

About the authority

Correos y Telégrafos S.A. (<http://www.correos.es>), is a state society attached to the "Ministerio de Fomento". As a provider of postal services, telegraphical and financial services, it delivers to 17 million addresses and 2 million companies in the country daily. It has 10,158 points for public attention. Correos y Telégrafos is now immersed in a process of change to consolidate its leadership in the sector. Around 64,000 professionals work to offer a better and better quality service, bringing in new technologies without losing the human aspect of communication. Internally, Correos y Telégrafos promotes participation and innovation through a programme for suggestions and best practices and by supporting the training of teams for improvement. Postal Institute of High Studies (Instituto Postal de Estudios Superiores) and the extension of a corporative Intranet will allow diffusion and dissemination of knowledge through the organisation.

Necessity of partnership

Correos y Telégrafos has adopted EFQM for Excellence as a tool for improvement. This quick transformation will not be possible without workers partnership. Employee-related projects include INNOVA: employees' partnership and creativity, Teams for Improvement and Team for Quality News. All of this integrated in a project of knowledge management.

Moreover, since 1999 Correos is present in the Spanish society, not only through

the links of daily work and service, but also as an organisation which feels and knows the problems and demands of society and supports its progress and well-being.

Post supplies smiling

In this context programmes such as school material gathering, reforestation for a green planet or development of leisure activities in 23 hospitals are inserted to bring happiness to hospitalised children throughout the programme "Correos reparte sonrisas". From 1999 to 2001 5,000 children benefited from this programme.

The OSH system in Correos

Correos has organised its OSH system in a centralised way. There is one OSH Service in Madrid with doctors and OSH experts, which is responsible for risk assessment and is supported by UBS (Basic Health Units) at regional level. At the moment some doctors and experts are being trained at regional level and it is planned to add eleven territorial services to this central service.

Barcelona UBS (4 occupational doctors and 5 occupational nurses) has extensive expertise in the field of health protection and promotion. Among its projects and interventions, we can underline the redesign of the trolley used for transporting letters, which originated from complains by female employees; it has satisfied firstly their needs, but also increased the quality of working

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life for male employees. Last year interventions focussed on health monitoring, workload risk prevention and health promotion.

Safe and healthy behaviour at work

Health campaigns at the workplace are intended to create good lifestyles and safe and healthy behaviour at work. Health education campaigns will be meticulously planned like all other protective and preventive measures. Based on our expertise, we can guarantee that these types of interventions presuppose a high level of co-ordination and partnership of all members of the OSH Service, mainly health professionals, and above all a high protagonism of nursing personnel. From our point of view health education campaigns at the workplace should be developed in five steps: design, increasing awareness of all stakeholders, identification and selection of target groups, development of specific programmes and evaluation. Barcelona UBS is organising a campaign for promoting safety and health in a population of 7,541 employees, distributed in 300 worksites (100 in the city of Barcelona and the rest in the province). This target population could be classified by working areas (table 1) and by occupations (table 2). Different worksites are mainly small and medium-sized and only 10 could be considered big.

Burocrático+Redes varias	7 %
Distribución	49 %
Atención al Público	26 %
Logística	18 %

Assistant	3 %
Auxilliary	70 %
Excecutive	12 %
Managers	1 %
Postmen	11 %
Other	3 %

Planning and measures

Before designing and defining aims, team work contacted and informed those responsible at national level about the OSH Service and argued with them the convenience of this initiative and the need for upper management to reach a compromise. Then they selected diseases and risk factors (obesity, hypertension, diabetes, dyslipemia, alcohol, tobacco, headache, ulcus, bronchitis and venous insufficiency, and selected occupational risks factors in specific occupations, such as postal assistants, PVD operators, hand sorter, motorists and rural postmen). At the first meeting nursing professionals were asked to prepare a questionnaire including personal data, health and occupational history. Then this questionnaire was tested in a sample of the target population looking for problems of comprehension or inconvenient questions and observations from the employees. At this stage upper management was totally convinced and compromised.

The next aim was to raise awareness of the target population and middle management. The chosen strategy was to present the project to the Safety and Health Committee, explaining the framework of the campaign and giving the questionnaire to get feedback from management and employees' representatives. Problems linked to confidentiality and privacy arose from them and our response was to take into account their observations, giving them sufficient time to mature their ideas, underlining the voluntary nature of participation and bargaining with social agents point by point. This phase put the bargaining skills of our unit to the test.

At least we have obtained approval for our campaign from the Committee, having to erase at maximum personal data, to include new risks and to split the campaign in three phases: a pilot one in the central worksite; the second one in the remaining big worksites and then to the rest.

For the first phase we have drawn up a working commission in the working centre, including one nursing professional, the director and two union representatives. Then we are going to design some posters and decide the content and structure of an information chat to push employees to collaborate and participate in the campaign. Following actions will depend on the results of the questionnaire that will gather needs and worries of employees and make outcrop target population's

health problems. During and after the implementation of the intervention we have prepared surveys to estimate employees' satisfaction.

Conclusions

In public administration, health promotion campaigns and other important health interventions usually come neither from the top nor from employees. Health professionals, if they are available, have to take the initiative and involve both actors. Their leadership is of high importance and they don't have to wait for instructions from the upper management. They have to add to their technical skills and knowledge the ability to exercise leadership skills and cope with change, deliver it, setting direction and developing the vision for action, aligning people and be motivating and inspiring. Moreover a competent leader in Public Administration (as in other fields) must be able to work across organisational boundaries, having a good understanding of an organisation's structure and its culture, key players to be influenced and financial position, persevering in the task through to implementation and evaluation and must demonstrate professional integrity.

Some barriers encountered in the first phase were resistance arising from key stakeholders' fear of loss of role or power, or even privacy, misinterpretation of motives for action and insufficient skills of health experts.

Examples of success factors were good quality and cohesion of UBS members and supportive management, previous successful interventions, clear aims and good knowledge of organisation's structure.