

Statement by the representative of the WHO staff associations

1. Mr Chairman, honourable members of the Executive Board, Director General, Regional Directors, colleagues.

2. In discussions with staff about the working environment at WHO, the term “work–life balance” will often be used and staff will note that the work–life scales are no longer balanced but are increasingly weighted to one side. Staff focusing on work–life balance is not new. It has been in the global business vocabulary for the last 30 years, albeit the focus in the last decade has become increasingly sharpened.¹

3. So why is the work–life balance tipping? There are many reasons for this. The first obvious villain is information technology, which – ironically – was intended to be the saviour of the working week, the provider of more leisure hours for workers at all levels through to the highest echelons of management. However, with the advent of Internet and mobile technology in particular, staff are becoming – or have become – tethered to the workplace. And the lead on that tether is growing tighter.²

4. How many colleagues do we know, who have checked their e-mails during the evening, at the weekend, or during their holiday breaks? How many WHO colleagues continually monitor their portable telephones for messages during their lunchtime, during their family time, and during meetings at the office when their attention ought to be focused on the people and task at hand?

5. Another obvious villain is the increasingly competitive work environment. In today’s business climate, it is evident that WHO must remain highly competitive in order to retain value because there are more and more players entering the arena of public health – players who often have ulterior motives which conflict with the necessary altruism of WHO’s mission.

6. In order to retain the lead, there are more demands on us as an Organization to produce more, and to produce more of higher quality. But this requires further mobilization of resources, including staff. In today’s financial climate, additional resources are scarce and Member States have their own financial challenges. Member States will rightly insist that financial prudence at WHO is prioritized and that it is upfront and visible.

¹ Bird J. Work life balance: doing it right and avoiding the pit-falls, *Employment Relations Today*, Autumn (Fall) 2006, 33(3): 21–30.

² Stephens P et al. Unintended consequences: IT’s disruption of work-life balance, *Issues in Information Systems*, 2007, 8(1): 179–184.

7. So therein lies the challenge. How does WHO, the leading and necessary authority on global health, produce more, produce it at an even higher level of quality; and how does it achieve all of this with less?

8. There are multiple options, each with its own advantages and drawbacks. Unfortunately, in our amazingly competitive environment, we are not often afforded the time to analyse all of the options effectively. So, naturally, we go with option number one, the option which is readily at hand, the option we do not need to spend time thinking about because it is available to all of us, ready to be accessed. Option number one is to stay later at the office; to put in a few extra hours each day; to put in an extra day or two each week; perhaps, to cancel a well-earned and much-needed holiday break.

9. Predominantly, albeit not exclusively, WHO staff have grabbed onto option number one with both fists. But why wouldn't they? While WHO ups its ambition, simultaneously there is a continual and increasing threat of job loss for the staff member. But although putting in the extra hours is an immediately visible display of commitment with short-term results, it only exacerbates the core issue which effects long-term productivity and quality.

10. This is not unique to WHO; nevertheless this is the new working culture of WHO. The 40-hour working week is no longer the standard. The standard is now a 60- to 70-hour working week. And this, more than any other reason, is why the perceived success of an effective work-life balance has taken such a beating over the last 10 years.

11. So why does it matter if WHO staff put in a little extra time here and there and that the work-life balance is more "work" than "life", the latter meaning the time spent with partners, family, friends, community, and self?

12. It matters because we are the World Health Organization and we should know better. We are the ones who should be leading by example. We are the global experts in the health effects of stress and exhaustion. We know the results of stress in the areas of cardiovascular disease, chemical dependencies, behaviour disorders, eating habits, sexual health, the immune system, mental health, and life expectancy. We know what they do to the individual's ability to cope.^{1,2,3}

13. The increased work hours combined with the constant tether to the office mean that there is less time for us to spend with our families, with our friends, and with the community in which we live, the areas where we can pursue the activities which we enjoy, that give us pleasure and that provide experiences for us to grow as individuals.

