HEALTHY WORK CAMPAIGN

Reduce harmful work stressors.
Improve job quality and health.

Healthy Work **Strategies**

Reducing work-family conflict through supervisor training on Family Supportive Supervisor Behaviors (FSSB)

The Family Supportive Supervisor Behavior (FSSB) training program was initially developed and carried out in six grocery stores in the U.S, with six other grocery stores participating as the comparison group. Researchers studied a group of lower wage, hourly grocery workers who typically have high levels of work–family conflict due to their limited control over demanding work schedules. Each of the 12 stores had at least one manager, between 1-9 supervisors or department heads, and between 30-90 employees.

First step: a survey

Surveys were given by the researchers during face-to-face interviews to all employees who agreed to participate in the 12 stores both before and after the training program. 239 employees answered the survey both before and after the training program (61% of all employees before and 67% of all employees after the training program). The survey questions were about family-supportive supervisor behaviors (FSSB), work–family conflict, job satisfaction, intention to leave the job, and physical health.

1. **FSSB**
    a. "**Emotional support**" means supervisors listening and showing care for employees' work-family issues. For example, more face-to-face contact, asking how employees are doing, or communicating genuine concern about employees' work/life challenges. A sample question is "My supervisor is willing to listen to my problems in juggling work and nonwork life."
    b. "**Instrumental support**" means supervisors responding to an employee's work and family needs by helping workers manage schedules. For example, helping an employee find a replacement, if the employee cannot come in to work or has to leave early. A sample question is "I can depend on my supervisor to help me with scheduling conflicts if I need it."
    c. "**Role-modeling behaviors**" means behaviors that show how a supervisor is taking care of his/her own work/life challenges. For example, discussing

taking time out to attend a child's school activities and talking about one's own family. Or, leaving work at reasonable hours and showing that managers value involvement in life outside of work. A sample question is "My supervisor is a good role model for work and nonwork balance."

d. "**Creative work–family management**" means behaviors initiated by the supervisor to redesign work to support the employee in a way that is positive for both employees and employers. For example, promoting cross-training and the ability to trade shifts to provide scheduling flexibility for employees as well as work coverage. A sample question is "My supervisor thinks about how the work in my department can be organized to jointly benefit employees and the company."

2. **Work–family conflict**

   Sample question: "The demands of my work interfere with my home and family life."

3. **Job satisfaction**

   Sample question: "Generally speaking, I am very satisfied with this job."

4. **Turnover intentions**

   Sample question: "I am seriously considering quitting this company for an alternate employer."

5. **Physical health**

   Physical health was measured with the Short-Form Health Survey (v. 2), an internationally used self-report survey of physical health and mental health. A sample question is "During the past four weeks, how much of the time have you had any of the following problems with your work or other regular activities as a result of your physical health?"

FSSB Training Program

The training program began nine months after the first survey was completed. The follow-up survey was collected about one month after the end of the training program. The program had three parts:

Computer-based supervisor training provided:

a) information on the benefits of reducing work–family conflict for employees' and their families' health and well-being
b) the organization's motivation for reducing work–family conflict, including concerns about keeping employees, reducing the use of sick leave, and health care costs
c) information on the company's current work–family policies and programs
d) definitions and examples of the four FSSB components

e) information on the gap between employees (who evaluated their FSSB lower) and supervisors (who rated their own FSSB higher)
f) descriptions of the "self-monitoring" program for supervisors

Face-to-face training by researchers for supervisors (one hour):

a) the goal was to change practices and behaviors of supervisors about emotional support, instrumental support, role modeling behaviors, and creative work–family management, company policies, and cross-training on work skills
b) appreciation to the company for supporting the program
c) changing behavior over the next month and self-monitoring procedures were voluntary
d) description of self-monitoring procedures and time for questions about the procedures
e) role play by researchers of an employee overheard on the phone dealing with a need to come home to help a child and a supervisor stepping in to help resolve the conflict
f) role play by researchers: filling out self-monitoring cards, asking for volunteers to estimate how often they currently do this, and their goal for the following weeks
g) request for feedback on the face-to-face training

Behavioral self-monitoring:

Supervisors were asked to change their behavior over the following 3-5 weeks. First, they estimated how often they currently did the following six behaviors. Then, they set goals for increasing how often they did those six behaviors:

a) speak with store employees
b) ask something about an employee's family
c) say something about their (the supervisor's) family
d) give positive feedback about an employee's work performance
e) suggest a constructive improvement in an employee's performance
f) ask a question about, or offer a way to improve, an employee's schedule

The supervisors were asked to carry a small daily behavior tracking card and mark each time they did one of those six behaviors (which was preprinted on the card). One card was provided for each day. They were also asked to do those behaviors at their usual rate for the first few days of training and then increase them to their goal over the next 2-3 weeks.

