SHEENA JOHNSON, IVAN ROBERTSON & CARY L. COOPER

well-being

productivity & happiness at work

SECOND EDITION

WELL-BEING

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Productivity and Happiness at Work

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There can be no health without mental health
United Nations Secretary-General Ban Ki-moon:
Message on World Mental Health Day,
10 October 2010
We know that mental health is just as important to our overall well-being as our
physical health
First Lady of the United States Michelle Obama:
Speech at "Change Direction" Mental Health Event,
4 March 2015
There is no escaping the fact that people with mental health problems are still not
treated the same as if they have a physical ailment—or the fact that all of us—
government, employers, schools, charities—need to do more to support all of our
mental wellbeing
UK Prime Minister Theresa May:
Charity Commission Speech,
9 January 2017

Preface

This is the revised edition of a book first published in 2011 about well-being, productivity and happiness at work, and about ways to preserve and promote such phenomena. This new edition brings the information right up to date by including detail on recent research advances into well-being at work. We also introduce new topics such as what we need to consider about well-being in the context of an aging workforce, and how mindfulness can be used to improve well-being. This edition also includes six new well-being case studies that have been conducted in the last few years to demonstrate how companies are taking the well-being of their employees very seriously. We are very pleased to be able to provide information on the well-being approach of the following case study contributors: BT; John Lewis Partnership; the Civil Service; Network Rail; Rolls-Royce and Tesco Bank.

As with its predecessor, the book is remarkably timely. Globally, the importance of well-being is increasingly being recognized. Not long ago, the then first lady of the USA, Michelle Obama, raised awareness of the importance of mental health and well-being through a number of high-profile speeches and through the launch of initiatives designed to support people to greater well-being. More recently in 2017, the UK Prime Minister Theresa May spoke about the need for everyone, including the government and employers, to do more to support mental well-being.

In spite of these recent references, the basic idea about well-being and quality of life as political goals is not new. Lennart Levi, Emeritus Professor of Psychosocial Medicine (Karolinska Institutet), explored this notion in his introduction to the first edition of this book.

According to Greek physician Galen, employment is "nature's physician, essential to human happiness". Although according to John Stuart Mills "it is possible to do without happiness. It is done involuntarily by nineteen-twentieths of mankind", William James maintained that "how to gain, how to keep, how to recover happiness is in fact for most men at all times the secret motive of all they do, and of all they are willing to endure".

A prerequisite for all this is that people, indeed, have a job, and that this job is of reasonably good quality. This is nicely summarized in the European Union's Lisbon strategy "More and Better Jobs". Unfortunately, countless European workers remain unemployed or have jobs that are patho- rather than salutogenic.

This book explores the important elements of all these issues.

The books first part considers why well-being matters. It begins by telling the story of how individuals can benefit from improved well-being in the workplace before analyzing the demonstrable benefits for organizations, such as lower sickness absence, improved retention of talented people, and more satisfied customers . The first part concludes with a discussion of how well-being relates to employee engagement.

Part 2 considers what is meant by well-being, including both positive emotions and the sense of purpose in life. This Part also explains how well-being can and should be measured.

Part 3 focusses on what influences well-being, and looks both within as well as beyond working life.

Part 4 takes a look at the benefits of well-being, with emphasis on building personal resilience as well as ensuring a healthy workplace as two key objectives.

Part 5 presents six important chapters with highly illustrative and relevant case studies, from BT; John Lewis Partnership; the Civil Service; Network Rail; Rolls-Royce and Tesco Bank.

This book is an essential resource for occupational health practitioners, managers, scholars, and researchers. Indeed anyone who is concerned with health and productivity issues in workplaces can benefit from the information included.

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Part I

Why Well-Being Matters

1

For Individuals

Work can make you sick—and work can make you happy. Which one happens depends on who you are, what you do and how you are treated at work. Work that is rewarding, involving good relationships with colleagues and opportunities to feel a sense of achievement on a regular basis is a key factor in psychological well-being (PWB). Good PWB, as we shall see later in this chapter, is linked to good physical heath. Dull and monotonous work, difficult relationships with others and work that is impossibly demanding 'or lacks meaning' damages resilience, PWB and physical health. Later chapters will explain how PWB can be damaged or enhanced by work and will also cover the key workplace factors that influence PWB. This chapter sets the scene for what follows by explaining why PWB at work matters and how it is linked to overall sickness and health.

Overall, well-being includes three main parts: physical, social and PWB (Fig. 1.1). This book focuses on psychological (mental) well-being in particular. That does not mean that the other forms of well-being are less important than PWB.

In the workplace however, when industrial accidents and dangerous working conditions are set to one side, PWB is most important—and (apart from accidents, etc.) work has more direct impact on PWB, rather than the physical or social aspects of well-being.

At the most basic level, PWB is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways it is not necessary, or helpful, in a book like this to worry about fine distinctions between such terms. If I say that I'm happy, or very satisfied with
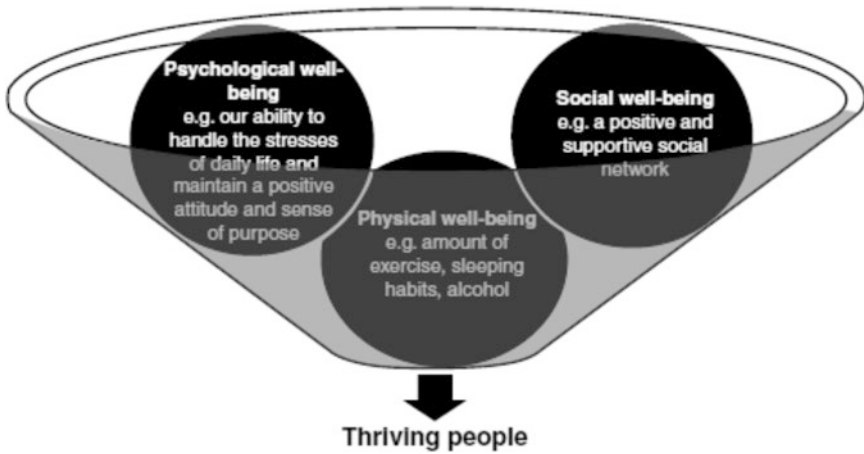
Fig. 1.1   The three components of well-being

my life you can be pretty sure that my PWB is quite high! It is important though to explain that some other popular terms such as "job satisfaction" or "motivation" are not the same as PWB. Job satisfaction is about how satisfied someone feels with their current job; this is certainly a factor in PWB but, for example, it is perfectly possible for someone to be satisfied with their specific job but be very unhappy about relationships with some colleagues, or the quality of management and supervision that they receive. The same goes for motivation. I could be very energized by a work task and work very hard at it because I feel it's important and I don't want to let people down, but the workload involved and lack of resources available could make me frustrated and unhappy. Although we will look more closely at the specific meaning of PWB later in this chapter, for the moment we can say that good PWB is more or less the same as being happy at work. Later in this chapter we will also look at the specific evidence showing how PWB at work has an impact on physical health, job performance and things such as career success. To place the role of work in context we begin by reviewing how PWB is associated with overall success in life, with physical illness and other related factors.

PWB Is Linked to Success and Health

Research studies have shown that higher levels of PWB are linked to higher levels of income, more successful marriages and friendships and better health and, as we shall see later, better work performance. Of course, talking of a

link between PWB and success in life immediately raises an important question—which comes first? In other words, does success come before higher levels of PWB, bringing the (obvious) outcome of increased happiness, or might it be that higher levels of PWB actually lead to successful outcomes? In fact, it seems quite likely that both of these effects happen. It is self-evident that doing well at something that matters to us brings psychological benefits, including increased PWB but it does also seem to be the case that people who develop higher levels of PWB are better equipped to deal with life and are more likely to make a success of things. What is the evidence for this?

Some research on this topic involves looking at happiness scores for a group of people and also looking at how these people fare on the types of life factors that have been mentioned above—marriage, friendships, income and so on. In practice there are quite a lot of studies of this kind (referred to as "cross-sectional" studies) and they generally produce the same conclusion: that greater happiness is associated with better results on the life factors. For example, studies have shown that in three primary life domains (work, relationships and health) people higher on PWB come out better (Lyubomirsky et al. 2005). As well as these primary life domains the cross-sectional research also shows that PWB is linked to many other characteristics that are seen by our culture and society as desirable, such as positive views of self and others, popularity with other people, coping with distress and better immune system functioning.

Although this type of research shows overwhelming support for the link between PWB and life success, it cannot tell us for certain whether PWB leads to success or vice versa. Longitudinal studies are needed to answer this question properly. In longitudinal studies data on PWB are collected at one point in time and then at a later point data on the life factors are collected. These types of studies make it more possible to draw conclusions about cause and effect. Such studies are especially powerful if the effect of the starting position on the life factors is also taken into account. For example, if two groups who are similar in terms of immune system functioning at the beginning, but with different levels of PWB, are compared over time. Sonja Lyubomirsky and her colleagues, Laura King and Ed Diener, looked at all of the longitudinal studies that they could find. Broadly, although the evidence was less extensive, they found the same conclusions as the cross-sectional studies. They found that "Study after study shows that happiness precedes important outcomes and indicators of thriving, including fulfilling and productive work, satisfying relationships and superior mental and physical health and longevity" (Lyubomirsky et al. 2005, p. 834). More recent research has confirmed their findings. Yoichi Chida and Andrew Steptoe

(2008) looked at 35 separate longitudinal studies examining the relationship between PWB and mortality. They found that positive PWB had a protective effect. Overall, the research that they examined showed that positive well-being was associated with reduced mortality rates for healthy people and reduced mortality for patients with specific illnesses, such as immune system viruses and kidney failure. They concluded that "… positive PWB has a favourable effect on survival in both healthy and diseased populations" (Chida and Steptoe 2008, p. 741). Data from the English Longitudinal Study of Ageing also reveals well-being is linked to longer survival (Steptoe et al. 2015). The study found just under thirty percent of people in the lowest well-being quartile died in the follow up period of 8.5 years, compared to just over nine percent of people in the highest well-being quartile. A two way relationship between well-being and health was also reported, with poor health leading to poorer well-being, and high levels of well-being helping to reduce physical health impairments. The direction of the relationship between happiness and poor health was also reported on the following year by Liu et al. (2016). They proposed that poor health can cause unhappiness and poor health is linked to mortality but they did not find a direct link between unhappiness and other measures of PWB and mortality. This study only looked at middle aged women though and so may not be generalizable despite a very large sample of over 700,000 women. Research investigating the links between well-being, health, mortality and other life outcomes continues but it is clear well-being has an important role to play in our lives.

Actually, PWB has two important facets that are reported on in studies on well-being such as Steptoe et al's ageing research described above. The first of these refers to the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of PWB is referred to as subjective well-being (Diener 2000). Subjective well-being is a necessary part of overall PWB but on its own it is not enough. To see why this is so, imagine being somewhere that you really enjoy, perhaps sitting on a yacht in the sunshine, with your favorite food and drink and some good company—or alone if that's how you'd prefer it! For most people that would be very enjoyable for a week or two but imagine doing it not just for a week but forever! There are very few people who would find that prospect enjoyable. The old saying may be true, you can have too much of a good thing. What this example brings home is that to really feel good we need to experience purpose and meaning, in addition to positive emotions. So, the two important ingredients in PWB are the subjective happy feelings brought on by something we enjoy AND the feeling that what we are doing with our lives has some

Eudaimonic well-being terms
- ✓ Self-acceptance
- ✓ Environmental mastery
- ✓ Positive relationships
- ✓ Personal growth
- ✓ Purpose in life
- ✓ Autonomy

Hedonic well-being terms
- ✓ Happiness
- ✓ Subjective well-being
- ✓ Positive emotions
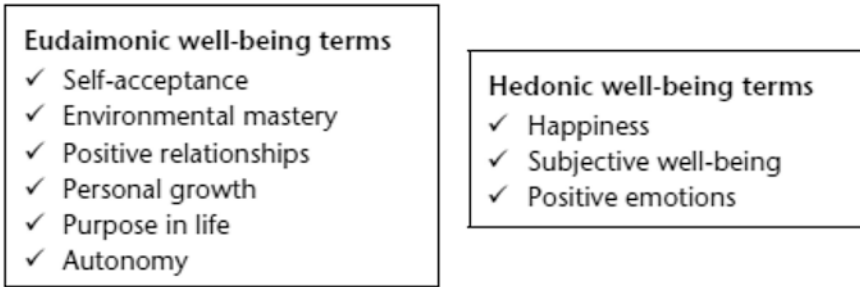
Fig. 1.2 Hedonic and eudaimonic aspects of PWB

meaning and purpose. The term "Hedonic" well-being is normally used to refer to the subjective feelings of happiness, and the less well-known term "Eudaimonic" well-being is used to refer to the purposeful aspect of PWB, and is the type of well-being Steptoe et al. (2015) found was linked to better survival rates. Psychologist Carol Ryff has developed a very clear model that breaks down eudaimonic well-being into six key parts. Figure 1.2 illustrates both hedonic and eudaimonic PWB.

In further research Ryff and her colleagues (2004) have explored the links between both aspects of PWB and biological indicators of physical health. As with the other research described above they found many relationships between PWB and biological markers of health, such as levels of cortisol (the "stress" hormone), risk of heart problems, immune system functioning and sleep quality. Interestingly in their study they found that hedonic well-being showed relatively few links with the biological markers but eudaimonic PWB was more strongly associated with them. These results may have been influenced by the relatively small sample used in their work (135), or by the nature of the sample (women over 61 years of age). More recently Ryff reviewed the research into eudemonic wellbeing and reported that the evidence increasingly suggests it has health protective features for length of life and risk of disease (Ryff 2013). She also commented on the increasing emphasis being placed on resilience as a way to maintain or increase PWB which is something we explore more in Chap. 8.

Despite some reservations and the inevitable need for more research, the results of existing research point very strongly to links between PWB and life and health outcomes. So, if the beneficial effects of high PWB are established, a new question arises: how does PWB protect people against illness or lead to life success? It could be that people higher on PWB behave in specific ways that protect them against illness, such as not smoking, taking

exercise, sleeping regularly and complying with instructions when they are given medication. In fact, all these things are associated with PWB but, as Chida and Steptoe showed in their research, the effects of PWB on health remain even when these behavioral differences are fully taken into account. Although the behavior of people with higher levels of PWB does not seem to protect against illness, it certainly does seem that behaviors linked to higher PWB do lead to life success. Lyubomirsky et al. (2005) reviewed a great deal of research and found that higher PWB was associated with a range of behaviors and psychological processes linked to success, including positive self-perceptions, positive judgments of others, performance on complex mental tasks, creativity, flexibility and originality. In addition to the behavioral benefits of PWB the research also suggests biochemical benefits. As the work of Ryff and colleagues, mentioned above, has shown, there are links between certain biochemicals, such as cytokines (e.g. Interleukin 6), which are important for immune system functioning and linked with a range of health outcomes. There are also links with neuroendocrine functions, such as the levels of cortisol (the stress hormone) and PWB (see Box 1.1).

Box 1.1 Psychological well-being and the biochemical response

Many studies have been conducted demonstrating the link between stress and health. However, there is a growing interest in exploring the positive links between PWB and health. A modest pattern of results has been demonstrated to date, specifically in relation to levels of Cortisol and Interleukin 6. Whilst caution should be exercised in placing too much emphasis on the findings due to the relatively small sample sizes (most have also been conducted with older women), it is thought provoking nonetheless.

Cortisol, the "stress hormone", is secreted in high levels in the body's fight or flight response, providing us with a quick burst of energy, heightened memory functions and lower sensitivity to pain among others, preparing the body to respond to perceived stressors. Prolonged levels of Cortisol in the blood, as a result of a failure to relax after a sustained period of high pressure or chronic stress, are associated with negative health outcomes such as impaired cognitive functioning, decreased muscle tissue and increased abdominal fat. Fortunately, there are various techniques that people who find it hard to relax can use to lower the level of Cortisol in their bloodstream (e.g. exercise, listening to music or breathing exercises).

Two recent studies have demonstrated the positive effect of eudaimonic PWB on Cortisol levels. Participants with higher levels of purpose in their life started the day with lower Cortisol levels that stayed lower throughout the day than those with lower levels of well-being (and lower levels of purpose and growth), apparently protecting them from the negative effects of high levels in the bloodstream.

Interleukin 6 (IL-6) is a cytokine, a messenger protein that regulates the body's immune response to disease causing inflammation. Overproduction or

inappropriate production of IL-6 is often associated with stress, and in turn high levels of IL-6 are associated with diseases including heart disease, type-II diabetes and some kinds of cancers. This is believed to occur in part because stressed people engage in unhealthy behaviors, e.g. overeating fatty food and smoking which activate the inflammatory response, releasing excess IL-6 into the bloodstream. Studies have also been conducted that demonstrate higher levels of IL-6 in people who have experienced an acute period of psychological stress suggesting it is not just associated with chronic stress.

