellbeing, all questions are positively worded. A limitation is that this is usually used at more than one time point with an individual and changes in their levels of wellbeing are looked at. Although, for the purposes of this study it provides a good snapshot of current levels of wellbeing and makes generalisations over what is considered a high and low level of wellbeing. 40 and below = probable depression, 44 and below = possible depression and 59 and above = high mental wellbeing (NHS direct) 14 item scale, scored out of 70.
- De Jong Giveld Loneliness Scale is useful because it focuses on both emotional and social loneliness allowing for some initial understanding of the reasons for loneliness and has a mixed set up of positive and negatively phrased questions, to avoid automated responses. It has also been well tested across Europe in other studies. 6 item scale, values closer to 6 indicate greater levels of loneliness.
- The Perceived Stress Scale measures the degree to which situations in one's life are appraised to be stressful. In the survey participants were asked to try and consider their responses based on workplace situations. Higher values (out of 56) indicate greater levels of stress.

The key challenge when identifying which questionnaires to include within the survey was considering the relevance to the study and how the information gathered could be applied to the workplace setting and subsequently used to inform the creation of a comprehensive new Health and Wellbeing strategy.

Self-generation of questions was also considered as this would allow for bespoke and applied questioning which may have been more relevant to the individual work environments that participants spend most of their time in.

Other questionnaires such as the Bradburn Wellbeing Scale were considered but, in this case, rejected as it is an older tool which is no longer really used in practice. First



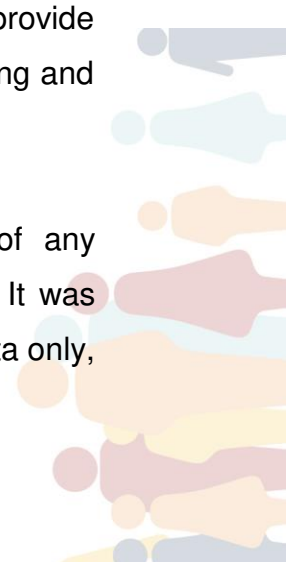
introduced in 1969, it has also been the subject of criticism “for not defining the basic structure of psychological wellbeing” Ryff, 1989, cited in Dodge et al, 2012.

The satisfaction with life scale or SWL (midss.org, 2019) was too general and less directly applicable to the workplace and the intended objectives of the study, so was subsequently excluded.

Clinical/diagnostic tools such as PHQ-9 were deemed as not suitable as we needed a measure of the level of loneliness, wellbeing and stress rather than an indication of the presence or absence of pathology from a more clinically focused questionnaire. It is essentially designed as a depression tool for medical practitioners (Patient.info, 2019) and whilst the organisation employs clinicians, the culture is routed very much in a non-clinical support ethos and initial conversations with employees indicated that depression measures only assisted in identifying clinical issues, which require a clinical response – not something that would, or should, be covered in a Health and Wellbeing strategy (although there may well be some policy around clinical inputs). All of the questions on the survey were compulsory as this ensures avoidance of partial responses which may then result in incomplete analysis.

The survey was designed in several sections relating to the different questionnaires, looking at areas such as wellbeing, stress and workplace loneliness. There were also some simple questions in which participants were asked to self report some basic HR metrics e.g. time off, so that analysis of any patterns between this and wellbeing/loneliness could be conducted. By asking about the size of employee team and the number of connections/people participants interacted with, the aim was to begin to explore the potential quality of these relationships through the impact on how lonely one may feel. As part of the cyclic action research strategy chosen the survey was intended to be followed up by focus groups and interviews with staff to provide the context to these findings and facilitate the opportunity for further questioning and discussion.

All information provided was anonymous and there was no collection of any information which would later enable individual participants to be identified. It was made clear to participants that results between sections, detailed as paired data only,



would be used to further the aims of the study. All managers and front-line staff were invited to participate, on a voluntary basis. It was made clear that individuals were being asked to complete this survey as part of a research project which will ultimately result in a new workforce development strategy for the Trust.

3.5 Data collection

The survey was sent out, via email, as a survey monkey link. It was sent to every member of staff who was considered 'front line' i.e. performing a role that involves working directly with vulnerable clients. This group equates to about 90% of the organisation and is therefore reports the highest level of negative health and wellbeing issues. Employees were given one week to respond and 33 full responses were recorded – about 1/3 of the staff total.

