Improving the relationship between line managers and female staff:

Testing a perspective-taking exercise

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List of abbreviations and acronyms

BIT  Behavioural Insights Team
BIS  Department for Business, Innovation and Skills
EHRC Equality and Human Rights Commission
EOC  Equal Opportunities Commission
HR   Human resources
RCT  Randomised controlled trial
UK   United Kingdom
WEC  Women and Equalities Committee (House of Commons)
Executive summary

Background and rationale for trial

Prejudice against pregnant women and mothers remains resistant to change, as shown by research published by the Equality and Human Rights Commission (‘the Commission’) and the Department for Business, Innovation and Skills into pregnancy- and maternity-related discrimination and disadvantage (EHRC, 2016b). Three-quarters of mothers stated that they had experienced a negative or potentially discriminatory experience such as being side-lined, harassed, dismissed or made redundant during pregnancy or maternity (EHRC, 2016b). The trend is worsening: more women are made redundant or forced to leave their jobs today than they were 10 years ago (WEC, 2016), which is also reflected by the UK’s fall in the Global Gender Gap Index. The quality of relationships and communication with line managers has a significant effect on the experiences of pregnant women and new mothers at work (EHRC, 2016b). Negative experiences are often underpinned by poor communication; for example, in areas such as health and safety, and communication on maternity leave (EHRC, 2016b).

Aims and development of trial

Against this background, the Equality and Human Rights Commission partnered with the Behavioural Insights Team (BIT) to improve the experiences of pregnant women and new mothers in the labour market. Given the importance of the quality of the line management relationship, the Commission commissioned BIT to conduct a randomised controlled trial (RCT) focusing on improving the relationship between line managers and female staff. In Spring 2017, BIT ran an RCT in partnership with one of the largest police forces in the UK. We carried out preliminary work to determine which qualities were crucial for employees to feel supported by their line manager. This led to a focus on the line manager’s ability to communicate effectively and to provide empathy and support. The aim of the trial was to test whether an
online perspective-taking exercise improved line manager communication and increased their empathy and support towards female employees and, in particular, pregnant employees.

The trial

We randomly assigned a total of 3,796 line managers (both police officers and staff) to either a control group or a treatment group. The control group received no exercise, while the treatment group was invited to complete an online perspective-taking exercise that prompted managers to imagine what it would be like to be a pregnant police officer. The exercise also included self-efficacy and planning components designed to enhance the impact of the perspective-taking task, as well as a follow-up email to further reinforce the effect. The exercise was designed to be low cost and easy to scale up.

Figure: Trial design

The impact of perspective taking on the manager–employee relationship was evaluated using two separate sets of measures:

1. Behavioural simulations in which line managers in both the control and treatment group were asked to describe how they would respond in three hypothetical management situations, measured two weeks after the line managers in the intervention group received the exercise.

2. A survey asking female staff to rate their managers from both the control and the treatment group on the dimensions of communication, empathy, support, strengths management, wellbeing, and inclusion and fair treatment, measured
six weeks after the line managers in the intervention group received the exercise.

The results show that the perspective-taking exercise did not have a positive effect on the responses by line managers in the behavioural simulations, but instead may have led to slightly poorer responses by line managers. We also found no statistically significant effect of the perspective-taking exercise on any of the dimensions in the female staff survey.

Conclusion

Several possible reasons can help explain the lack of success of the online perspective-taking exercise: a lack of tools to change behaviour in practice; the effect of behavioural biases such as moral licensing or overconfidence; a potential flaw in the design of the perspective-taking exercise; and/or a lack of effect of perspective taking in the real world. In particular, line managers may have lacked the knowledge and tools to change their behaviour.

Relevance and scope for future work

There are a number of lessons to be drawn from the trial. These include the need to rigorously test and evaluate new policies and processes aimed at tackling biases and promoting inclusion and diversity. Additionally, further research is needed to understand how to achieve the desired change in behaviour; in particular, testing the effectiveness of more sustained activity such as providing tools and ongoing support. More organisations need to enable iterative testing of ways to improve gender equality in the workplace, rigorous evaluation, and the transparent sharing of results to help build a collective evidence base on what works for improving gender equality.
Improving the relationship between line managers and female staff

Introduction

In 2016, the Commission asked BIT to explore how behavioural insights might help to reduce the discrimination and disadvantage experienced by pregnant women in the workplace, on maternity leave and on return to work. Drawing on fieldwork as well as the Commission's research findings (EHRC, 2016a; 2016b), we designed and ran two randomised controlled trials (RCTs). The first trial focused on increasing the proportion of employers who 'recruit flexibly', making it clear in their job adverts whether a job can be done flexibly.¹ The second trial, presented in this report, focused on improving the relationship between line managers and female staff.

Role of line managers

According to a recent House of Commons report, pregnant women and mothers report higher levels of discrimination and poor treatment at work now than they did a decade ago (WEC, 2016). A 2016 EHRC report shows that 77% of pregnant women and new mothers report negative or discriminatory experiences in the workplace, with treatment by line managers being highlighted as an important factor. Of mothers surveyed, 16% felt they were treated unfairly by their line manager at some point during their pregnancy or maternity, and 7% stated that they were put under pressure to hand in their notice when they told their employer they were pregnant (EHRC, 2016b).

The relationship with their line manager can be an employee’s most influential and important relationship within any organisation. A manager’s behaviour towards an employee has a substantial impact on the employee’s level of job satisfaction, engagement and commitment to the employer (Kinnie et al., 2005), which, in turn, shape individual performance and productivity (Alfes et al., 2013; Purcell and Hutchinson, 2007; Sy et al., 2006). If the relationship with a manager does not work,

¹ The results from this trial are presented in EHRC and BIT (2017), 'Encouraging flexible recruitment: an email trial'. Available at: www.equalityhumanrights.com [accessed: 6 November 2017]
employees leave; as many as 50% of people resign because of their manager (Gallup, 2015a).

This relationship can become especially important when an employee becomes pregnant. Reports by the Commission (2016a; 2016b) and the WEC (2016) have highlighted that many pregnant women have negative experiences with their line manager. In a survey commissioned by the EHRC (2016b), the majority of mothers shared at least one potentially discriminatory experience related to pregnancy and flexible working. For example, one in five women faced negative comments or harassment, two in five felt their health and wellbeing was at stake, while one in ten lost a promotion and three in twenty were given unsuitable workloads (EHRC, 2016b). As a result of this kind of treatment, one in nine mothers felt forced to leave their job (EHRC, 2016b). In a study by the Equal Opportunities Commission (EOC) in 2005, mothers who had particularly positive experiences stated that this was due to the attitude of their manager regarding their pregnancy and work–life balance (EOC, 2005). Informal organisational support and the empathy of direct supervisors, in particular, have been shown to be crucial to the success of family-friendly policies and employee wellbeing (Gilbreath and Benson, 2004). The Commission (EHRC, 2016b) found that the treatment by a line manager was generally felt to have a greater effect on the experiences of mothers (whether positive of negative) than the role played by human resources (HR) departments.

**Trial partner**

Our research was conducted with a large UK police force. The force is led by a Chief Constable and comprises police officers, police staff and special constables. Building on their previous work on pregnancy and maternity, the police force agreed to test our intervention with its line managers and collect data about the intervention's impact on managers' behaviour and female staff satisfaction.

Following a 2015 report by the trial partner's diversity staff association on staff experiences during pregnancy and maternity, the organisation was keen to explore new ways to support its female staff members. The staff association’s report was based on confidential feedback collected via surveys and focus groups from 129 female staff members who volunteered to participate. The report found that only 39% of female police officers and staff felt fully supported by their line managers during pregnancy. The biggest concerns included insufficient communication – of the 44% of women who were moved to different job, only half were consulted about it; and
only 33% reported that they had a conversation with their line managers about maintaining contact throughout pregnancy. To tackle these concerns, the police force has implemented a range of actions, including partnering with BIT and the Commission to test how to improve the way in which line managers support and communicate with female staff and, in particular, staff who are pregnant or returning from maternity leave.
Line management around pregnancy – key dynamics in the partner organisation

To understand better the dynamics related to pregnancy and maternity within the police force, we drew on the findings from the report by the diversity staff association, and conducted seven interviews with line managers and female employees (both police staff and officers). This section provides an overview of the key dynamics identified in the staff association’s report, illustrated with some quotes from our interviews. The dynamics are in line with the Commission’s research findings, and raise issues highlighted in many other organisations.