In relation to the positive impact high levels of well-being might have, there is some early evidence, albeit with a very restricted sample, to suggest that high levels of eudaimonic well-being (purpose in life) are associated with lower levels of the inflammatory response. Quite how this association works is not clear; however, it is an encouraging and developing field of research.

Causes of PWB

Given the likely benefits of higher levels of PWB, it is interesting and rather important to ask—what are the factors that influence levels of PWB? As with most psychological constructs, at the most general level of analysis, there is a simple answer to this question: it is influenced by a mixture of genetics and environment. The genetic influences on PWB seem to operate through personality factors. In other words our genes help to determine our personalities and, in turn, our personalities help to determine PWB. Research has already established that personality factors are heavily influenced by the genes that people inherit from their parents. Psychologists' views of the key factors involved in describing human personality reached agreement about 15 years ago, and nearly all psychologists recognize the so-called Big Five personality factors. These five factors are outlined in Fig. 1.3. Each person's standing on these factors becomes fairly clear by about 20 years of age and although there are some changes in later life each person's position on each factor remains fairly stable throughout life. The personality factors are continuous—so everyone lies somewhere between two extremes. For example, on Neuroticism, everyone is somewhere between very emotionally stable and laid back and highly neurotic, tense and anxious.

In fact just under 50% of our personality seems to be related to genetic factors. This finding has been established through specific types of research studies—kinship studies. These studies involve people with different degrees of genetic relationship, ranging from twins from a single fertilized egg, who are genetically identical—and usually referred to as identical twins—non-identical twins, born at the same time but two different eggs were fertilized, normal brothers and sisters, through to unrelated people. The studies also

Big Five

- **Openness**
  intellectually curious, open to new activities, prefer variety and novelty, fantasy and imagination
- **Conscientiousness**
  dependable, prudent, methodical and achievement striving
- **Extraversion**
  gregarious, active, assertive and positive emotions
- **Agreeableness**
  sympathetic to others, cooperative and trusting
- **Neuroticism**
  emotionally unstable, anxious, irritable and depressed

Fig. 1.3   The Big Five personality factors

take account of whether such people were reared together or separately. A combination of data and statistical techniques are then used to estimate how much of a human characteristic is inherited (see Bouchard and Loehlin 2001; this article provides a fairly non-technical overview of a highly technical area of research). Even though up to 50% of personality is inherited that still leaves room for substantial influence from environmental factors: the influence of parenting; life experiences and so on.

Personality is partly inherited, it also influences PWB. Several Big Five personality factors are linked with PWB but the largest effects are that extraversion, emotional stability (low Neuroticism) and agreeableness are all linked to higher PWB. The impact of personality on PWB stretches a long way and even extends to correlations between national personality and levels of PWB. Piers Steel and Deniz Ones (2002) found that personality predicted national levels of PWB even when gross national product was taken into account. In fact, it appears that the influence of our genes on PWB works entirely through our personality factors. Alexander Weiss and colleagues (2008) used a sample of 973 pairs of twins and looked at the links between genetic factors and PWB. What Weiss and his colleagues found was that all of the genetically determined variation in PWB was explained by variations in personality factors. So, the only way that our genes affect out PWB is by influencing our personalities. The facts that personality is stable and that it influences our PWB begin to suggest that perhaps PWB is stable as well.

If PWB was entirely determined by personality, then that would be a pretty alarming idea. It would mean that our PWB was not influenced by day-to-day experience or events, that it could not be changed, and that we would be stuck with the fixed level of PWB that we have inherited!

Fortunately, personality is only partly determined by our genes, and in turn, PWB is only partly determined by our personality. This means that the net impact of what we inherit on PWB leaves plenty of room for PWB to be influenced by what we do or by the situations we are in.

Of course there are many factors in our situations that might affect PWB but this book is about work and PWB, so let's concentrate on links between work and PWB. The first point to make is that, for most people, work is quite important for PWB. By the time people enter work their personality is more or less set, but, as we know, that does not mean that PWB is also set. In fact, when all other things are equal, people do seem to revert to a "set point" level of PWB that is their normal level of well-being. This set point may be at least partly determined by genetic factors. The role of the set point for PWB is explored more fully in Chap. 4. The critical importance of work for PWB is demonstrated in some research reported by Richard Lucas and colleagues (2004). They studied people who became unemployed and then found work again. Unsurprisingly they found that being out of work was linked with lower PWB (there are many other studies to support this result). They also found that when people found work again, their level of PWB moved back toward the set point—but never quite returned to previous levels, suggesting that significant life events can influence our transient and our baseline levels of PWB. Interestingly a wider impact of unemployment on well-being was reported following two large sample US surveys (Helliwell and Huang 2014). *U*nemployment was shown to link to well-being both directly for the unemployed individual but also indirectly. That is, even people still in employment see a negative impact on their well-being if there is a rise in local unemployment levels.

Work is important for PWB and PWB is important for work. As the study mentioned above shows, being forced out of work is distressing and has negative consequences for PWB. Of course, some work is unhealthy and may be damaging to PWB but for the most part, working is good for people and it has been shown to have a protective influence on general mental health and depression, something we discuss more in Chap. 6. It is worth taking a moment to consider why this is so—what is it that work generally provides that is good for PWB? The obvious answer is money, and of course, that is important.

Earning money enables people to access goods and services that provide both the essentials and the pleasures of life. So, first and foremost, most people's immediate reaction to the question of why do you work would be— for the money (see Box 1.2). But good work provides more than economic reward. A second fairly obvious thing that work provides is a structure and purpose to people's day-to-day lives. As we have seen earlier in this chap-

ter, one of the two key factors in PWB is a sense of purpose and of meaning. For many people work can help to provide this important "eudaimonic" experience. For most people working involves interacting with other people. Sometimes the other people at work may seem less than helpful and a source of reduced well-being, rather than a positive influence. For the most part though, when people respond to surveys about work, their relationships with others feature as one of the positives. A quick look at the factors that make up well-being laid out in Fig. 1.1 shows immediately just how many of them could be influenced by what happens in the workplace. For example, it is easy to see how work can provide opportunities for personal growth, purpose in life and positive relationships with others. In turn, as we shall see in the next chapter, people with higher PWB are better workers and deliver important benefits to their organizations.

Box 1.2 Well-being and money

Although many people spend much of their time trying to make more money, having more money doesn't seem to make us that much happier, or provide higher levels of well-being. In fact it is fairly well-reported that the relationship between happiness and money is non-linear. That wealth increases human happiness when it lifts people out of real poverty but that it does little to increase happiness thereafter. Information from global surveys that ask people how content they feel with their lives is one of the best sources of information on this. In a typical survey where people are asked to rank their sense of well-being or happiness on a scale of 1 (not at all) to 7 (completely satisfied) average scores of 5.8 were reported by American Millionaires, Inuits of Northern Greenland and the Masai tribe of Kenya, who I think you'll agree experience differing levels of luxury in their life. Homeless people from Kolkata came in at 2.9 but slum dwellers (one economic rung above the homeless) rate themselves at 4.6, far closer to the American Millionaires.

There are at least two factors that have been identified as playing a part in the above: choice and separating "needs" from "wants". Studies show that choice is important in happiness but again only up to a point, after which it becomes overwhelming and possibly leaves people worrying that they could have chosen something better than they did. Secondly, "wants", things that are nice to be able to afford, have a habit of becoming "needs" (e.g. the Internet) and satisfying needs brings less emotional well-being than satisfying wants. On a positive note, there is evidence to suggest that well-being can be increased by spending money on others, even relatively small amounts.

In terms of salary, one study by Dan Gilbert reported that Americans who earned $50,000 per year were much happier than those who earned $10,000 per year, but Americans who earned $5 million per year were not much happier than those who earned $100,000 per year. Furthermore, life satisfaction appears to be much more strongly related to ranked position of the person's income (compared to people of the same gender, age, level of education or from the same geographical area) than how much money each person earned.

More recent findings report that income is more strongly associated with happiness for individuals paid by the hour than by salary due to the impact on feelings of self-worth.

Studies tracking changes in a population's reported level of happiness over time are also an interesting source of information on this subject. Gross domestic product per capita has significantly increased in much of Western Europe, the USA and Japan since World War II, but people's sense of well-being, as measured by surveys has shown only mild improvements. It is believed that some of this is due to technological advances that have a significant lifestyle impact on one generation e.g. the washing machine, that are taken for granted by subsequent generations. This also relates to the idea of the "hedonic treadmill"—see Chap. 4.

References

Bouchard, T. J., & Loehlin, J. C. (2001). Genes, evolution, and personality. *Behavior Genetics, 31,* 243–273.

Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: A quantitative review of prospective observational studies. *Psychosomatic Medicine, 70,* 741–756.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55,* 34–43.

Helliwell, J. F., & Huang, H. (2014). New measures of the costs of unemployment: Evidence from the subjective well-being of 3.3 million Americans. *Economic Inquiry, 52*(4), 1485–1502.

Liu, B., Floud, S., Pirie, K., Green, J., Peto, R., Beral, V., & Million Women Study Collaborators. (2016). Does happiness itself directly affect mortality? The prospective UK Million Women Study. *The Lancet, 387*(10021), 874–881.

Lucas, R. E., Clark, A. E., Georgellis, Y., & Diener, E. (2004). Unemployment alters the set point for life satisfaction. *Psychological Science, 15,* 8–13.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131,* 803–855.

Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics, 83*(1), 10–28.

Ryff, C. D., Singer, B. H., & Love, G. D. (2004). Positive health: Connecting well-being with biology. *Philosophical Transactions of the Royal Society, 359,* 1383–1394.

Steel, P., & Ones, D. (2002). Personality and happiness: A national level analysis. *Journal of Personality and Social Psychology, 83,* 767–781.

Steptoe, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *The Lancet, 385*(9968), 640–648.

Weiss, A., Bates, T. C., & Luciano, M. (2008). Happiness is a personal(ity) thing: The genetics of personality and well-being in a representative sample. *Psychological Science, 19,* 205–210.

2

For Organizations

As Chap. 1 of this book has shown, PWB is important for individual employees in many different ways. Higher PWB is linked to life success, better health, mortality, career success, better relationships with others and more. This chapter concentrates on the benefits that high levels of PWB bring to the organization. Let's begin by looking at a few examples in specific sectors.

One of the biggest problems that hospitals in some countries have to face at the moment is the incidence of Methicillin-resistant Staphylococcus Aureus (MRSA). MRSA is a nasty infection that has developed some resistance to antibiotics. For patients with open wounds or with weakened immune systems MRSA is very dangerous and health professionals are interested in finding ways of minimizing its spread. One solution, which has been tried in several countries, including the United States, the Netherlands and Denmark, is to screen patients before admission to hospital. Obviously this can work up to a point, but does not guard against infection acquired while a patient is staying in hospital. Rigorous cleaning of surfaces, gowns and so on and regular handwashing with effective cleansers are essential to minimize the spread of MRSA within a hospital. Anyone about to enter hospital would be interested in the factors that are linked with lower rates of MRSA infection. One link that has been established is between indicators of staff well-being and rates of MRSA infection (Boorman 2009). The relationship between MRSA infection and staff well-being does not seem to arise because members of staff with lower well-being are likely to be carrying the bacterium (although this is possible and some studies have found

quite high levels of staff, more than 10%, carrying MRSA). The relationship seems more likely to arise because members of staff with higher levels of PWB behave differently—in ways that are likely to reduce the incidence of MRSA—more about this later.

Manufacturing industry has a very different environment from health care. In this type of work environment there are often quite clear measures of productivity, and competition is such that companies need to do everything that they can to improve the productivity of their employees. One specific factor that has been linked with productivity is whether employees feel that the organization shows concern for their welfare (Patterson et al. 2004). When this is the case the organization can expect to see better productivity levels. Malcolm Patterson and his colleagues looked at results across 42 different manufacturing companies. They found links between various aspects of the psychological climate in the company and productivity measures. Because they had been able to collect data over a period of time, they were able to be fairly confident that the climate factors actually caused changes in productivity. They examined many aspects of company climate and found eight specific factors that predicted productivity—in the year *after* they were measured. Productivity was assessed as the financial value of net sales per employee. As an integral part of the study they also controlled previous productivity, company size and industrial sector. The eight climate factors linked to productivity were: supervisory support, concern for employee welfare, skill development, effort, innovation and flexibility, quality, performance feedback and formalization. Concern for employee welfare (well-being) was the climate factor that showed the strongest relationship with subsequent productivity. So, results from manufacturing industry show that organizations derive benefits from being seen to care about the well-being of their employees.

People who work in service industries are in a sector where the challenges are different again. In any service role that involves dealing with customers it is common for employees to be confronted with customers who are irritated or even very angry. Perhaps they have spent a long time on the telephone helpline holding on, standing in a queue waiting for attention or have arrived late at night at a hotel to find that their booking is not recognized. Employees dealing with these kinds of difficult situations have to think on their feet a great deal and sometimes need to use 'emotional labour' to exhibit the right emotion for the situation, something we discuss more in Chap. 7. Employees will often need to rely on the support and help of colleagues to solve unexpected problems. To resolve the customers' concerns, the person on the spot and their colleagues often need to "go the extra mile" and do something that is outside the scope of their normal job. Sometimes this type of

behavior is referred to by organizational psychologists as good "organizational citizenship" or putting in "discretionary effort". It may also be referred to as "extra role" behavior—because it often involves members of staff carrying out tasks that are not strictly part of their normal role. As a customer it can be very frustrating to see simple things that could be done but are neglected because they are not part of someone's defined role. One of the authors well remembers visiting a mainline railway station in the United Kingdom on a regular basis. For several weeks he noticed that in the washroom a hand dryer was not functioning. A simple repair with a piece of tape would have made it serviceable until a proper repair could be carried out. But week after week nobody had taken the initiative to do anything. Probably everyone has many examples of similar things. How angry and frustrated the business' leaders must be to see that their employees are not prepared, or don't feel able, to step outside their specific role and fix a simple problem. But how often do these same business' leaders link the problem to the well-being of their members of staff? Guess what? In service organizations where staff well-being is higher, members of staff are more likely to go the extra mile (Moliner et al. 2008); customer satisfaction and service quality have also been shown to be linked to employee well-being (Dorman and Kaiser 2002, Harter et al. 2003).

Given the knowledge that studies have shown links between productivity, customer satisfaction, patient care, service quality and PWB, it is perhaps not surprising that PWB has actually been linked with a very wide range of important outcomes for organizations. First, research has established that PWB is directly correlated with performance. Studies conducted in organizations (Wright and Cropanzano 2000) have revealed positive relationships between levels of PWB and job performance, demonstrating that people with higher levels of PWB perform better at work than those with lower PWB; indeed, the results show that well-being predicts job performance more effectively than job satisfaction does. Recent studies have confirmed this, in a study of 9000 employees in 12 organisations PWB was shown to enable the prediction of performance beyond that achieved by looking only at positive work and job attitudes (Robertson et al. 2012). Figure 2.1 illustrates the strength of the relationship between PWB and (self-reported) productivity levels. The results in Fig. 2.1 come from a sample of 750 employees in the northwest of England—but we have obtained similar results from organizations in many different settings.

As Fig. 2.1 also shows, an increase of one point on the PWB scale (which was measured on a scale from 1 to 5) is associated with an increase in productivity of 8.8%.

The chart shows Productivity (%) on the y-axis (0 to 120) plotted against PPWB on the x-axis (0 to 25), with a positive trend line.

Y-axis label: **P = Productivity (%)**

X-axis label: **PPWB**

Chart annotations:
Positive psychological well-being and productivity

$N = 750$, from one organization

$r = 0.41$

$P\% = 63 + (PPWB) \times 8.8$

- An increase of one point on the PPWB scale relates to an increase of 8.8% in productivity

Fig. 2.1 The relationship between PWB and productivity

One large piece of research analyzed data from nearly 8000 separate business units in 36 companies (Harter et al. 2003). They found significant relationships between well-being scores on an employee survey and business unit level outcomes, such as customer satisfaction, productivity, profitability, employee turnover and sickness-absence levels. As well as demonstrating links between well-being and important organizational outcomes, their research reports are interesting in another way, as they illustrate the potential relationships between PWB and employee engagement. Although they discuss their work as an illustration of the "well-being" approach in some of their publications, they also refer to the survey that they use as a measure of engagement-satisfaction. The relationships between PWB, employee engagement and job satisfaction are interesting and important and they are explored more fully in the next chapter of this book.

