

Remote and mobile workers – health, trust and management

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Outline of the presentation

- Who are our remote, mobile, lone and home workers
- What are the issues
- Research on remote and mobile workers
- Research on distributed workers
- How do we reduce risks?
- The impact of Covid-19
- Returning to the office

What do we mean by lone and remote working?

- British Occupational Health Research Fund (BOHRF) funded research on remote and mobile workers – workers away from a home or office base for the majority of their working week.
- Lone working – as in working alone and unsupervised – may not be remote.
- Both types of work have similar and different hazards associated with them.



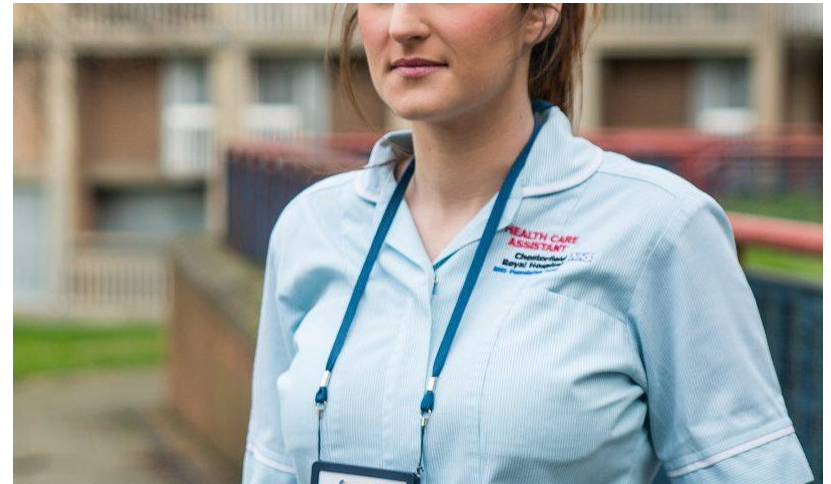
What is a remote or isolated worker?

Our research focused on remote and mobile workers. This is a sub-set of lone workers who include:

- People in fixed establishments
- Home workers
- Other mobile workers including postal service workers, agricultural workers.

What are the issues?

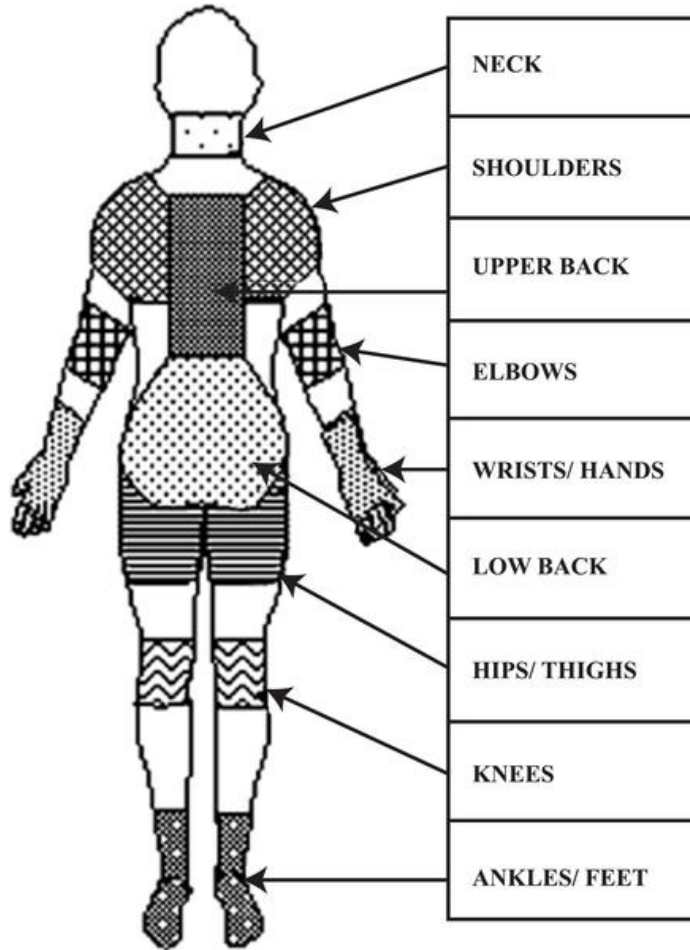
- Less frequent contact
- Limited access to organisational information
- More than one location for work



Remote and Mobile Workers Project – Published 2010

- Systematic Review
- Field interviews
- Quantitative research

Musculoskeletal Symptoms



Assessed by the Nordic Musculoskeletal Questionnaire

- Absence for 7 or more days most frequently for low back pain, wrist/hand pain, knee pain and feet/ankle pain
- Absence for fewer than 7 days, neck pain more significant and second only to low back pain.
- Left wrist pain featured in pain and discomfort experienced in the last twelve months, and in reduction in being able to carry out normal activities.

