The Australian Public Service (APS) workforce represents a substantial national investment and capability; consequently preserving and enhancing the productivity of the workforce is critical if it is to continue to meet the needs of both the government and citizens.

There is general consensus that the performance and productivity of employees experiencing poor health and wellbeing is diminished. Consequently, workplaces that support employee health and wellbeing can realise a benefit in terms of organisational performance.

While there are multiple definitions of health and wellbeing, the term shares two common elements. First, health and wellbeing refers to the physical health of employees and, second, it refers to the mental, psychological and emotional state of employees.\(^1\)

Workplaces support employee health and wellbeing in many ways, including by providing paid sick leave and graduated return-to-work programs. Paid sick leave allows employees to access medical care, recover more quickly, prevent more serious illness from developing and prevent the spread of disease and illness in the workplace. While paid sick leave provides surety to employees, it also contributes to increased productivity by allowing unwell employees to recuperate more effectively and return to full productivity more quickly.\(^2\) Graduated return-to-work programs assist in the prevention of long-term and chronic illness, reduce the indirect costs to the employer associated with lost productivity and demonstrate the value of the employee to the organisation. Returning to work in a supported and timely way after injury or illness has been associated with positive employee social and health outcomes.\(^3\)

The workplace can also provide simple accommodations for employees with existing injuries or medical conditions. Data from the 2013 APS employee census (employee census) indicates that nearly 12% of respondents reported having a medical condition, illness or injury, or disability for which they require some reasonable adjustment in the workplace or that in some way affects their ability to perform their work. The most common reasonable adjustments required by APS employees related to furniture items (53% of respondents who required adjustments) or work hours (35%).

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The modern workplace can have a positive effect on the health and wellbeing of employees. In 2010, the Australasian Faculty of Occupational and Environmental Medicine released a paper that noted: ‘... the findings are unambiguous, work is good for health and wellbeing’.4 The paper called on employers to acknowledge the contribution they can make to an employee’s health and wellbeing by:

- ensuring workplaces are safe and have a workplace culture that supports employee health and wellbeing
- supporting ill or injured employees to continue to contribute to the workplace where possible
- adopting inclusive employment practices and best-practice injury management.

A substantial body of evidence demonstrates the negative impact the workplace can have on employee health and wellbeing. Physical injuries and accidents are a major factor in the modern workplace and Australia has one of the most comprehensive workplace health and safety frameworks in the world. In 2012, this culminated in the introduction of nationally harmonised workplace health and safety laws. Psychological injuries are also a concern in many workplaces. In the APS, psychological injuries make up only a minority of claims, but represent a majority of the costs of APS workplace injuries.5

Whether chronic or acute, the impacts that health and wellbeing have on the workplace are important in sustaining workforce productivity. This chapter discusses the health and wellbeing of the APS workforce, how this contributes to organisational performance and how the APS workplace can contribute positively to employee health. It also examines the impacts of absenteeism and presenteeism6 in the APS workplace as well as bullying and harassment and workplace incivility as health risks to APS employees and what APS agencies are doing to address these issues.

How the workplace affects employee health and wellbeing

The most direct effect that workplaces have on employee health and wellbeing is through the occurrence of injuries or illness due to work. The nature of the workplace significantly affects the types of risks involved. Workplaces with a substantial degree of physical work (for example, those that involve lifting or carrying) pose different risks to workplaces where demands are more likely to be mental or emotional (for example, those that involve policy work) or where the amount of contact with clients is significant. While the type of work affects the injury risks in a workplace, some characteristics common to all workplaces influence the workplace health risks to employees.

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6 Productivity losses sustained where individuals attend work while ill or injured.
Workplace illness and injury

The nature of the workplace risks in the APS is different from those in other sectors, for example, manufacturing or agriculture, but risks exist nonetheless.

