Aligning Perspectives on Health, Safety and Well-Being

Kevin Daniels
Olga Tregaskis
Rachel Nayani
David Watson

Achieving Sustainable Workplace Wellbeing

Springer

Aligning Perspectives on Health, Safety and Well-Being

Raising awareness of the interdisciplinary and complementary relationship of different research perspectives on health, safety and well-being is the main aim of the book series Aligning Perspectives on Health, Safety and Well-being. Combined research approaches on health, safety and well-being are becoming more and more popular in several research disciplines across and between the social, behavioural and medical sciences. Therefore, Aligning Perspectives on Health, Safety and Well-being stimulates the publication of interdisciplinary approaches to the promotion of health, safety and well-being. Recognizing a need within societies and workplaces for more integrated approaches to problem solving, the series caters to the notion that most innovation stems from combining knowledge and research results from related but so far separated areas. Volumes will be edited by expert authors and editors and will contain contributions from different disciplines. All authors, and especially volume editors are encouraged to engage in developing more robust theoretical models that can be applied in actual practice and lead to policy development.

Kevin Daniels • Olga Tregaskis • Rachel Nayani • David Watson

Achieving Sustainable Workplace Wellbeing

Springer

Kevin Daniels
University of East Anglia
Norwich, UK

Olga Tregaskis
University of East Anglia
Norwich, UK

Rachel Nayani
University of East Anglia
Norwich, UK

David Watson
University of East Anglia
Norwich, UK

This work was supported by Economic and Social Research Council

ISSN 2213-0497 ISSN 2213-0470 (electronic)
Aligning Perspectives on Health, Safety and Well-Being
ISBN 978-3-031-00664-7 ISBN 978-3-031-00665-4 (eBook)
https://doi.org/10.1007/978-3-031-00665-4

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

Many organizations strive to protect or even enhance the wellbeing of their employees for a variety of reasons. These reasons include meeting regulatory requirements, adopting industry standards, pursuing corporate social responsibility goals and/or because managers think fostering wellbeing can contribute in various ways to superior organizational performance. There are numerous scientific studies on workplace interventions focused on wellbeing. Yet, the current literature indicates that a sizeable proportion of interventions, even those underpinned by robust scientific evidence, still fail to produce anticipated benefits.

Implementation is frequently singled out as the cause of this state of affairs. Moreover, many organizations appear to adopt a range of activities to support workers' wellbeing, rather than relying on single activities. The purpose of this book is to develop a conceptual framework that can explain how specific health and wellbeing interventions come to be implemented as planned or not, as well as how whole programmes are implemented in a manner that sustains workers' wellbeing. The approach we take is purposefully interdisciplinary. In writing the book, we hope to provide a platform to enable researchers in the field to both better understand how specific interventions and programmes of activities are influenced by and influence the organization within which they are embedded.

The first chapter examines the concept of wellbeing and the literature on which interventions improve wellbeing and provides an overview of the model we develop through the course of the book. The second chapter examines existing frameworks focused on implementation and makes the case for an alternative approach. In the third chapter, we begin to examine how specific interventions may come to have effects on workers' wellbeing, including examining why an intervention may have benefits for reasons not connected to the theoretical basis of that intervention and also why some interventions may have adverse effects. In Chaps. 4, 5, 6 and 7, we examine the ways in which programmes of workplace health and wellbeing activities come to be implemented and the interactions between the programme and the wider organization. In the last two chapters, we consider how the ideas conveyed in this book may be developed, in terms of understanding the effects on wellbeing,

implications for methods and extensions into other areas of enquiry where organizations seek to create social value.

Norwich, UK

Kevin Daniels
Olga Tregaskis
Rachel Nayani
David Watson

Acknowledgements

This book is a product of the fourth year of research of the Work and Learning programme for the What Works Centre for Wellbeing, funded by Economic and Social Research Council grant number ES/N003586/1.

