CPH News and Views

A semi-monthly column on emerging topics related to healthy workplaces

Issue #53: Work Organization and the Health of Human Service Workers: The impact of Managerialism

Contributed by Jennifer Zelnick & Mimi Abramovitz

Managerialism in the human service sector

Over the last 40 years, demands to shrink the size of government and make government more accountable for its spending have led to restructuring and redesign in the human service sector. Budget cuts, funding shortfalls, and increased calls to embrace private sector management trends have created a sea change in human-service delivery.[1]

New Public Management (NPM) employs a managerial approach to improve accountability and efficiency in human service delivery. Its features include increased competition among providers for service contracts, outcome-based (as opposed to delivery-based) contracts.[2]

The problem for human service workers

While the goals of NPM/Managerialism have merit, such as adoption of evidence-based practices, their impact on human service delivery has been problematic. Human service workers have increasingly higher caseloads, more routinized and standardized job tasks, and thinner staffing. In addition, increased focus on accountability and outcome-based contracts often require time-consuming documentation. These added administrative tasks have affected job satisfaction, relationship building and trust, and overall working conditions in human services.[1] Some have called this "lean production" of human services, and noted that workers are expected to "do more with less"—which is particularly problematic given the vulnerability of human service users, who often face complex social problems and poverty themselves.[2]

The link between Managerialism and health

There are scant data describing health and wellbeing for human service workers. In 2015, we worked with community partners to survey human service workers in New York City (NYC) about Managerialism, working conditions, and health. Managerialism was measured by a composite scale based on 30 items that were identified as indicators in empirical studies.[1, 3] Results from 2,732 human service workers suggest a relationship between Managerialism and human service worker health and well-being.

We computed the increased risk of health and safety problems for a 16-point increase in the Managerialism score (which ranged from 3 to 90). A difference of this size was associated with higher probability of the following threats to well-being.[4]

- Greater than 50% increased odds of reporting hypertension (Odds ratio (OR) 1.54; 95% CI 1.36-1.75)
- Nearly twice the rate of reported depression (OR 1.93; 95% CI 1.72-2.17)
- An 80% increased odds of reporting sleep problems (OR 1.81; 95% CI 1.63-2.0)
- Nearly 2.5-increased likelihood of reporting that physical assault was frequent in the workplace (OR 2.39; 1.95-2.93). Physical assault was also associated with working in the public as opposed to non-profit sector (16.5% public sector, vs. 4.6% non-profit sector) and being a person of color (5.6% among whites vs. 10.1% among people of color).
- Twice the odds of reporting verbal abuse in the workplace (OR 2.17; 1.93-2.45). Verbal abuse was also associated with working in the public as opposed to non-profit sector (36% public sector vs. 21.9% non-profit sector).

© Copyright 2017 The Center for the Promotion of Health in the New England Workplace (CPH-NEW)

As measured by the Effort Reward Imbalance Scale (short version), work stress was moderately correlated with Managerialism score (r=.54), and was also associated with health and well-being.[4]

- Work stress was associated with increased reports that Physical assault (OR 1.41; 1.24-1.6) and verbal abuse (OR 1.61; 1.47-1.77) was a frequent event at work.
- Work stress was associated with increased risk of reporting work-related hypertension, (OR 1.43; 1.29-1.58), depression (OR 2.39; 2.13-2.69), and sleep problems (OR 2.1; 1.87-2.35).

Addressing health and well-being at work for human service workers:

Our results suggest that work organization may play an important role in determining health in the human service workforce and the clients they serve, but might also offer potential avenues to improve health and wellbeing. Considering how new contracting, management, and service delivery practices affect workforce health and well-being could assist decision-makers in selecting practices that support or improve worker health, or advocating for sector level changes. Research on participatory practices, such as those used in some Total Worker Health approaches, could identify ways to enlist the insights of frontline human service workers in work organization changes that support a healthy workforce and quality human services.

References

1 Abramovitz, M. & Zelnick, J.R. Privatization in the Human Services: Implications for Direct Practice. *Clinical Social Work Journal*, 43 (3), 283-293

2. Baines, D. (2010). 'If we don't get back to where we were before': Working in the restructured non-profit social services. British Journal of Social Work, 40(3), 928-945.

3. Abramovitz, M & Zelnick, J.R. Doing more with less: Austerity driven policies and occupational health disparities among New York City human service workers. American Public Health Association Annual Meeting and Expo, Chicago, IL. Oct 31-Nov 4.

4. Landsbergis P, Zelnick J, Kashem Z, Zoeckler J, Rivera B, Alexander D, Bahruth A, Hord W. Organizational interventions to reduce job stressors in carework. 7th ICOH International Conference on Work Environment and Cardiovascular Diseases, May 5, 2017, Varese, Italy.

Jennifer Zelnick is Associate Professor and social welfare policy chair at the Touro College Graduate School of Social Work. **Mimi Abramovitz** is Bertha Capen Reynolds Professor and policy chair at the Silberman School of Social Work, Hunter College of CUNY.

CPH-NEW is a Center for Excellence to Promote a Healthier Workforce of the National Institute for Occupational Safety and Health. CPH-News & Views is a semi-monthly column written by Center researchers on emerging topics related to healthy workplaces. These comments reflect thoughts of the individual researchers and do not represent conclusive research summaries, nor do they necessarily reflect a consensus among all Center personnel.

We welcome your responses and discussion. Please send all questions and comments to CPHNEW@uml.edu.

© Copyright 2017 The Center for the Promotion of Health in the New England Workplace (CPH-NEW)