Injury claim data from Comcare on 35 APS agencies each with more than 500 employees—totalling almost 140,000 employees—shows that in the year to July 2013, injury claim rates ranged from just under two to almost 25 claims accepted per 1,000 employees. The average agency rate of claims was just over 10 claims accepted per 1,000 employees. This shows an increase over previous years when analysis showed a similarly wide range of claims, but average claim rates of 7.0 and 6.5 per 1,000 for 2010–11 and 2011–12 respectively.

Injury reporting and subsequent claims serve two purposes: first, they allow an employee to make a claim for support for an injury that has occurred in the course of their duties; and second, they allow the workplace to better understand the risks inherent in their workplace and be better placed to apply strategies that help maintain the health and effectiveness of the workforce. Data from the employee census indicate that of the employees who experienced an injury or illness due to work, only one in eight (12%) submitted a claim for compensation. Of the employees who reported they had submitted a claim for compensation, 74% reported the claim was accepted, while another 19% were not sure and/or the claim had not yet been finalised. The top five reasons for not submitting a claim were:

- minor injury only, not considered necessary (29%)
- negative impact on current or future employment (27%)
- other (22%)
- did not think I would be eligible for worker’s compensation (20%)
- inconvenient/required too much effort or paperwork (18%).

As a condition of their employment in the APS, employees can make a claim for any illness or injury sustained at work. To have more than one-quarter of employees who may be eligible report they did not apply because of concerns about the impact on their future employment suggests there are some cultural issues within the APS regarding being ill or injured at work. Interestingly, the view there would be a negative impact on future employment as a result of a claim was distributed relatively evenly across APS 1–6 and Executive Level classifications, but Senior Executive Service employees were less likely to cite this reason for not making a claim.

More than one in six employees who indicated injury or illness due to work did not lodge a claim because it was too inconvenient or required too much paperwork, suggesting there may be procedural factors inhibiting the ability of the APS to monitor the risks to its workforce and respond appropriately. While these responses were also relatively evenly distributed across

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7 Claim rate data is only analysed for agencies with more than 500 employees to avoid the distortion that can occur when agencies with a small number of employees are included in the analysis. Given the nature of the data, year-on-year acceptance rates for injury claims cannot be calculated. That is, as claims can be received in one year and accepted or not in another, it is not possible to determine how many of the claims received in any given year were accepted.
the classification levels, Executive Level employees were more likely to cite this as a reason for not putting in a claim than employees at other classification levels.

While workplace injuries have a direct effect on the health component of employee health and wellbeing, they also have an effect on the wellbeing component. Data from the employee census shows employees who reported they were injured or became ill due to work were less positive across a range of attitudinal measures (including those relating to job satisfaction and work conditions) that can be seen to reflect an employee’s sense of wellbeing at work. Figures 4.1 and 4.2 show these results.

As can be seen from Figure 4.1, employees who reported they were injured or became ill due to work were substantially less positive than other employees in relation to measures associated with job satisfaction, including their perceptions of workplace autonomy, feelings of personal accomplishment at work, the opportunity to use their skills and enjoyment in their current job.

Figure 4.1 The relationship between workplace injury and job satisfaction, 2013

![Bar chart showing the relationship between workplace injury and job satisfaction, 2013](image)

Source: Employee census

Similarly, employees who reported they were injured or became ill due to work were less positive than other employees on measures relating to workplace conditions, including remuneration, non-monetary employment conditions and access to and use of flexible work arrangements.
The nature of the workplace

Research into the impact of the workplace on employee health and wellbeing demonstrates that the sense of control employees have over their work, along with the demands of the workplace, combine to affect the likelihood of job strain and subsequently the likelihood of workplace stress.8 This job-strain model, first proposed in 1979, suggests that the relationship between two factors—job demand and employee control9—is complex but can be somewhat simplified by combining types of job demand (high demand versus low demand) with combinations of employee control (high control versus low control). These combinations resulted in the identification of the following categories of workplaces10:

- **active**—high demand and high control workplaces characterised by the ‘matching’ of employee skills and control with the challenges associated with fast-paced workplaces and associated with high levels of learning
- **passive**—low demand and low control workplaces characterised by a general passiveness in the workforce and associated with a general decline in overall problem-solving activity
- **low strain**—low demand and high control workplaces characterised by low job-strain and associated with moderate levels of learning

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9 Job demand refers to issues such as job design and workload, while control refers to the amount of autonomy employees have over their work (that is, decision making).