Suggested Solutions to Reduce Musculoskeletal Symptoms

- Providing automatic transmission vehicles
- Encouraging those driving to work outside the vehicle if using laptops – use passenger seat or other areas
- Ergonomic assessment of stowing and removing loads into and out of storage areas – including headroom assessment
- Build in breaks in the working days – every 2-3 hours and get out of the vehicle where possible



Musculoskeletal Symptoms and Driving



- Low back symptoms were associated with:
 - driving more than 15000 km per annum,
 - driving more than 20 hours per week,
 - sedentary work all the time,
 - having an uncomfortable car seat,
 - carrying loads in and out of cars,
 - being over 45 years old,
 - reporting psychological problems including depression and anxiety

Musculoskeletal Symptoms and Driving

- A correlation found between sickness absence with low back pain and those who drive as part of their job and the numbers of hours driven
- Long distance driving linked to an increased risk of road traffic accidents
- Access to occupational health and rehabilitation may be problematic for staff



Recommendations for those driving

- Have fully adjustable seats in vehicles and train employees how to use them and adopt good driving postures.
- Use of adjustable lumbar support where possible.
- Building in breaks to the driving schedule – realistic time planning for traffic and distance.
 - Use local knowledge

Mental Health in Remote and Mobile Workers

- Poor mental health was associated with:
 - longer working hours per week,
 - more customers per month,
 - high psychological demands,
 - low decision authority,
 - conflicts,
 - job insecurity,
 - unclear roles and role conflicts



Mental Health in Remote and Mobile Workers

- Better mental health was associated with more time with customers and a high level of mileage
- Association identified between musculoskeletal symptoms and high work demands, low control over time, low levels of interaction with colleagues.
- Isolation and frustration through lack of communication may be a risk factor for RMW

Mental Health in Remote and Mobile Workers



From the quantitative research

- 64% of the sample reported higher levels of psychological distress.
- As stress increased, chronic fatigue increased and general health symptoms – an interactive effect.
- Miles driven were also found to have an additive effect.

Guidance for reducing psychosocial risks

- Effective journey or call planning to reduce mileage.
- Building in rest breaks.
- Giving clarity on decision making when working.
- Having a supportive management style when making contact and building trust.
- Encouraging and finding ways of building contact between colleagues e.g., using phones, training days, webinars.
- Encouraging physical activity to reduce chronic fatigue who are driving everywhere– not easy in a remote group.

Fatigue



- Chronic fatigue was assessed in the quantitative research but not found to be a major issue, however as stress increased so did chronic fatigue scores.

Road Rage, Assault and Theft

- 45% of our participants had been subjected to road rage in the previous 12 months
- 11% had suffered an assault
- 27% reported a theft from a vehicle

Road Rage, Assault, Theft

Recommendations

- Having an open reporting system to identify the extent of the problem and identify root causes.
- Training in incident avoidance.
- Training in defusing situations.
- Support for those who have been through such incidents.
- Continued attention to personal and vehicle security.



Access to Occupational Health, Safety and Training

Evidence based action includes:

- Ensure training opportunities are made known and accessible to remote and mobile workers
- Ensure relevant health and safety information is readily accessible to such workers (e.g. company Intranet, hand-held devices)
- Where occupational health provision exists ensure remote and mobile workers have same access as other employees
- Remote working good practice guide published by New Zealand Government

Does Lone working suit everyone?

- From our research there was a lot of “unofficial” contact made between colleagues.
- Unclear if that is the same in different work environments.
- Ensuring that dialogue is maintained between employee and line manager is vital to identify potential problems.
- You may need to consider some health conditions more carefully.