We are grateful for the support of many colleagues we worked with and alongside on the foundational evidence programmes for the What Works Centre for Wellbeing. From the Centre itself, special thanks go to Paul Litchfield, Nancy Hey, Sara MacLennan, Deborah Hardoon, Tricia Curmi, Ingrid Abreu Scherer, Magdalena Soffia and Marta Morrati. The heads of the other evidence programmes—Louise Mansfield, Rhiannon Corcoran and Paul Frijters—for their support and insights over the years we worked alongside each other.

The research underpinning this book was supported by an excellent project steering group consisting of Cara Maquire, Matt Jayes, Ed Houghton, Jonny Gifford, Rachel Suff, Pamela Keshavarzian, Gemma Comber, Lisa Schulze, Paul Montgomery and Sally McManus. We also thank Nick Pahl and Laura Adelman for their enthusiasm for our research.

Finally, of course, we are tremendously grateful for those we worked with closely on the Work and Learning programme and its spin-off projects: Cigdem Gedikli, Chidiebere Ogbonnaya, Mark Bryan, Alita Nandi, Simonetta Longhi, John Street, Anna Robinson-Pant, Roberta Fida, Ivan Mitchell, Kevin Delany, Martin Hogg, Abasiama Etuknwa, Antonina Semkina, Oluwafunmilayo Vaughn, Sylvester Juwe, Molly Rushworth and most of all Sara Connolly – without whom we would not know the price of anything.

Contents

About the Authors

Kevin Daniels is Professor of Organizational Behaviour in the Employment Systems Group, Norwich Business School, University of East Anglia. He has been researching workplace wellbeing, health and safety for over 30 years and is currently co-editor of Springer's Handbook Series in *Occupational Health Sciences* and an associate editor of the *British Journal of Management*. He was previously editor of *European Journal of Work and Organizational Psychology* and held associate editor roles at the *Journal of Occupational and Organizational Psychology* and *Human Relations*. He has published over 140 peer-reviewed scientific journal articles, book chapters and scientific reports. Since 2015, he has led a multidisciplinary programme of research focused on how organizations manage workplace wellbeing that has been funded by the successive grants from the UK Economic and Social Research Council and has involved 30 staff and PhD students.

Olga Tregaskis is Professor of International Human Resource Management at the University of East Anglia, Head of Norwich Business School and one of the senior social scientists working with the UK's Centre for Climate Change and Social Transformation. A graduate of both the University of Ulster and Cranfield School of Management, Olga's research interests centre on human resource management, management in multinational organizations and implementation of change management. She has held an associate editor role at the FT50 ranked academic journal *Human Relations*, and is editorial board member of a number of prestigious academic journals. She is a member of the REF2021 sub-panel for Business & Management which is the UK's system for assessing the quality of research in UK higher education institutions. She has published over 100 peer-reviewed journal articles, research reports, book chapters and practice tools.

Rachel Nayani is Associate Professor in Organizational Behaviour and Human Resource Management at the University of East Anglia. Rachel teaches the practices and principles of Organization Development. Her research primarily involves understanding organizational process and practices for sustainable change and social value

including wellbeing alongside enhanced productivity at work and climate goals. Rachel has undertaken research for the Institution of Occupational Safety and Health and the Economic Social Research Council. She has authored several book chapters on wellbeing and remote working, has published in journals such as *Work and Stress* and is a member of the editorial board of the *European Journal of Work and Organizational Psychology*.

David Watson is Associate Professor in Organizational Behaviour at Norwich Business School, University of East Anglia. He is an interdisciplinary researcher who has carried out research on wellbeing in a number of contexts including education, community organizations and the workplace. He is interested in how organizations' intentions to achieve wellbeing materialize in practice and factors associated with this. Through funded research David has carried out a number of evidence reviews exploring relationships between work, learning and wellbeing and in-depth qualitative fieldwork. He is the author of several book chapters and peer-reviewed journal articles in journals, such as the *European Journal of Work and Organizational Psychology*, *Ergonomics* and *Organization*.

Chapter 1
Introduction

Too often workplace health and wellbeing practices and initiatives fall short of delivering sustained improvements in worker wellbeing, even though these practices and initiatives are based on robust empirical research and sound theoretical reasoning. Frequently, the failure of workplace health and wellbeing practices and initiatives is attributed to implementation processes—that is, the management of the change processes involved in introducing new practices and initiatives. Although researchers have identified a range of factors that could influence the effectiveness of implementation processes, the research literature is fragmented and conceptually under-developed (Biron & Karanika-Murray, 2015).