After the initial results of the survey were reviewed by the researcher, it was originally anticipated that a series of focus group sessions and 1:1 interviews would be used. Frontline staff to participate in focus groups, managers participating in 1:1 interview.

Focus groups

Designed to explore the key findings and contextualise these within anecdotal evidence, enabling translation of outcomes into actions in the form of a new Health and Wellbeing for the organisation. The style of questioning devised principally to be open, facilitating a wider response angle.

1:1 interviews

Intended to allow frontline staff the opportunity to discuss issues from the survey without the possibility of there being a manager present. As identified in the ethical considerations for this research, it was initially felt by the researcher that some participants may feel uncomfortable being critical of their managers or current systems and processes.

However, after the focus groups, all staff reported that they did not feel 1:1 interviews were needed as they were content sharing information across the group, and with the researcher.



Focus groups were not recorded so that participants feel able to openly express their views. This also overcame the challenge of how to handle data if consent was withdrawn by one (or more) participants part way through a session.

Consideration was given to whether this might present an opportunity for recording bias i.e. where a researcher may only record by means of pencil and paper method information which is supportive or deemed pertinent to the investigation. Understandably this could lead to a risk of reaching a conclusion that is non-representative of the intended study population, so at the end of the focus groups the participants captured the key points as they saw them and have disseminated them across the organisation as part of the internal communications process.

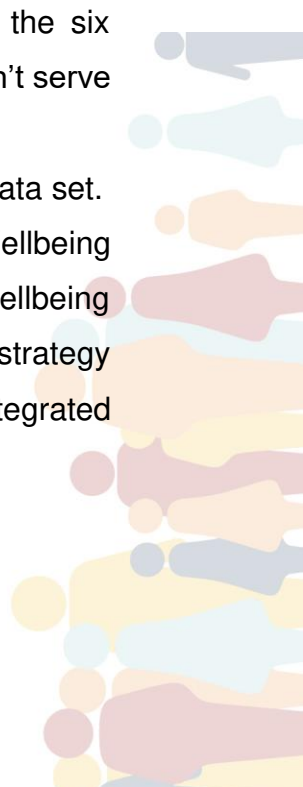
Questions and approach for focus groups

These sessions focused more on the quality of the relationships that participants experienced currently within Access. Colbert et al (2016), have developed a model of *“the functions of positive work relationships, with an explicit focus on the role that these relationships play in employee flourishing”*.

This provided some extremely useful themes that were utilised as a framework for these sessions, as it enabled participants to suggest examples which may directly relate to their experiences. Additionally, whether good social connectedness is exhibited can be interpreted and thus coded according to its concordance with this theme and relevant anecdotes from the participants were written down and recorded.

These responses will be coded based upon the extent to which each of the six functions was present, using the 4-point scale whereby 0= ‘relationship doesn’t serve this function’ to 3= ‘the relationship strongly serves this function’

By coding the responses, it allowed for comparisons to be made across the data set. These 6 functions will be used for the development of the new Health and Wellbeing strategy as they cover much of the core aspects of the five domains of wellbeing (Health, work, values/principles, collective/social and personal growth). The strategy could be constructed thematically around these domains, creating an integrated approach to development.



The focus groups were also used as an opportunity to explore in more detail some of the results of the initial survey. For example, what factors are contributing to overtime and depressive symptoms, are there particular triggers for stress that could be worked on?

Once these sessions had been carried out and data reviewed, initial ideas were brainstormed in response to any challenges or issues identified as well as reviewing what is currently working well and how these actions can be embedded and made more robust/enhanced through integration in a cohesive workforce development strategy.

3.6 Organisational structure measures

Stratified sampling: There are 3 groups of paid staff within the study organisation- front line (this accounts for about 96% of the total workforce), management and executive. There is a board of Directors, but they were not part of the study. For the purposes of this study self-selection from volunteers within the management and frontline groups were invited to participate. For simplification purposes any paid member of staff within the organisation who is not one of the Trust's four executives was considered as front line or a manager.

The Trust currently employs 120 paid staff, 116 of whom are management or front line. A recruitment target of 25% of the target population to the study was set (29 people). This was done by making the survey available to all staff in these groups via email and the organisations internal social network (Yammer) until enough responses were yielded. The voluntary participants were all asked to complete either a paper or online copy of the survey. In the second stage of the investigation focus groups and interviews were planned and these were advertised and open to those who previously did or did not complete the survey. It is important at this point to clarify that participants were volunteering in the process as paid members of staff and not volunteers who provided voluntary services to the organisation.