• high strain—high demand and low control workplaces characterised by high job strain and associated with a higher chance of negative employee health outcomes.

This research provides a framework for understanding the nature of APS workplaces in relation to job demand and employee control. Figure 4.3 shows the perceptions of employees in relation to their sense of job demand and control across agency functional clusters. As can be seen, employees from policy and larger operational agencies reported similar levels of workplace demand, however, employees from policy agencies reported higher levels of control. A similar relationship can be seen for employees from regulatory and specialist agencies where both reported similar levels of demand, but employees in specialist agencies reported much higher levels of control.

![Figure 4.3 Workplace demands and control by agency cluster, 2013](image)

Source: Employee census

A number of factors influence whether an employee becomes injured or ill due to work and, furthermore, whether they submit a claim for injury or illness. Claim-rate data from Comcare, however, suggests that the perceived demands placed on APS employees and their capacity to exert some control in the workplace is reflected to some degree in the injury claim rates experienced in agency clusters:

• larger operational—18.74 claims per 1,000 employees
• smaller operational—13.22 claims per 1,000 employees
• specialist—12.42 claims per 1,000 employees
• policy—11.73 claims per 1,000 employees
• regulatory—9.41 claims per 1,000 employees.
Employee census data suggests a relationship between employee perceptions of job demand and control and attitudes across a range of workplace measures. As Figure 4.4 shows, employees who experienced high job demands were less likely to be satisfied with work conditions and were less positive on measures relating to job satisfaction. Conversely, employees who experienced high levels of workplace autonomy were more likely to be satisfied with their work conditions and were more positive on measures relating to job satisfaction (Figure 4.5). Additionally, figures 4.4 and 4.5 demonstrate that changes in employee perceptions of control are more powerful in their impact on measures of job satisfaction than changes in perceptions of workplace demand. This result is less obvious for measures of work conditions where changes in employee perceptions of both demand and control have a substantial impact on job satisfaction and work conditions.

Together these results provide agencies with a framework for understanding how employee control and job demand may work together to have an impact on employee attitudes and feelings of wellbeing at work. It is important, however, to remain cognisant that the demand and control data presented here is ‘point-in-time’ data collected as part of a broader employee attitude survey. It is likely that employee perceptions of workplace demand and control will fluctuate over time and within a workplace, reflecting the natural ebb and flow of workloads and priorities. As such, the conclusions drawn should be interpreted with caution.

Figure 4.4 The relationship between workplace demands and measures of job satisfaction and work conditions, 2013

Source: Employee census
The impact of the nature of the workplace on employee health has been operationalised in a public sector environment through the work of the Health and Safety Executive of the United Kingdom Civil Service in their management-standards approach to work stress. This work has been identified by Comcare as a useful model for managers and human resource practitioners to adopt in the APS context.

Concerns about the impact of stress in the APS workplace have existed for some time. This concern has been shared internationally and in the private sector. The Health and Safety Executive work has been identified as a useful model for APS managers. Recent collaborative work led by the Australian Public Service Commission (the Commission) has seen the development of a set of guidelines for managers on how to deal with workplace mental health issues.

Workplace behaviour as a health and wellbeing risk

One of the more pernicious health risks in the modern workplace is bullying and harassment and workplace incivility more broadly. Over the past 10 years, employee census (and previously employee survey) results for the question: During the last 12 months have you been subject to
harassment or bullying in your workplace?, have varied between 15% and 18%. In 2013, it was 16%, down from 17% in 2012. Although this rate is lower than it is in some other jurisdictions (in New South Wales almost one-third of state government employees report experiencing bullying in the workplace), it still indicates that one in six APS employees feel they have been bullied or harassed in the workplace this year. Chapter 3 discusses workplace bullying and harassment in more detail.