**Communication with line manager**

Frank discussions and consistent contact during pregnancy and maternity leave are essential not only for women’s wellbeing but also for their job engagement, and hence their likelihood of staying with the employer (EOC, 2005). Female employees in the police force reported insufficient and one-sided communication in the staff association’s survey: 50% of women surveyed who were moved to a different post were not consulted and only 33% had a conversation with their line managers during pregnancy about maintaining contact throughout maternity leave. Of the women surveyed, 42% reported that they had no contact with their employer during the leave, and only 24% of women were contacted by their line managers to discuss their return to work.

Our interviews illustrate the importance of open communication. The women we interviewed highlighted that insufficient communication was often at the root of misunderstandings; one woman stated, ‘If perhaps, she [the line manager] had spoken to me!’ Lack of information and inclusion caused stress when women were moved to office duty (‘I had to move teams and had no say in the process’), as well as when returning to work (‘I didn’t know what my role was, [I] had had no chat’).
Support and understanding by line manager

Being able to consistently support, and seeking to understand, an employee are key elements of a high-quality relationship between a line manager and a pregnant employee. Research shows that the level of a line manager’s support and of work–life balance during pregnancy strongly influence women’s overall experiences throughout pregnancy and their motivation to return to work (EOC, 2005).

According to the diversity staff association’s report, only 39% of women felt fully supported by their line managers during pregnancy. The main reasons were lack of communication about moving posts and line managers’ low understanding of how pregnancy affects women’s work on a daily basis. Low understanding was also reflected in how line managers approached requests for flexible working, with 42% of female staff returning to work having their request for flexible working denied. In our interviews, a female employee provided an example of feeling unsupported that was related to her manager’s low level of flexibility when requesting a shift in working pattern, stating, ‘My line manager was not fully understanding, I asked for “compressed hours”, but it didn’t go well.’

Empathy and strengths-based management

The staff association’s report found that female police officers and staff want more open and inclusive communication, better support, and greater understanding of individual needs. In management literature, these are the features associated with ‘empathetic management’. Empathetic managers achieve better personal results (Gentry et al., 2007) and can make their staff feel more satisfied and supported (Scott et al., 2010), which is key for women during pregnancy (EOC, 2005).

Evidence from the police force context also shows that the empathy of individual managers influences family decisions – such as the uptake of parental leave – much more than formal organisational support via official HR or family policies (Tremblay and Genin, 2011). A more positive relationship between manager and staff can also come from focusing on employees’ strengths and encouragement to pursue matched job opportunities or opportunities that build on strengths (Gallup, 2015a).
Literature underlying the intervention

This section describes the behavioural science we used to develop the intervention to try to improve the relationship between line managers and the women they manage. We cover three key areas: the importance of perspective taking for manager–employee relationships; how self-efficacy can boost perspective taking; and the role of good planning in helping line managers not just to think differently, but to behave differently towards female staff. In the subsequent section, we will provide more information about how we applied these concepts practically as part of our intervention.

In addition to the literature reviewed in this section, we considered other possible directions to influence line manager behaviour, such as diversity coaching based on ‘consider-the-opposite’ approach. This approach involves encouraging participants to come up with arguments for why their thinking may be mistaken (Lord et al., 1984) or promoting counter-stereotypical thinking – that is, prompting people to think counter-stereotypical thoughts (Lenton et al., 2009). However, the evidence on the effectiveness of these interventions remains weak (Bohnet, 2016). We decided to focus on perspective taking combined with self-efficacy and planning because the evidence was stronger, and because of the need to create an intervention that was short and scalable to reflect the time and resource constraints on employers.

Perspective taking

Perspective taking is the ability to adopt another’s viewpoint (Galinsky et al., 2014). It is a cognitive process of imagining what other people are feeling and thinking. Behavioural science has shown that perspective taking is an effective way to increase helping behaviour (Shih et al., 2009), improve communication (Galinsky et al., 2008) and reduce the tendency for stereotyping (Batson et al., 1997).

In particular, perspective taking has been shown to produce empathetic behaviour (Galinsky and Moskowitz, 2000; Batson et al., 2007); research suggests that empathetic managers achieve better results (Gentry et al., 2007) and make their...
staff more satisfied (Scott et al., 2010), especially during periods of employee pregnancy and early childcare (Tremblay and Genin, 2011). However, when evaluating perspective taking, we should be mindful that most of the evidence comes from highly controlled laboratory experiments where the participants (often students) complete a perspective-taking task followed by an immediate measurement of its effect.

Experimental evidence suggests that perspective taking can be effective in stimulating dominant group members’ empathy towards, and reducing their prejudice against, different groups that are discriminated against, such as African-Americans and Latinos (Todd et al., 2011; Vescio et al., 2003), transgender people (Broockman and Kalla, 2016), non-English speakers (Madera et al., 2011), older people (Galinsky and Moskowitz, 2000) or low-performers (Patient and Skarlicki, 2010). Evidence from the workplace context shows that perspective taking improves cooperation as well as attitudes towards clients (Parker and Axtell, 2001; Axtell et al., 2007). In our case, we are interested to see if perspective taking can increase empathy by line managers towards female employees and, in particular, pregnant employees.

Perspective taking has been shown to be beneficial not only to the person who is imagining an alternative perspective. It is even more beneficial to those who interact with ‘perspective-takers’. Evidence shows higher satisfaction levels among negotiators (Galinsky et al., 2008), minority group members (Todd et al., 2011) and patients (Blatt et al., 2010) who deal with perspective-takers. In our case, we expect that female staff will be more satisfied with line managers who have practised perspective taking.

In practice, perspective taking can be achieved by asking people to reflect on another person’s situation, to put themselves ‘in that person’s shoes’ and to try to imagine what the person thinks and feels. This can be achieved by writing a short paragraph on the feelings and thoughts of someone else. Before describing the perspective-taking exercise used in this project in more detail (in the Intervention section below), we discuss the conditions that can improve the effectiveness of perspective taking: similarity, self-esteem and planning.

**Similarity**

Perspective taking relies on feeling similar to another person or recognising that you have characteristics in common. People empathise more with ‘ingroup members’ who belong to the same social category (Parker and Axtell, 2001). Several studies
have shown that making a person appear more similar in terms of their personality, preferences or prior experience increases perspective taking (Ku et al., 2015).

In the workplace context, shared organisational identity among work team members can increase their perceived similarity; colleagues are more likely to be able to relate to other team members’ viewpoints despite differences such as age, gender or racial background (Williams et al., 2007). In our case, this means that emphasising the shared police force identity could make a manager more sympathetic towards pregnant staff. In practice, we used a photo of a uniformed police officer to highlight the shared identity between the manager taking the exercise and the female employee.

A potential limitation of this approach is that perspective taking may increase empathy only towards the group with which the participants are asked to identify. For instance, if an individual is encouraged to take the perspective of an Asian person, it doesn’t affect the individual’s behaviour towards other ‘contextually irrelevant’ groups such as women, and lesbians and gay people (Galinsky, 1999; Vescio et al., 2003). However, empathising with African-American people has been shown to improve attitudes towards other racial groups such as the Hispanic minority (Todd et al., 2011). In line with these findings, we expect that taking the perspective of pregnant women will have positive spillover effects on attitudes towards female staff because of the similarity and overlap between the two groups (women and pregnant women).

**Self-esteem and self-efficacy**

Evidence shows that the ability to take perspectives also improves with increasing self-esteem (confidence in one’s own abilities or worth) (Galinsky and Ku, 2004). High self-esteem enhances our perception of similarity to others (Neff, 2003), increasing the capacity to empathise (Batson et al., 1997). Conversely, low self-esteem generates a need to boost self-worth, which sometimes manifests as judging others negatively (Fein and Spencer, 1997). As a result, low self-esteem increases the tendency for stereotyping and makes identification with outgroup members more difficult.