All information from these phases will be captured and analysed and a summary document of this will be produced and made available to all staff who will be invited to a focus group session to discuss the findings of the whole study and discuss the

researcher's proposals to translate this information into the formation of an organisation-wide workforce development strategy. Voluntary members of staff, as well as peer mentors (existing service users) will be involved in this stage of the structural measures.

3.7 Reliability and Validity

The reliability of the survey and focus group was ensured by using the same questions and example quotations at all stages. Using the same statements gives internal consistency. Test – retest reliability will also be able to be shown going forward as the same survey can be used as part of the organisation's annual health and wellbeing review.

Content validity of the survey was assured in the use of questions that clearly reflected the dissertation purpose i.e. the first initial research objective was around the determination of whether loneliness and social isolation played a role in a new workplace wellbeing strategy and the questions used were taken directly from the evidence based De Jong Giveld Loneliness scale. Use of this 'expert' measurement tool also guarantees construct validity.

3.8 Ethical consideration on research

Ethical considerations were be measured against a framework of 4 distinct areas: harm/risk, honesty, informed consent and GDPR.

Honesty: I used a variety of methods to inform the organisation about the impending research. It was circulated across the organisational communication platforms and all staff received an email outlining the research project before any surveys or meetings commenced. The research is being used to inform and shape a new organisational health and wellbeing strategy, so aims and objectives were clearly stated.

Harm/Risk: I acknowledged that researching ones own organisation, particularly if the research is being conducted by a senior leader, could leave participants feeling at risk of discussing negative experiences, policy or procedure with their leader. The surveys were anonymous so no individual participant could be identified and

information about what was being collected and why was provided. For example, it was explained that basic HR metrics were being collected i.e. time off work, so that patterns between this and loneliness/wellbeing data could be compared.

Focus groups were considered the simplest format to collect lots of information from various participants. Two considerations specific to this were a) the anonymity of an individual participant is obviously removed b) confidentiality of personal information around the disclosure of details raised in the survey. Initially 1:1 interviews were to be held as a second stage process, leading on from the focus groups as a technique of eliciting information in a more secure setting. Although this was part of the original research plan these interviews were actually discarded at the participants request.

Informed Consent: consent was obtained from all participants prior to any survey or focus group activity. The anonymity of surveys was confirmed and voluntary participation was the principle ethos for focus groups – this was confirmed at various intervals throughout the focus group.

GDPR: no personal information was collected as part of this research. The surveys were sent out and received in, in an anonymous format. The focus groups only recorded discussion and nothing was attributable to individual participants, or even their area of work.

Other: As this was an ‘internal’ piece of research I considered the following areas as important discussion points with all participants. Objectivity; results are to be used to benefit the whole organisation and therefore author subjectivity does not advance the research, Integrity: as the CEO of the organisation it was deemed a priority to deliver a consistent, fair and open research project, Responsibility; promote the welfare of individual participants and staff choosing not to engage at all times, Inclusion; ensure that all employees have equal opportunity to participate regardless of working patterns or job role.

There was only one area of participant exclusion - staff that have received disciplinary action for their workplace conduct or staff which have a pre-existing clinical diagnosis which may impact data as results from these individuals may be impacted from reasons which do not form part of the study.

Chapter 4 – Data Analysis and Results

N=33 (responses to online survey) (values have been rounded to the nearest whole number)

66% of staff interact with between 1-4 different colleagues daily, whereas, 9% interact with no one and 9% interact with more than 10 different colleagues daily.

Only 2 respondents were in a team on their own, with approximately a third of staff in teams of 5-10 and a third in teams of 3 or 4 others.

Emails were by far the most popular form of communication within the Trust (46%), followed by face to face communication (36%) and phone calls (15%). No one selected instant messaging or Yammer as their most frequent way of communicating with other members of staff.

