Workplace health and wellbeing strategy

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Abstract

Best practice guidelines and research evidence indicate that progressive organisations typically can, and do, adopt multiple workplace health and wellbeing practices in a combined programme of activities. We outline what best practice guidelines indicate should be included in these programmes; how organisations might co-ordinate multiple activities in a single, coherent, strategic programme and develop that programme over the longer term; and how strategic programmes may come to have effects over and above the sum of individual parts.

Keywords

Workplace health and wellbeing strategies; multicomponent health and wellbeing interventions; implementation factors; continuous improvement; workplace health promotion; occupational health.

Introduction

Guidance on best practice (ISO, 2018; LaMontagne et al., 2014) indicates organisations should adopt multiple specific practices to protect and enhance the health and wellbeing of their employees, and that these practices should be integrated into coherent and co-ordinated programmes of activities. Further, the range of practices should include elements focused on rehabilitation of workers with health conditions back into work, and prevention of health conditions through minimisation of exposure to workplace hazards, including working conditions hazardous for mental health (e.g., excessive workload). Case studies of good practice, and surveys of organisations, indicate progressive organisations do

indeed adopt co-ordinated activities in overall workplace health and wellbeing strategies (Batorsky et al., 2016; Daniels et al., 2022; Johnson et al., 2018).

Best practice guidelines

There is a range of guidance available for organisations, issued by governmental agencies, non-governmental organisations, consultants, and researchers (for reviews of this guidance, see e.g., Daniels et al., 2022 and Daniels, 2023). Even guidance focused primarily on prevention of work-related health problems (e.g., Health and Safety Executive, 2019) includes recommendations to have in place procedures to respond to individual health concerns, so that these health concerns do not escalate.

There are common features in the guidance. Much guidance recommends a linear staged and sequential process, involving, for example: a preparation phase, risk assessments, action planning and implementation, monitoring actions, review, and continuous improvement. The preparation phase often includes establishing a business case. The preparation phase can also involve ensuring elements of the organizational context are favourable for implementing an organisational health and wellbeing strategy, for example securing management commitment and organisational capability in the form of resources and relevant managerial competences. The guidance also tends to recommend formal governance structures, such as steering groups with representation from senior managers. Other recommendations include extensive involvement of a wide range of stakeholders including workers themselves, extensive and multichannel communication, and designated project managers or health and wellbeing champions. It is also frequently recommended that health and wellbeing practices are implemented in such a way that they cause minimum disruption to other organisational practices and priorities. Less frequently, guidance suggests the importance of external facilitation (e.g., management consultants), regular reporting of progress on workplace health and wellbeing at board level, and clear articulation of how the organisation supports the recruitment and retention of workers with disabilities and health conditions.

Co-ordinating multiple activities in a single, coherent, strategic programme

Organisational strategies reflect a pattern in a stream of decisions, behaviours and practices, that may or may not be planned or even intentional (following Mintzberg & Waters, 1985, p 257). Therefore, a strategic approach to workplace health and wellbeing reflects an on-going pattern of health and wellbeing practices, rather than necessarily

adhering rigidly to best practice guidelines. Organisational wellbeing logics underpin workplace health and wellbeing strategies (Daniels et al., 2022). Organisational wellbeing logics are cognitive schemas held by organisational actors, particularly key decision makers. Organisational wellbeing logics are characterised by genuine care and realising benefits for employees. However, organisational wellbeing logics are frequently linked to a business case in relation to organisational performance. Further, it is likely that organisational wellbeing logics rarely if ever displace other logics that shape organisational priorities (e.g., efficiency). Therefore, organisational wellbeing logics may be in a continual state of development, and conflict with other logics.

Organisational wellbeing strategies may be sustained by continuity of effort and continuous learning from implementation of health and wellbeing practices, so that the strategy or elements in the strategy can be adapted for better implementation (Daniels et al., 2021, 2022). Governance of multiple activities includes consultative processes and practices aimed at capturing learning from implementation of specific activities. Governance activities (e.g., via steering groups, continuous improvement groups, staff consultation fora) can include deciding on which practices to adopt, which to adapt, and which to withdraw, as well as enabling the transfer of learning from one part of the organisation to another. In this way, governance activities oversee the evolution of the strategy, thus reflecting a pattern of decisions and actions directed towards employee health and wellbeing.

Governance activities are also the locus of decisions on how to reconcile tensions between health and wellbeing activities (underpinned by an organisational wellbeing logic) and other organisational priorities (underpinned by competing logics). Three broad choices are available (Daniels et al., 2022). These are: . (a) Grafting, which is adapting a health and wellbeing practice (or practices) so that it is implemented in a way that is compatible with other organisational procedures, practices and structures (as frequently recommended in best practice guidance, see above); . (b) Fracturing, which is changing the organisation to be compatible with a health and wellbeing practice (or practices) in a manner which breaks with existing culture or processes; and (c) Gestalting, which is bringing health and wellbeing practices together under the same umbrella with other organisational procedures, practices and structures to create a common goal or purpose.