Perceived bullying and harassment can take many forms. Of employee census respondents who believed they had experienced bullying or harassment, the two most common forms of behaviour reported were verbal abuse and inappropriate application of work policies. Employee census respondents most commonly reported that the behaviour came from someone more senior (other than their supervisor) (30%), their supervisor (26%) and/or a co-worker (26%).

An emerging issue is cyber-bullying. In an APS context, cyber-bullying refers to the online harassment of APS employees by clients or members of the public. While the incidence of cyber-bullying is currently low relative to other forms of bullying and harassment (2% of employee census respondents reported experiencing this behaviour in 2013), the impacts it causes are no less severe. The impact of increased social media use on incidence of cyber-bullying is yet unknown and the Commission is working with agencies to develop guidance to support agencies and employees in dealing with this behaviour.

Whether it is perception or reality, being bullied has a significant impact on employees. Figure 4.6 shows employees who reported they had experienced bullying or harassment had lower levels of engagement than other employees. Additionally, employees who reported experiencing bullying or harassment in the workplace were more than three times more likely to report wanting to leave their agency as soon as possible (17%) compared with employees who reported not having been subjected to bullying or harassment (5%). Chapter 3 discusses the relationship between those who report being subject to bullying and harassment in the workplace and the formal reporting of such in more detail.

15 Employees responding to this question are provided with this definition of harassment and bullying: For the purpose of this survey, workplace harassment entails offensive, belittling or threatening behaviour directed at an individual or group of APS employees. The behaviour is unwelcome, unsolicited, usually unreciprocated and usually (but not always) repeated. While there is no standard definition of workplace bullying, it is generally used to describe repeated workplace behaviour that could reasonably be considered to be humiliating, intimidating, threatening or demeaning to an individual or group of individuals. It can be overt or covert.


17 Employees were able to select more than one option.
Employees who reported they had been bullied were also more likely to report they had gone to work suffering from health problems (64% compared with 42%) and were slightly less likely to report they were productive when at work and unwell. Employees who reported they had been bullied or harassed were also three times more likely than employees who did not indicate they had been bullied to report they had been injured or become ill due to work.

Bullying and harassment behaviours are also related to workplace incivility. The employee census shows that a substantial proportion of APS employees reported they had experienced workplace incivility from colleagues:

- 24% reported at least sometimes being spoken to in an unprofessional manner
- 23% reported at least sometimes their colleagues paid little attention to them or their ideas
- 9% reported their colleagues at least sometimes made demeaning or derogatory comments about them.

Workplace incivility was, unfortunately, not limited to co-workers. Although less frequent, employee census respondents felt their supervisors also engaged in uncivil behaviour:

- 10% of respondents reported that at least sometimes their supervisor spoke to them in unprofessional terms
- 16% reported that at least sometimes their supervisor paid little attention to their ideas
- 5% reported that sometimes their supervisor made demeaning or derogatory remarks about them.

Although not as extreme as harassment or bullying behaviour, perceived workplace incivility has a similar effect on employee engagement.
In 2012–13, 88 agencies had fully developed policies in place on how to respond to reports of workplace bullying. Only three agencies did not have such a policy. Specific bullying prevention programs had also been implemented in 56 agencies, including Harassment Contact Officer networks, workplace respect programs and fact sheets on workplace bullying and harassment.

**Employee engagement and employee health and wellbeing**

In the APS, employee engagement varies across segments of the workforce (for example, by age or classification level) and is related to important organisational outcomes including intention to leave, hours worked and the use of sick leave.\(^\text{18}\) The *State of the Service Report 2011–12* indicated that the relationship between employee engagement and the use of sick leave was statistically significant but weak. This result led to the conclusion that the main cause of sick leave use was employee ill health.\(^\text{19}\) The relationship between employee health and engagement, however, is clear. Figure 4.7 shows that employees who had a medical condition that required reasonable adjustment or in some way affected their ability to do their job demonstrated substantially lower engagement levels than employees who did not.

\[\text{Source: Employee census}\]

The relationship between employee engagement and experiencing a work-related injury or illness is somewhat more complex though. Figure 4.8 shows that employees who reported they were injured or experienced a work-related illness, showed significantly lower levels of all elements of employee engagement than those who had not. However, almost no relationship


exists between employee engagement and whether an employee submitted a claim for compensation for a work-related injury or illness. So, while the occurrence of an injury is related to employee engagement, it would appear that the processes agencies have in place to support employees receiving compensation for a work-related injury have little to no impact on employee engagement.