Time off

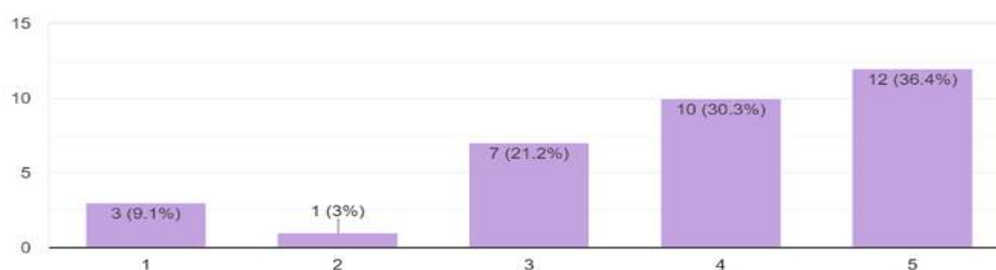
82% of staff had no time off in the last 12 months for reasons relating to their wellbeing, whereas 12% of staff who responded had more than 5 days off. 1 person had one day off, and 1 person had two or three days off.

Overtime

18% did no overtime or extra hours outside of their contracted in their last complete working week prior to the study point. 46% did more than two hours and 36% did between 1 and 2 hours.

Do you feel that your wellbeing and productivity at work are linked? e.g. 'on days that I feel good I am able to get more done'.

33 responses



Wellbeing and productivity self-reflection results

This question showed that most staff thought there was some or a strong correlation between their wellbeing and productivity, illustrating the importance of ensuring that a culture and workplace measures exist so that staff can perform at their best.

Loneliness (Dejong loneliness scale)

The scale produces a score between 0 and 6, where those with higher scores experience the greatest degree of loneliness.

Score	No. of people
0	4
1	4
2	8
3	6
4	4
5	5
6	1

Wellbeing (Warwick-Edinburgh) (used out of protocol but for an indicative snapshot)

'40 and below corresponded to probable depression and a score of 44 and below to possible depression. NHS direct have used this cut point of 40 and below as the cut point for low mental wellbeing in their self-assessment scale.

As there is no gold standard for measuring high mental wellbeing all cut points are arbitrary. NHS Direct have chosen to use a cut point of 59 and above as high mental wellbeing.' (Warwick.ac.uk)

A score is produced out of 70

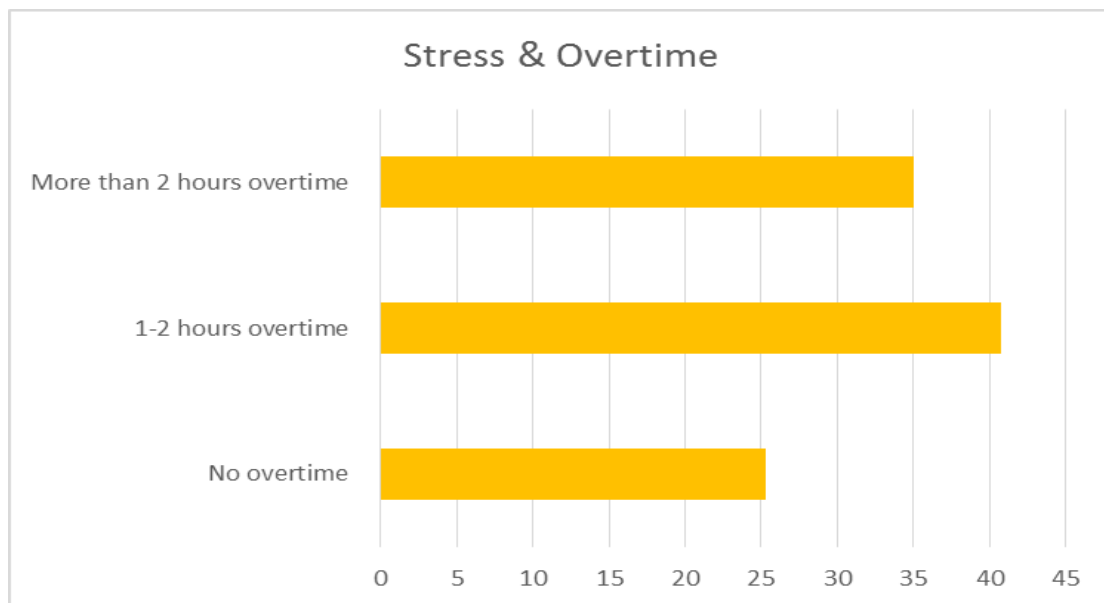
Score range	Number of staff
40 & below	4
41-44	4
45-58	15
59 & above (high mental wellbeing)	9

Stress (Perceived Stress Scale PSS-14)

Creates a score out of 56 – put into quarters for ease of interpretation, when completing survey participants rate each item between 0= never to 4= very often