These issues with the literature create a major obstacle to progress. That is, we simply do not know the regularities in the empirical literature. For example it is widely held that line managers are critical to implementing health and wellbeing practices in the workplace (e.g. Jordan et al., 2003; Nielsen, 2013, 2017), and there are numerous studies that support such arguments (Daniels et al., 2021). On the other hand, there are also numerous studies that indicate line manager resistance can be overcome (Daniels et al.), suggesting line managers may not be so critical after all. Without consistent evidence, it is not possible to develop sound theoretical models to guide research, simply because it is not known which factors are most fundamental to implementation. This obstacle has a consequent effect on organisational practice. Without well-developed and empirically supported models of implementation, there is no basis for evidence-informed practice. Consequently, research is irrelevant to practice, aside from occasional anecdotes from specific studies that may chime with human resources or occupational health professionals.

The purpose of this book is to make progress by addressing this major obstacle—namely developing a conceptual framework based on empirical regularities to inform subsequent research. To identify those empirical regularities, we provide a comprehensive and detailed overview of existing conceptual frameworks and empirical studies of the implementation of workplace wellbeing initiatives. Evidence from existing empirical studies is complemented by qualitative case study evidence from six organisations that had implemented a range of workplace health and wellbeing

K. Daniels et al., *Achieving Sustainable Workplace Wellbeing*, Aligning Perspectives on Health, Safety and Well-Being, https://doi.org/10.1007/978-3-031-00665-4_1

practices. This detailed case study evidence plays a critical role in filling in gaps in the evidence base, as well as providing rich and nuanced illustrations of the various processes involved in implementing workplace health and wellbeing initiatives through the first-hand accounts of organisational stakeholders. The technical appendix provides details on the methods we used to map existing conceptual frameworks, empirical studies and our own qualitative case study research.

Our aim is to develop a model of how organisations achieve and *sustain* workplace wellbeing. Studies that evaluate and describe the implementation of specific interventions involve teams of researchers (oftentimes the researchers are also the implementers) examining specific and discrete interventions—ideally with a control group for comparison purposes, and then retiring from field work after a period of time. This approach is critically important for evaluating the (cost-)effectiveness and implementation of specific interventions, but it reflects neither what sustains the effects of an intervention after the researchers have left the field or how organisations work in practice. Research on the implementation of specific interventions is informative of the wider picture, it does not capture the wider picture. Moreover, engagement with professional researchers in formal evaluations of interventions is the exception, not the rule. Instead, it appears that organisations that sustain wellbeing over an extended period appear to do so through an evolving programme of different initiatives. We come to this conclusion through our own field work, discussions with practitioners, guidance on best practice (ISO, 2018; LaMontagne et al., 2014), and from evidence provided in other case studies and surveys of organisational practices (Batorsky et al., 2016; Johnson et al., 2018; Jordan et al., 2003; Mattke et al., 2015). Therefore, our conceptual work is directed at understanding how organisations manage the whole process, multiple activities and what happens when specific interventions are not formally evaluated. Such considerations justify the need to go beyond the existing literature.

In the later parts of this chapter, we introduce the core elements of our model. However, before we do so, we define our focal concept—wellbeing—and justify why it is the focal concept. We then provide an overview of the literature on those practices that are deemed to be (potentially) effective and describe and define in more detail what is meant by the term ‘implementation’.

Wellbeing

Wellbeing has a prominent profile in many academic disciplines. In philosophy, there is Aristotle’s conception of wellbeing as associated with human flourishing or ‘eudaimonia’. In political theory, Utilitarianism defines the main goals of policy as maximizing pleasure and minimizing pain (Bache & Reardon, 2016). In health sciences, the World Health Organization’s definition of health adopted in 1948 states ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Nevertheless, the dominant view is that wellbeing is psychological in nature (O’Donnell et al., 2014).