¹ *IHE report: effectiveness of organizational interventions for the prevention of workplace stress*. Edmonton, Institute of Health Economics, 2009.

² Wiskow C, Albrecht T, de Pietro C. *How to create an attractive and supportive working environment for health professionals*, Copenhagen, World Health Organization Regional Office for Europe: Health Evidence Network; European Observatory on Health Systems and Policies, 2010 (Policy Brief Series, No.15).

³ "Mental health: strengthening our response", WHO Fact Sheet No. 220. Available online at <http://www.who.int/mediacentre/factsheets/fs220/en/index.html> (accessed 21 December 2010).

14. The demand through unspoken expectation that staff need to put in the extra hours reduces staff members' control over their individual time, and this lack of control is the greatest contributor to stress in the WHO workplace.^{1,2}

15. When the demands of the office exceed the staff member's ability to cope, what happens to the Organization itself? Will the result of this additional time, effort and stress result in WHO's being able to produce more, produce at a higher quality and achieve this for less? No, it will not. The irony with taking option number one is that the outcome we are scrambling to achieve is not the outcome we will get.

16. There are other options and, to be fair, WHO has explored certain options and some of these have been implemented. The most notable example – although again with some irony because we turned to the promises of technology for this achievement – is the Global Management System (GSM). While the return on the US\$ 85 million investment in GSM in terms of reduced time and cost may be debated, the vision of what GSM is meant to achieve is recognized.

17. The WHO Staff Associations propose yet another option: option number three. This is an option that, on the face of it, is easy to implement, has little overhead cost, and has proven successful time and again in other large multinational environments comparable with WHO, namely: the establishment of a formalized overarching work–life policy.

18. Easy first steps in the policy could include, for example:

- introducing the option of teleworking and exploiting its advantages;
- introducing more flexible working arrangements where the Organization can continue to benefit from the expertise of the experienced employee who would otherwise leave. Examples of this could include: a compressed working week, job sharing and annualized hours;
- promoting the taking of earned leave, which includes disengaging from e-mails and portable telephones;
- creating an environment that discourages staff from working after hours, and that discourages workaholic behaviour; and
- actively promoting mental health best practices.

19. Through the experience of other businesses and organizations we are confident that a policy can be implemented and that it can respect the staff member, respect the needs and the requirements of the Member States and respect WHO as an organization.³ The results are three-fold: win-win-win.

¹ Wilkinson R, Marmot M. *Social determinants of health: the solid facts*. Copenhagen, World Health Organization Regional Office for Europe, 2003.

² Baumann, A, Muijen M, Gaebel, W. *Mental health and well being at the workplace: protection and inclusion in challenging times*. Copenhagen, World Health Organization Regional Office for Europe, 2010.

³ McPherson M. *Work-life balance, employee engagement and discretionary effort: a review of the evidence*. Auckland, Equal Employment Opportunities Trust, 2007.

20. Financially and productively, the business benefits are proven. These include: increased productivity; increased quality of productivity; improved recruitment and retention; lower rates of sick leave, both short- and long-term; reduced overhead costs; and a more motivated workforce.^{1,2}

21. WHO has a dedicated team of exceptional individuals, staff who believe in WHO's noble mission and will continue to contribute their all so that the Organization can achieve, and exceed in, its goals and its pledges made to Member States.

22. The Staff Associations' aim in our message is not to hamper the continued commitment made by staff to the Organization. Rather, our aim is to encourage that level of commitment from the Organization to its staff, recognizing in practice that the Organization does not exist without each and every one of us.

23. In discussions with staff about the working environment at WHO, the term "work-life balance" will often be used. Perhaps this is because that we know intrinsically – as individuals – that it is only when this balance is maintained, that we – as the World Health Organization – can truly achieve amazing things.

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¹ *IHE report: effectiveness of organizational interventions for the prevention of workplace stress*. Edmonton, Institute of Health Economics, 2009.

² Document CEB/2008/HLCM/HR/11 entitled "Work/life balance in the organizations of the United Nations System" (dated 18 February 2008).