Score range	Number of staff within range
0-14 (1 st quarter) – Not stressed	6
15-28 (2 nd quarter) – Small level of stress	24
29-42 (3 rd quarter) – Stressed	3
43-56 (4 th quarter) – Lots of stress	0

PSS-14 stress level expressed as a percentage along the X axis against the amount of self-declared overtime on Y-axis



Wellbeing vs Loneliness

As discussed the survey used a combination of resources relating to wellbeing and loneliness to ascertain if there were any correlations or comparators that could be used on any future loneliness strategy. For example, the Dejong question "I miss having people around me" could have a significant impact on how rotas are designed. Similarly, the wellbeing questions from WEMWEB's such as "I've been able to make

up my own mind about things” could indicate an employee’s feelings of empowerment, or influence over work.

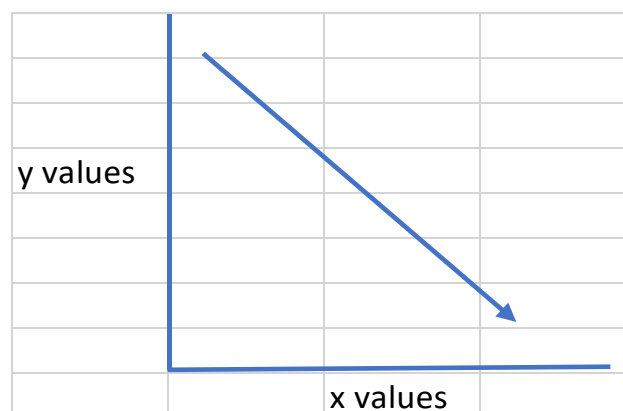
Spearman’s rank was used to look for any correlation between Dejong loneliness (normalised as a percentage) which became X values against WEMWEBs wellbeing scores as a percentage (Y values)

This produced an r_s value of -0.34995 and a P (2-tailed) value of 0.04589, indicating that by normal standards the association between the two variables would be considered statistically significant.

Spearman's Rank correlation coefficient is a technique which can be used to summarise the strength and direction (negative or positive) of a relationship between two variables.

Therefore as there is a negative correlation (by which one variable increases as the other decreases) it could be said that as levels of loneliness increases, wellbeing decreases.

So, the Dejong
(more lonely) as
e.g.



on X axis increasing
WEMWBs on Y falls

Table One – Relationship Functions (Colbert et al, 2016)

Six workplace functions that are assisted by positive, solid relationship were identified and example quotations supplied in this workplace specific piece of research. By using these findings as a base upon which the focus groups were facilitated it was possible to plot responses and distinguish areas for further focus.

Relationship Function and Description	Example Quotations
Task Assistance —helped me get my work done by answering questions, providing feedback, or assisting with a specific task	<p>155: My manager helps out a lot. Not only for me, but for everyone else. She will cook if there are a lot of orders, or she will run food for the waiters. She will even get things ready for us if we cannot find the time ourselves to do it.</p> <p>703: He aided me in very technical engineering questions, and I helped him deal with interpersonal struggles with customers. Neither of us were ever afraid of asking each other a “stupid” question. Even if we were under a deadline, we would always make sure to solve the other’s problem if they asked.</p>
Career Advancement —helped me to advance my career by providing advice or access to contacts and other career-related resources	<p>701: A good episode would be at the time when I was deliberating my future in relationship with the company. I could either stay and grow within the company, I could accept another offer, or I could go and pursue an advanced degree. Normally, I would not share this kind of issue with anyone in the company. However, I felt fairly comfortable with this particular colleague and shared my concerns and got some good advice . . .</p> <p>205: I’ve even talked to her about finding other jobs . . . and she’s even offered to help me by using some of her own connections!</p>
Emotional Support —helped me cope with stress by listening to my problems and responding in a supportive way	<p>117: She made the first couple weeks seem not as stressful as I thought they would be . . . Eventually, we were so close that we told each other about our struggles we were dealing with, and we relied on each other for advice and support.</p> <p>706: I’ve worked in stressful situations before, but nothing like what I experienced at this company. Z really helped guide me through the rough patches. She listened to me when I was frustrated and offered feedback (both constructive criticisms and supportive comments). She really helped me navigate through the minefield.</p>
Friendship —became a friend or companion	<p>213: We started doing things together outside of work, and with another one of our coworkers that we got along with very well, who started after us. We would go out to dinner, play Bingo, and, a couple of times, I went to her hometown for a weekend with her . . . It’s great to have that relationship with her because we are able to vent about work and get to know each other outside of the work environment.</p> <p>701: Therefore, this work relationship extended far beyond just work—it was a much more personal one, more of like being friends that you can share anything with . . .</p>
Personal Growth —helped me grow and develop as a human being	<p>706: We talked a lot about everything, from work to religion to family life to anything else. She offered me new perspectives to multiple subjects. I feel that gaining those new insights helped me grow more as a person.</p> <p>712: When I sought advice, he would not give me the answers outright. He would ask me questions about my thoughts. He would have me look deeper and wider at the problem. I grew as a person in terms of my problem-solving skills, my leadership ability, and my own ideas about my abilities.</p>
Giving to Others —provided me with the opportunity to assist, mentor, support, or care for the other person	<p>710: Through this relationship, I was able to help Sarah recognize her abilities and encourage her to develop those further. I enjoyed helping her make difficult decisions, and felt privileged to help her grow professionally and personally.</p> <p>119: A few days later, his grandpa passed away, and immediately another coworker and I decided that we were going to go to his grandpa’s funeral to be there for him . . . He was so grateful that we came. He came up and hugged us after the ceremony, and the look on his face meant more to me than anything in the world.</p>