An important element of the underpinning organisational wellbeing logic is incorporation of genuine care for employees, and having a strategic approach that is beneficial for employee health and wellbeing. Nayani et al. (2022) built on the notion of authenticity to understand how organisations demonstrate genuine care to employees.

Authenticity in this context reflects tangible actions and practices around employee health and wellbeing, that match articulated organisational values in respect of employee health and wellbeing. To be authentic, Nayani et al. (2022) concluded that organisations need to be responsive to changes in employee concerns about health and wellbeing. Nayani et al. labelled organisational responsiveness to changing circumstance as 'authenticity work'. Authenticity work entails organisations noticing, understanding and acting on employee concerns, so that health and wellbeing programmes are developed as circumstances change. Authenticity work provides the basis for 'authenticity building', which is an on-going process of organisations making efforts to be perceived as authentic in their concern for employee health and wellbeing. Therefore, to signal genuine care for employee health and wellbeing, organisations should, as best practice guidelines indicate, engage in continuous improvement. However, organisations should also use their employee consultation processes to ensure that continuous improvements in health and wellbeing strategies reflect changes in employee health and wellbeing concerns.

Effects of strategic programmes

Within strategic approaches to workplace health and wellbeing, specific practices should confer benefits for employee health and wellbeing if they are well-implemented, and based on robust, scientific evidence for their effectiveness. It might also be possible for programmes of activities to have effects above and beyond the sum of the effects of individual practices. There are several potential routes through which this might happen (Daniels et al., 2022), including: (a) signalling effects; (b) non-specific social processes; (c) promotion of self-care; and (d) enhanced organisational capability.

In relation to signalling, organisations that adopt a wide range of health and wellbeing practices send strong signals to employees of organisational care. This is especially so if those practices are supplemented through extensive communication about health and wellbeing, in particular from senior managers. In itself, such signalling could promote perceptions of organisational support, in turn promoting employee wellbeing. Such signals might also provide a sense of psychological safety for those with health conditions to disclose information about those conditions, and so unlock organizational resources to help manage those conditions at work.

In relation to non-specific social processes, many health and wellbeing practices involve group-based activities (e.g., group-based training). To the extent that such group-based activities are on-going, workers may generate a sense of identity with each other, and

more socially supportive relationships. Moreover, on-going communication around health and wellbeing may encourage workers to consider their own health; and although they may not engage with health and wellbeing activities provided in the workplace, they may instead engage in other healthy behaviours outside of the workplace. Finally, at an organisational level, implementing health and wellbeing practices may develop managerial and organisational capabilities, that mean future efforts at implementing practices can be more efficient, either incurring less cost and/or conferring more health and wellbeing benefits (Daniels et al., 2022).

Conclusions

A strategic approach to workplace health and wellbeing reflects an on-going pattern of health and wellbeing practices. This pattern can be sustained by continuity of effort in implementing health and wellbeing practices, learning from implementation and adaptation, and development of a programme of activities and specific elements with that programme. Underpinning a strategic approach is a health and wellbeing logic, or cognitive schema, that guides decision makers, and incorporates a consideration of benefits from individual and organisational perspectives reflective of genuine care for employee health and wellbeing. Moreover, genuine care can be signalled through adapting the programme of activities to meet changing circumstances, and employee concerns about health and wellbeing.

References

Batorsky, B., Van Stolk, C. & Liu, H. (2016). Is More Always Better in Designing Workplace Wellness Programs?: A Comparison of Wellness Program Components Versus Outcomes. *Journal of Occupational and Environmental Medicine, 58*, 987-993.

Daniels, K. (2023). *Work, jobs and common mental health problems - what guidance should employers receive*. Evidence paper. Warwick: ReWAGE - Renewing Work Advisory Group of Experts.

Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.

Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A. & Semkina, A. (2021). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.

Health and Safety Executive (2019). https://www.hse.gov.uk/pubns/wbk01.pdf. Accessed 27/06/2023.

ISO (International Organization for Standardization). (2018). *BS 45002-1:2018. Occupational health and safety management systems. General guidelines for the application of ISO 45001. Guidance on managing occupational health*. Geneva: International Organization for Standardization.

Johnson, S., Robertson, I. & Cooper, C.L., (2018). *Work and Well-being*. London: Palgrave Macmillan.

LaMontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., ... & Smith, P.M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, *14*, 1-11.

Mintzberg, H., & Waters, J. A. (1985). Of strategies, deliberate and emergent. *Strategic Management Journal*, *6*, 257-272.

Nayani, R., Baric. M., Patey, J., Fitzhugh, H., Watson, D., Tregaskis, O., Daniels, K. (2022). Authenticity in the pursuit of mutuality during crisis. *British Journal of Management, 33*, 1144–1162.