



# IMPROVING WORKING CONDITIONS AND STAFF WELL-BEING

## - WHAT DOES THAT MEAN IN THE EPO ?

### *Summary*

*The administration has created a working group “Improving Working Conditions and Staff Well-Being”. The present document gives some back-ground information and the current positions of the staff representation as a basis for discussion.*

### **Introduction**

In February this year, the President announced the creation of a new Working Group “**Improving Working Conditions and Well-being**”. According to our information, about one month later, a first draft mandate was already circulating within the Personnel Department. Finally, some seven months after starting work internally, the administration is only now ready to share its thoughts with staff representation. A first meeting could take place soon.

In recent years we have seen a large number of managerial actions and endured many decisions from the administration that had an unwelcome and negative impact on staff working conditions and well-being. Even worse, it seems there are even more seem to be planned (see annex 1).

Even potentially positive measures introduced during recent years have suffered from the administration’s misinterpretation of what really constitutes a “win-win situation”.

Under these circumstances, the announcement of a working group on improving working conditions and staff well-being is to be met with heavy scepticism.

The staff representation obviously supports any and all efforts to improve staff working conditions and well-being. Such efforts should, however, be determined by a fair and unbiased analysis of the current situation and the existing problems. They should not be based on management dogmas and/or the presumption of abuse of the system by staff.

### **Background**

In industrialised nations, Upper-Limb Disorders (ULDs, previously called RSI) caused by computer work and psychological disorders caused by stress are the two main work-related contributors to staff sickness. In Europe, the prevalence of Upper-Limb disorders is going down, while sick-leave due to psychological disorders is going up. The EPO seems to follow these trends. Psychological disorders are now the first cause of invalidity in the Office, with orthopaedic problems coming in second place.

From the available scientific literature on occupational health management it is apparent that the main psycho-social factors predicting staff ill health are high demand (pressure) combined with little

individual job control and a low socio-economic status. Recently, the perception of the working environment as being either fair or unfair has been added to these predictors.

In line with the general literature on health management, the [EPO Occupational Health Policy](#) foresees a focus on prevention which is itself based on a re-iterative cycle of analysis of risk factors, good policy planning, effective implementation and evaluation of the results, combined with an effective sick leave management. Such an analysis normally starts with a standardised Occupational (Health) Risk Analysis (ORA or OHRA).

### **ANALYSIS - know what you are doing**

Almost 5 years after the introduction of the Health Policy, an Occupational (Health) Risk Analysis has still not been done. Even *before* the introduction of the Health Policy, the staff representation requested a study of the causes of invalidity in the EPO to be done so that further invalidity might be prevented whenever possible. This lack of information concerning the causes of invalidity has been criticised by the External Auditors ([CA/20/12, page 90 et seq.](#)). Upon instruction of the Auditors, an analysis is currently being performed under the supervision of the EPO Medical Advisor, Dr. Koopman. Although this study is of limited scope, the staff representation nevertheless looks forward to the analysing the results.

Back in 2004, the Office commissioned a renowned Dutch institute, TNO, to do a [study](#) on the prevalence of ULDs (RSI) in the Office. TNO reported that the one-year prevalence (i.e. number of staff reporting problems during the last 12 months) was high at the EPO in almost all function groups, except for managers. As much as 38% of staff reported suffering from regular or long-term complaints. Prevalence was highest (43%) amongst staff in Patent Administration. Consequently, TNO recommended a set of measures to reduce the prevalence of RSI. These recommendations were only partially implemented and the impact of these measures was never assessed by a follow-up study.

In 2011 the staff representation initiated its own survey carried out by Technologia. This survey focussed on assessing the level of psychological stress in the Office. The [Technologia survey](#) found that 40% of the respondents considered their working life at the EPO to have a negative effect on their health. Despite these highly pertinent findings, the administration declined the staff representation's invitation to jointly follow-up on these troubling results.

#### ***Recommendation 1:***

*The staff representation requests the EPO to review the recommendations made in previous studies, including Staff Surveys, and evaluate the effects of those recommendations that have been implemented and reconsider carrying out those recommendations that would still merit implementation.*

#### ***Recommendation 2:***

*The staff representation recommends that the EPO performs, as soon as possible, an Occupational Risk Assessment with a special focus on the above-mentioned groups of disorders. The survey should be conceived such as to provide data that are genuinely comparable with the previous TNO and Technologia surveys.*

The Office has been systematically gathering sick-leave data for many years. Although the data gathering and processing has not been entirely consistent, a wealth of data nevertheless exist. These highlight striking differences in sick leave levels not only between different categories of staff, e.g. between Board Members in DG3 and C-staff in DG4, but also between different units within the same DG. We have seen no attempt by the EPO to analyse these data, nor to compare and perhaps correlate sick leave data with the results from the staff survey, in particular with regards to poor leadership feedback, despite repeated requests to do so by the staff representation.