The ability to take perspectives improves when an individual’s self-esteem is boosted by positive feedback (Galinsky and Ku, 2004) or by a ‘pride task’, such as making people recall the achievement of a goal (Ashton-James and Tracy, 2012). By ensuring that line managers’ self-esteem is high, we can improve the likelihood that they will successfully engage in perspective taking towards pregnant women.
Self-esteem can be boosted by increasing self-efficacy. Self-efficacy is a belief in our ability to perform a task or to achieve a goal (Bandura, 1994). To increase self-efficacy, behavioural literature recommends self-persuasion (convincing oneself) via a ‘self-reflection exercise’, ‘action planning’ or feedback (Ashford et al., 2010; Williams and French, 2011; Olander et al., 2013). In our intervention, we included both a self-reflection exercise to increase self-efficacy among line managers and a planning exercise.

In practice, self-reflection entails prompting people to recollect thoughts and feelings about their past accomplishments, to identify skills that made them succeed and try to apply them to a given goal (Nichols et al., 2007; McNatt and Judge, 2008 Jackson, 2002). Self-persuasion has been shown to be more effective in increasing self-efficacy than being persuaded by others (Warner et al., 2014).

**Planning and implementation intentions**

People often fail to act on their good intentions because they fall prey to various behavioural barriers along the way, such as the effort required to complete a task, forgetfulness, or weak self-control and present bias (the tendency to weigh immediate payoffs more strongly than future payoffs). To ensure that we achieve genuine change through the perspective-taking task, we need to make it more likely that line managers act on the insights gained from their perspective-taking exercise and improve their actual behaviour towards pregnant and female staff.

Behavioural research has shown that ‘implementation intentions’ – coming up with concrete plans of action – help to bridge this gap between intentions and actions (Gollwitzer, 1993). Good action planning also enhances self-efficacy (Ashford et al., 2010; Williams and French, 2011; Olander et al., 2013). In practice, this entails encouraging people to come up with and write down a specific plan of when, where and how they are going to undertake a specific action. For instance, advanced planning was shown to significantly improve the uptake of flu vaccinations by 12% and attendance at colonoscopy appointments by 16% (Milkman et al., 2011; 2012).

In sum, our review of the literature suggests that perspective taking can be a promising method to improve the manager–employee relationship. Perspective taking has been shown to increase support and empathy towards vulnerable groups prone to being stereotyped and discriminated against. It tends to increase the satisfaction of ‘perspective-takers’ and those who interact with them. Moreover, feeling similar to the object of perspective taking and feeling confident about oneself
are associated with higher perspective-taking capacity. Finally, we know that planning and implementation intentions can help to translate any good intention into action. We have therefore incorporated each of these behavioural insights into our intervention, explained in further detail below.

**Line manager skills**

Despite the promising evidence concerning perspective taking, research suggests that making people aware of their biases is often not sufficient to achieve behaviour change (Bohnet, 2016). This is particularly the case for diversity training, which has been found to be effective only if provided in conjunction with other, more intensive, approaches such as putting in place diversity task forces and diversity managers, which signals greater organisational buy-in (Dobbin and Kalev, 2016).

Since our focus was on creating a low-cost, easily scalable intervention, we were not able to introduce such intensive components. Instead, to avoid a situation where a perspective-taking task would simply activate stereotypes without promoting positive behaviour change, we provided line managers in the treatment group with information about concrete actions that they could do to support female staff (the so-called ‘booster email’).
Target behaviours

The aim of the trial was to improve the relationship between managers and female employees. To do so, we needed to define what a desirable ‘good relationship’ looks like. Using the 2015 report conducted by the police force’s diversity staff association and our own literature review, we defined a ‘good relationship’ as a relationship that is characterised by the following qualities and behaviours:

- **Communication** – open and consistent communication that involves frankly discussing what the staff member wants and needs, and reviewing this regularly
- **Support** – providing support that takes into account that each person is different
- **Empathy** – understanding the staff member’s perspective and ensuring they feel cared about
- **Strengths** – building on strengths by helping staff to use their existing skills and helping them to develop their career, regardless of if, or when, they become pregnant.
Research design

The impact of the perspective-taking task was evaluated using a randomised controlled trial (RCT). RCTs are the 'gold standard' of impact evaluation, recognised as the best way to isolate and quantify the effects of a change or intervention. In an RCT, the target group is randomly divided into a control and a single treatment group or multiple treatment groups, with the treatment only being delivered to the latter. Random assignment results in groups that should have minimal differences between them in underlying characteristics, backgrounds or experiences, which means that any differences between the two groups can be attributed with confidence to the intervention.

We randomly assigned a total of 3,796 line managers (both police officers and staff) to either a control group or a treatment group (see figure below). The control group received no exercise, while the treatment group was invited to complete an online perspective-taking exercise that prompted managers to imagine what it would be like to be a pregnant police officer.

Timeline

The treatment group received the invitation to complete the exercise in January 2017. Two weeks later, all line managers in the study (both treatment and control) were invited to complete a series of behavioural simulation tasks online (see Outcome measures section below). Six weeks after the initial perspective-taking exercise, female staff line-managed by the managers from both the control and the treatment group were invited to take part in a staff survey. The staff were asked to rate their managers on the dimensions of communication, empathy, support, strengths management, wellbeing and inclusion and fair treatment.
Figure 1. Trial design

[Diagram showing trial design with control and treatment groups, outcome measures, and data collection methods.]
Outcome measures

Since we could not observe an ‘improved relationship’ directly, this trial relied on a series of proxy measures for the manager–staff relationship.

**Behavioural simulation measures**

We used behavioural simulations in which line managers were asked to describe how they would respond in a hypothetical management situation or what advice they would give to a colleague. We chose to use behavioural simulations as a proxy measure in this trial for two reasons. The first is that, due to time restrictions, it was not possible for us to use administrative data (for example, duration of maternity leave; absenteeism) to evaluate the impact of the trial. The second reason is that we cannot directly observe the actual interactions between the line manager and the employee, which is the key mechanism through which we expect our intervention to operate and affect the outcomes we may see in administrative data. As such, the simulation offers a useful way to capture the behavioural mechanism that we care about (that is, how a manager handles a managerial situation involving a pregnant staff member) and is much more specific than an outcome measure such as absenteeism.

In practice, two weeks after the line managers in the treatment group had completed the intervention, participants in both the treatment and control groups were asked to provide written advice in relation to three scenarios: the first concerning a performance management issue with a female employee; the second about responding to being told an employee is pregnant; and the third outlining a situation in which an employee who is returning from maternity leave asks for a flexible working arrangement. We specifically opted for behavioural simulations with scenarios and free text responses because there is evidence that these are reliable indicators of a person’s aptitude in dealing with a similar situation in real life (Schmidt and Hunter, 1998).
Scenario 1. Female performance management issue

Your colleague Julie asks for advice regarding Fiona, an officer she manages. Fiona is 27 and recently joined our police force as a constable after serving in the military. While she does a good job on patrol and with the public, she often misses deadlines for paperwork, which leads to more work for the team. Her writing regularly includes misspellings and sometimes lacks important details. Julie wants to have a talk with Fiona but is unsure how to best do it. She doesn’t want to be too hard on Fiona because she is unsure about the reasons behind her behaviour. Fiona might lack commitment and be inclined to put less effort into tasks she finds less rewarding. Or she could be simply struggling with the new tasks or even have literacy issues that she feels too embarrassed to talk about.

What advice would you give to Julie? Please write your response in the box below in 5–6 lines.

Scenario 2. Pregnancy announcement

Your colleague Tom comes to you asking for advice. Laura, a frontline police officer he manages, has just told him she is 13 weeks pregnant with her first child. Laura has been with our police force for four years and is a reliable and high-performing officer, currently preparing for a diploma. She enjoys her job and wants to continue doing it for as long as she can. She says she doesn’t want to cause any problems but doesn’t want to be side-lined. Tom is unsure about how to react as he has never managed this kind of situation before. He is mostly concerned about making a mistake and risking her safety.

What advice would you give to Tom? Please write your response in the box below in 5–6 lines.