PWB and "Presenteeism"

Low levels of PWB have obvious consequences for sickness-absence rates in an organization but they also appear to be important when it comes to the interesting phenomenon of presenteeism. Presenteeism is both impor-

Table 2.1 Productivity losses due to sickness presenteeism

Condition	Average productivity loss (%)
Seasonal allergies/allergic rhinitis/hay fever	4.1
Migraine	4.9
Depression	7.6

Source Hemp, P. Harvard Business Review (2004)

tant and somewhat misunderstood. Let's tackle the misunderstanding aspect first. In practice the term seems to be associated with at least three different meanings. One of these refers to people attending even though they are sick. In practice of course, this is quite common. Many people will still attend work when they have a cold or perhaps an ongoing health condition such as migraine or hay fever. Generally when people are sick they perform less effectively. For example, the results in Table 2.1 show the loss of productivity associated with some of the common forms of illness that do not always prevent people from working.

The second meaning that is sometimes given to presenteeism concerns putting in long hours but not actually working all of the time, or leading people to believe that you are working (e.g. leaving a jacket on the back of a chair)—sometimes referred to as putting in "face time". The third meaning involves working at a reduced level because of other distractions, such as browsing the Internet or playing games online.

As far as research on presenteeism is concerned it is the first type of presenteeism, sickness presenteeism, which has received most attention. Sickness presenteeism due to psychological problems seems to be a particular problem and some reports have estimated that the costs of presenteeism are greater than those due to sickness-absence. The NorthWest Public Health Observatory (2010) reported that the negative outcomes of presenteeism may result in costs for organizations that are twice as much as absenteeism costs, and that presenteeism is more common among higher-paid staff. In 2015 the CIPD Absence Management Report reported that presenteeism had risen for the fifth year in a row, but over half of their survey respondents also reported that no steps had been taken within their organization to try and reduce presenteeism. Which is surprising when you consider the costs involved! The CIPD also reported that employers who experienced increased presenteeism were almost twice as likely to see an associated rise in absence relating to poor PWB, suggesting there is a link between the two. A year on though, although presenteeism was again reported in the 2016 CIPD Absence Management Report as a significant issue for organizations, there

Table 2.2 The prevalence of presenteeism

	Health "Good"	Health "Not good"
No absences	35% (Healthy and present)	28% (Presentees)
Some absences	13% (Healthy but not always present)	24% (Unhealthy and not always present)

was a large increase in the number of organizations stating they were taking steps to tackle presenteeism. This indicates that some organizations are starting to take the issue of presenteeism more seriously.

There is little doubt that presenteeism is quite widespread. Table 2.2 shows some prevalence data for presenteeism for a sample of nearly 40,000 employees in the United Kingdom.

As Table 2.2 shows, some 28% (about 11,000 people) reported some degree of presenteeism. Levels of presenteeism are associated with a number of other factors and further analysis of the results from the sample reported in Table 2.2 showed that for people who report poorer than average levels of PWB presenteeism is even higher (38%).

Workplace Factors and PWB

So, there is a significant amount of research offering support for the idea that organizations in which employee PWB is higher will get better results. Obviously this is important and establishing that higher levels of PWB are linked to important organizational benefits is a key component of the business case for PWB. But once this is established what also becomes important is to understand *how* this relationship works. The research outlined next helps to provide some insights into this.

As well as demonstrating the links between PWB and productivity the researchers who carried out this work also looked at the factors in the workplace that are known to influence employee PWB. Their study (Donald et al. 2005) examined PWB results, across 15 different organizations in the United Kingdom. These organizations were from both the public and the private sector. Two manufacturing plants, a local education authority, a large county council, three police forces, three universities, a prison service and various other service providers were included in the total sample of over 16,000 people. Respondents worked in a range of professional, administrative and manual occupations. The researchers used an earlier version of the well-being survey (ASSET, see Faragher et al. 2004). The survey tool meas-

Table 2.3 Some illustrative factors measured by the ASSET survey tool

ASSET factor	Explanation
Workplace factor: Control and autonomy	The items included in ASSET for this factor focus on the extent to which job holders feel that they have control over how they carry out their work—e.g. involvement in decision-making, whether ideas and suggestions are taken into account
Workplace factor: Work (over)load	The items included in ASSET for this factor focus on the extent to which the workload itself is a source of excessive pressure for an individual—e.g. unrealistic deadlines, unmanageable workload
Organizational outcome: Productivity	This ASSET scale asks people how productive they have felt over the previous 3 months—using a percentage scale—up to 100% productive
Individual outcome: Psychological (ill) health	This scale picks up the extent to which people have experienced common problems—e.g. mood swings, constant tiredness, feeling unable to cope—that are known to be indicators of poor psychological health

ures a range of factors related to well-being and is explained more fully elsewhere in this book (see Chap. 5). For the moment Table 2.3 gives a brief illustration of some of the factors measured by ASSET.

As well as exploring the links between PWB and important organizational outcomes (e.g. this particular study showed that psychological health was linked to individual productivity) research of this kind has looked at the impact that key workplace factors (such as degree of control and autonomy, access to resources and communications) appear to have on psychological health and well-being. The results of this research and other work start to enable us to move beyond a simple statement that higher PWB is linked to better performance, customer satisfaction, organizational citizenship and so on. It enables us to identify the aspects of the workplace that drive levels of PWB. The links between workplace factors and PWB are fully explored in Chap. 7 of this book. The identification of the workplace factors that influence PWB is the first of two very important questions that need to be addressed when considering the role of PWB at work from the perspective of the organization. The second question focuses on how higher levels of

PWB lead to better outcomes for organizations. These two questions are of considerable practical relevance to anyone interested in harnessing the benefits of PWB for an organization. Understanding the workplace factors that influence PWB enables actions to be taken that can improve the PWB of a workforce. Not being clear about the key factors that influence PWB leaves the leadership of an organization in the dark about what to do to improve or maintain the PWB of their employees. Is it best to improve pay, or are supportive work relationships more important? What about freedom and autonomy to do a job in the way an employee thinks is best—is this an important factor in determining PWB?

Researchers have been interested in the workplace factors that influence PWB for decades—and through the research conducted, they have been able to develop a pretty clear idea of the factors that are important. Researchers interested in the impact of workplace factors on PWB initially focused on a few specific factors. These factors make perfect sense from an intuitive perspective. The first factor concerns the demands placed on people at work. When people are confronted with excessive demands, over a long period, PWB is likely to be damaged. This much is fairly obvious but it is really important to recognize that lower demands do not automatically lead to higher levels of PWB. To understand this point, consider how it might feel to go to work and have nothing at all to do—imagine if no one made any demands on you and there was no requirement for you to do anything at all! When asked to consider this scenario most people's initial reaction (especially if they have a busy and demanding job) is to say, "What bliss". When asked to consider how they would feel about this same scenario being repeated day after day the reaction changes—indeed many people say that they would not last long in such a job and would need to move to somewhere where they could feel useful; and, of course, this is the point: it is the demands of work that make us feel worthwhile and useful. Meeting these demands provides satisfaction, especially if they have been challenging. What this means is that the relationship between work demands and PWB is not entirely straightforward. It is certainly not the case that reducing work demands will lead to lower PWB, sometimes the opposite is required and more demanding work will improve people's PWB. This is good news for organizations and it also provides us with another insight into why there is such a good relationship between the PWB of its members of staff and the overall performance of an organization.

Just as it's true that reducing demands does not automatically improve PWB, it is also the case that organizations will not achieve good results by constantly increasing demands on people. The diagram in Fig. 2.2 illustrates

Pressure, stress and performance
Managing psychological well-being at work
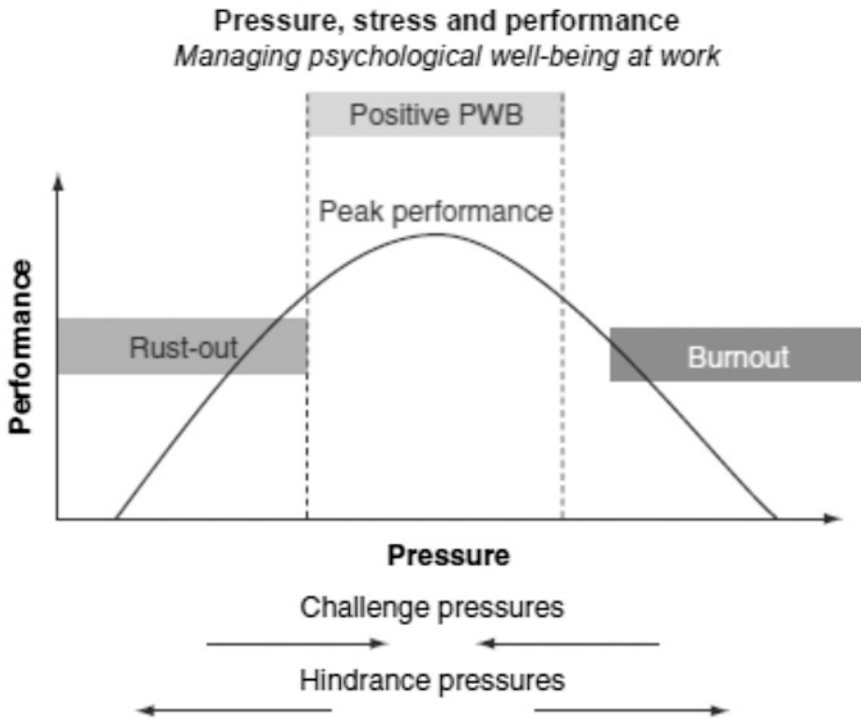
Fig. 2.2   The pressure performance curve

this point. When the pressure (e.g. demands of the job or internal drive to perform) is low, performance will not be at its maximum. As the pressure increases, performance increases but as pressure increases even further it becomes too great—and performance actually begins to suffer. Performance under high pressure may be damaged because the pace of work is too intense, because there are too many things to be done, insufficient resources to do them or a whole range of factors.

Initial research focused on the idea that if people had more control over how they carried out their work, this would enable them to mitigate some of the demands and pressures of the job. For example, high demands and high pressure might be easier to cope with—and even be quite motivating—if you have significant control and discretion over how to do the work. Things like being able to choose times for breaks, working from home/ working flexibly, deciding how to go about a piece of work and so on are all part of the general idea of control. The support and resources available to someone have also been proposed as important factors in determining how people respond to work demands. Support from co-workers, support

from the boss, resources and equipment and up-to-date information are all examples of workplace factors that have been shown to influence how people respond to work demands. A distinction can be made between challenge and hindrance stressors with challenge stressors seen as having the potential to promote growth and achievement whereas hindrance stressors are seen as potentially damaging to goal attainment. Researchers have proposed that challenge and hindrance stressors might differentially affect health and well-being. For example a recent study shows that control and support can help to buffer the impact of job stressors on job related anxiety and health but only for hindrance stressors (Dawson et al. 2016). We talk more about challenge and hindrance stressors in Chap. 7. Research to understand how work demands, control, support, resources and other factors all interact to influence PWB is continuing and theories and ideas will continue to be developed and evaluated.

A simple model of the key workplace factors that influence PWB is given in Chap. 7. In particular six core factors are described and related to real jobs and areas of work using examples. The six core factors are: resources and communication; control; work–life balance/workload; job security and change; work relationships; and job conditions. Other important topics covered in Chap. 7 include the impact of management and leadership and the design of jobs and work.

For now, let's return to the primary focus of this chapter—the impact that PWB can have on organizational performance. So far, it should be clear that there are clear links between the PWB of members of a workforce and key organizational outcomes, such as customer satisfaction, patient care, employee turnover and levels of sickness-absence. As we have seen in the previous section of this chapter, specific workplace factors such as control, the availability of resources and work demands are all important in understanding what influences PWB for people at work. Understanding the workplace factors that influence PWB is essential and useful; crucially, it tells an organization that wants to improve the PWB of its workforce which factors are likely to be important. But there is still an important unanswered question about the relationship between PWB and the performance of an organization—why does an organization in which employees have higher levels of PWB perform better? Of course the simple answer to this question is to say that its employees will be more productive, will be sick less often, perform better and relate to customers better. All of that is true but it doesn't really explain what it is that members of staff with higher levels of PWB will do that is different, or why.

It seems likely that the answer to this question lies in the recently developed and rapidly growing field of positive psychology. Historically psychology has been much more interested in negative issues than positive ones. In 2000 it was noted that the research literature contains something like 15 times as many articles about negative topics, such as negative emotions (Myers 2000) compared with positive ones. Negative organizational outcomes have received a similarly disproportionate amount of attention with one of the leading journals in the health psychology field publishing 15 times more articles about negative organizational outcomes, compared with positive ones. The field of positive psychology has been developed partly in response to this overwhelmingly negative mindset. Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions. The effectiveness of positive psychology was indicated in a review of 51 positive psychology interventions in clinical settings which reported that cultivating positive behaviours, feelings and cognitions is shown to significantly enhance well-being (Sin and Lyubomirsky 2009). It's important to recognize, from the outset, that positive psychology is a serious attempt to develop a scientific and evidence-based approach to this field of study. Positive psychology is most definitely NOT the soft, under-researched, rather unfocused philosophical approach that is associated with being falsely positive, standing in front of a mirror and affirming that you are a wonderful person and so on. The founders of positive psychology are serious scientists who conduct their research with rigour and publish in peer-reviewed journals. Before using the findings from positive psychology to understand how people with higher levels of PWB benefit their organizations, let's get the flavor of this exciting research area by looking at some of the findings that have emerged since its beginnings not much over 15 years ago.

No introduction to positive psychology would be complete without mention of Martin Seligman of the University of Pennsylvania, considered by many to be the founder of the field. Seligman and Csikszentmihalyi (2000) provide a handy summary of some of the interesting findings from positive psychology (see Table 2.4). As they note, many of the findings are not of the "my grandmother already knew it" variety!

There are many links between the research emerging from positive psychology and PWB at work but one of the most important ideas concerns the role that positive emotions and a positive sense of purpose play in building and broadening people's psychological resources. Barbara Fredrickson and her colleagues have carried out ground breaking research that shows how

Table 2.4 Some findings from positive psychology

✓ Women who flashed a Duchenne (genuine) smile in their yearbook photos as freshmen have more marital satisfaction 25 years later
✓ Brief raising of positive mood enhances creative thinking and makes doctors more accurate and faster to come up with the proper liver diagnosis
✓ In business meetings a ratio of greater than 2.9:1 for positive to negative statements predicts economic flourishing
✓ Among 96 men who had had their first heart attack, 15 of the 16 most pessimistic men died of cardiovascular disease over the next decade, while only 5 of the 16 most optimistic died

the experience of positive emotions serves to broaden the scope of people's attention, thought processes and actions. In other words, experiencing positive emotions is not just a fleeting pleasant feeling, the experience actually enhances the way we think and act and improves our psychological capabilities. Next time you have a good laugh remember this, especially if it comes during a difficult meeting or period of work! Further research has also shown that the broadening effect of positive emotions leads to an upward positive spiral (Fredrickson and Joiner 2002). As Fredrickson and Joiner (2002) put it, "… experiences of positive emotions also increase the odds that people will feel good in the future …"; as predicted by Fredrickson's broaden and build theory, "… this upward spiral is linked to the broadened thinking that accompanies positive emotions" (p. 175). It seems likely that this building of psychological capital may be at the heart of the results that are obtained by organizations that nurture the PWB of their members of staff. People with higher levels of PWB also appear to have better psychological resources—they are more optimistic, more resilient in the face of setbacks and have a stronger belief in their own ability to cope with things (Avey et al. 2010). Some psychologists refer to these qualities, that are associated with higher levels of PWB, as psychological capital—PsyCap for short (see Box 2.1). A review of 51 studies including more than twelve thousand employees reported positive links between PsyCap and desirable employee attitudes such as commitment, job satisfaction and well-being. Links were also revealed between PsyCap and undesirable attitudes such as turnover intentions, cynicism, job stress and anxiety (Avey et al. 2011). A book published by Luthans et al. in 2015 details recent research looking at PsyCap and describes how there is much support for the usefulness of PsyCap from across the globe. In addition to well-being, PsyCap has been linked to other posi-

tive employee attitudes, behaviours and performance, and to service quality and customer satisfaction. If you are interested in finding out more about PsyCap then this book would be a good place to start as it describes the history of PsyCap as well as the up to date research conducted in the area.

Box 2.1 Psychological capital

High levels of psychological capital (PsyCap) are positively correlated with positive organizational outcomes such as employee satisfaction, performance and effective organizational change as well as lower levels of absenteeism. In line with the "broaden and build" theory, PsyCap also has a self-reinforcing effect on the individual; positive outcomes increase perceived self-efficacy and feelings of hope, and consequently overall PsyCap.

Some of the key factors that have been identified as contributing to overall PsyCap are:

- **Self-efficacy**—having the confidence to take on and put in the necessary effort to succeed at challenging tasks
- **Optimism**—making a positive attribution about succeeding now and in the future (see also Chap. 8)
- **Hope**—persevering toward goals and when necessary redirecting paths to goals in order to succeed
- **Resiliency**—when beset by problems and adversity, sustaining and bouncing back and even beyond to attain success (see also Chap. 8)

It is a useful construct for organizations because PsyCap, measured by the PCQ (PsyCap Questionnaire), can be developed by increasing scores on the four underlying factors.