There were two focus groups held, with 7 participants in each.

A copy of the table was given to each participant at the beginning of the session and once everyone had read the detail a facilitated discussion was had, looking in more detail at each area, Task Assistance, Career Advancement etc.

The example quotations were used as an initial starting point and everyone was given the opportunity to give their own examples. So, for 115, participants talked about their own experiences of their manager helping “she always asks me if I need help when I write up my notes because she knows I don’t like computers”, as an example. Once

every quotation set was worked through and individuals had shared their experience the group came up with a more general line for each example to highlight how they felt the organisation promoted relationships i.e. Career Advancement – “the organisation has a clear career pathway and learning and development plan”.

Focus group responses

	Yes	No	% positive
155 and 703	8	6	57
701 and 205	12	2	86
117 and 706	14	0	100
213 and 701	2	14	13
706 and 712	12	2	86
710 and 119	14	0	100

Clearly the results show that the participants responses were very strong on giving to others and emotional support categories. The lowest response, or least positive, was the function that dealt with ‘Friendship’. In the group discussions it became clear that the word ‘friendship’ was actually quite a big barrier to any meaningful conversation. In this particular organisation great emphasis is placed upon the employment of ex-service users (individuals who have gone through a period of turmoil but are now in recovery) so it is not uncommon for staff to be working alongside colleagues that had previously been clients. This puts a very different perspective on ‘friendship’ as these working relationships are more usually referred to as ‘mentors or buddies’ within this organisation. Whilst it was possible to extract comments that clearly demonstrated that friendships did exist, it took a lot encouragement.

Chapter 5 – Conclusions and Recommendations

By revisiting the original research objectives, we were able to conclude the following:

To determine if loneliness research has a role to play in workplace wellbeing strategy

- The majority of staff interact with 1 or more colleagues on a daily basis
- The Dejong loneliness scale indicates that there are more staff at the lower end of the scale, i.e. 3 or less (6 being the highest)

This would indicate that presently the workforce are not experiencing high levels of loneliness within the workforce. However,

To determine if there a correlation between loneliness and a negative Human Resource impact i.e. productivity, sick days for things like stress, financial impacts such as sick cover

Although this was a small research sample, which shows that currently employees present with low levels of concern, we can see that individuals felt that there was the some, or a strong, correlation between their wellbeing and productivity. More interesting, with the focus group responses, is that individuals felt that relationships were very strong around giving to others and emotional support, but significantly low on friendship (only 13%).

The following three documents, reviewed as part of the literature review, and used as supportive reading throughout this research, each provide robust frameworks from which the organisation can begin to build its new health and wellbeing strategy, ensuring that loneliness is a key feature of suggested interventions.

Firstly we re-visit the CIPD document, Growing the Health and Wellbeing Agenda (2016). Within the five domains of wellbeing already discussed the report proposes certain initiatives and activities under each of the domains. In support of this research it is the 'collective/social' domain details that are most aligned with loneliness and wellbeing.