Scenario 3. Flexible working request

Imagine you have just been assigned a new employee to manage. Lucy has worked for our police force for 12 years. She used to be a Crime Desk Operator. A year ago, she gave birth prematurely to her first son Daniel. She extended her maternity leave to cope with the baby’s health issues. Now she is returning from maternity leave and joining your team. Her previous manager found her ‘difficult’
and had some complaints about her work, but you really need her in your team, which is currently under strain. At your first meeting, Lucy immediately asks about flexible working. She wants to be able to work around childcare commitments.

What would you do? Please write your response in the box below in 5–6 lines.

The free text responses to the three scenarios were then rated in three dimensions (communication, support and empathy) on a scale from 1 (none) to 5 (very high), by external evaluators via an online workplace platform. Each free text response was rated by three evaluators and we used the average scores as outcome measures in the analysis.

**Staff survey measures**

The second set of outcome measures were collected through a short, fifteen-item survey sent to all female staff, six weeks after the line managers in the treatment group had completed the intervention. The survey covered the following topics: communication, empathy, support, strengths management, wellbeing and inclusion and fair treatment. The full survey questions can be found in Appendix 1.

**Intervention**

The remainder of this section describes a behaviourally informed intervention designed to improve the relationship between line managers and female employees, with a particular focus on improving the relationship between managers and pregnant employees.

This section outlines the exercise that was based on qualitative research and the literature review. The aim of the intervention was to improve the relationship between managers and female staff. An email with the link to the exercise was sent to half of the line managers in the sample, to compare their behaviour with the other half, who did not complete the exercise.

The exercise took on average fifteen minutes to complete and consisted of three components: 1) an exercise to increase self-efficacy; 2) a short perspective-taking exercise; and 3) a planning exercise (components 1–3 in the diagram below). The
line managers in the treatment group also received a ‘booster’ email a week after the online intervention that was designed to reinforce the impact of the intervention. The diagram below illustrates the different components of the intervention.

**Figure 2. Overview of the intervention**

Component 1. Self-efficacy

The first component of the intervention consisted of asking line managers to recall a situation in which they were able to overcome challenges to help another person.

Think back to a situation when you managed to help someone who was in a difficult situation. This could be a situation at work or at home.

Try to remember the exact circumstances and the challenges you faced when trying to help them. For example, maybe you felt you weren’t sure what the person needed, how you could help them, and maybe you even considered giving up.

Take 3–4 minutes to write down a few sentences about how your different qualities helped you to overcome the challenges to help this person and how you felt when you were able to help them.

---

2 We originally planned to send two booster emails to remind line managers of the actions they had written down in the planning section of the exercise. However, since we had to send out more reminders than planned to increase the completion rate of the actual exercise, we decided not to send a second booster email so that we could limit the amount of emails that line managers received for this trial.
This was followed by a screen with a statement to increase self-efficacy by boosting confidence.

You can feel good about yourself. While it may have been hard to help the person, you tried and stuck with it. You can use the same qualities when managing your staff.

**Component 2. Perspective taking**

The second component of the intervention consisted of a perspective-taking exercise in which line managers were asked to imagine what life is like for a pregnant employee.

Here is a picture of Anna, who has been a frontline officer at our police force for three years. Anna is four months pregnant with her first child. Take a few minutes to imagine what it would be like to be Anna. Try to look at the world through her eyes. Try to vividly imagine what she might be thinking, feeling, and experiencing.

Take 3–4 minutes to write down, as if you were her, what Anna’s life is like right now. What are her experiences like at work and with other people? Please write in the first person (for example, ‘I feel that my colleagues…’).
Component 3. Planning

The third component of the intervention consisted of encouraging the line managers to plan how they could support a female staff member (or any staff member, if they didn’t manage any women at the time).

This is the last task. The task is about planning how to better support or communicate with your staff.

Take 3–4 minutes to write down below two specific things you will do in the next week for one of your direct reports who is a woman. If you don’t manage any women at the moment, please complete the task for another direct report.

You can choose any action you think your staff member will appreciate. This could be, for example, scheduling your next catch up, discussing progression, or simply asking them if they’re happy with their role and personal development.

Research has shown that people who make specific and detailed plans, including when and where they will carry out an action, are three times more likely to take action.

ACTION 1
What – what you’re going to do
Where – where you’re going to do it (for example, in the office)
When – when you’re going to do it (for example, at 10.00am on Wednesday)

ACTION 2
What – what you’re going to do
Where – where you’re going to do it (for example, in the office)
When – when you’re going to do it (for example, at 10.00am on Wednesday)

Component 4. Booster email

To reinforce the impact of the intervention, we sent line managers who completed the treatment a follow-up (‘booster’) email in the week after they had completed the online task. The booster email contained hyperlinks to two tip sheets that provided additional guidance to line managers about how to be supportive of their staff. The box below includes the content of the email, and the tips sheets can be found in Appendix 2.
Dear colleague,

Thank you for taking the time to complete the recent online task as part of our Inclusive Management Pilot.

Did you know that managers who show empathy and understanding of other people’s feelings perform better in their jobs and have higher levels of satisfaction among their employees? Take a moment to think what you could do to better understand the perspective of your direct reports.

There are concrete ways in which you can better understand and support your staff. We’ve collected five top tips for you, depending on your situation – click on the appropriate link:

Are you currently managing a pregnant woman?
If YES, click here.
If NO, click here.

Sincerely,
The Management Pilot team
Results

Sample and completion rates

We were given access to the full anonymised email list of employees who were line managers in the partner organisation (N=3,796). In accordance with Data Protection legislation, the police force protected the staff’s anonymity during the trial. Instead of full email addresses, the force shared staff members’ proxy email addresses, consisting of a string of numbers that did not include any personally identifiable information (for example, a first or last name). In addition, the BIT created a unique ID number (a combination of randomly generated letters and numbers) that was attached to the person's proxy email address. After the invitations to the exercises (for line managers) and surveys (for female staff) were sent out, the original email addresses were deleted and only the ID number was kept, for the purposes of data analysis.

We randomly allocated line managers to a control or treatment condition; 1,898 individuals in each group. The line managers in the treatment condition were sent an invitation to complete the perspective-taking exercise. A total of 571 managers of the 1,898 line managers in the treatment group completed the task within the one week allotted (a response rate of 30%).

A small number of observations had to be excluded from the analysis, namely: 1) line managers who left the organisation by the time data was collected; and 2) female staff who did not provide a valid ID number when accessing the female staff survey, which meant they could not be matched to covariate data nor to their corresponding line manager.
For the behavioural simulations, which were also completed online, an invitation went out to all line managers in the control group and all line managers who completed the perspective-taking exercise. For the control group, the response rate was 51% and, for the treatment group, the response rate was 71%.

For the survey of female staff, a total of 9,067 members of staff were invited to participate. In total, 3,891 women completed the survey (1,957 had a line manager in the control group and 1,934 had a manager in the treatment group). Figure 3 summarises the observations at each of the three stages of the trial (intervention, behavioural simulation, and female staff survey).

In all of the analyses reported below, we used a matching procedure to ensure that the line managers in the control and treatment groups were as comparable as possible. The full details of how we conducting this matching procedure are given in Appendix 4.

**Impact of intervention on behavioural simulation measures**

Each line manager responded to three behavioural simulation scenarios: 1) Female staff performance management issue, 2) Pregnancy announcement, and 3) Flexible working request. The intervention was designed to improve the communication, empathy and support of line managers. We analysed the impact of the intervention on the line managers’ responses to three behavioural simulations by rating each response to each scenario in three dimensions (communication, empathy and support). The descriptive statistics for the measures can be found in Appendix 3. To examine if the intervention had an impact, we compared the ratings of line managers in the treatment group with those of line managers in the control group.
We had originally planned to analyse the impact of the intervention on each dimension and scenario separately, producing a total of nine regressions (three scenarios multiplied by three outcome dimensions). However, the three dimensions (communication, empathy and support) turned out to be highly correlated within each scenario, suggesting that they did not reflect distinct qualities. We therefore decided against analysing them separately, and instead used the average of ratings on the three dimensions as the outcome measure for each scenario.