Simple web-based—microintervention—training programs (typically lasting approximately 2 hours) that aim to develop the four aspects of PsyCap have been demonstrated to do so effectively. At the core of these microinterventions is the philosophy that the training should be highly personalized and interactive.

It seems then that strong underlying psychological resources and good PWB go together. We already know from material covered in Chap. 1 of this book that higher PWB is associated with a range of behaviors and psychological processes linked to success, including positive self-perceptions, positive judgments of others, performance on complex mental tasks, creativity, flexibility and originality. These behaviors and processes are ones that the leadership team of any organization would wish for in their staff. Such behaviors lead more or less directly to some of the positive organizational outcomes that have been shown to be linked to PWB. The picture that emerges then is one where an important network of factors, PsyCap, PWB and positive behaviors and psychological processes are all linked together to provide organizations that nurture the PWB of their members of staff with a range of positive outcomes.

References

Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology, 15,* 17–28.

Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H. (2011). Meta-analysis of the impact of positive psychological capital on employee attitudes, behaviors, and performance. *Human Resource Development Quarterly, 22*(2), 127–152.

Boorman, S. (2009). *NHS health and well-being—Final report.* London: Department of Health.

CIPD. (2015). *Absence Management.* https://www.cipd.co.uk/Images/absence-management_2015_tcm18-11267.pdf.

CIPD. (2016). *Absence Management.* https://www.cipd.co.uk/Images/absence-management_2016_tcm18-16360.pdf.

Dawson, K. M., O'Brien, K. E., & Beehr, T. A. (2016). The role of hindrance stressors in the job demand–control–support model of occupational stress: A proposed theory revision. *Journal of Organizational Behavior, 37,* 397–415.

Donald, I., Taylor, P., Johnson, S., Cooper, C., Cartwright, S., & Robertson, S. (2005). Work environments, stress and productivity: An examination using ASSET. *International Journal of Stress Management, 12,* 409–423.

Dorman, C., & Kaiser, D. (2002). Job conditions and customer satisfaction. *European Journal of Work and Organizational Psychology, 11,* 257–283.

Faragher, E. B., Cooper, C. L., & Cartwright, S. (2004). A shortened stress evaluation tool (ASSET). *Stress and Health, 20,* 189–201.

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals towards emotional well-being. *Psychological Science, 13,* 172–175.

Harter, J. K., Schmidt, F. L., & Keyes, C. L. M. (2003). Well-being in the workplace and its relationship to business outcomes: A review of the Gallup studies. In C. L. M. Keyes and J. Haidt (Eds.), *Flourishing, positive psychology and the life well-lived.* Washington, D.C.: American Psychological Society.

Luthans, F., Avolio, B. J., & Youssef-Morgan, C. M. (2015). *Psychological capital and beyond.* New York: Oxford University Press.

Moliner, C., Martinez-Tur, V., Ramos, J., Peiro, J. M., & Cropanzano, R. (2008). Organizational justice and extra-role customer service: The mediating role of well-being at work. *European Journal of Work and Organizational Psychology, 17,* 327–348.

Myers, D. G. (2000). The funds, friends and faith of happy people. *American Psychologist, 55,* 56–67.

NorthWest Public Health Observatory (NWPHO). (2010). Synthesis: Bringing together policy, evidence and intelligence: Creating healthier workplaces. http://www.nwph.net/Publications/synthesis8b2010.pdf.

Patterson, M., Warr, P., & West, M. (2004). Organizational climate and company productivity: The role of employee affect and employee level. *Journal of Occupational and Organizational Psychology, 77,* 193–216.

Robertson, I. T., Jansen Birch, A., & Cooper, C. L. (2012). Job and work attitudes, engagement and employee performance: Where does psychological well-being fit in? *Leadership & Organization Development Journal, 33*(3), 224–232.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5–14.

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology, 65*(5), 467–487.

Wright, T. A., & Cropanzano, R. (2000). Psychological well-being and job satisfaction as predictors of job performance. *Journal of Occupational Health Psychology, 5,* 84–94.

3

Well-Being and Employee Engagement

This chapter explains how the important ideas of employee engagement and PWB can be drawn together to provide a powerful combination to benefit employees and organizations alike. Around the world there is currently a great deal of interest in the concepts of employee engagement and employee well-being. The statistics of engagement are interesting and show that improving employee engagement leads to a range of positive outcomes for organizations—they also show that in many organizations the levels of engagement are actually quite low. On a global basis just 21% of the employees surveyed around the world are engaged in their work (Towers Perrin 2007), meaning they're willing to go the extra mile to help their companies succeed, 38% are partly or fully disengaged. The relatively low levels of engagement appear to stretch across very different societies and economies. For example, in mainland China, 33% of people are reported to be partly or fully disengaged (Towers Perrin 2007). Engagement levels in the Western economies also appear to be relatively low, with fewer than 20% of employees in the United Kingdom reported to be fully engaged and over 40% either disengaged or at least "disenchanted" (Towers Perrin 2007).

Engagement is important because poor levels of engagement translate into poor performance for individual employees and the organization as a whole. A recent study shows that the more engaged an employee is the more they will display in and extra-role performance (Reijseger et al. 2016). This is supported by other, earlier studies such as that conducted with firefighters in 2010 which showed engagement was linked to both task performance and organizational citizenship behaviours (Rich et al. 2010). There is

a therefore a large body of evidence showing that when employees are more engaged they perform better and their organizations do better. One large study showed that business units with employees who score in the top half on engagement are much more successful on a range of indicators than those in the bottom half (Harter et al. 2009). For example, business units with employee engagement scores at the 99th percentile have nearly 5 times the success rate than those at the 1st percentile. The differences between organizations in the top quarter compared with the bottom quarter were: 12% in customer ratings, 16% in profitability, 18% in productivity, 25% in turnover (high-turnover organizations), 49% in turnover (low-turnover organizations), 49% in safety incidents, 27% in shrinkage, 37% in absenteeism, 41% in patient safety incidents and 60% in quality (defects).

From the available evidence it seems that organizations with more engaged employees provide a better return for investors, have customers who use their products more, have customers who are more satisfied, lower staff turnover rates, lower absenteeism, higher employee performance and perform better financially. For example, Viljevac et al. (2012) showed how engaged workers made better use of resources, made fewer errors, gave better customer service, and achieved higher sales growth. Engaged employees are also more committed and happier with their organizations and are less likely to want to leave and more likely to tell others positive stories about their organization (an important issue when recruiting future talent). Table 3.1 summarizes some of the relevant evidence (see Attridge 2009; Mackay et al. 2017 for more information).

Not surprisingly, given the background research evidence, there is widespread belief amongst HR practitioners that improving and sustaining high levels of employee engagement is good for business. It is interesting that despite this widespread consensus, there is actually very little firm agreement on what exactly is meant by engagement and it is clearly the case that different practitioners make use of a variety of different items and scales to measure what they refer to as engagement. Whilst we acknowledge the debate about exactly what engagement is there is little dispute that it is a useful construct to measure and higher levels of engagement are beneficial. We discuss the similarities and differences between engagement and other job attitudes below. Recent research suggests that whilst there may be some similarities between constructs such as job satisfaction, organizational commitment and engagement they are not the same thing and employee engagement predicts employee effectiveness over and above other job attitudes suggesting it is a different construct to such individual job attitudes, or possibly a higher order factor that incorporates a variety of job attitudes (Mackay et al. 2017).

Table 3.1   Benefits for organizations with engaged employees

Key benefit to organization	Evidence
Better return for investors	Results from *Fortune* magazine's 100 Best companies to work for showed that these companies returned five times as much to investors as the market in general. (Russell Investment Group 2007)
Increase in operating income	Companies with high levels of employee engagement had a 19% increase in operating income over a three-year period. Those with low levels of employee engagement had declines of 33%. (Towers Perrin 2008)
Lower levels of sickness-absence	Actively disengaged employees miss more than 6 days of work per year. Engaged employees miss fewer than three days on average. (Flade 2003) As engagement increases sickness absence duration and frequency decrease. (Schaufeli et al. 2009)
Advocacy of organization as a good place to work	Sixty seven percent of engaged employees actively advocate their organization as a place to work compared with only 19% of not-engaged employees. (Flade 2003)
Customer satisfaction/loyalty	Customer data collected across 24 different studies and 20 different organizations showed positive relationships between employee engagement scores and customer perceptions. (Harter et al. 2002). Similarly engagement has been linked to good customer service. (Viljevac et al. 2012)
Productivity	Engaged employees are more productive (e.g. revenue generated per person). (Harter et al. 2002). The more engaged an employee is the more they will display in and extra-role performance. (Reijseger et al. 2016)
Potential impact on organization's products and services	Eighty-eight percent of fully engaged employees believe they can positively impact the quality of their organization's products and services—only 38% of disengaged employees feel the same way. (Towers Perrin 2007)
Better use of resources and fewer errors	Engaged workers make better use of resources, and as such make fewer errors. (Viljevac et al. 2012)

One group of influential researchers defined engagement as, "A positive attitude held by the employee towards the organization and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organization …" (Robinson et al. 2004, p. ix). With its emphasis on business context, performance and benefits to the organization, this approach suggests a "business outcomes" perspective on engagement, in which employee engagement incorporates—and emphasizes—constructs that are most closely connected with the relevant business outcomes. Robinson et al. (2004) also note that this formulation of engagement contains aspects of two constructs that psychologists have been studying for some time: organizational citizenship and commitment. Organizational citizenship refers to the extent to which employees will behave as "good citizens" inside the organization. Typically this involves doing things like helping out a colleague or trying to solve a problem that is not normally defined as part of one's job. Organizational citizenship is also sometimes referred to as "extra role behaviour"—because people go beyond the narrow definition of their role to behave as good citizens. The idea of people "going the extra mile" or giving their "discretionary effort" is often embodied in ideas about engagement and explains why Robinson and colleagues include organizational citizenship in the set of constructs that they see as part of engagement. Commitment to the organization, in terms of working hard, believing in the organization and valuing what it does, is also an established area of study for psychologists. Although Robinson et al. (2004) note that engagement is a broader construct and is not entirely explained by either of these established constructs, there is a popular view of engagement that focuses on "positive" employee behavior and attitudes and appears to relate quite closely to the established psychological concepts of organizational citizenship, commitment and attachment. This "business outcomes" view of engagement has also been described as "Narrow Engagement" (Robertson and Cooper 2009).

A different view of engagement, taken by some specialists, involves placing more emphasis on how the employee feels when he or she is completely engaged. This kind of approach sees the engaged employee as someone who is immersed in his or her work—sometimes even experiencing a state referred to as "Flow" (Csikszentmihalyi 1990), a state that involves an intense period of concentration on what one is doing, to the extent that time distorts and seems to pass more quickly and one's awareness of self is minimal or even lost completely. Experiencing flow is an intrinsically rewarding experience. The view of engagement that builds on the idea of flow sees engagement as

a pervasive and persistent state, characterized by vigor: (work is experienced as stimulating and energetic and something to which employees really want to devote time and effort); dedication (work is a significant and meaningful pursuit); and absorption (work is engrossing and something on which the worker fully concentrates). This approach sees work engagement as "… a positive, fulfilling, work-related *state of mind* that is characterized by vigor, dedication, and absorption" (our italics, Schaufeli et al. 2002, p. 74). This perspective on work engagement focuses on how employees experience their work and is distinctively different from the business outcomes focus noted earlier. Taking yet another perspective, Macey and Schneider (2008) propose a very broad view of engagement, which sees "engagement" as an overarching umbrella term containing different types of engagement, including trait engagement (i.e. engagement as the expression of an individual's personality traits), work involvement and organizational citizenship. This perspective is much more inclusive and broader than the business outcomes perspective or the view of engagement as a psychological state. Table 3.2 gives examples of different approaches to the concept of engagement.

By and large the view of engagement that is of most interest to HR practitioners and the leadership of organizations is most closely in line with the definition and approach described by Robinson et al. (2004) and referred to above as "business-focused". As already noted, this approach focuses on employee attachment, commitment and organizational citizenship. These concepts hold interest for employers because they are likely to be most directly involved in driving positive employee behaviors—behaviors that, at face value, show the most obvious links with beneficial outcomes such as more effective performance, greater customer satisfaction and so on.

Typical questions in (narrow) employee engagement surveys are illustrated below:

"The goals of my organization make me feel that my job is important"
"I am committed to this organization"
"My opinions are listened to by my bosses at work"
"I am enthusiastic about the job I do"
"At work, I am prepared to work hard, even when things do not go well"

Adopting this narrow view of engagement is appealing to top leadership teams in organizations and to HR practitioners but there are some serious drawbacks and risks in doing this. Before discussing the drawbacks and risks it will be useful to bring in some more ideas about links between engagement and PWB.

Table 3.2 Some different approaches to engagement

Source	Approach
Gallup (Harter et al. 2002)	… the individual's involvement and satisfaction with as well as enthusiasm for work.
Schaufeli et al. (2002)	… a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption.
Towers Perrin (2003)	… the extent to which employees put discretionary effort into their work, in the form of extra time, brainpower and energy.
Robinson et al. (2004)	… a positive attitude held by the employee toward the organization and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organization.
Hewitt (2004)	Engaged employees speak positively about the organization (Say); exert extra effort that contributes to business success (Strive); and are attached to the organization and don't want to leave it (Stay)
Stairs et al. (2006)	… the extent to which employees thrive at work, are committed to their employer and are motivated to do their best for the benefit of themselves and the organization.
Macleod and Clarke (2009)	… a workplace approach designed to ensure that employees are committed to their organization's goals and values, motivated to contribute to organizational success and are able at the same time to enhance their own sense of well-being.

PWB and Engagement

The range of approaches to engagement summarized in Table 3.2 show that engagement is variously seen as something that focuses on whether employees are giving their discretionary effort to the organization, whether they are experiencing positive states while at work, whether they are committed to the organization and so on. Some of the approaches, though by no means all of them, also include reference to aspects that are linked to PWB, such as energy, vigor, enthusiasm and thriving. Even questionnaires that are quite heavily focused on narrow engagement will also sometimes include at least a few items that focus on employee PWB (e.g. "I enjoy my work and I feel happy at work"). Despite the fact that some formulations of engagement do make reference to PWB, it is actually very rare to see any explicit reference to how employee engagement and PWB might be related, although

one study in 2014 of 216 health care employees revealed highly engaged employees had higher psychological well-being (Shuck and Reio 2014) and more recently a longitudinal study over two years showed engagement to have positive consequences in terms of both performance and well-being (Shimazu et al. 2015). Of course, business-focused engagement (strong attachment, commitment and good citizenship) is important for the organization, but in some ways it is less important for employees. There are certainly benefits to employees from being committed to their work and feeling positive about the organization that they work for, but the long-term benefit for employees themselves is more closely linked to their personal PWB than to the overall success of the organization.

At its most extreme, the narrow engagement approach risks being seen as something that manipulates employees, solely for the benefit of the organization—to squeeze all possible effort and time out of its workforce. Take another look at some of the approaches to engagement summarized in Table 3.2. Although in practice none of the approaches actually does so, some could easily be seen as encouraging employees to ignore any attempt at work–life balance and (perhaps to the detriment of their health) give everything to the organization. Surely a sustainable approach to engagement must also include specific and substantial recognition of the need to maintain employee well-being. This does not mean an approach that merely tries to avoid stress and the worst negative effects that overworking could bring. Rather, it implies an approach that seeks to take action to support and encourage positive employee well-being. In fact, of course, as Chap. 2 has demonstrated, high levels of PWB amongst a workforce have been shown to be associated with many of the positive benefits, for the organization, that are also linked with high levels of engagement. So, are we saying that employee engagement and PWB mean more or less the same thing? No, definitely not. In fact now is a good time to introduce some clarity about a number of terms that are sometimes used quite casually and are often taken to mean the same thing—when, in fact, it is important to recognize that they are quite different. The primary terms that we want to pin down at this point are engagement and satisfaction.