Table 4: Collective/Social Domain activity from CIPD

Collective/social	Employee voice	Communication, consultation, genuine dialogue, involvement in decision-making
	Positive relationships	Management style, teamworking, healthy relationships with peers and managers, dignity and respect

The second resource is the Tackling Loneliness briefing (2018) from What Works Wellbeing. This report highlights six different interventions that can be utilised in combatting loneliness and whilst they are not workplace specific they are easily adaptable. The six interventions (with workplace examples) are:

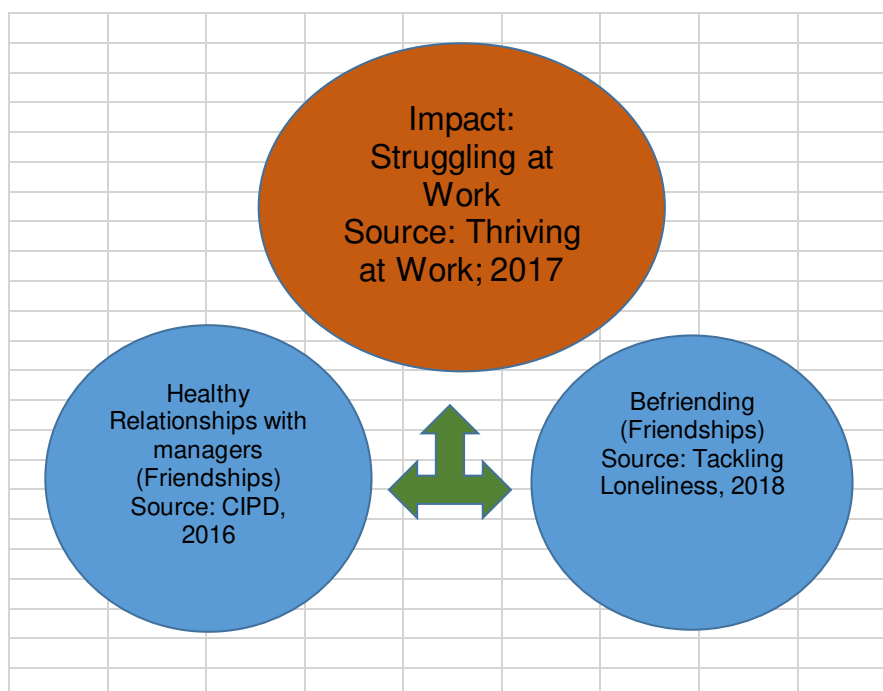
Leisure Activities	Gardening, music, gym
Therapies	CBT, wellbeing cafe
Social and Community Interventions	Community lunches
Educational Approaches	Social media training
Befriending	Befrienders and Buddys
System-wide Activities	Campaigns for workplace wellbeing

Recommendations:

- 1 – Further investigation into loneliness scales to include more staff, particularly those providing voluntary services who are often from older age groups
- 2 – To complete a second survey and focus group process with consent to access participants HR information to allow for critical examination of actual versus reported wellbeing
- 3 – A review into rural working hours, examining actual hours worked alone per week
- 4 – Focus groups analysing and reporting back on the friendships within the workplace
- 5 – A full review of communication structures, understanding the barriers and opportunities
- 6 – Presenteeism needs further exploration – is this an issue within the organisation due to the operational needs of a 24/7 service delivery model
- 7 – Whilst 46% of individuals reported doing more than 2 hours of overtime in their last complete week, it did not appear (in this small study) to have had an impact on

reported wellbeing. Recommendation 2 should allow for further examination of this in terms of actual versus reported wellbeing, however we also want to undertake a study of overtime reasons i.e. does the fact that an employee can do overtime and therefore increase earning ability reduce their overall stress because of the financial freedom this may bring?

The third report that is proposed as part of the initial strategy planning stage is the Stevenson/Farmer report (2017). Focusing in on their three phases of employee experiences in work; thriving at work; struggling at work; ill/possibly off work, we can begin to make distinct and robust links that will help shape a plan that is based on recommendations from external evidence from all three publications, and internal need based upon the initial findings of this research. As an example of a significant link that would be a recommended starting point for the 'friendship' relationships could be shown as:



Within an operational strategy then, this could be constructed as a programme on healthy relationship building training with managers and the introduction of a befriending scheme initiative for those identified as struggling (or new employees).

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Workplace Loneliness Survey – replicated from Survey monkey pages

How many different colleagues do you interact with on a daily basis?

Mark only one oval.