We also ran a factor analysis to establish how correlated the three scenarios were. We found that the ratings for Scenario 2 (pregnancy announcement) and Scenario 3 (flexible working request) were highly correlated. As a result, we analysed the scores for these two scenarios together. The final outcome measures are summarised in Table 2.

Table 2. Summary of final two outcome measures for behavioural simulations

<table>
<thead>
<tr>
<th>Factor</th>
<th>Scenarios included in the factor</th>
<th>Dimensions included in the final outcome measure</th>
<th>Range of values for outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Pregnancy announcement (Scenario 2) Flexible working request (Scenario 3)</td>
<td>Communication Empathy Support</td>
<td>1–5</td>
</tr>
<tr>
<td>F2</td>
<td>Female staff performance issue (Scenario 1)</td>
<td>Communication Empathy Support</td>
<td>1–5</td>
</tr>
</tbody>
</table>

The overall score when analysing both factors together was lower for managers in the treatment group than in the control group (3.23 to 3.36, p<0.05), meaning that we had the opposite impact from what was hoped. We appear to have made communication, empathy and support slightly worse.

This effect appears to be primarily driven by the response to scenarios on pregnancy and flexible working (Factor 1). For the scenario related to performance management (Factor 2), the difference between line managers in the control group and in the treatment group was not statistically significant. The full regression results can be found in Appendix 5.

---

3 The factor analysis showing the correlational structure of the data is available from the authors on request.
Results

Overall, these results suggest that the perspective-taking exercise did not have a positive effect on the responses by line managers in the behavioural simulations, but instead may have led to slightly poorer responses. We discuss the possible explanations and implications of this finding on page 35.

Impact of intervention on female staff survey measures

The survey sent to female staff asked about the general relationship and communication between line managers and their staff, empathy, support, wellbeing, inclusion and strengths (see Appendix 6). Overall, we found no statistically significant effect of the perspective-taking exercise on any of these dimensions. This indicates that the perspective-taking exercise does not seem to have a meaningful effect on how female staff feel about their line manager.
Impact of pregnancy and changing line managers

We also analysed the female staff survey responses to see if there was a difference in responses between female staff who became pregnant during the trial or changed line managers, and other respondents. Female staff who became pregnant did not differ from others in their responses to the survey, nor did we find a differential effect of the intervention for women who were pregnant. However, the low number of female staff that reported a pregnancy during the trial makes it difficult to pick up an effect of the treatment. Female staff who changed their line manager during the trial gave significantly lower scores for everything except for wellbeing, irrespective of whether they were in the treatment or control group. The full regression results can be found in Appendix 7.
Discussion

There are a number of reasons that may explain why the perspective-taking exercise did not improve the relationship between line managers and their female direct reports:

1. Practical help to change behaviour is necessary in addition to making people aware of potential biases and discrimination in organisations
2. The effect of behavioural biases such as moral licensing or overconfidence
3. Poor intervention design
4. Limits on the impact of perspective taking in the real world.

Providing practical help to change behaviour

Unconscious bias and stereotypes are very hard to ‘unlearn’ (Bohnet, 2016). Some evidence suggests that raising awareness or making deliberate efforts to suppress gender bias at best do not work, and at worst make the bias even stronger (Lenton et al., 2009). Raising awareness about an issue – in our case, drawing attention to pregnant staff – may therefore not have been enough on its own. According to Bazerman and Moore (2013), a meaningful change in managerial approaches requires using ‘the “unfreeze-change-refreeze” framework’. This framework suggests that as well as helping managers to become aware of an issue and the need to change, it is important to offer specific tools for behavioural change, followed by organisational support to incorporate the new behaviours into everyday business.

The responses managers gave when they were asked to write down two specific things they would do to support their female employees (if applicable) suggest that many of them did not know how to improve their relationship with their female employees. Most participants used the actions provided as examples in the exercise (for example, scheduling your next catch up; discussing progression). Many also used very formal, process-driven language, which had been raised as an issue by female employees in the diversity staff association’s report.
The ambiguity about what steps are needed to improve the relationship between managers and their staff may have been particularly problematic for line managers with poorer management skills. They in particular may have struggled to come up with the right behaviours to be communicative, supportive and empathetic towards their female staff. Furthermore, the perspective-taking exercise may have had a particularly negative impact upon managers who were poor in supporting female staff but unaware of it. For those managers, the exercise may have highlighted the need to be more proactive towards female staff but, lacking the right tools or skills, their attempts to support staff members may not have been appropriate or received well.

We tried to provide managers with tools to improve their behaviour by sending a booster email. The email contained links to two tip sheets with concrete actions managers could take to better support female employees. The tip sheets were purposely short but the advice may have seemed too general or insufficient to achieve positive behaviour change. Implementation constraints also meant that we do not know how many line managers clicked through to read the tips; we therefore do not know whether the advice was ineffective or if line managers simply did not access it. Overall, the lack of effect is in line with research suggesting that, for diversity interventions to be effective, they require intensive organisational investment (Dobbin and Kalev, 2016).

Moral licensing and overconfidence

Moral licensing refers to a phenomenon in which people indulge in a negative behaviour after having done something positive (Monin and Miller, 2001). For example, giving people an opportunity to endorse Barak Obama (that is, express pro-ethnic minority attitudes) subsequently made them more likely to favour a white candidate for a job, or to donate to an organisation helping white people at the expense of black people (Effron et al., 2009). Some line managers who completed the perspective-taking exercise might have felt good about their people management skills. As a result, they may have felt entitled to be less attentive the next time they dealt with female staff. This effect could also partly explain line managers’ worse performance in behavioural simulations. Line managers who had completed the perspective-taking exercise may have responded in a less supportive and empathetic way because they felt licensed to discriminate against pregnant women.

Overconfidence refers to the general tendency to overestimate one’s abilities and performance; in addition, those who are less able are typically more prone to
Improving the relationship between line managers and female staff

Discussion

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overconfidence – the so-called ‘Dunning-Kruger effect’ (Kruger and Dunning, 1999). Completing the perspective-taking exercise and thinking about how a pregnant staff member might think and feel may have led some line managers to think of themselves as more supportive and capable than they actually were.

The self-efficacy component of the exercise could have amplified this effect. In this task, line managers were asked to recall a situation in which they were able to overcome challenges to help another person. The purpose of the self-efficacy task was to boost line managers’ self-esteem and thereby improve their capacity to use perspective taking. Instead, line managers may have simply felt better about their skills instead of critically thinking what they could be doing better, and trying to improve. We cannot, however, tell apart any potential negative effect of the self-efficacy component from the effect of the perspective-taking component because all line managers in the treatment group received both tasks as a part of the intervention.

Our analysis also supports the assumption that some managers were overconfident. We found no significant correlation between the line manager’s self-assessment and their evaluation by the female staff. In fact, directionally, the relationship seems to be negative: the better line managers thought they performed, the worse their ranking by female staff. This indicative finding about the negative relationship between managers’ views and performance is in line with the well-established mismatch between the views of line managers and their staff (WEC, 2016). It also highlights the fact that perspective taking does not guarantee perspective getting: if a person does not understand the perspective of the other side, the effort to act on their mistaken belief can backfire on the original intention of perspective taking. Some studies have suggested that emphasising listening and directly asking the other person for guidance can best mitigate this risk (Epley, 2015).

Poor intervention design

Another possible explanation for why we did not improve outcomes is that the perspective-taking task may have failed to engage the line managers. For perspective taking to work, a line manager must not only complete the exercise but also focus on truly imagining the thoughts and feelings of their direct report. Time pressure, lack of imagination or not feeling that the exercise was important could all have undermined line managers’ engagement. Furthermore, the task might not have seemed relevant to the vast majority of line managers who were not managing pregnant staff during the trial period.
It may also be that the type, content and format of the exercise did not work in this context. Frequently repeated behaviours (such as eating habits) are more difficult to change without learning than a one-off behaviour (such as attending an appointment) (Alemanno and Sibony, 2015). Changing frequent behaviours such as line management style and skills may therefore require a more intensive intervention sustained over a longer period of time than we were able to test.