As we have already seen, "employee engagement" is not really a clear, easily defined concept, with a single agreed definition. Various different formulations of engagement—with quite different meanings—have been discussed above. It should be clear from that discussion that although some of the approaches to employee engagement share common ground with the idea of PWB, none of them has the same meaning as PWB. As we have seen elsewhere in this book, PWB refers to the extent to which people experience

positive emotional experiences at work (the hedonic aspect of PWB), within a wider context of positive meaning and purpose (the eudaimonic aspect of PWB); but what about job satisfaction? Is job satisfaction basically the same as some of the meanings of engagement? How closely is it linked to PWB? It is a fairly simple matter to establish that job satisfaction is not really the same construct as employee engagement. The clue is in the name! Job satisfaction is about whether people are satisfied with their jobs or not. This can be applied to satisfaction with the job itself, with co-workers and with management and supervision. It is immediately clear that this is something different from most of the approaches to employee engagement. For example, it is quite possible to imagine someone behaving as a good citizen, being committed to their organization or even dedicated to their work, even though they do not particularly enjoy their job. Obviously, it is more likely that high levels of engagement and high levels of job satisfaction go together—and indeed this is supported by the research which shows that the two factors are correlated—but they are not the same. Job satisfaction has been defined as a "… pleasurable emotional state resulting from the appraisal of one's job experiences" (Locke 1976). This is not the same as being engaged, although it does share some common ground with the approaches to employee engagement that focus on the emotional state that people experience while working.

The fact that job satisfaction relates to an emotional state also suggests that it shares some common ground with PWB and again this idea is supported by the research evidence which shows that measures of PWB and job satisfaction are correlated. For example, in one study Thomas Wright and Douglas Bonett (2007) measured PWB and job satisfaction for a sample of managers in a large organization on the west coast of the United States. They followed the managers over a two-year period and also collected independent assessments of the managers' work performance from their immediate supervisors. In common with other research, their study showed a reasonably strong correlation (0.37) between PWB and job satisfaction. Of course, this makes sense. The satisfaction, or to use a stronger term "happiness", that people feel with their jobs is part of their overall level of satisfaction with the work place. The positive emotional state that we refer to as PWB is clearly influenced by the emotional reaction that one has to one's job, implying that job satisfaction is an important aspect of overall PWB at work. On the other hand, being satisfied with one's job is only part of the picture. For most people their emotional experience of work is influenced by the job they do but there are other factors of importance too. Some measures of job satisfaction are quite broad and as well as including items about relationships with supervisors and co-workers they also cover general factors such as opportuni-

ties for growth and development. Even when such wider factors are included as part of the overall reaction to a job there are yet more things such as corporate social responsibility (what if you knew that your organization was exploiting poor people in other parts of the world), work–life balance, the way that internal communications are handled inside the organization that are clearly not part of the job but still have the potential to influence someone's PWB and so on. So, "job satisfaction"—the emotional response that people have to their job (even when "job" is taken to include quite a wide range of factors)—almost certainly has an important influence on overall PWB but it is a narrower concept.

An Integrated Approach to Employee Engagement and PWB

Improving employee engagement is clearly something that has become a priority for leadership teams and HR staff. It makes sense because, as already noted elsewhere in this chapter, there are plenty of business benefits associated with improved levels of engagement. In the final section of this chapter we aim to show that improving engagement without paying equal, if not more, attention to the well-being of employees is likely to lead to problems. The simplest way to illustrate this point is to consider what might happen in an organization that takes the kind of "business results" view of engagement described earlier. At first sight this way of looking at engagement looks very appealing to top teams in organizations. It gets right to the heart of the issues and concentrates on the aspects of engagement that seem most likely to bring business benefits—things like better organizational citizenship, meaning that employees will be prepared to go the extra mile and give their discretionary effort. This perspective is appealing to the senior management, for obvious reasons, but how appealing might it seem to other members of the workforce? In practice an approach to engagement that takes too narrow a focus on only things that will be of benefit to the organization risks losing the goodwill of members of staff. But actually there are more serious problems than resistance or a negative reaction from staff. The more serious problem is that focusing on engagement and ignoring well-being is not likely to bring about sustainable benefits and may even do damage. The damage could be at many levels. There is the already mentioned problem of a loss of confidence amongst members of staff that the organization has their well-being at heart. This alone can have serious consequences. Even more
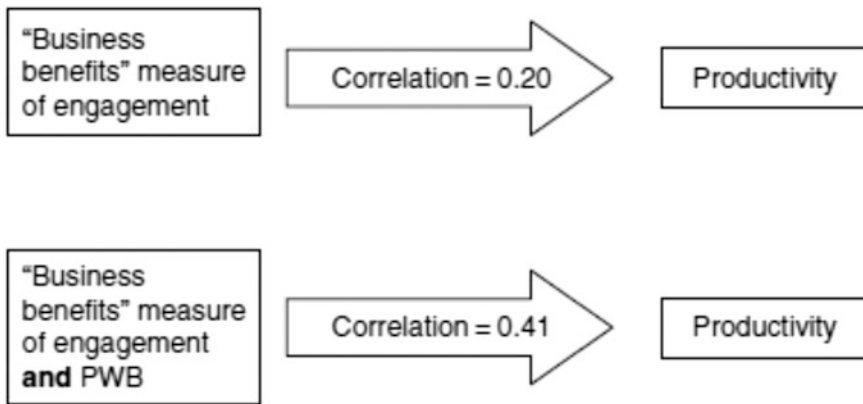
Fig. 3.1 The benefits of including PWB as well as engagement

importantly there are risks that severe problems associated with poor well-being will go undiagnosed and begin to build up and cause problems.

The narrow focus approach to employee engagement runs the risk of ignoring potentially serious problems such as a build up in presenteeism (e.g. people turning up for work even though they are unwell, see Chap. 2). This is something that may not cause too many problems in the short-term but as time passes could build up to become a serious issue. The solution to these issues is to incorporate well-being into any work done on staff engagement. Almost all work on engagement in organizations involves using the results of surveys to obtain an indication of engagement levels and how they are distributed across the organization. In general the results of such surveys are benchmarked against a set of normative data that enables an organization to compare its own results with those from other organizations. It makes sense to follow a similar approach to the tracking of well-being—and PWB—in particular. This can be done either by including standardized measures of PWB in the narrower engagement survey or by carrying out a separate survey focused specifically on well-being. Taking an approach that incorporates PWB as well as engagement is likely to pay dividends for everyone involved, employers and their workforces alike. The benefits to individuals of good PWB have been covered in Chaps. 1 and 2, so from the point of view of the workforce the gains from improved PWB are transparent. What is not always fully appreciated is that the benefits to the organization of improved engagement are likely to be enhanced if attention is also given to wellbeing. Some statistical data from over 9000 employees in 12 different UK organizations demonstrate this point. The results are illustrated in Fig. 3.1.

Figure 3.1 shows the proportion of productivity that is predicted by a "business benefits" measure of the employees' job and work attitudes (including factors such as organizational citizenship and commitment). The narrow, "business benefits" engagement score does indeed show a good relationship with a measure of productivity; but, importantly, when a measure of PWB is also added the strength of the relationship with the productivity measure increases significantly. What this indicates is that the organization, as well as its workforce, will be likely to get increased benefits by considering PWB alongside engagement.

References

Attridge, M. (2009). Measuring and managing employee work engagement: A review of the research and business literature. *Journal of Workplace Behavioral Health, 24,* 383–398.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper.

Flade, P. (2003). Britain's workforce lacks inspiration. *Gallup Management Journal*, 11 December 2003.

Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business unit level outcomes between employee satisfaction, employee engagement and business outcomes: A meta-analysis. *Journal of Applied Psychology, 87,* 268–279.

Harter, J. K., Schmidt, F. L., Kilham, E. A., & Agrawal, S. (2009). *Q12 Meta-analysis: The relationship between engagement at work and organizational outcomes*. USA: Gallup Inc.

Hewitt. (2004). Employee engagement higher at double digit companies. Hewitt Associates LLC, Research Brief. www.hewitt.com/doubledigitgrowth. (July 2010).

Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology*. Chicago: Rand McNally.

Macey, W. H., & Schneider, B. (2008). The meaning of employee engagement. *Industrial and Organizational Psychology: Perspectives on Science and Practice, 1,* 3–30.

Mackay, M. M., Allen, J. A., & Landis, R. S. (2017). Investigating the incremental validity of employee engagement in the prediction of employee effectiveness: A meta-analytic path analysis. *Human Resource Management Review, 27*(1), 108–120.

Macleod, D., & Clarke, N. (2009). *Engaging for success: Enhancing employee performance through employee engagement. A report to government*. London, UK: Department for Business Innovation and Skills.

Reijseger, G., Peeters, M. C., Taris, T. W., & Schaufeli, W. B. (2016). From motivation to activation: Why engaged workers are better performers. *Journal of Business and Psychology*, 1–14.

Rich, B. L., Lepine, J. A., & Crawford, E. R. (2010). Job engagement: Antecedents and effects on job performance. *Academy of Management Journal, 53*(3), 617–635.

Robertson, I. T., & Cooper, C. L. (2009). Full engagement: The integration of employee engagement and psychological well-being. *Leadership & Organization Development Journal, 31,* 324–336.

Robinson, D., Perryman, S., & Hayday, S. (2004). *The drivers of employee engagement*. Brighton: Institute for Employment Studies.

Russell Investment Group. (2007). *Evaluation of fortune "100 best companies to work for"*. Tacoma, WA: Russell Investment Group.

Schaufeli, W. B., Bakker, A. B., & Van Rhenen, W. (2009). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior, 30*(7), 893–917.

Schaufeli, W. B., Salanova, M., Gonzalez-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A confirmative analytic approach. *Journal of Happiness Studies, 3,* 71–92.

Shimazu, A., Schaufeli, W. B., Kamiyama, K., & Kawakami, N. (2015). Workaholism vs. work engagement: The two different predictors of future well-being and performance. *International Journal of Behavioral Medicine, 22*(1), 18–23.

Shuck, B., & Reio, T. G. (2014). Employee engagement and well-being a moderation model and implications for practice. *Journal of Leadership & Organizational Studies, 21*(1), 43–58.

Stairs, M., Galpin, M., Page, N., & Linley, A. (2006). Retention on a knife edge: The role of employee engagement in talent management. *Selection and Development Review, 22,* 19–23.

Towers Perrin. (2003). Working today. Understanding what drives employee engagement. Towers Perrin Talent Report.

Towers Perrin. (2007). Global workforce study. Available from www.towerswatson.com.

Towers Perrin. (2008a). Webex engaging employees through effective rewards communication, http://www.towersperrin.com/tp/getwebcachedoc?webc=USA/2008/200809/Towers_Perrin_Total_Rewards_Webcast_Presentation_FINAL.pdf. (July 2010).

Towers Perrin. (2008). *Confronting myths: What really matters in attracting, engaging and retaining your workforce*. UK: Towers Perrin.

Viljevac, A., Cooper-Thomas, H. D., & Saks, A. M. (2012). An investigation into the validity of two measures of work engagement. *The International Journal of Human Resource Management, 23*(17), 3692–3709.

Wright, T. A., & Bonett, D. G. (2007). Job satisfaction and psychological well-being as non-additive predictors of workplace turnover. *Journal of Management, 33,* 141–160.

Part II

What is Well-Being?

4

Psychological Well-Being

Psychological Well-Being—Is There a Set Point?

How we feel changes over time? Obviously if something bad happens, such as being made redundant or having an accident it will affect how we feel for a while but eventually we will probably recover. Every now and then we seem to "get out of the wrong side of the bed" and start the day in a low and irritable mood for no obvious reason. A disagreement with a colleague or a difficult time with a customer can also affect how we feel.

So far in this book we have been discussing PWB and shown that levels of PWB are related to job performance, physical health, life success, problem-solving and a whole range of factors. Chap. 2 also revealed that the levels of PWB of people in business units is related to the successful performance of those business units, including customers' satisfaction levels and even the share price of the enterprise. These findings seem to suggest that PWB is relatively stable over time—at least stable enough for it to be measured and related to the types of outcomes mentioned above. But that idea seems to be at odds with the fact that we can sometimes feel low one day for no reason at all, or we can have a spat with someone and feel bad for a while afterwards. These thoughts raise the important question of how permanent or temporary PWB is. They also raise the related question of whether everyone has a more or less set level of PWB—and will revert to that level when nothing particularly good or bad is happening to change PWB. A review on the long term development of employee well-being published in 2016 revealed that the stability of well-being is fairly low. Change of job and age

were the main influences on employee well-being, with older employees showing less change in their well-being over time (Mäkikangas et al. 2016). We will explore more the relationship between employee age and well-being in Chap. 6. For now we look at the idea of a set level of PWB.

Researchers refer to the idea that we have a fixed level of PWB that we return to as "set point" theory. The idea is based on a similar notion about people's weight—that our weight may fluctuate from time to time due to things like illness, diet or changes of circumstances but in the long run we revert to something close to our set point. Weight is certainly relatively stable over time, although the evidence shows that, for people in general, it varies more as we get older. Weight and PWB are of course very different. For example, although eating more or less will have an impact on our weight, it is certainly not instant—much to the regret of dieters the world over! On the other hand, even during the course of a single day, it's possible to go from feeling really high to really low … and then back again, if the day is turbulent enough! As well as the possibility that PWB may revert to a set point, there is also the idea that when something does change—for better or worse—we become accustomed to the new state of affairs over time and accept things as they are. This idea of the "hedonic treadmill" underpins the notion of a set point by suggesting that the impact of changes in circumstances will not be permanent and we will eventually revert to feeling about the same as we did before the change.

How would you feel if you won the lottery? Common sense (not always a reliable guide of course) tells us that if you had entered the lottery you would be interested in winning—and presumably if you won a jackpot of many millions of pounds that would make you happy. So, at least in the short term you would feel better than before. Anecdotal stories and the occasional feature item in the press provide quite a few stories suggesting that the lot of a lottery winner is not necessarily a happy one and in fact lottery winners sometimes report being even less happy than before. In fact there have been some scientific studies of what actually does happen when people have a stroke of good fortune, such as winning the lottery. In one such study Phillip Brickman et al. (1978) studied people who had won the lottery (in this case the Illinois State Lottery). They also studied a sample of people who had been involved in serious accidents leaving them with paralysis of arms and legs, or from the waist down. They found that although lottery winners did take pleasure from winning the lottery they actually took less pleasure from everyday events and were not significantly happier than a control group who had not won the lottery. These findings were not mir-

rored by the accident victims though. The accident victims rated themselves as significantly less happy than the controls. Later studies have explored the issues involved more fully and generally such studies do show support for the set point idea and the related concept of the hedonic treadmill—but the findings also suggest that the set point that people have may move somewhat over time. Headey and Wearing (1989) followed a group of Australians over 8 years and like Brickman and his colleagues they found that although people do show a reaction and changes in happiness due to events, they also tended to revert toward their baseline levels. The idea of the hedonic treadmill suggests that permanent changes in our level of happiness are unlikely and that trying to improve our happiness is like running on a treadmill; however hard we run, we only move up for a brief period—and then end up back where we started. For many this would be a rather depressing picture. Presumably it must also mean that our happiness levels are more or less determined by our genetic makeup, with our underlying personality playing a big part in how we feel (Chap. 6 looks at the role of genes and personality in PWB in more detail).

In fact, the true picture seems to be that we do have a set point—but it is not always set in the same place. How happy we feel is, for example, a lot less stable than our height or our weight. Perhaps this is not too surprising but it also seems to be the case that it is less stable than our personality. In fact Frank Fujita and Ed Diener (2005) have shown that it is about as stable as our income and somewhat less stable than blood pressure. Looking at a nationally representative sample from Germany and following them over 17 years, they found that 24% of respondents' well-being had changed significantly from the first 5 years to the last 5 years and that stability declined as the period between measurements increased. Almost 9% of the sample changed an average of three or more points on a 10-point scale from the first five to the last five years. It seems that there is definitely something in the idea of the hedonic treadmill but it's also true that what happens can also have a lasting effect on how we feel. Many different events can have a lasting impact. Some that have been studied by researchers and shown to have a long-term effect on how we feel include unemployment, marital changes and being involved in a life-changing accident. It also seems likely that different people will be affected in different ways by different events. So perhaps, in life, we are on a hedonic treadmill but if we pedal hard enough or have some outside help it seems that we can move the whole thing up and we are not destined to keep coming back to where we started! (see Box 4.1)

Box 4.1 More on set point theory …

There is a lot of evidence to support set point theory in relation to one meas-ure of well-being (life satisfaction). However, whilst this is true for the major-ity of people, there does appear to be a group of people to whom it may not apply so rigidly.

One area that we've taken an interest in is research suggesting that per-sonality might play a significant role in whether long-medium term change to reported life satisfaction occurs—specifically the traits "extraversion"(E), "neuroticism"(N) and "openness to experience"(O). The thinking here is that these traits are relatively stable and that the majority of people have mean (average) levels of these three. This manifests itself externally in them con-tinually experiencing life events which are fairly typical or normal for them, and consequently few situations that might be out of the ordinary (either positive or negative). Individuals with high E and O and low N are more likely to encounter an event or chain of events that cause wider fluctuations to reported life satisfaction because of their desire for external and novel experi-ences. The frequency and intensity of these experiences reinforces each other to raise reported life-satisfaction, which may become permanent.