- ☐ None 1 or 2
- ☐ 3 or 4
- ☐ 5-10
- ☐ More than 10

How many people are there in your team?

Mark only one oval.

- ☐ Just me
- ☐ 1 or 2 others
- ☐ 3 or 4 others
- ☐ Between 5 & 10 others
- ☐ More than 10 others

Which method do you most frequently use to interact with other members of staff within the Trust?

Mark only one oval.

- ☐ Face to face
- ☐ communication Emails
- ☐ Instant messaging (text, iMessage, WhatsApp etc.)
- ☐ Yammer
- ☐ Phone calls
- ☐ Other:



Self reporting of HR information

By providing this information you will enable us to see if any links exist between this information and measured wellbeing /loneliness.

In the past 12 months how many days off have you had for reasons relating to your mental health wellbeing?

Mark only one oval.

- ☐ None One
- ☐ 2 or 3 days
- ☐ More than 5 days

In your most recent complete working week, how much overtime or extra work outside of your contracted hours did you do?

Mark only one oval.

- ☐ None
- ☐ Less than one hour Between one &
- ☐ two hours More than two hours

Do you feel that your wellbeing and productivity at work are linked? e.g. on days that I feel good I am able to get more done'.

Mark only one oval.

1 2 3 4 5

No direct link They are completely related

De Jong Gierveld 6-item loneliness scale

This questionnaire looks at both social and emotional loneliness.

Social Loneliness (SL) occurs when someone is missing a wider social network and emotional loneliness (EL) is caused when you miss an 'intimate relationship' or closer relationship.

You should try and relate these questions to your experiences and feelings within the workplace.

I experience a general sense of emptiness [EL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No

I miss having people around me [EL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No

I often feel rejected [EL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No



There are plenty of people I can rely on when I have problems [SL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No

There are many people I can trust completely [SL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No

There are enough people I feel close to [SL]

Mark only one oval.

- ☐ Yes
- ☐ More or less
- ☐ No



Wellbeing in the workplace

This section aims to measure wellbeing in the workplace by using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

I've been feeling optimistic about the future

Mark only one oval.

1 2 3 4 5
None of the time All of the time

I've been feeling useful

Mark only one oval.

1 2 3 4 5
None of the time All of the time

I've been feeling relaxed

Mark only one oval.

1 2 3 4 5
None of the time All of the time

I've been feeling interested in other people

Mark only one oval.

1 2 3 4 5
None of the time All of the time

I've had energy to spare

Mark only one oval.

1 2 3 4 5
None of the time All of the time



I've been dealing with problems well

Mark only one oval.

1 2 3 4 5

None of the time

All of the time

I've been thinking clearly

Mark only one oval.

1 2 3 4 5

None of the time

All of the time

I've been feeling good about myself

Mark only one oval.

1 2 3 4 5

None of the time

All of the time

I've been feeling confident

Mark only one oval.

1 2 3 4 5

None of the time

All of the time

22. I've been able to make up my own mind about things

Mark only one oval.

1 2 3 4 5

None of the time

All of the time



23. I've been feeling loved

Mark only one oval.

1 2 3 4 5

None of the time All of the time

24. I've been interested in new things

Mark only one oval.

1 2 3 4 5

None of the time All of the time

25. I've been feeling cheerful

Mark only one oval.

1 2 3 4 5

None of the time All of the time



Perceived Stress Scale

The purpose of this tool is to measure the degree to which situations in one's life are appraised as stressful.

The results of this section will help provide a starting point to look at the potential wider impact of workplace loneliness and wellbeing on stress and the impact of this on wider life.

This scale asks you about your feelings and thoughts during the last month.

In the last month, how often have you been upset because of something that happened unexpectedly?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt that you were unable to control the important things in your life?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt nervous and "stressed"?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you dealt successfully with day to day problems and annoyances?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)



In the last month, how often have you felt confident about your ability to handle your personal problems?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt that things were going your way?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you found that you could not cope with all the things that you had to do?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)



In the last month, how often have you been able to control irritations in your life?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt that you were on top of things?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you been angered because of things that happened that were outside of your control?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)



In the last month, how often have you found yourself thinking about things that you have to accomplish?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you been able to control the way you spend your time?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Mark only one oval.

- ☐ 0 (Never)
- ☐ 1 (Almost Never)
- ☐ 2 (Sometimes)
- ☐ 3 (Fairly Often)
- ☐ 4 (Very Often)





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