The content may have also been an issue. Behavioural literature recognises 11 different types of perspective taking, each based on a slightly different psychological mechanism and each requiring a different type of framing. For instance, our exercise was based on ‘projection perspective taking’, asking line managers to imagine being in a pregnant woman’s shoes (Gehlbach and Brinkworth, 2012). This may have felt too abstract or even uncomfortable for some male managers. Literature on other diversity interventions has shown that these interventions can lead to negative reactions if people feel threatened (Dover et al., 2016) or dislike the suggestion that they are biased (Kulik et al., 2007).

Another option would have been to use an exercise based on ‘analogic perspective taking’ (Broockman and Kalla, 2016), which consists of thinking of a personal experience similar to that which the target of the perspective taking may experience. For example, line managers would be asked to think about an instance when they felt misunderstood or mistreated because of who they are; then the parallel between their experience and that of a pregnant staff member would be pointed out. While the perspective taking used in the trial did not have the desired effect, another type of perspective taking may be more effective.

The third possibility is that the format did not work. Doing an exercise online may not have the same intensity as a verbal or written task completed in person. Evidence shows that ‘virtual empathy’ is weaker than ‘real-world empathy’ (Carrier et al., 2015). The effects of this could be greater for male line managers, who have been found to be less empathetic (Christov-Moore et al., 2014) and less reactive to ‘fictional’ scenarios (Kobach and Weaver, 2012).

Finally, the fact that we measured the outcomes relatively soon after the exercise (after two weeks for the behavioural simulations and after six weeks for the staff survey) might have meant that line managers did not have enough time to change their behaviour, learn new ways to support their staff and, consequently, improve the perception their staff had of them. Due to time constraints, we were not able to use administrative data that could have shown longer-term effects, such as whether staff managed by line managers in the treatment group had better retention rates and fewer sickness absences.
Perspective taking and its limits

Although there is a well-established body of literature examining the impact of perspective taking, most of the results come from laboratory experiments. As far as we are aware, this trial was one of the first field experiments on perspective taking, meaning it is one of the first times perspective taking has been used in real life. There may therefore be limits to the impact of perspective taking in the real world.

While some field experiments have found that perspective taking improves behaviour toward outgroups (Blatt et al., 2010; Broockman and Kalla, 2016), most of the evidence for perspective taking comes from highly controlled laboratory experiments: participating students complete a perspective-taking task, followed by an immediate evaluation of its effect on the chosen outcome variable (for example, empathy; support; attitude change). Hence, it may be that the effect size is very small and the change short-lived. Alternatively, the effect of perspective taking could be attributed to the priming of participants (Meyer and Schvaneveldt, 1971). Evidence shows that simply asking people certain questions influences the reported response – the so-called ‘mere measurement effect’ (Morwitz et al., 1993). The participants may also realise the purpose of the exercise and give answers that they think will be viewed favourably – social desirability bias (Crowne and Marlowe, 1960).

While these post hoc explanations may account for our lack of positive impact, the evidence from laboratory experiments was consistent enough for us to believe that perspective taking would have an impact outside of the laboratory setting. Testing insights from laboratory findings in the field is also crucial to advancing the evidence base of what works in the real world.
Conclusion

Against the background of increased pregnancy and maternity discrimination in the workplace (WEC, 2016), tackling discrimination and disadvantage during pregnancy and maternity has become a priority. The case for change is clear: the vast majority of mothers in the UK have had a negative experience and one fifth have experienced negative comments or harassment (EHRC, 2016b). The relationship with a line manager plays an important role in improving women’s experiences in the workplace, relating to job satisfaction, engagement and commitment to the employer (Kinnie et al., 2005), which in turn shape individual performance and productivity (Alfes et al., 2013; Purcell and Hutchinson, 2007; Sy et al., 2006).

Unconscious gender bias and stereotypes are, however, very hard to change. With the support of the Commission, we tested an approach based on perspective taking, aimed at increasing how supportive and empathetic line managers are towards their female and pregnant staff. We teamed up with a large UK police force whose commitment to the project showed a genuine dedication to being at the cutting edge of evidence-based organisational improvement. Together with the police force, we were able to run the first randomised controlled trial to test the impact of an online perspective-taking exercise on the relationship between line managers and women.

We evaluated the impact of the perspective-taking exercise using two sets of measures: behavioural simulations in which line managers were asked to describe how they would respond to three hypothetical management situations, and a staff survey asking female staff to rate their managers on a range of measures. For both sets of outcome measures, we analysed whether the scores differed between line managers in the control group and line managers in the treatment group. The results suggest that the perspective-taking exercise may have led to slightly poorer responses by line managers to the behavioural simulations. The perspective-taking exercise also had no effect upon how female staff responded to survey questions about their line manager that were related to communication, empathy, support, strengths management, wellbeing, and inclusion and fair treatment. In other words, it seems that the perspective-taking exercise had no impact, or perhaps made things slightly worse.
Several possible reasons can help explain the intervention’s lack of success: the fact that making people aware of their biases may not be enough to lead to a change in behaviour, because they also need practical help about how to do things differently; the effect of behavioural biases such as moral licensing or overconfidence; the design of the exercise; and perspective taking’s lack of effects in the real world.

The main lessons to draw from this trial are the need to rigorously test new talent management and processes before rolling them out, and the need to provide sustained support and specific tools for achieving changes in deeply rooted and repeated behaviours. First, interventions that work well in a laboratory setting may be less effective in the field, and may need to be significantly adapted to have an impact. Similarly, policies or tools that are considered ‘best practice’ by one organisation may not work in a different context. In future, we recommend that more organisations follow the lead of our trial partner by testing ways to improve gender equality in the workplace, rigorous evaluation, and the transparent sharing of results to help build a collective evidence base on what works for improving gender equality.

Second, countering unconscious bias may require a more intensive or regular intervention than a one-off online exercise. A one-off intervention may only end up raising awareness about an issue without embedding a meaningful change by offering specific tools for behaviour change, followed by organisational support to incorporate the new behaviours into everyday business. Further research is required to build the evidence base on what interventions lead to sustained behaviour change in interpersonal relationships.
References


Improving the relationship between line managers and female staff

References

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at:


Williams, S.L. and French, D.P. (2011), ‘What are the most effective intervention techniques for changing physical activity self-efficacy and physical activity behaviour—and are they the same?’, Health Education Research, 26(2), pp. 308–22.
# Appendix 1. Female staff survey questions

The questions are as follows (in the order of presentation in the survey):

<table>
<thead>
<tr>
<th>Evaluation category</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Overall, I have a good relationship with my manager.⁴</td>
</tr>
<tr>
<td>Communication</td>
<td>My manager asks for my opinion before making decisions that affect my work.⁵</td>
</tr>
<tr>
<td>Communication</td>
<td>I feel I can approach my manager with any type of question.⁶</td>
</tr>
<tr>
<td>Empathy</td>
<td>My manager seems to care about me as a person.⁷</td>
</tr>
<tr>
<td>Empathy</td>
<td>My manager shows compassion when I disclose a personal problem.⁸</td>
</tr>
<tr>
<td>Support</td>
<td>My manager is considerate of my life outside work.⁹</td>
</tr>
<tr>
<td>Support</td>
<td>My manager takes a positive interest in my health and wellbeing.¹⁰</td>
</tr>
<tr>
<td>Communication</td>
<td>My manager listens to me.¹¹</td>
</tr>
<tr>
<td>Communication</td>
<td>My manager is sincere in attempting to understand my views.¹²</td>
</tr>
</tbody>
</table>

⁴ BIS, 2011.  
⁵ NHS, 2016.  
⁶ Gallup, 2015b.  
⁷ Gallup, 2015b.  
⁸ Gentry et al., 2007.  
¹⁰ NHS, 2016.  
¹¹ NIESR, no date.
<table>
<thead>
<tr>
<th>Strengths management</th>
<th>My manager encourages my development.(^\text{13})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths management</td>
<td>My manager focuses on my strengths or positive characteristics.(^\text{14})</td>
</tr>
<tr>
<td>Inclusion and fair treatment</td>
<td>I feel valued for the work I do.(^\text{15})</td>
</tr>
<tr>
<td>Wellbeing and stress</td>
<td>I have felt unwell as a result of work-related stress.(^\text{16})</td>
</tr>
<tr>
<td>Wellbeing and stress</td>
<td>I have felt pressure from my manager to come to work (despite feeling unwell).(^\text{17})</td>
</tr>
<tr>
<td>Inclusion and fair treatment</td>
<td>I have personally experienced discrimination, harassment, bullying or abuse at work from my manager.(^\text{18})</td>
</tr>
</tbody>
</table>

\(^{12}\) BIS, 2011.  
\(^{13}\) Gallup, 2015b.  
\(^{14}\) Gallup, 2015b.  
\(^{15}\) Cabinet Office, 2016.  
\(^{16}\) NHS, 2016.  
\(^{17}\) NHS, 2016.  
\(^{18}\) NHS, 2016.
Appendix 2. Tip sheets

Tip sheet for line managers with pregnant staff

CLoSER - tips to boost pregnant staff engagement

Communicate
Take time for frequent and open conversations with your pregnant team member. Ask her what support she wants and explain your decisions that impact her. Use open-ended questions such as ‘How do you feel about moving to a different role?’ Paraphrase what you’ve heard to make your direct report feel understood.

