

Harvard University Employer Toolkit: Work Design for Health

Overview

[Work Design Principle 1: Give Employees More Control over Their Work](#)

[Work Design Principle 2: Tame Excessive Work Demands](#)

[Work Design Principle 3: Improve Social Relationships in the Workplace](#)

Additional Resources:

[Family Supportive Supervisor Behaviors \(FSSB\) Training Manual](#)

[How to Create and Manage an Effective Flexwork Policy](#)

[Remote and Flexible Work Toolkit for Employers](#)

[Why A Participatory Approach? | Healthy Workplace Participatory Program | CPH-NEW | Research | UMass Lowell](#)

CASE STUDY: Less Stressed and Less Likely to Quit: When High -Tech Professionals Gain Control Over Their Work Schedules

Strength of Evidence: **Strong**

Background:

Executives in the IT division of a U.S. Fortune 500 firm were concerned that their highly skilled technical staff were “burned out” and at risk of leaving the company. In order to address these concerns, a research team was invited in to implement and evaluate [a work design initiative](#) called STAR that aimed to benefit both the company and its overstressed employees. The firm already had some flexible work policies on the books, but relatively few employees used those options. Employees felt pressured to work long hours, to be in the office whenever their bosses were there, and to be constantly available (via smartphone) for questions and work discussions. A high workload and the need to coordinate with staff in other countries meant many felt their work was never done.

The Work Design Initiative:

The goal of the STAR program was to improve employee well-being and make work more manageable by changing three related aspects of work. First, professionals were given greater control over when and where they did their work. Second, managers and frontline professionals were trained to shift from valuing “face time” (long hours at the office) to a focus on “results” or concrete accomplishments only. Third, managers were encouraged to share their support for and interest in employees’ personal and family lives. All employees in the department were given blanket permission to work whenever and wherever they chose as long as they completed their work and met project deadlines. STAR involved eight hours of participatory training sessions for employees and managers to plan and troubleshoot together, so teams could maintain their productivity and coordinate well even with this increased flexibility and employee autonomy.

**What
Changed?**

STAR brought benefits to both employees and the company. Workers who took part in the STAR program were less burned out, less stressed, and felt less squeezed for time. With fewer interruptions, they often felt more productive (better able to concentrate and innovate). Enhanced schedule control enabled employees to adjust their work arrangements to better fit their personal lives, and helped parents spend more time with their children.

These changes at work benefited physical health, with increased sleep and reduced risk of diabetes, heart disease, or stroke. Employees also experienced greater job satisfaction and were less likely to look for other jobs or to quit. More recent findings show that STAR also led to workers having [less harmful biological responses to stress](#) and being [less reactive to daily stressful events](#). Additionally, among employee parents, STAR resulted in [decreases in their partners' perceived stress](#) over time. Significantly, among employees in the STAR program who had higher baseline cardiometabolic risk, particularly older workers, the STAR program lowered the risk of cardiovascular disease by the equivalent of five to ten years of the cardiometabolic changes that occur as people age. (The positive impact on at-risk employees' cardiovascular health was also found in a similar study in long-term care or nursing homes).

Furthermore, a published [analysis](#) has found that STAR did not detract from employee performance over time. The finding that increasing flexibility resulted in "no harm" done to performance but provided strong health benefits for employees in a white-collar setting can be viewed as a clear net positive.

**Context
Matters:**

However, STAR is not a panacea. A version of this program was also implemented in a nursing home setting with low-income hourly shift workers; while, as noted above, this program was associated with reduced cardiovascular risk among at-risk employees, overall, other findings were weaker.⁷ The researchers speculate this was due to workers in this more highly structured setting having less latitude in scheduling. Together, these findings highlight the promise of increasing schedule flexibility practices while recognizing the importance of tailoring interventions to a given occupational context.