FSSB Program Results

The program improved job satisfaction and physical health (as reported by the participants) and reduced plans to leave the job for grocery store workers with higher levels of family-to-work conflict—but it did not help workers who had lower levels of family-to-work conflict.

STAR (Support Transform Achieve Results) Program

A recent, more comprehensive program is called STAR (Support. Transform. Achieve. Results.). STAR combines FSSB and ROWE (Results Oriented Work Environment). FSSB increases work-family support through supervisor behavior training. ROWE increases employees' control over their work schedules and focuses more on results, not time. STAR is designed to reduce work-family conflict by focusing on the organization (work-family culture, leader and employee behaviors, and the way work is structured), work teams and units (that is, through cross-training, or being able to perform a variety of tasks in multiple roles within the organization), as well as supervisor behaviors and self-monitoring. Researchers encourage managers to select relevant STAR toolkits for their work-family and health change initiatives. STAR toolkits for office teams and health care teams can be found at https://www.workfamilyhealthnetwork.org/.

Effects of the STAR Program on Work-Family Balance and Employee Health

1. Improving Sleep (Crain 2019; Olson 2015)

This study tested the effects of improving control over work schedule and FSSB on 791 technology workers' sleep at six and 18 months after training. At the start, 618 workers wore watch-like devices that measured one's sleep-wake cycles (actigraphs) for three days. By 18 months, the number of workers providing actigraph information had dropped to 397. Workers in the STAR group averaged 9 min more sleep per night at the 6-month follow-up and 13 min more sleep per night at the 18-month follow-up, compared to workers in the comparison group who did not receive this program. At 6- and 18-months follow-up, workers in the STAR group also reported less "insufficient sleep" (based on the question "How often during the past four weeks did you get enough sleep to feel rested upon waking up?", with answers ranging from "never" to "very often"). However, no effects of STAR were found for waking after starting sleep or self-reported insomnia symptoms. The program led to an increase in total sleep time (at 18 months) due to an increase in control over work schedule (at 6 months) and having available time for family members (at 12 months).

2. Improving levels of cortisol, a stress hormone (Almeida 2018)

Levels of the stress hormone cortisol usually go up after a person wakes up, however, chronic stress and burnout can lead to a "flat" (unhealthy) cortisol awakening response (CAR). Cortisol levels were collected on four days from 94 employees from an information technology firm both at baseline and at 12-month follow-up (58 in the STAR group and 36 in the comparison group). There was an "interaction" between the STAR program and type of days in predicting employees' CAR. Compared to "usual practice" employees (the comparison group), employees in the STAR group showed an increase in CARs from baseline to 12 months on *non-workdays*, but this was not the case on *workdays*.

3. Improving nighttime sleep in employees' children (McHale 2015)

Data were collected from 93 parent-children pairs (children aged 9-17, 57 pairs in the STAR group and 46 in the comparison group) from an information technology division of a U.S. Fortune 500 company who completed baseline and 12-month follow-up diaries and home interviews. STAR increased length of children's sleep and sleep quality, and reduced time to fall asleep, but didn't affect length of parents' sleep between baseline and 12-month follow-up, compared to the comparison group.

4. Improving safety compliance and "organizational citizenship" (the degree to which employees were willing to follow safety protocols and assist coworkers) (Hammer 2016)

725 health care workers participated in the STAR program and 799 were in a comparison group in 30 health care facilities that were randomized. STAR was effective in improving safety compliance at the 6-month follow-up, and "organizational citizenship" behaviors at the 12-month follow-ups, compared with employees in the comparison group.

5. Reducing rates of smoking (Hurtado 2016)

15 nursing homes (799 employees) were randomly assigned to the STAR program, and 15 nursing homes (725 employees) were randomly assigned to a "usual practice" comparison group. Smokers in the STAR group reduced cigarette use by an average of about 7 cigarettes per week, while no smoking reduction was seen in the comparison group.

6. Caring for the elderly at work and home (Kossek 2019)

420 caregivers for the elderly in 15 extended-care nursing facilities received the STAR program and they were compared with 511 caregivers in 15 comparison facilities at four measurement times: before the start of the program and at 6, 12, and 18 months. STAR was not effective overall compared to the comparison group. However, STAR was effective in reducing psychological distress for caregivers who were also caring for other family members off the job compared with employees without family caregiving demands.

A related program, called the Safety and Health Improvement Program (SHIP), is described at: https://healthywork.org/employers/healthy-work-tools-employers/ and https://www.yourworkpath.com/ship.

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More detailed information on all publications found at:

- https://workfamilyhealthnetwork.org/publications
- https://www.yourworkpath.com