Listen
Each person is different and so is each pregnancy. Make time to listen to your staff. Silence gives the other person time to think. Try to wait a bit longer than you normally would to see if your staff have something to say. When taking decisions, listen to the people you manage and think about how they feel. Good times to practise listening include discussions about health and safety risks or about flexible working.

Use Strengths
Motivate your staff by focussing on their strengths, not their weaknesses. Line managers say that pregnancy is a good time for skills development. Suggest to your direct report a new training course or preparing for promotion. If she’s an officer, and a change in duties is required, suggest ways in which she can build on her strengths and develop new skills.

Empathise
Before each catch up, take a moment to imagine what your pregnant staff member might be thinking, feeling and experiencing. You might have felt the same at some point. Start the catch up by asking ‘how do you feel’?

Recognise
Colleagues and others may make pregnant team members feel that they contribute less. Make sure your direct report knows how much she is valued, how much her work - past and present - counts. At the next team meeting, thank the pregnant staff member in front of others for something she accomplished recently.
Tip sheet for line managers with female staff

CLOSER - TIPS TO BOOST STAFF ENGAGEMENT

COMMUNICATE
Take time for frequent and open conversations with your direct reports. Ask them what they want and explain your decisions. Use open-ended questions such as ‘Are there ways I could be supporting you more?’ Paraphrase what you’ve heard to make your direct report feel understood.

LISTEN
Make time to listen to your direct reports. Silence gives the other person time to think. Try to wait a bit longer than you normally would to see if they have something to say. When taking decisions, listen to the people you manage and think how they feel.

USE STRENGTHS
Motivate your staff by focussing on their strengths, not their weaknesses. If you struggle to identify their strengths, a good tip is to ask the person “What was the best day you’ve had at work in the past three months?” This helps you find out what activities they excel at and enjoy.

EMPATHISE
Before each catch up, take a moment to imagine what your direct report might be thinking, feeling and experiencing. It can be helpful to come up with an example from your own life to get better understanding of their situation. Start the catch up by asking ‘how do you feel’?

RECOGNISE
Let your direct reports know when they have helped you, the team, or [BLANK]. Employees like it when managers take the time to thank them for a job well done. Once a week say thank you to each direct report for something they have done well during the past week.
Appendix 3. Descriptive statistics

Behavioural simulations

Distribution of behavioural simulation ratings given across the three dimensions:

The figure above shows the distribution of ratings for the behavioural simulations across the three dimensions (communication; empathy; support). Ratings of the behavioural simulation free text responses follow a normal distribution, with a slight skew to the left side for communication and support, meaning that line managers are rated above the midpoint of the scale for these dimensions.
### Staff survey

Descriptive statistics for the female staff who completed the staff survey:

<table>
<thead>
<tr>
<th>Total N</th>
<th>3891</th>
</tr>
</thead>
</table>

**Covariates**
- Changed line manager during trial: 7.20%
- Reported pregnancy during trial: 0.78%

**Survey measures**

<table>
<thead>
<tr>
<th>Survey Measure</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General relationship</td>
<td>4.034 (0.954)</td>
</tr>
<tr>
<td>Communication</td>
<td>3.733 (0.957)</td>
</tr>
<tr>
<td>Empathy</td>
<td>3.861 (0.969)</td>
</tr>
<tr>
<td>Support</td>
<td>3.764 (0.989)</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>2.356 (0.999)</td>
</tr>
<tr>
<td>Inclusion</td>
<td>2.533 (0.571)</td>
</tr>
<tr>
<td>Strengths</td>
<td>3.569 (1.006)</td>
</tr>
</tbody>
</table>

Numbers in brackets for the survey measures are standard deviations.
Appendix 4. Details of the matching procedure

Since line managers in the control condition were not given a placebo exercise to complete, it is possible that our treatment and control groups are not entirely comparable. Out of the 1,898 line managers assigned to the treatment condition, 571 completed the perspective-taking exercise. There are likely differences between line managers who did complete the exercise and those who didn’t, such as workload, general wellbeing at work, willingness to support their employer’s initiative, and line management quality (since the exercise was about line management). Importantly, some of these differences may interact with the effect of the perspective intervention. If this is the case, then a comparison between the line managers who completed the exercise (571) and the full set of line managers in the control (1,898) would not be valid.

For this reason, we use an iterative matching procedure to match line managers in the treatment condition who completed the exercise to line managers from the control group, based on demographic information we have available. Only line managers are included that have at least one direct female report complete the female staff survey. The demographic information includes:

- Gender: Female; Male
- Role: Officer; Staff
- Rank: Assistant Chief Constable; Chief Inspector; Chief Superintendent; Detective Constable; Deputy Chief Constable; Detective Chief Inspector; Detective Inspector; Detective Sergeant; Detective Superintendent; Constable; Inspector; Sergeant; Superintendent; Administrative staff
- Tenure bracket: 0–2 years; 3–5 years; 6–10 years; 11–15 years; 16–20 years; 21–25 years; 26–30 years; 31–35 years; 36–40 years; 41–45 years; 46–50 years.
- Area: East; North; West
- Currently manages female staff: No; Yes
- Currently manages pregnant staff: No; Yes
We match these groups iteratively across four waves.

**Wave 1**

We create groups of line managers (across the treatment and control groups) that match on all covariates listed above (for example, female officers at Detective Sergeant rank, working at the police force for 3–5 years, located in the East, currently managing female staff, but with no pregnant staff). This produces a number of different groups. We keep groups where we find a line manager from the treatment group and the control group. Note that it is possible for some treatment line managers to be matched to several line managers from the control group, and vice versa. This procedure creates a total of 128 unique groups. The treatment line managers who couldn’t be matched on all covariates are taken to Wave 2.

**Wave 2**

In Wave 2, we repeat the procedure above for the line managers who couldn’t be matched, but drop one of the covariates from the list. The covariate dropped is the one that results in the largest number of matches created with the remaining set of covariates. In our case, this is the tenure bracket covariate, which results in 27 unique groups.

**Wave 3 and 4**

We repeat the process until all line managers from the treatment group who completed the exercise are matched. In the next wave we drop rank, which results in a further eight matches. The final two line managers are matched in the next wave, where we drop gender.

The following table summarises this procedure.
Improving the relationship between line managers and female staff

Results of iterative matching of treatment line managers who completed the perspective-taking exercise and had at least one of their female direct reports complete the survey, to control line managers who had at least one of their female direct reports complete the survey.

<table>
<thead>
<tr>
<th>Covariates dropped</th>
<th>Unique groups</th>
<th>Number of line managers matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1 None</td>
<td>128</td>
<td>295</td>
</tr>
<tr>
<td>Wave 2 Tenure category</td>
<td>27</td>
<td>43</td>
</tr>
<tr>
<td>Wave 3 Rank</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Wave 4 Gender</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

We create a variable indicating the matching group and wave in which line managers were matched. In the analysis, we then include this indicator as a covariate in the regression, while also clustering for line manager ID. In the final dataset we have 3,924 observations, which correspond to 1,266 unique line managers. Of these, 918 are from the control condition and 348 from the treatment condition.