![Figure 4.8 Have you been injured or become ill due to work? 2013](image)

Source: Employee census

**How employee health and wellbeing affects organisational productivity**

Employee health and wellbeing has its most obvious effect on organisational productivity through avoidable employee absence on sick or compensation leave. Less obvious, though still important, are productivity losses sustained where individuals attend work while ill or injured (sometimes referred to as presenteeism). Finally, poor employee health and wellbeing has an indirect effect on productivity through reduced employee engagement levels.

**Absenteeism**

Sick leave is only one component of unscheduled absence recorded in the APS. The other four components are carer’s leave, compensation leave, miscellaneous leave and unauthorised absences. An analysis of total unscheduled absence in the APS is provided in Appendix 4.

The provision of paid leave for personal reasons, including ill health, has been a feature of the Australian workplace for many years. Under the National Employment Standards, Australian
employees are entitled to a minimum of 10 days paid sick leave per year. Sick leave and other leave entitlements, such as carer’s leave, can contribute to an organisation being considered a ‘family friendly employer’ and can be part of the attraction for working in an organisation or sector. Public sector employees in Australia, for example, are more likely to be granted a wider range of leave entitlements than are employees in other sectors, in particular the private sector.

The amount of personal/carer’s leave provided under agency enterprise agreements varies considerably across APS agencies. Approximately 15% of employees have access to a personal/carer’s leave entitlement of 15 days per year, while 55% have 18 days and another 15% have at least 20 days.

The median sick leave rate across APS agencies in 2013 was 8.6 days of sick leave per employee, which is a slight increase on 2012 (8.5 days). Sick leave rates increase with agency size. This variability is consistent with previous data from the public sector. Additionally, the finding that larger organisations experience higher levels of sick leave use also occurs in the private sector.

The median sick leave rates for agencies in 2012–13 were:

- large agencies (>1,000 employees)—9.5 days sick leave per employee
- medium agencies (251–1,000 employees)—8.4 days sick leave per employee
- small agencies (<250 employees)—7.8 days sick leave per employee.

One challenge in considering the impact of sick leave on workplace productivity is the extent to which absence due to ill health is a cost to an organisation. Clearly sick leave represents a loss in productivity. However, a sick employee taking appropriate time off from work may minimise productivity losses that would otherwise be incurred, such as prolonging the recovery period or, if infectious, attending work and causing others in the workplace to become ill. The challenge for managers is to minimise the potential causes of illness or injury inherent in the workplace (this is discussed in more detail later in this chapter) while minimising unwarranted absences by employees not genuinely ill or injured. The available data does not permit an estimate of the extent to which sick leave usage (or attendance while ill) in the APS is unwarranted.

Determining the cost of sick leave is complex. As previously noted, however, access to sick leave may have less impact on productivity than working while sick. Moreover, the impact on agency cash outlays is not straightforward. This might result in financial cost if the workforce needs to be larger to absorb the productivity losses of high sick leave usage (for example, in a call centre where workload is externally driven and cannot be rescheduled by employees). In general, however, small variations in sick leave usage may lead to re-prioritisation of work rather than...
increased cash outlays. The reverse is also true. If an employee does not take sick leave (that is, the organisation’s sick leave is reduced) there are not necessarily direct financial ‘savings’. Rather, if the reduction in sick leave is due to improved health of the workforce there will be gains to the employee and a capability and capacity gain for the organisation, but not necessarily direct financial ‘savings’.