Research into this is still fairly limited but it's something worth keeping an eye on as more recent studies have started to look at it in more depth. For example, a recent longitudinal study looking at Neuroticism and Extraversion showed personality to be predictive of life satisfaction but if you control for health the relationship is weaker. The study is limited in only looking at people in mid to late life though and more lifespan research is needed to understand fully the interaction of personality and life satisfaction over time (Tauber et al. 2016).

Changes in PWB

Despite the fact that PWB is unlikely to be as slow to change or as stable as our weight, the possibility that it is fairly stable and that there is some pressure to revert to a set point is important. It may have implications for anyone wishing to attempt to improve the PWB of a group of workers for example. The pres-sure to return to the set point will be working against any attempts to bring about lasting change. At this point it is worth considering what duration of change in how people feel might actually be useful—especially in a work con-text. To explore the issues involved here it is useful to distinguish between what psychologists refer to as "mood" and "personality" or "disposition". When psy-chologists refer to "mood" they are referring to how someone feels right now. Mood reflects the ups and downs of our feelings and can change from moment to moment. It certainly may change a few times during any given day, depend-ing on what happens. On the other hand, someone's personality is something that is fairly stable and will not change from day to day. In fact, research in

this area has shown that people's personality is fairly fixed once they reach their early 20s. If personality is fixed and stable from someone's early 20s, it is obviously unlikely that work experiences will have much impact on personality. In fact, it is normally the other way round—personality helps to determine people's work experiences. Research has shown that personality is related to the type of jobs that people are best at, the careers that they are likely to choose and also how they behave and feel when they are at work. In terms of how people behave, personality has been shown to predict a range of things including organizational citizenship behavior (see Chap. 3), leadership and overall job performance. Penney et al. (2011) provide a review of this research. The links between personality and people's attitudes and feelings are of particular interest in this chapter. The most widely accepted model of human personality is the "Big Five" or Five Factor Model (FFM). Until the FFM was developed personality researchers did not share a clear view of the most important human personality traits. Many different traits were discussed and there were several competing models of personality—none of them accepted by all. The FFM provides the smallest number of broad personality traits that can be used to explain the maximum variation in people's personality. If two traits could be used to explain the variance in personality, psychologists would reduce the FFM to the Two Factor Model (TFM)—but it seems that five factors of personality is the minimum that can be used. A brief description of the five factors (Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism—OCEAN) that make up the FFM is given in Fig. 1.3 (Chap. 1).

The role of personality in PWB is discussed in more detail in Chap. 6 but for now we need to explore the differences between personality and mood and how these factors relate, in general terms, to PWB. In their work, looking at the stability of well-being over time, Fujita and Diener found that people's satisfaction with their lives as a whole was less stable than their personality characteristics. In effect then we have a continuum of stability that runs from mood at one extreme to stable personality at the other—with PWB somewhere between the two. PWB is a more stable construct than moment to moment mood but it is also more volatile than our underlying personality (see Fig. 4.1). To get a useful picture of PWB means focusing more toward the mood end of the continuum, not just how someone is feeling "today". In the next chapter we explain how PWB can be assessed by asking about how people have been feeling over an extended period of time, such as 3 months. Looking at how people were feeling "right now" would be tapping transient mood to too great an extent. On the other hand, asking people how they feel generally would be going too far toward the personality end of the continuum.
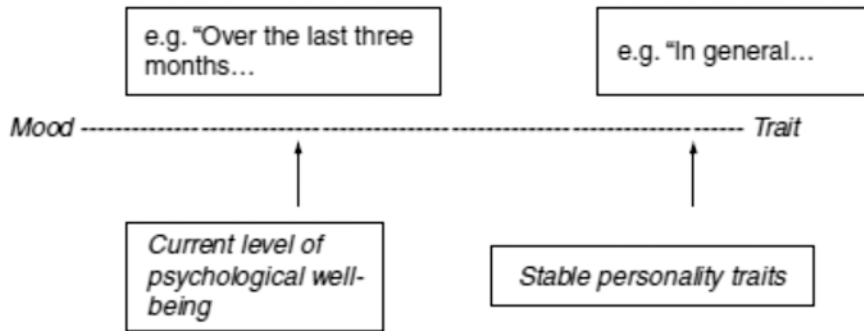
Fig. 4.1   Mood, personality and PWB

Positive Emotions

As already explained in Chap. 1, PWB has two major components: "Hedonic" well-being, which refers to the subjective feelings of happiness and the less well-known term, "Eudaimonic" well-being, which refers to the purposeful aspects of PWB. Experiencing positive emotions, feeling happy, cheerful, pleased and joyful is a core aspect of hedonic PWB. In fact the experience of positive emotions seems to be an extremely important aspect of our overall well-being and behavior. Of course, it's impossible to go through life on a wave of positive emotions—probably also undesirable as there would be no point of contrast either. We have also seen that the relatively short-term experience of a specific positive emotion is closer to what we refer to as "mood" than PWB. On the other hand, someone who experiences more frequent positive emotions over a period of time is surely experiencing better PWB.

Interestingly positive emotions seem to serve a different function from negative emotions. Barbara Fredrickson explains this by pointing out that negative emotions are triggered by unpleasant, dangerous or even life-threatening situations and they evoke specific, focused reactions to help us to deal with the threat. By contrast, positive emotions are not linked to specific threatening circumstances and they evoke broader, more flexible response tendencies. Fredrickson has developed her ideas about positive emotions into the "Broaden and Build" theory of positive emotions (Fredrickson 1998). In essence this theory proposes that positive emotions help to *broaden* our range of possible responses and actions—partly because they are not associated with the same threat and urgency to escape them that goes along with negative emotions. According to the broaden and build theory, positive emo-

tions also lead to a building of resources that in turn enables us to cope more effectively over time. There is quite a lot of research to support Fredrickson's theory, suggesting that positive emotions do indeed have the consequences that she proposes. At the most fundamental level there is evidence to show that positive emotions literally broaden people's visual attention. A series of studies has shown that when positive emotions are experienced people's eye movements show broader search patterns with more attention being paid to peripheral stimuli. In fact positive emotions have been linked in experiments to increased receptivity to new information, broader social thinking (people show more imagination and attentiveness in terms of things that they could do for friends) and less racial bias—when positive emotions have been induced white people are more likely to recognize black faces. A few moments' reflection on everyday experiences may help to demonstrate the broadening effect of positive emotions. When things go badly wrong and we get to the edge of panic, what happens? Simple—our attention narrows enormously and we focus more tightly, whether it's on the exit to a burning building or the train that's just about to leave the station. Everyone has had this type of experience and felt the narrowing of attention that goes along with it. How many of us have gone over the same process trying to fix something that doesn't work over and over again, without being able to stand back and get some perspective on the problem? Positive emotions have the opposite effect. Our thinking and hence possible actions become much more expansive and take in a greater range of possibilities. On this basis, the links between positive emotions, PWB and the kind of outcomes reported by Lyubomirsky et al. (2005, see also Chap. 1) such as more effective and innovative problem solving, more positive views of oneself and other people and generally better lives all make sense.

Research on the "Build" aspect of the broaden and build theory is also supportive. For example, in one study participants were trained in a process that helped them to deliberately generate positive emotions. After only a couple of months participants were reporting higher levels of physical wellness and other psychological resources. In a book chapter looking at research into the broaden and build theory Vacharkulksemsuk & Fredrickson (2013) describe how experimental evidence has shown links between positive feelings and thought processes including flexible thinking, creativity and being receptive to new information. In more naturally occurring settings positive emotions have also been shown to build resources. After redundancy or bereavement people who experienced more positive emotions (note that they still experienced the normal negative emotions associated with such events) had better well-being a year or so later (for more information, see Cohn and Fredrickson 2009).

Much of the research on the negative effects of workplace stress supports the idea that prolonged experience of negative emotions depletes psychological resources and makes people more vulnerable to physical and psychological illness, just as the "Whitehall" studies of civil servants in the United Kingdom revealed links between workplace stressors and heart disease (Kuper and Marmot 2003). Studies continue to provide evidence that supports this link between stress and health. A review of the evidence including over 600,000 participants from 27 studies in Europe, Japan and the USA also reported links between stress and heart disease and additionally reported evidence for links to other health outcomes such as stroke and type 2 diabetes (Kivimäki and Kawachi 2015). The authors found little effect of gender or age on these links suggesting work stress has similar effects for everyone and the links to health are robust. They also highlight the scarcity of interventional evidence to show that health can be improved if work stress is reduced which is an area where more work needs to be done to allow targeted advice on how to protect health from a work stress perspective. Turning our attention back to emotions for now though it appears positive emotions can have a protective effect by both broadening our range of responses and behaviors and also building our psychological resources, enabling us to cope more effectively. As well as providing a protective effect, positive emotions also help people to bounce back after experiencing adversity (Tugade and Fredrickson 2004) and they also help to undo the detrimental effects of negative emotions (Fredrickson et al. 2000).

As mentioned above one of the most interesting areas where positive emotions have a beneficial effect is in the promotion of more flexible thinking and creativity. Many laboratory studies have shown how positive emotions can help people to think more broadly and to be more creative in solving problems (for more information, see Isen 2009). The evidence is not restricted to the laboratory.In one study Teresa Amabile and her colleagues (Amabile et al. 2005) carried out research which looked at diary evidence from over 200 knowledge workers across seven different organizations. On average, they followed people for a period of 19 weeks, collecting data from a daily questionnaire, which included both specific questions repeated each time and free responses from participants. Creativity was measured for each participant by asking peers in the workplace to regularly rate the extent to which the participant had produced novel and useful ideas. They found that people who experienced more positive emotion had better creativity scores. More recently, in a study of early career managers, being able to regulate your emotions was shown to lead to the experience of more positive emotions which can then be used to enhance creativity (Parke et al. 2015).

Meaning and Purpose

As already explained in Chap. 1, PWB actually has two major components. One aspect of PWB (hedonic) is about feeling good and as the discussion above shows feeling good is linked to a range of other positive outcomes and behaviors. The other important aspect of PWB at work (eudaimonic) relates to the meaning and purpose that we associate with our work. Nobody enjoys working at what seem to be pointless tasks day after day. Whatever level of work people do it is important to be able to feel that the work is meaningful and worthwhile. In fact, for people who undertake difficult, dangerous or unpleasant jobs the eudaimonic aspect is particularly important. For a soldier risking his or her life, feeling that the mission is worthwhile is critically important—the meaning and purpose may be based on supporting colleagues in danger, feeling that helping people is worthwhile, believing that the work being done is keeping the streets of Britain safe or other reasons. Whatever the reasons, without the feeling that it is worthwhile, it is very difficult to sustain high levels of PWB over time. Who is likely to have better PWB—a street cleaner who recognizes the important contribution that the job makes to public health or an office worker in a clean and warm office whose main job involves keeping detailed records that he or she believes no one will ever look at?

Hedonic well-being is about experiences of satisfaction and happiness and—as we have seen in various other parts of this book—such experiences are very important. The eudaimonic dimension of well-being is about mastery of the environment, autonomy and other factors that enable us to feel that what we are doing has meaning and purpose. Just like hedonic well-being, eudaimonic well-being is also associated with important behaviors and outcomes. Indeed, some studies have shown that euadaimonic well-being can have even more significant consequences for health than the positive emotions associated with hedonic well-being, as the study by Carol Ryff and colleagues (described in Chap. 1 of this book) shows.

To return to the question posed at the beginning of this chapter (does PWB have a set point?), it may be that eudaimonic factors are particularly important in pushing people back toward a set point. The feeling of satisfaction that comes with achieving a goal, or the feelings of "flow" associated with being completely engaged in an enjoyable and rewarding activity are part of eudaimonic well-being. In most cases the positive feelings associated with reaching a goal are likely to dissipate over time, and we need to set, and achieve, a new goal to repeat the positive experience. If this doesn't happen

we are likely to slip back toward the previous level of PWB. Roy Keane, the Republic of Ireland football assistant manager and former Manchester United player, made news when he said that the good feelings from winning the championship lasted for a very short time—and then he was focused on the next season and winning it all over again! With many major trophies won in his career (including 1 Champions League, 7 Premier League, and 4 FA cups) he has had plenty of experience of attaining a goal and then having to set a new one to remain challenged and motivated. Everyone has similar experiences, the new job that seemed like a career goal becomes only the next step on the career ladder, the new car, qualification, house and so on. Even "flow" experiences are likely to become less satisfying as we become more familiar with the activity or develop a level of skill that begins to make it less challenging—and we may slip back toward the previous level of PWB. The solution, of course, is Roy Keane's route: set a new and challenging goal. In this way we may be able to avoid the constant return to the set point of the hedonic treadmill and, as Alan Waterman (2007, p. 612) has put it, "… climb the eudaimonic staircase". As we shall see in later chapters the idea of challenging work and the benefits of positive pressure is very important in creating work and a working environment that are conducive to positive PWB.

REFERENCES

Amabile, T. M., Barsade, S. G., Mueller, J. S., & Staw, B. M. (2005). Affect and creativity at work. *Administrative Science Quarterly, 50,* 367–403.

Brickman, P., Coates, D., & Janoff-Bulman, R. (1978). Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology, 36,* 917–927.

Cohn, M., & Fredrickson, B. (2009). Positive emotions. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology*. Oxford: Oxford University Press.

Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology, 2,* 300–319.

Fredrickson, B. L., Mancuso, R. A., Branigan, C., & Tugade, M. M. (2000). The undoing effect of positive emotions. *Motivation and Emotion, 24,* 237–258.

Fujita, F., & Diener, E. (2005). Life satisfaction set point: Stability and change. *Journal of Personality and Social Psychology, 88,* 158–164.

Headey, B., & Wearing, A. (1989). Personality, life events, and subjective well-being: Toward a dynamic equilibrium model. *Journal of Personality and Social Psychology, 57,* 731–739.

Isen, A. M. (2009). A role for neuropsychology in understanding the facilitating influence of positive affect on social behaviour. In S.J. Lopez and C.R. Snyder (eds), *Oxford Handbook of Positive Psychology*. Oxford: Oxford University Press.

Kivimäki, M., & Kawachi, I. (2015). Work stress as a risk factor for cardiovascular disease. *Current Cardiology Reports, 17*(9), 74.

Kuper, H., & Marmot, M. (2003). Job strain, job demands, decision latitude, and risk of coronary heart disease within the Whitehall II study. *Journal of Epidemiology and Community Health, 57,* 147–153.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin, 131,* 803–855.

Mäkikangas, A., Kinnunen, U., Feldt, T., & Schaufeli, W. (2016). The longitudinal development of employee well-being: A systematic review. *Work & Stress, 30*(1), 46–70.

Parke, M. R., Seo, M. G., & Sherf, E. N. (2015). Regulating and facilitating: The role of emotional intelligence in maintaining and using positive affect for creativity. *Journal of Applied Psychology, 100*(3), 917–934.

Penney, L. M., David, E., & Witt, L. A. (2011). A review of personality and performance: Identifying boundaries, contingencies, and future research directions. *Human Resource Management Review, 21*(4), 297–310.

Tauber, B., Wahl, H. W., & Schröder, J. (2016). Personality and life satisfaction over 12 years. *GeroPsych, 29,* 37–48.

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86,* 320–333.

Vacharkulksemsuk, T., & Fredrickson, B. L. (2013). Looking back and glimpsing forward: The Broaden-and-Build theory of positive emotions as applied to organizations. In *Advances in positive organizational psychology* (pp. 45–60). Bingley: Emerald Group Publishing Limited.

Waterman, A. S. (2007). On the importance of distinguishing hedonia and eudaimonia when contemplating the hedonic staircase. *American Psychologist*, September, 612–613.

5

Measuring Well-Being and Workplace Factors

It's clear from elsewhere in this book that improving the PWB of people at work brings a wide range of benefits, to them as individuals, to their organizations—and of course to wider society. Later chapters look at how the PWB of a workforce can be influenced and enhanced. A prerequisite for changing anything, in a systematic way, is being able to measure it. If you can't measure, it's impossible to know whether things have changed or not. In fact, being able to measure is important, not just for understanding what might change after an intervention but, in the case of PWB, accurate measurement is even more important in deciding what needs to happen to improve things. As well as measuring current levels of PWB, an assessment of the factors that are influencing PWB, the "drivers" of well-being, is an essential measurement prerequisite. A full explanation of the drivers of well-being is covered in a later chapter (Chap. 7) but in this chapter, as well as discussing the measurement of PWB itself, we also discuss some of the core workplace drivers of PWB and how they too can be measured.

Some techniques that do not involve self-report questionnaires have been developed to assess well-being but these methods are not well-established and there is little good quality research to underpin them. By far the most widely used and successful method for measuring PWB is to use self-report questionnaires. In general, the available questionnaire measures of PWB are quite varied and are often based on different underlying assumptions and theories. The distinction between hedonic and eudaimonic approaches to PWB, described earlier in this book (see Chap. 1), is a good starting point for thinking about measures of PWB. As already explained in Chap. 1, PWB

has two major components: "Hedonic" well-being, which refers to the subjective feelings of happiness and the less well-known term, "Eudaimonic" well-being, which refers to the purposeful aspects of PWB.