We are interested in female staff survey responses, as well as the behavioural simulations, as outcome measures. For the latter measure, using the matched groups based on completion of the female staff survey may be problematic, because not all line managers for whom we have female staff survey responses will have completed the behavioural simulations. For this reason, we repeat the matching procedure for line managers who completed the perspective-taking exercise and the behavioural simulations (N=383) and matched these to line managers from the control group who completed the behavioural simulations. The following table summarises the details of the matching procedure. We run the analysis of the behavioural simulations on both types of matching groups.
Results of iterative matching of treatment line managers who completed the perspective-taking exercise and the behavioural simulations, to control line managers who completed the behavioural simulations

<table>
<thead>
<tr>
<th>Wave</th>
<th>Covariates dropped</th>
<th>Unique groups</th>
<th>Number of line managers matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td>None</td>
<td>138</td>
<td>340</td>
</tr>
<tr>
<td>Wave 2</td>
<td>Tenure category</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Wave 3</td>
<td>Rank</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Wave 4</td>
<td>Pregnant staff</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total matched</td>
<td></td>
<td>160</td>
<td>383</td>
</tr>
<tr>
<td>Total not matched</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 5. Regression results of treatment effect on overall rating in behavioural simulations

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Factor 1: Pregnancy and flexible working</th>
<th>Factor 2: Female staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>-.131 * (.061)</td>
<td>-.170 * (.075)</td>
<td>-.053 (.074)</td>
</tr>
<tr>
<td>Match ID included</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Constant</td>
<td>3.362 *** (.124)</td>
<td>3.238 *** (.108)</td>
<td>3.610 *** (.283)</td>
</tr>
<tr>
<td>N</td>
<td>4,174</td>
<td>4,174</td>
<td>4,174</td>
</tr>
<tr>
<td>R-squared</td>
<td>.212</td>
<td>.205</td>
<td>.170</td>
</tr>
</tbody>
</table>

+ p<0.10; * p<0.05; ** p<0.01; *** p<0.001. Robust standard errors are clustered at the line manager level and reported in brackets. Matching groups formed by matching treatment line managers who completed the perspective-taking exercise and had at least one of their female direct reports complete the survey, to control line managers who had at least one of their female direct reports complete the survey.
## Appendix 6. Female Staff Survey Questionnaire

<table>
<thead>
<tr>
<th>Topic</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – General</td>
<td>Overall, I have a good relationship with my manager.(^{19})</td>
</tr>
<tr>
<td>2 – Communication</td>
<td>My manager asks for my opinion before making decisions that affect my work.(^{20})</td>
</tr>
<tr>
<td></td>
<td>I feel I can approach my manager with any type of question.(^{21})</td>
</tr>
<tr>
<td></td>
<td>My manager listens to me.(^{22})</td>
</tr>
<tr>
<td></td>
<td>My manager is sincere in attempting to understand my views.(^{23})</td>
</tr>
<tr>
<td>3 – Empathy</td>
<td>My manager seems to care about me as a person.(^{24})</td>
</tr>
<tr>
<td></td>
<td>My manager shows compassion when I disclose a personal problem.(^{25})</td>
</tr>
<tr>
<td>4 – Support</td>
<td>My manager is considerate of my life outside work.(^{26})</td>
</tr>
<tr>
<td></td>
<td>My manager takes a positive interest in my health and wellbeing.(^{27})</td>
</tr>
</tbody>
</table>

\(^{19}\) BIS, 2011.  
\(^{20}\) NHS, 2016.  
\(^{21}\) Gallup, 2015b.  
\(^{22}\) NIESR, no date.  
\(^{23}\) BIS, 2011.  
\(^{24}\) Gallup, 2015b.  
\(^{25}\) Gentry et al., 2007.  
\(^{26}\) Cabinet Office, 2016.  
\(^{27}\) NHS, 2016.
<table>
<thead>
<tr>
<th>5 – Wellbeing and stress</th>
<th>I have felt unwell as a result of work-related stress.(^{28})</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have felt pressure from my manager to come to work (despite feeling unwell).(^{29})</td>
</tr>
<tr>
<td>6 – Inclusion and fair treatment</td>
<td>I feel valued for the work I do.(^{30})</td>
</tr>
<tr>
<td></td>
<td>I have personally experienced discrimination, harassment, bullying or abuse at work from my manager.(^{31})</td>
</tr>
<tr>
<td>7 – Strengths management</td>
<td>My manager encourages my development.(^{32})</td>
</tr>
<tr>
<td></td>
<td>My manager focuses on my strengths or positive characteristics.(^{33})</td>
</tr>
</tbody>
</table>

\(^{28}\) NHS, 2016.
\(^{29}\) NHS, 2016.
\(^{30}\) Cabinet Office, 2016.
\(^{31}\) Cabinet Office, 2016.
\(^{32}\) Gallup, 2015b.
\(^{33}\) Gallup, 2015b.
## Appendix 7. Regression results of treatment effect on dimensions in female staff survey

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>Communication</th>
<th>Empathy</th>
<th>Support</th>
<th>Wellbeing</th>
<th>Inclusion</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>-.028</td>
<td>-.011</td>
<td>-.031</td>
<td>-.044</td>
<td>-.004</td>
<td>-.022</td>
<td>.021</td>
</tr>
<tr>
<td></td>
<td>(.051)</td>
<td>(.052)</td>
<td>(.053)</td>
<td>(.054)</td>
<td>(.050)</td>
<td>(.051)</td>
<td>(.054)</td>
</tr>
<tr>
<td>Switched</td>
<td>-.276**</td>
<td>-.273**</td>
<td>-.327***</td>
<td>-.296**</td>
<td>-.126</td>
<td>-.375***</td>
<td>-.204*</td>
</tr>
<tr>
<td></td>
<td>(.087)</td>
<td>(.093)</td>
<td>(.092)</td>
<td>(.099)</td>
<td>(.094)</td>
<td>(.090)</td>
<td>(.092)</td>
</tr>
<tr>
<td>Pregnant</td>
<td>-.186</td>
<td>-.079</td>
<td>.107</td>
<td>.117</td>
<td>.078</td>
<td>.028</td>
<td>-.039</td>
</tr>
<tr>
<td></td>
<td>(.326)</td>
<td>(.264)</td>
<td>(.265)</td>
<td>(.273)</td>
<td>(.218)</td>
<td>(.273)</td>
<td>(.283)</td>
</tr>
<tr>
<td>Treatment * Pregnant</td>
<td>.392</td>
<td>.409</td>
<td>.289</td>
<td>.135</td>
<td>-.008</td>
<td>.003</td>
<td>.268</td>
</tr>
<tr>
<td></td>
<td>(.422)</td>
<td>(.418)</td>
<td>(.352)</td>
<td>(.411)</td>
<td>(.395)</td>
<td>(.395)</td>
<td>(.413)</td>
</tr>
<tr>
<td>Match ID included</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>(.152)</td>
<td>(.211)</td>
<td>(.132)</td>
<td>(.142)</td>
<td>(.235)</td>
<td>(.228)</td>
<td>(.251)</td>
</tr>
<tr>
<td>N</td>
<td>3914</td>
<td>3914</td>
<td>3914</td>
<td>3914</td>
<td>3914</td>
<td>3914</td>
<td>3914</td>
</tr>
<tr>
<td>R-squared</td>
<td>.066</td>
<td>.075</td>
<td>.069</td>
<td>.067</td>
<td>.060</td>
<td>.073</td>
<td>.063</td>
</tr>
</tbody>
</table>

+ p<0.10; * p<0.05; ** p<0.01; *** p<0.001. Robust standard errors are clustered at the line manager level and reported in brackets. Matching groups formed by matching treatment line managers who completed the perspective-taking exercise and had at least one of their female direct reports complete the survey, to control line managers who had at least one of their female direct reports complete the survey.
Contacts

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Textphone   0808 800 0084
Hours       09:00 to 19:00 (Monday to Friday)
            10:00 to 14:00 (Saturday)
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