To assist managers and human resource practitioners in managing unscheduled absence (a concept that is broader than sick leave) the Commission has undertaken work to update and revise its extant guidance on this matter. *Turned up and Tuned in* and *Fostering an Attendance Culture* were originally published in 2006 and revised guidance for managers on how to identify and manage unwarranted absence from the workplace has been provided to agencies.

**Presenteeism**

Broadly speaking, presenteeism is defined as the productivity loss that occurs when an employee attends work but, because of an illness or injury, is not fully productive. Research has shown that employees who are not well are also more prone to injuries and, if contagious, increase the risk of other employees contracting an illness.

Although a relatively recent concept, presenteeism has been shown to have a greater impact on productivity than absenteeism. An ongoing body of work conducted on behalf of one of Australia’s largest health insurers has shown that the productivity losses from presenteeism across the economy can be up to four times as much as losses from absenteeism.24

Figure 4.9 shows that almost half of the APS workforce reported they attended work while suffering from health problems. Figure 4.10 shows that of those who were at work just under 60% reported experiencing some degree of lost productivity. Interestingly, this also means that just over 40% of the workforce who reported they attended work while ill or injured felt they did not lose productivity because of their illness or injury. This result highlights the complex nature of presenteeism and suggests that individual employees play a substantial role in determining their own health and wellbeing outcomes in the workplace.

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Somewhat counter-intuitively, Figure 4.11 shows that employees who reported they attended work when unwell were not the most engaged employees. On the contrary, engagement levels were lower for employees who reported they attended work most often when unwell. However, of the employees who attended work when unwell, those who indicated they were most productive—losing no productivity or less than one-quarter of their productivity—were those with the highest engagement levels (Figure 4.12).
Presenteeism is a complicated and relatively new concept. An employee who is sick and infectious and who turns up to work can have a detrimental effect on their colleagues and their own recovery time, thus having a negative impact on organisational productivity. Conversely,
an employee who is unwell but not infectious or required to stay at home to recover (for example, because of physical injuries) and who comes to work can have a positive impact on their own health and wellbeing and contribute to the overall productivity of the workplace, albeit potentially not at 100% effectiveness in many cases.

Presenteeism in the APS context requires further investigation to more fully understand its impact on the employee and workplace. The data presented here also suggests it has a complex relationship with employee engagement that warrants further consideration.

Workplace health initiatives

While workplaces can be detrimental to employee health, they may also play a significant role in maintaining employee health and preventing ill health among employees. APS agencies provide a wide range of health and wellbeing programs for employees. In 2012–13, 92% of agencies had either fully or partially developed health and wellbeing programs in place to support their employees. The programs most commonly provided by agencies were ergonomic programs such as workstation assessments (96%), general lifestyle programs (91%) and mental health programs (69%).

Agencies were also asked to identify strategies they had used to support employees who had ongoing health issues. The most commonly used strategies were:

- flexible work arrangements (98%)
- supervisory support and assistance (89%)
- health resources and services (76%).

The Department of Health and Ageing’s ‘Healthy Workers Initiative’ provides an example of a workplace health initiative within the APS. This program provides employers with a range of resources from both Australian and international sources that can assist in the creation of a healthier workplace.25 Creating a healthier workplace involves four steps:

- gaining support from management
- engaging employees
- assessing needs
- using first-steps tools (such as an employee survey or a workplace health audit).

Healthy workplaces

While workplaces can play a role in preventing ill health among employees through programs such as those discussed here, the evidence suggests these types of programs help reduce

workplace absences but do little to improve overall health outcomes for employees.\textsuperscript{26} Similarly, while often somewhat extravagant claims are made about the return on investment for workplace health and wellbeing programs, recent research conducted in Australia\textsuperscript{27} and overseas\textsuperscript{28} suggests the return on investment for these programs is more modest than often claimed.

A healthy workplace is about more than a bowl of fruit on the reception counter or the provision of an external program that provides education about healthy living, although these types of initiatives can contribute. Both the culture around workplace safety and leadership behaviours in the workplace, particularly supportive leadership behaviours, can contribute to creating a healthy workplace.