In the psychological sciences and the field of wellbeing economics, psychological wellbeing comprises two major components (Waterman, 1993). The first, subjective wellbeing, consists of summative assessments of one's life (e.g. life satisfaction) or life domain (e.g. job satisfaction) and affective wellbeing, which is the experience of positive affective states (e.g. joy, enthusiasm) and the relative absence of negative affect states (e.g. lack of anxiety, feeling calm) (Diener, 1984). The second component is eudaemonic wellbeing which includes feelings of autonomy, mastery, personal growth, learning new things, positive relations with others, sense of accomplishment, sense of meaning, purpose in life and self-acceptance (Huppert & So, 2013; Ryff & Keyes, 1995).

Psychological wellbeing also varies by life domains (Warr, 1990), for example work, leisure and home domains. In relation to work, job satisfaction is one of the core indicators of wellbeing, providing a summative and overall indicator of work-related wellbeing that is highly correlated with other aspects of work-related psychological wellbeing. These other aspects include work-related affective wellbeing assessing how work makes one feel (e.g. Daniels, 2000; Warr, 1990) and work engagement (Schaufeli et al., 2002), which positions positive work-related wellbeing to consist of three elements of vigour, dedication and absorption in work activities. Burnout is also typically conceived as being caused by negative work experiences (Maslach et al., 1986), with the three components of emotional exhaustion, depersonalization and reduced personal accomplishment signifying poor work-related wellbeing.

Focusing on psychological wellbeing as an outcome of various workplace health and wellbeing initiatives has several advantages. First, given the positive relationship between physical health and psychological wellbeing (Reed & Buck, 2009), initiatives targeted at improving physical health (e.g. workplace health promotion) may confer psychological as well as physical benefits. Given that many workplace health and wellbeing initiatives also target mental health and those mental health problems are one of the major causes of sickness absence and disability benefits, focusing on psychological wellbeing means a diverse range of health and wellbeing initiatives and whole programmes of initiatives can be evaluated against the same metrics. Second, psychological wellbeing changes more quickly than many aspects of physical health, and so could be a leading indicator of the success of workplace health and wellbeing initiatives. Third, wellbeing, including but not limited to those elements closely coupled with workplace experiences such as work engagement and job satisfaction, is also associated with positive attitudes to work and workplace behaviours beneficial to organisations, such as organisational commitment, organisational citizenship, lower absenteeism, turnover intentions, proactive behaviours and organisational performance (Baas et al., 2008; Lyubomirsky et al., 2005; Thomas et al., 2010; Thoresen et al., 2003; Whitman et al., 2010). In this sense, workplace health and wellbeing initiatives may be one vehicle through which managers seek mutual gains with workers, whereby workers gain in terms of better wellbeing and health, and through norms of social exchange, reciprocate with higher levels of commitment and effort at work (Guest, 2017). Fourth, initiatives benefitting psychological wellbeing have the potential to improve wellbeing for all, not just

people with specific health conditions seeking rehabilitation in workplaces or at risk from specific conditions that may motivate some forms of workplace health promotion (e.g. around smoking or healthy eating). In this sense, wellbeing is democratic that can be used to evaluate the success of different interventions that apply to diverse groups within the same workspace (cf. Layard, 2016).