Management style is generally accepted to be an important factor in affecting the level of sick leave.

Every sociological study performed in the Office, including the Staff Surveys, have found there is a serious lack of trust in senior management, and pointed at a leadership style that is inappropriate for the type of highly educated staff employed.

A recent [study](#) performed by the Occupational Health department in The Hague found management style to be the main factor determining sick leave levels in Patent Administration.

**Recommendation 3:**

*The staff representation recommends that firstly all the available sick leave data be compared with the other data available, primarily from the staff surveys but including leadership feedback, and analysed for possible cause and effect relations (epidemiology), and that secondly the Office acts upon the results (see also below).*

**PREVENTION is better than cure.**

Although this expression is an age-old truism, there is no reason to believe that it does not also apply to the EPO. Moreover, prevention tends to be more cost-effective than cure. Repeated studies have shown that the average return on investment for measures that improve staff well-being can be estimated to be between a factor three and 10 (see [CA/76/02](#) submitted by the Staff Committee, and the recent [presentation](#) by Prof. Ahonen available on the EPO intranet).

The Office already has a range of preventive measures in place. The EPO has always offered free biennial medical checks to its staff, the organisation of which has been taken over by the Occupational Health Department (OHD). The Occupational Health Department also offers vaccination against influenza. The sports facilities available to staff in The Hague and Munich are very good. A wide range of courses (sports and other) are organised by our colleagues in Amicale. The staff representation strongly recommends staff to make avail themselves of these offers.

The OHD also now organises the so-called ergo-WUCs and together with the Safety Office, they organise an annual Health Week. The OHD organises courses in health-oriented management, as well as "Fit- for- Work and Stress Management " and stress management courses for staff. We refer staff to the [website of the EPO medical departments](#) for a full overview of the services offered. Last but not least, the EPO social department is available to help and advise staff.

However, many of these opportunities seem to be under-used. For instance in 2011 and 2012 no management trainings took place, whereas the level of participation in the Stress Management courses was low.

In the opinion of the staff representation prevention, matters could be improved in particular through:

- follow-up training in health-oriented management for all line managers in the EPO,
- further improvements in the EPO's soft-ware ergonomics,
- a review of the job designs in the EPO, in particular of formalities officers and examiners, in order to avoid excessive screen work,
- removal of existing incentives for bad health management and introduction of incentives for good health-oriented management<sup>1</sup>,
- soft-skill training for staff and managers alike,
- better support for Amicale (improving physical and psychological health through sport),
- better support for Kids (improving work-life balance though social support),
- encouraging and supporting staff participation in Amicale activities, in particular sports.

**Recommendation 4:**

*The staff representation recommends the EPO to thoroughly review and improve on the existing array of preventive sickness measures and social support for staff.*

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<sup>1</sup> An example: at present managers who support staff with long-term health problems are left having to compensate for the resulting loss of productivity. As a consequence, invalidity (thereby freeing the post) may become an attractive alternative. This should not be the case.

**If a cure is needed, get it right the first time.**

Once a staff member is absent on sick leave, all efforts should be oriented towards getting the staff member well and facilitating return to the Office as soon as possible.

It is estimated that in Europe about 1/3rd of the sick leave is caused by relatively minor illnesses such as upper respiratory tract infection (normally a common cold). These staff members will invariably return to the Office within a few days or a few weeks without any intervention. Furthermore, catching a cold is rather difficult to prevent. So any focussing on non-repetitive short-term sick leave would seem to be a misdirected use of EPO resources.

Instead the efforts of the Office should be focussed on potential long-term and/or repetitive sick leave. *Again, the first step would in each case be an objective analysis of the underlying causes for the sick leave.* The OHD offers assistance by contacting staff after 2-3 weeks of sick leave. However, such contact with the OHD should remain voluntary. The voluntary nature of this contact is essential to avoid a negative perception of bias by staff.