Assessing PWB

Let's begin by looking at approaches to the measurement of PWB that take a predominantly hedonic perspective. One approach to measuring hedonic well-being concentrates on what people *think* about specific factors, such as "life" or "work". Measures of job satisfaction or life satisfaction are a good illustration of this. In this approach people are asked to consider (think about) something in particular, such as their work or their life in general and make a considered appraisal of it. Another approach focuses much more on how people *feel* and involves trying to get closer to their emotional (affective) reactions, rather than seeking a more thinking-based (cognitive) evaluation. Although the two approaches are rather different and most investigators tend to use one or the other, there are some questionnaires that use both.

By and large the assessment of hedonic PWB is pretty close to the general assessment of "happiness". Probably the most widely used scale that takes a thinking-based approach is The Life Satisfaction Scale (Diener et al. 1985). This scale contains five items asking about people's level of life satisfaction, for example, "the conditions of my life are excellent", and has been used and validated in many countries. The Oxford Happiness Inventory (OHI) and the related Oxford Happiness Questionnaire (OHQ) (Hills and Argyle 2002) are more extensive scales developed in the United Kingdom. The OHI is based on the design and format of the Beck Depression inventory (Beck et al. 1961). Each item is presented in four incremental levels, for example, "I am not particularly optimistic about the future, I feel optimistic about the future, I feel I have so much to look forward to, I feel that the future is overflowing with hope and promise." The OHQ includes similar items to those of the OHI (e.g. "I feel that life is very rewarding"), each presented as a single statement which can be endorsed on a uniform six-point scale—Strongly Agree …Strongly Disagree. Diener et al., looked at the theory and validity of life satisfaction scales in (2013) and reported that they accurately reflect quality of life, are sensitive to changes in the lives of respondents, and are increasingly being considered and adopted to allow understanding of national well-being.

As far as affective (feeling-based) assessments of well-being are concerned, the Positive and Negative Affect Scale (PANAS, Watson et al. 1988) is widely used. This assessment contains two self-report scales consisting of ten words describing positive and negative emotions (e.g. upset, enthusiastic, nervous). Participants are then typically asked to provide a rating on the extent to which they generally felt each emotion on a five-point scale ranging from "very slightly" (= 1) to "extremely" (= 5). The validity and reliability evidence on this measure is good (see Wright and Cropanzano 1997; Crawford and Henry 2004).

Assessing Eudaimonic PWB

Carol Ryff and her colleagues (e.g. Ryff and Keyes 1995; Ryff 2013) take a more eudaimonically orientated approach to PWB, with a model that encompasses six distinct dimensions:

- **Self-acceptance**—a positive view of oneself and one's current and past life
- **Positive relations with others**—warm, affectionate relationships with others
- **Autonomy**—self-determination and freedom, able to resist the influence of social norms
- **Environmental mastery**—a sense of mastery over the environment and everyday affairs
- **Purpose in life**—goals, meaningfulness and a sense of direction, in life
- **Personal Growth**—continuing change, development and psychological growth.

Ryff and Keyes (1995) developed a scale to measure all six of the factors, although other research has suggested that not all of the factors are necessary and eudaimonic well-being may perhaps be explained with a smaller number of factors (Springer and Hauser 2006).

Measuring Workplace Psychological Well-Being

It is clear that any comprehensive assessment of workplace well-being would need to cover both affective and cognitive appraisals of hedonic well-being *and* an indication of the extent to which people experience a positive sense of purpose at work (eudaimonic PWB). This implies that an effective meas-

ure of PWB at work should therefore tap: (i) the affective state that people experience at work (related to, but broader than satisfaction with the job itself) and (ii) the extent to which they experience the kinds of eudaimonic factors embodied in Ryff's six dimensions of eudaimonic well-being in their work. This leads to the rather technical definition that we use for PWB as the *affective and purposive psychological state that people experience while they are at work*. In practice what this means is that PWB refers to whether people feel good or not at work (the affective psychological state) and whether they feel that their work is meaningful and has a purpose (the purposive psychological state). From a measurement perspective one final factor needs to be considered—that of the time horizon. The time horizon is important because the stability of the feelings that people experience is important in distinguishing between different types of psychological constructs such as moods and personality traits. As explained in Chap. 4, a good measure of PWB at work needs to strike a middle ground between personality and mood. Asking questions that pick up how people normally feel most of the time would be more of a "personality" measure than a measure of PWB. It would be heavily influenced by people's underlying personality characteristics, rather than their work experiences. On the other hand, asking about how people feel right now would merely tap their current mood, which could change several times, even within the same day!

Although there is a strong literature on the assessment of PWB, relatively little of this focuses on PWB at work. From time to time researchers have used specific sets of questions to measure the PWB of people at work. Cropanzano and Wright (1999), for example, used an index originally reported by Berkman (1971). This asked "how often" respondents experienced specific feelings, ranging from negative feelings, for example, "depressed or very unhappy", through to positive feelings, "on top of the world". This approach clearly takes a hedonic approach to PWB by focusing on affective states. As we have already noted, a comprehensive assessment of PWB at work would need to focus on both hedonic and eudaimonic aspects of PWB.

In this book we focus on the ASSET model for measuring and understanding the role of PWB in the workplace. At the time of writing, we are not aware of any other models for the measurement of PWB at work that are as well-developed as ASSET. The original ASSET questionnaire was derived as a stress audit and focused heavily on psychological ill-health, rather than PWB, see Johnson (2009) for detail on the development of ASSET. Researchers have provided good evidence concerning the psychometric properties of the original ASSET questionnaire (see Johnson and Cooper 2003; Faragher et al. 2004). In our more recent work on PWB we
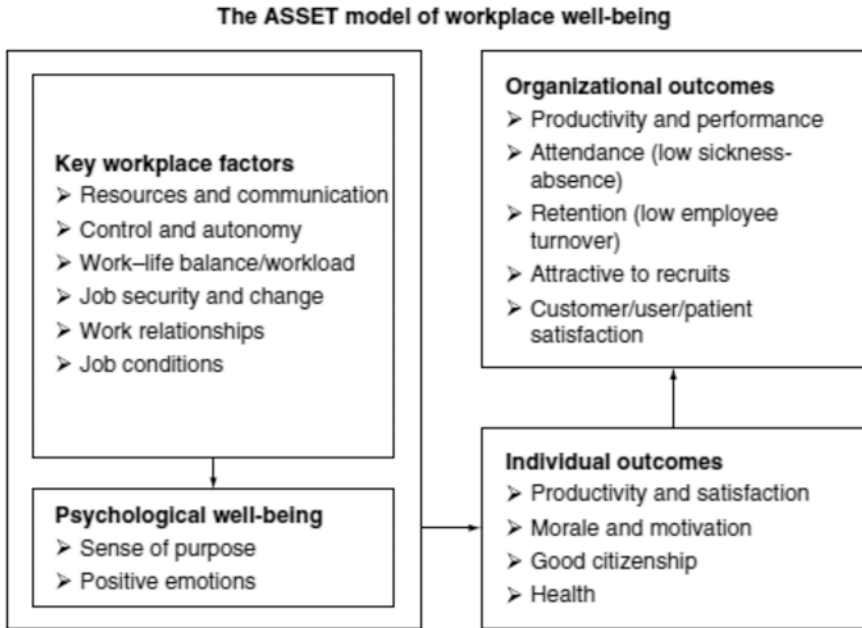
Fig. 5.1 The ASSET (2010) model

have enhanced the original ASSET organizational audit questionnaire to measure positive PWB at work, by developing a set of items to tap both positive emotional experience (i.e. the hedonic perspective) and sense of purpose (i.e. the eudaimonic perspective). We have also developed a shorter version of the ASSET questionnaire 'ASSET Pulse' which allows a quick snapshot of health and PWB using a smaller number of items. Advantages of a shorter questionnaire such as this can include quicker completion times, higher response rates, and ease of use at multiple timepoints which can help with the evaluation of well-being interventions.

The ASSET model and the key constructs measured are shown in Fig. 5.1

The Asset Model

The ASSET model shows how a set of specific workplace factors (e.g. resources and communications, control and work relationships) play a key role in determining employees' levels of PWB. The model also shows how, in turn, levels of PWB influence outcomes—both individual and organizational. In Chap. 7 of this book the workplace factors that impact on PWB are fully explained.

Table 5.1 Sample items from the ASSET psychological (ill)health scale

Over the last 3 months, have you experienced any of the following symptoms or changes in behaviour?			
Never	Rarely	Sometimes	Often
1	2	3	4

• Constant irritability
• Difficulty in making decisions
• Loss of sense of humor
• Feeling or becoming angry with others too easily

As far as the measurement of PWB at work is concerned, the ASSET model incorporates a variety of approaches. The original versions of ASSET took a stress perspective and hence focused on the risks to psychological health from psychologically unhealthy workplaces. Because of this approach, the scale that was used to assess psychological health actually assessed ill-health, rather than positive PWB (see Johnson and Cooper 2003; Faragher et al. 2004). This psychological (ill)health scale was designed along the lines of other similar scales that were in use at the time (e.g. the General Health Questionnaire) and included items that tapped minor psychological health problems—an accumulation of poor scores on such items would indicate poor overall psychological health, with a possibility of more serious psychological health problems developing over time. An illustration of the items used in this scale is given in Table 5.1.

Scales such as this are useful and can play a key role in measuring risks to PWB and provide a good indication of potential problems, especially when, for example, specific units or sections within a larger workforce show poor scores. In the United Kingdom the Health and Safety Executive (HSE) has developed an approach to the assessment of psycho-social risk in organizations. Again, starting from a stress perspective and seeking to minimize risks, the HSE has developed a measurement questionnaire for use by organizations. Their approach does not provide a direct measure of PWB or psychological health but focuses on the workplace risk factors that can cause psycho-social problems at work. Because of this focus on the workplace drivers of well-being the HSE approach is discussed in Chap. 7, when the key workplace factors that influence PWB are considered.

Avoiding psychological health problems is obviously important for any organization but increasingly the progressive organizations have the additional goal of enhancing the positive well-being of their employees. As shown elsewhere in this book there are significant benefits for both employ-

Table 5.2   Sample items from the ASSET positive PWB scale

For the terms below, indicate the extent to which you have felt like this during the last three months—at work				
Very slightly	A little	Moderately	Moderately Quite a bit	Very much
1	2	3	4	5

- Inspired
- Alert
- Excited

ers and employees in building positive PWB, rather than merely avoiding risks. The more recent versions of ASSET therefore also incorporate some items that focus on positive PWB, from both a hedonic and eudaimonic perspective. For example, one set of items, illustrated in Table 5.2 covers the hedonic aspects of positive PWB.

For these items the employee is invited to focus on how they have felt over the last three months at work. This wording is extremely important. To ensure that the response is not merely a reflection of how the person is feeling at that moment a timeframe of the last three months is selected. This also guards against the reply being influenced too heavily by underlying, stable personality factors—which would be more likely if the question focused on how someone feels in general—rather than for a more specific period of time. Asking people to respond in relation to the last three months is also used for other ASSET scales, as you can see in the example health questions in Table 5.1. The use of the term "at work" is also of obvious relevance and focuses the item on how people feel at work, rather than other aspects of their lives.

Assessing the full range of eudaimonic PWB in a work context would require a substantial set of items focused on several of the factors identified by Carol Ryff (see above). This would imply a questionnaire with quite a large number of items. Bearing in mind the importance of also obtaining a measure of the key drivers of PWB, as well as PWB itself, the ASSET approach to the eudaimonic aspect of PWB takes a very focused approach. The items included in ASSET to assess the eudaimonic aspect of PWB at work revolve around the goals of people's jobs and the extent to which their goals are clear, challenging and motivating. As well as drawing on research and theory concerning PWB the items used in this section of ASSET also draw heavily on Goal-setting theory (see Box 5.1) (see Locke and Latham 2002, for a summary of the relevant research findings and practical applications).

Box 5.1 Goal-Setting Theory

Many people reading this book will be familiar with Goal-setting theory. It's certainly not new but it is one of the most enduring and practical theories of motivation that psychologists have developed.

The five principles of goal-setting (and some top tips to get started) are:

1. Clarity. When goals are clear and specific, with a definite time set for completion, they are more effective in stimulating performance.
2. Challenge. People are often motivated by achievement. If a goal is easy and not viewed as very important, then it is unlikely to elicit a lot of effort. When you know that what you do will be well-received, there's a natural motivation to do a good job. Rewards commensurate with the level of achievement can boost enthusiasm further.
3. Commitment. Goals must be understood and seem worthwhile if they are to be effective—the harder the goal, the more commitment is required.
4. Feedback. Feedback provides opportunities to clarify expectations, adjust goal difficulty and gain recognition. It's important to provide benchmark opportunities or targets, so individuals can determine for themselves how they're doing. This is particularly important for maintaining motivation for long-term goals.
5. Task complexity. Make sure that the conditions surrounding the goals don't frustrate or inhibit people from accomplishing their objectives—after all they aren't going to be motivating if they do!

You'll see that goal setting is much more than simply saying you want something to happen. Unless you clearly define exactly what you want and understand why you want it in the first place, your odds of success are considerably reduced. Our five top tips are:

1. Set goals that motivate you
2. Set SMART goals (specific, measureable, attainable, realistic and time-bound)
3. Write them down
4. Make an action plan
5. Persevere

Although not without its critics (see Ordonez et al. 2009), the research based on goal-setting as a motivational tool in organizations is extensive and does provide strong evidence that setting clear, specific goals to which people feel committed is one of the surest ways of improving performance and achieving work-related goals. Some sample items used in this section of ASSET are given in Table 5.3.

Table 5.3 Sample eudaimonic items from ASSET

Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly Agree
1	2	3	4	5	6

• My job goals and objectives are clear
• I am committed to achieving the goals of my job

Measurement Benchmarks and Norms

If an HR director was given scores for his or her organization on the type of items in Table 5.2, how would he or she interpret them? Let's say that when asked to rate six positive adjectives like those given in Table 5.2, the average score for a group of employees came out at three. Should the HR director be pleased or disappointed with that score? One way of looking at the scores would be to concentrate on the actual (raw) score. A score of three would indicate that, on average, over the last three months at work, the group of employees involved felt inspired/alert/excited and so on more than "a little" of the time, but they didn't feel like this "quite a bit of the time". Obviously it is possible to assign some meaning to results like that. For example, you could feel quite disappointed that people did not experience the positive emotions described by the adjectives "very much" of the time and that you would have liked to see better scores. If, however, you were told that the average score for tens of thousands of working people in the general working population was fewer than 2, this would probably make you re-evaluate the significance of a score of 3 and feel better about it. So, when looking at scores for indicators of PWB (and many other psychological assessments in fact), as well as knowing the actual score, it is also useful to know how this compares with the scores of similar groups of people elsewhere. The use of "norms", or "normative" comparison groups, provides a simple way of benchmarking any set of scores so that they can be interpreted more clearly.

A simple way of doing this would be to do exactly what was done in the example above: provide a raw score and then give the mean score for the norm group. In practice, this gives some information but not enough. It enables you to see if the raw score is above or below average for the norm group but of course it would be even more useful to know how much better or worse than the norm group the raw score is. A very effective and widely used way of enabling comparisons with norm groups involves converting the raw score to a standardized score that provides a direct comparison with the
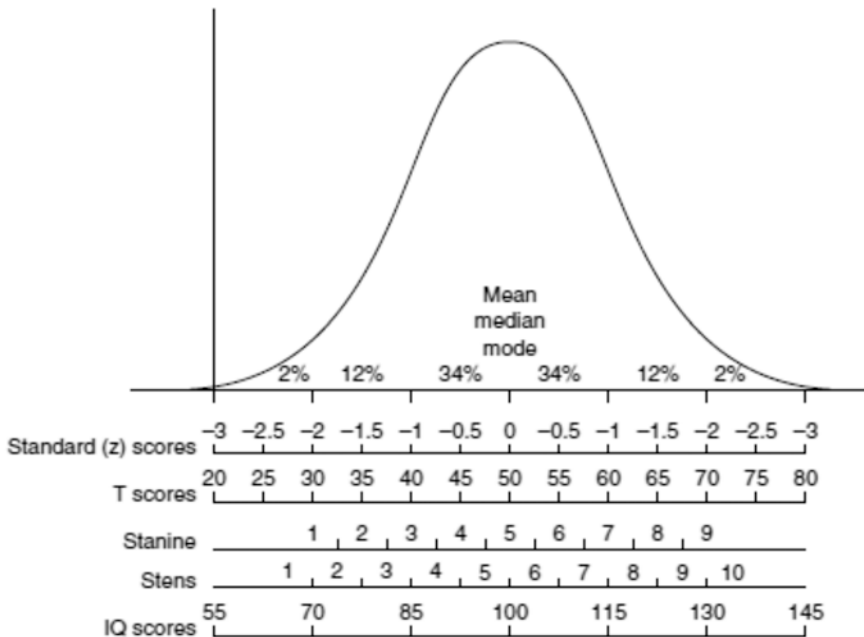
Fig. 5.2 Types of standardized scoring systems

norm. As long as there is a sizeable normative comparison group available to provide the benchmark, such conversions are easily done. In essence that involves making calculations to see just how far above or below the norm group mean any specific raw score falls—and then using some form of standard scoring system to indicate this. For example, Standard Ten (Sten) scores show where the actual score is located, in comparison with the norm group, on a ten-point scale. A Sten score of 5.5 means that the actual score is exactly on the mid-point for the norm group. Figure 5.2 shows a selection of normative scoring systems that can be used to provide an accurate picture of where a score falls in comparison with a normative group.