Nevertheless, although addressing some problems, using psychological wellbeing as a focus also brings complexities. Psychological wellbeing has many components, and so is not a single 'thing'. The choice of which component or components to evaluate, and the measures to do so, could mean that some aspects of wellbeing and the health and wellbeing practices most closely associated with those aspects of wellbeing get higher priority in management decisions than others. Some of these components (e.g. affective elements) are more volatile than others and sensitive to events over which human resources or occupational health professionals have no control—e.g. other organisational changes, the weather or even the performance of football teams (e.g. Gkorezis et al., 2016). This could make it appear as if a practice or programme of practices had no benefits or even adverse effects, when in fact things could have been a lot worse if there were no health and wellbeing practices in place.[1] Third, and related to the former, wellbeing in different life domains spills over into other domains—meaning wellbeing at work can be affected by wellbeing at home and vice versa. This may make some managers feel uncomfortable about encroaching upon workers' personal lives. Fourth, psychological wellbseing is an individual experience, and there exist differences between individuals in 'baseline' levels of wellbeing (Steel et al., 2019), the types of events that trigger changes in wellbeing and abilities to adjust to or cope with negative events or poor mood (Lazarus, 1991). One potential problem here is that managers may be concerned about condescending paternalism through workplace practices focused on wellbeing if workers may feel wellbeing is their own responsibility. On the other hand, individual differences may justify approaches that place the management of wellbeing entirely on individuals (Hancock & Tyler, 2004), and hence also justify decisions to enact practices that are detrimental to worker wellbeing (e.g. casualization of contracts, redundancies, punitive performance management practices, cf. Tomlinson & Kelley, 2013; White, 2017). Moreover, compared to some workplace hazards (e.g. exposure to noxious fumes), the relationships between so-called psychosocial risks (e.g. high work demands) and psychological outcomes can be far less clear cut and difficult to quantify (Rick & Briner, 2000). Correspondingly, regulatory approaches to psychological health and wellbeing may be based much more on employers engaging in voluntary practices and corporate social responsibility (Mishiba, 2020).

Because of, rather than despite, these complexities, we argue psychological wellbeing should remain a key focus for research on workplace health and wellbeing

[1] One of the reasons for including control groups in trials of new practices is to attempt to capture the effects of such 'confounding' events, although many organisations would not attempt this kind of evaluation.

practices. This is because the complexities of psychological wellbeing give different stakeholders considerable latitude in choosing which aspects of wellbeing to emphasize, how to manage it and who should be responsible for managing it (Daniels et al., 2018), thus making wellbeing a contested concept between different stakeholders (Jenkins, 2017; Oman, 2015; Scott & Bell, 2013). Therefore, wellbeing, as a focus of health and wellbeing practices, is located in the social, cultural and political fabric of organisations, and the management of wellbeing is correspondingly tied up in these social, cultural and political factors. This contrasts with the largely rational approach taken in the interventions literature (next section), within which social, cultural and political factors are considered to be 'noise' that interferes with the implementation and effectiveness of scientifically credible interventions. In this book therefore, we focus on the organisation as a social, cultural and political entity is in keeping with the potential for there to be conflict between different stakeholders around how to manage workplace wellbeing. Moreover, if we take the view that the social world (including work organisations) is perceived, produced and reproduced by human actors, understanding different stakeholder perspectives on wellbeing is important for understanding the context within which actions intended to improve wellbeing may actually influence wellbeing (Ackroyd & Karlsson, 2014).

From a practice and policy point of view, acknowledging the contested nature of wellbeing and its management is important if organisations are to be successful in promoting workplace wellbeing. Engagement with stakeholders also may mitigate against the co-option of wellbeing by powerful groups with specific ideological goals (e.g. see Davies, 2015). Moreover, ignoring workers' own views on their wellbeing priorities area in favour of management or consultants' perceptions on what they should be runs a very real risk of implementing practices that are ineffective because they do not address matters of importance to different groups of workers (Nussbaum & Sen, 1993). In part this is because attaining what is important to people influences their wellbeing (Carver & Scheier, 1990; Sheldon & Elliot, 1999). Although understanding the views of different stakeholders in developing workplace health and wellbeing programmes means confronting and dealing with conflicting priorities between different groups of workers, managers and expert implementers (human resources, occupational health, management consultants), the reality is that these conflicts need to be addressed even where the goals are social goods (wellbeing practices). Given finite resources within organisations, understanding the views of different stakeholder groups, especially those to be affected most, allows more inclusive decisions to be taken on how and to whom resources should be allocated.

To conclude this section, although we see wellbeing as a largely psychological and experiential construct, we also acknowledge that it is contested and socially constructed by different stakeholder groups, and that contestation is important for understanding how workplaces influence workers' wellbeing. So far, we have left unaddressed the issue of what constitutes 'sustaining' wellbeing. On the one hand, we could approach 'sustaining' wellbeing as the process through which organisations attain and maintain a given level of 'good' wellbeing amongst their workforces. However, recognizing the contested nature of wellbeing, an alternative approach