## Safety culture

An organisation’s safety culture reflects the values and beliefs held by employees in an organisation that relate to safety in the workplace. Results from the employee census show a strong relationship between employees who have been injured and their perceptions of safety culture in their organisation. APS employees who have been injured or become ill due to work are four times more likely to disagree that the people in their workgroup are committed to workplace safety, five times more likely to disagree their supervisor is committed to workplace safety, three times more likely to disagree their agency cares about employees being healthy and safe at work, and almost five times more likely to disagree their agency supports employees who become injured or ill at work.

When the relationship between perceptions of agency safety culture and whether an employee made a claim for compensation was considered, however, no aspect of safety culture had a substantial relationship with applying for compensation. This suggests that the processes agencies have in place for supporting employees and monitoring workplace injuries are unaffected by the safety culture of the workplace.

Employee census data also suggests that agency safety culture is related to a range of attitudinal measures, including those relating to job satisfaction and work conditions discussed previously. Figure 4.13 shows that employees who were more positive about these measures were also more positive about all aspects of the safety culture in their workplace.

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Figure 4.13 The relationship between safety culture and measures of job satisfaction and work conditions, 2013

![Graph showing the relationship between safety culture and job satisfaction/work conditions]

Source: Employee census

Figure 4.14 shows a similar relationship between perceptions of safety culture and perceptions of the demands in the workplace and the sense of control employees have. Employees who were more positive about the safety culture of their workplace also reported lower levels of demand and higher levels of control than employees who were not positive about their workplace safety culture. These latter employees showed the opposite pattern of reported demand and control. This data suggests that safety culture is worth investigating further as a possible way to improve employee health and wellbeing.

Figure 4.14 The relationship between safety culture and work demands and control, 2013

![Graph showing the relationship between demand and control]

Source: Employee census

Chapter 4: Employee health and wellbeing 91
Leadership

While the wider implications of good leadership for APS organisational performance are dealt with in Chapter 2, research conducted in the Australian public sector has shown that higher levels of supportive leadership predicted higher levels of employee wellbeing. Supportive leadership is an element of transformational leadership and is characterised by the leader providing general support for employees in a manner that indicates a degree of respect for employees and an appreciation of their needs. The need for leaders to support employees is clearly articulated in the APS Leadership and Core Skills Strategy.

Figures 4.15 and 4.16 show that APS workplaces where leaders supported their employees and treated people with respect were also more positive on measures relating to job satisfaction and work conditions.

Figure 4.15 The relationship between supportive leader behaviours and measures of job satisfaction and work conditions, 2013

My immediate supervisor encourages me

Source: Employee census

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Although the direct benefit of workplace health initiatives may be equivocal, the workplace can contribute to employee health and wellbeing in very positive ways through the culture of the workplace and behaviour of colleagues and leaders in the workplace.

Key findings

The human capital of the APS is an important resource for Australia and the maintenance of this is a key concern for the APS. The health and wellbeing of the workforce is therefore a key concern for APS managers and human resource practitioners, but the effect the workplace can have on employee health and wellbeing is complex and can be positive and negative.

Employee health and wellbeing can have a direct effect on organisational productivity through presenteeism or employee absence for reasons of ill health. While more difficult to quantify, the positive impacts of being at work and contributing to outcomes while recovering from illness or injury need to be assessed having regard to the potential additional losses in productivity from the possible spread of infection or lengthened recovery. Moreover, it is highly unlikely that the bulk of productivity losses due to illness or injury are within the control of the employer.

The APS actively manages many health and wellbeing risks inherent in its workplace through comprehensive health and safety regulations, bullying prevention programs and a range of health and wellbeing programs. However, the data would suggest that other aspects of a healthy workplace contribute significantly to employee health and wellbeing and that these warrant further attention, including the consistency of the safety culture of the workplace and the more consistent application of supportive leadership practices.