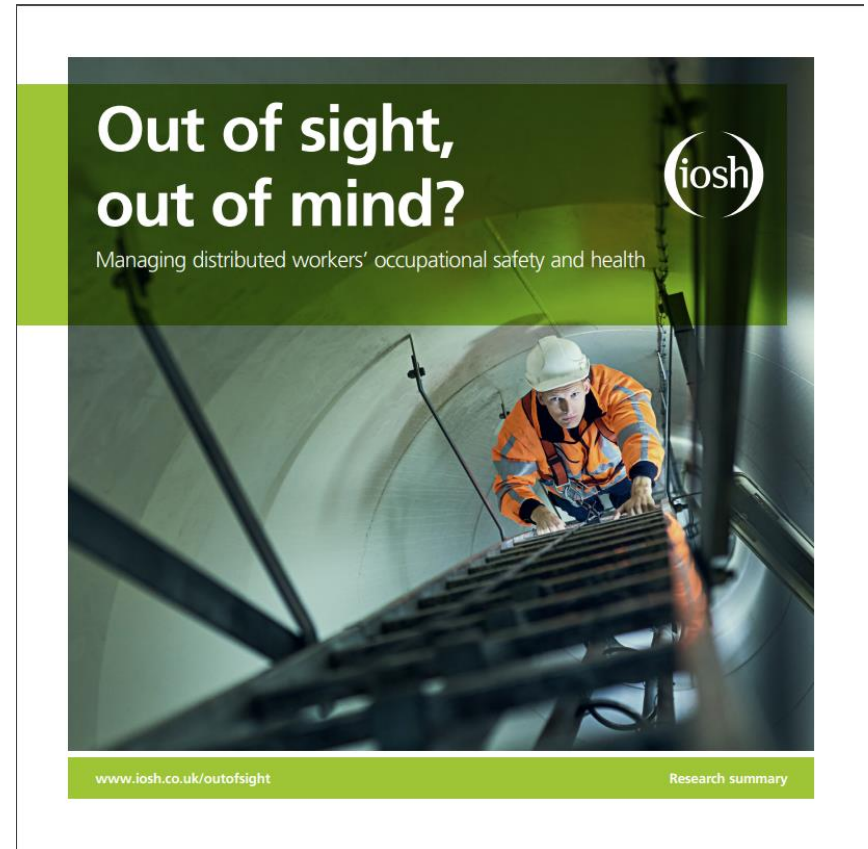
Medical Assessments

- What are the requirements for health surveillance in specific jobs?
- What hazards are people exposed to and how do we manage those risks
 - Driving
 - Health status – particular illnesses
 - Shift work/Night work



“Out of Sight, Out of Mind”

- Research funded by IOSH on distributed workers
- Looked at safety leadership behaviours used by OHS practitioners and line managers



“Out of sight, out of mind”

- Identified that line managers do not adopt the behaviours of the OHS practitioners, no evidence of a cascading effect from OHS to line managers
- Where OHS practitioners had direct contact with workers using health and safety leadership behaviours workers had improved job satisfaction, safety related performance, self-rated health and enthusiasm about work.
- Study developed a toolkit to allow self-reflection for OHS practitioners, a line manager leadership framework, checklists and examples of OHS risks identified by distributed workers.

The impact of COVID-19 on home working

- March 2020 – suddenly those who could, were working at home
- Now people having all sorts of ideas about how to do this permanently or at least more often



Lets think this through...

- Still need to have a risk assessment for a home workplace
 - Who is carrying that out and what about controlling any risks identified?



What does the research say?

- Not a huge amount as too short-term to link to musculoskeletal conditions
- Previous studies identified a drop in productivity when people moved to home working
 - Not seen in recent months
- A focus on productivity, not health and wellbeing.

What does the research say?

- Some articles identified the following to help manage home/remote workers
 - Check-ins not check-ups
 - Use different technology options
 - Set down the rules of engagement
 - Provide time for informal interaction
 - Improve your managers' skills
 - Manage by objectives not screen time

Trust!



Why have some organisations returned to the office?

- Based on conversations and articles (not peer-reviewed)
 - Isolation - people with mental health problems find it easier to hide and not gain support
 - Hidden costs of computer workstation home assessment, desks and chairs
 - Loss of “team” spirit and informal meetings
 - Innovation teams no longer flying

The way forward?



- Perhaps a blended approach, home and office
- Hot desking brings a whole range of other issues with it – staff need to become skilled in setting up workstations

And finally

Thank you for listening.

Any Questions?

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Reference Sources

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