**Recommendation 5:**

*The Occupational Health Department should make every effort to avoid being perceived as “part of the system”. It should refrain from suggesting or supporting administrative measures aimed at reducing staff rights or benefits. A comprehensive staff survey, with room for open comments, may help the OHD to better understand staff’s expectations and perceptions of the service.*

In the experience of the staff representation, strong support from the line manager is the key factor for the success of sick-leave reintegration. When such support is lacking, e.g. in cases where the line manager blames the staff member for the sick leave, reintegration becomes very difficult, if not impossible. Dept. 4.3.4. (significantly called "Line Management Support") has a tendency to side with the line manager. We believe a more balanced approach is needed in order to avoid an escalation of the situation that may lead to further long-term sick leave and even invalidity.

**Recommendation 6:**

*Whenever personal issues are involved, OHS, 4.3 and line management should aim at **early, non-bureaucratic and non-judgemental conflict resolution.** Voluntary (!) transfers should not a priori be excluded.*

**Recommendation 7:**

*When an individual manager or staff member repeatedly finds themselves in conflict situations, the underlying causes should be investigated in order to try and avoid further occurrences. Again, the basic approach should be one of providing (non-judgemental) coaching and **support.***

**Improving Working Conditions**

The Office puts ever higher demands on its staff through continuously raising individual targets while at the same time, in many areas, reducing the work force. This obviously cannot continue. In the mean time, however, increasing staff control over the job (providing the ability for staff to organise one’s work; control over timing and means) may help staff better cope with such stress-raising situations.

Concrete positive measures that could be envisioned are:

- more flexibility in unpaid, parental and family leave, thereby allowing staff to better manage their time budget at their convenience
- more possibilities for further personal and professional development, whenever possible *at the request of the staff member* (as opposed to enforced job rotation or “job diversification”) through internal training, and/or through internships and other experience in external patent law firms, companies or university courses
- allowing the possibility to take a sabbatical in order to restore motivation and/or avoid the risk of burn-out.

**Recommendation 8**

*It is recommended that the Office review all HR decisions taken in recent years and their impact on staff well-being, then reflect whether there are lessons to be learnt.*

*It is further recommended that the Office:*

- *refrain from “rewarding” staff for its overall good performance by continuously increasing demands and worsening the employment conditions,*
- *refrain from decreasing staff’s control over the job through badly planned restructuring and other measures (forced job rotation, AoCs),*
- *take measures that allow staff to improve their own work-life balance, without insisting on realising immediate benefits for the Office,*
- *offer possibilities for further personal development, wherever possible as desired by staff.*

**Conclusion**

The EPO has a duty of care towards his staff. The President is the first responsible for establishing and maintaining a safe and healthy working environment in the EPO. This goes further than just the physical working conditions. The working environment should be free from undue pressure and stress and respect the personal dignity of staff.

Of course we will welcome and support any real improvement of staff working conditions and well-being in the EPO. In particular in the area of staff well-being much remains to be done.

The Central Staff Committee

## ANNEX 1

### **Measures that negatively affect staff working conditions introduced in recent years**

(the list may not be complete).

1. Introduction of a less favourable pension system for new staff (CA/D 12/08, 13/08, 17/08),
2. Removal of the cap on staff contribution to the health insurance, and exclusion of working spouses from the health insurance unless a contribution is paid (CA/D 29/07, 07/10),
3. Deterioration of the compensation for removal expenses (CA/D 4/10),
4. Lowering of the age limit for education allowance from 27 to 26 years (CA/D 28/09),
5. Introduction of time limits on staff requests for allowances and costs (CA/D 2/07),
6. Obligation to take up personal leave for bridging days (Circular 14),
7. Discontinuation of the vast majority of Euro contractors,
8. Forced introduction of AoCs and various re-structuring and out-sourcing related down-sizing (DG1, Patent Administration, Personnel Department, Facility Management, DG5),
9. The recent attempt at a reducing the reimbursement of the home leave costs,
10. The recent attempt at limiting staff right to appeal (CA/51/12)
11. A continued focus at productivity at the expense of all other activities, including such that would allow for personal development.

### **Other negative measures are planned, amongst which**

1. Increasing the retirement age from 65 to 68 (ongoing pension discussions),
2. Raising the age at which a full pension can be paid from 60 to 63 (ongoing pension discussions),
3. Lowering the pension accrual from 2.0% to 1.9% (ongoing pension discussions).