As well as enabling you to see if any particular raw score is near the mean, above or below the mean for the norm group, converting raw scores to standard scores also provides an accurate view of how far above or below the mean a score lies. This is done by indicating what proportion of the norm group would fall above or below the observed score. For example, a "T" score of 50 is exactly on the mean for the norm group. A "T" score of 60 is greater than 82% (2 + 12 + 34 + 34) of the norm group. Similarly a Sten score of 3.5 is lower than 82 percent of the norm group. One key point to notice about all of these normative scoring systems is that as scores move up (or down) the
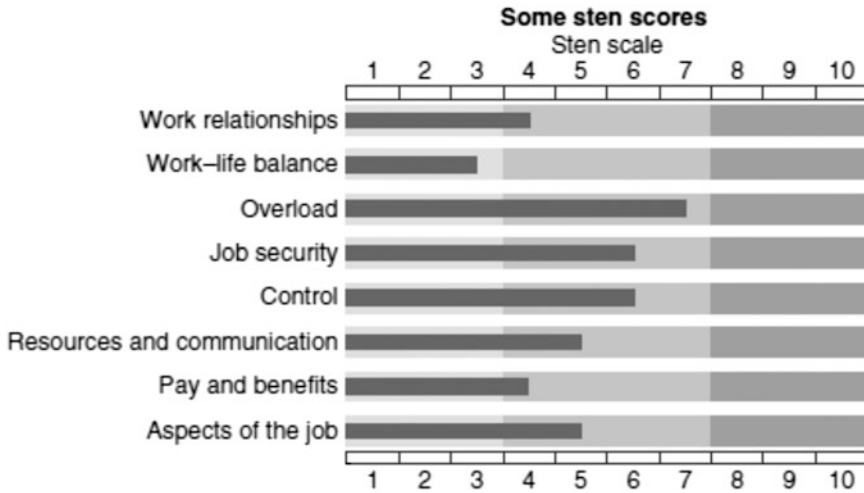
Fig. 5.3 Scores from a well-being survey using Stens. *Note* The higher the score, the greater the extent to which the area is troubling people—compared to general working population

scale, the differences in the number of people falling into the relevant band are not even. For example, Sten scores between 5.5 and 7.5 (a Sten score difference of two points) include 34% of the normative group, whereas scores between 7.5 and 9.5 (also a Sten score difference of two points) only include 12% of the norm group. What this means is that the higher or lower the scores go on a standard scale, the more unusual the scores become.

Figure 5.3 shows a set of Sten scores for the results of an ASSET survey. It is easy to see from these scores even in black and white (actual scores would be in color) which ones are similar to the norm, which scores are different from the norm—and whether they are better or worse than the norm.

Other Approaches

The self-report questionnaire approach is the only realistic method for collecting reliable information about levels of PWB within an organization. This is particularly the case for larger organizations of a few thousand people and more. Traditionally data was collected with old fashioned paper and pen but increasingly web based surveys are used which allow large amounts of information to be gathered and analyzed quickly and at a lower cost. The results from the questionnaire can be viewed for the whole organization and

also for sub-units, departments, divisions and so on. Questionnaire results can provide a very clear picture of both well-being levels and the drivers of well-being in an organization, especially when the results can be compared with a relevant norm group. In many cases it may be helpful to supplement the questionnaire results with information obtained from talking to members of staff in the organization. Approaches to collecting additional information could be to talk face to face with employees in an interview or focus group, or alternatively to use the telephone. In practice there seem to be good reasons for using the telephone only when other options are not available—for example, when staff in an organizations are widely distributed geographically. The research certainly suggests that PWB is better measured using self-report questionnaires distributed by mail or online, rather than by the use of telephone (Springer et al. 2006).

Usually additional information is best gathered after the questionnaire results are available and have been analyzed. The discussions can then focus on issues that have emerged from the questionnaire results and get further information, particularly about follow-up actions that might be desirable. Because of the often sensitive nature of the questions that need to be discussed, it is often a good idea to organize groups of people (focus groups) from across the organization for these discussions. In practice the focus group discussions do not usually concentrate very much on the actual results from the survey—as long as these are available and understood by everyone. The discussion is usually more heavily focused on the workplace factors that influence PWB—and what can be done to improve/sustain things.

PWB and SME's

Most of the research into PWB has been conducted in large organizations which limits its applicability to SMEs, and yet SMEs employ the largest portion of the workforce so a discussion of well-being should not neglect SMEs entirely. Johnson (2011) discussed how one of the key causes of poor well-being in small businesses may be work overload. Whilst larger organizations typically have multiple departments (e.g. customer service, IT), in smaller companies individuals are expected to take on all roles. It is possible this may lead to increased demands and poorer well-being, although an alternative argument is that a variety of tasks will improve job roles, and may increase the degree of control employees feel they have over work which can improve well-being. There is also felt to be a significant risk of poor work-life balance in small firms, and being an owner-manager can be an isolating experience.

Some well-being initiatives, such as stress management training and Cognitive Behavioral Training interventions, often used by large organizations, are difficult to implement in smaller organizations. The high cost of face-to-face interventions, and difficulty accessing services from remote or rural areas can also be a problem for some SMEs (Martin et al. 2009), and as detailed above, whilst the use of questionnaires can reliably inform on levels of PWB in larger organizations with numerous employees they are not as useful in very small companies. There are though some things that people looking at PWB in SMEs can consider to promote positive PWB in the workplace which we detail in Chap. 9 'Improving Wellbeing—Building a Healthy Workplace'.

References

Beck, T., Ward, C. H., Mendelson, M., Hock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 7,* 158–216.

Berkman, P. L. (1971). Measurement of mental health in a general population survey. *American Journal of Epidemiology, 94,* 105–111.

Crawford, J. R., & Henry, J. D. (2004). The Positive and Negative Affect Schedule (PANAS): Construct validity, measurement properties and normative data in a large non-clinical sample. *British Journal of Clinical Psychology, 43*(3), 245–265.

Cropanzano, R., & Wright, T. A. (1999). A 5-year study of change in the relationship between well-being and performance. *Consulting Psychology Journal: Practice and Research, 51,* 252–265.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 71–75.

Diener, E., Inglehart, R., & Tay, L. (2013). Theory and validity of life satisfaction scales. *Social Indicators Research, 112*(3), 497–527.

Faragher, E. B., Cooper, C. L., & Cartwright, S. (2004). A shortened stress evaluation tool (ASSET). *Stress and Health, 20,* 189–201.

Hills, P., & Argyle, M. (2002). The Oxford happiness questionnaire: A compact scale for the measurement of psychological well-being. *Personality and Individual Differences, 33,* 1073–1082.

Johnson, S. J. (2009). Organizational Screening: The ASSET Model. In S. Cartwright & C. L. Cooper (Eds.), *The Oxford Handbook of Organizational Well Being*. Oxford University Press.

Johnson, S. J. (2011). Stress Management in SMEs. In K. Kelloway & C. L. Cooper (Eds.). *Occupational health psychology issues in small and medium size enterprises*. Edward Elgar.

Johnson, S., & Cooper, C. (2003). The construct validity of the ASSET stress measure. *Stress and Health, 19,* 181–185.

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal-setting and task motivation: A 35 year odyssey. *American Psychologist, 57,* 705–717.

Martin, A., Sanderson, K., Scott, J., & Brough, P. (2009). Promoting mental health in small-medium enterprises: An evaluation of the "Business in Mind" program. *BMS Public Health, 9,* 239–246.

Ordonez, L., Schweitzer, M. E., Galinsky, A. D., & Bazerman, M. H. (2009). Goals gone wild: How goals systematically harm individuals and organizations. *Academy of Management Perspectives, 23,* 6–16.

Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics, 83*(1), 10–28.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719–727.

Springer, K. W., & Hauser, R. M. (2006). An assessment of the construct validity of Ryff's scales of psychological well-being: Method, mode, and measurement effects. *Social Science Research, 35,* 1080–1102.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of a brief measure of positive and negative affect: The PANAS Scales. *Journal of Personality and Social Psychology, 54,* 1063–1070.

Wright, T. A., & Cropanzano, R. (1997). Well-being, satisfaction and job performance: Another look at the happy/productive worker hypothesis. In L. N. Dosier & J.B. Keys (Eds.), *Academy of Management Best Paper Proceedings*, pp. 334–368. Academy of Management.

Part III

What Influences Well-Being?

6

The Whole Person and Psychological Well-Being

In a remarkable article, published in 1989 (see Arvey et al. 1991), Richard Arvey and his colleagues produced results that appeared to show that job satisfaction is inherited! At face value this is a very peculiar result indeed because, as we saw in Chap. 3, job satisfaction is supposed to be an appraisal of how we feel about our job. How can this be inherited? Arvey and his colleagues carried out a classic type of study that is used by researchers who are interested in inherited characteristics—a kinship study (see also Chap. 2 of this book). In these studies researchers focus on naturally occurring examples of people who vary from being very closely related, such as identical (monozygotic) twins who are from the same fertilized egg and hence genetically identical, through to unrelated pairs of people. They also take into account whether the people shared a common environment or were brought up apart—as in the case of twins separated from each other at birth and raised separately. This provides an array of people who have varying degrees of genetic and environmental similarity. At one extreme there are identical twins reared together who have common genes and environment. At the other extreme there are unrelated people reared apart who do not share a common environment or genetic background. Careful statistical analysis, taking account of the genetic and environmental similarity, can then reveal the extent to which various characteristics appear to be inherited or environmentally determined. Clearly, the expectation for job satisfaction would be that the environment (i.e. the job that people work in) would determine job satisfaction—but that was not what Arvey and his colleagues discovered. They found that people's genetic background explained a reasonable amount

of the variance in their levels of job satisfaction. Their results have subsequently been replicated by other researchers, so we know that it is a stable finding and not a freak result.

It seems almost incredible that people could inherit genes that determine job satisfaction—that would be a very specialized set of genes indeed! In fact, what seems to be happening is that people's genes have some impact on their underlying personality and, in turn, personality has an impact on the levels of satisfaction that people report. Think about the people that you know reasonably well and consider how they react to different experiences. It's likely that you will feel that some people are generally more inclined to be positive about an experience, regardless of what it actually is—and some people might be more inclined to find fault. For example, imagine if several of your friends went on the same holiday. Would it be likely that if they were asked to complete a questionnaire about the holiday, some would almost certainly give more positive scores than others—even though they've had more or less the same experiences? This is exactly what the results from research also reveal, and it is the key to understanding the results of Richard Arvey's research.

The underlying personality that people have helps to determine their reactions to events and experiences. A moment's thought will demonstrate the truth of this point. For example, when something new comes up, some people are likely to react with apprehension and worry, while others are excited and enjoy the variety. In the case of the genetic link with job satisfaction it seems that underlying personality is partly determined by genetic factors, and in turn underlying personality has an influence on how positive people feel about their job—regardless of the job itself. One of the personality characteristics known to have a reasonably strong genetic component is a person's tendency to experience positive emotions. Being more likely to experience positive emotions would obviously make it more likely that someone would feel better about their job, compared with someone less likely to experience positive emotions—even when both work in the same role. So, in other words, people don't inherit genes that determine job satisfaction but they do inherit genes that determine their tendency to experience positive emotions. This finding also raises some very important points about PWB in the workplace. As earlier chapters in this book have demonstrated, PWB is closely related to job satisfaction. Is it likely then that personality rather than workplace factors determines people's levels of PWB at work? Obviously this is an extremely important question because if personality is the main influence on PWB, improving the workplace will be of only limited effectiveness in enhancing PWB. We will return to this point later in the chapter.
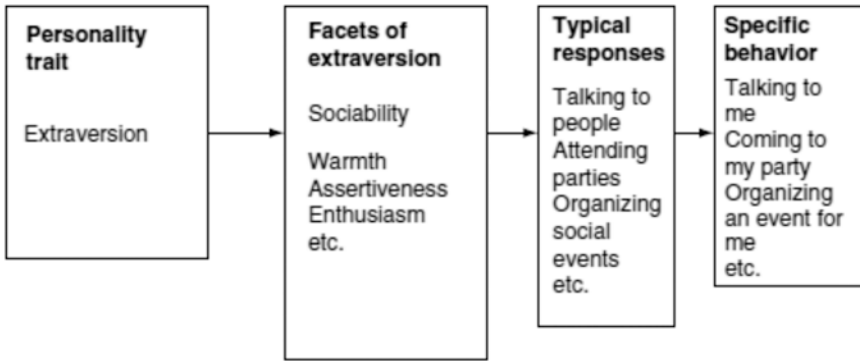
Fig. 6.1 The impact of underlying personality on behavior

Personality and PWB

Understanding the relationships between personality and PWB requires a grasp of personality psychology and of the research that links personality with PWB. The psychology of personality is basically an attempt to understand what makes one person different from another. Personality traits are seen as stable predispositions to behave that help to distinguish one person from another. So, someone with an extraverted personality trait has a predisposition to behave in an outgoing way. Figure 6.1 shows how underlying personality translates into specific behavior.

The diagram in Fig. 6.1 does not mean that my extraverted acquaintance will definitely come to my party, merely that, in general, all other things being equal, he or she is more likely to do so than someone who is less extraverted. One of the important questions for which psychologists have been able to come up with a reasonably good answer is, "How many underlying personality traits are there – and what are they?" As already explained in Chap. 4, until the FFM of personality was developed personality researchers did not share a clear view of the most important human personality traits, or how many there were. Many different traits were discussed and there were several competing models of personality—none of them accepted by all. The FFM provides the smallest number of broad personality traits that can be used to explain the maximum variation in people's personality. If two traits could be used to explain the variance in personality, psychologists would reduce the FFM to the TFM—but it seems that five factors of personality is the minimum that can be used. The five factors (Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism—OCEAN)

Table 6.1 Items from personality and well-being scales

Personality trait—typical types of item	Well-being—typical types of item
Extraversion • I am a cheerful person • It doesn't take much to make me laugh out loud • I enjoy parties with crowds of people	• I am happy with my life • I generally have a good time when I'm with other people • I don't have much to look forward to in life • My life is not really how I'd like it to be
Neuroticism • I get discouraged when things go wrong • I often feel cross with other people • I am a worrier	
Conscientiousness • It's important to me that things are kept tidy • I do my best to be dependable • I prefer to think things over before acting	

that make up the FFM are described briefly in Chap. 1 (see Fig. 1.3) and discussed again in Chap. 4.

Research has revealed that there are quite strong relationships between personality factors and PWB (DeNeve and Cooper 1998), the most prominent relationships being between Neuroticism (negatively related to PWB), Extraversion and Agreeableness (both positively related). Steel et al. (2008) described how research has consistently shown personality to be one of the best predictors of subjective well-being. They also argued that their analysis of the research looking at personality and well-being revealed the association between the two is stronger than previously thought and that personality can account for over a third of variance in well-being. The links between personality and well-being are strongest when the hedonic (see Chap. 4) aspects of well-being are considered. This is easy to understand since measures of hedonic well-being, such as Diener's Satisfaction with Life Scale (Diener et al. 1985), are also orientated to people's emotional reactions and evaluations. To get a better understanding of how measures of personality relate to measures of PWB it helps to look closely at the items that are used to measure both types of construct. Table 6.1 shows some of the typical items used to assess both PWB and personality traits of neuroticism and extraversion.

It's interesting to compare the items in Table 6.1. One thing that's noticeable is that some of them seem to be rather similar and could go into

either a scale to assess personality or a scale to assess wellbeing. Obviously the items from some personality scales, such as facets measuring conscientiousness, do not look particularly like the types of items used in well-being scales. But for the personality traits that we know are related to well-being (e.g. extraversion and neuroticism) there are many items that seem quite similar. Perhaps it's not surprising then that there seem to be quite strong relationships between some personality scales and some measures of well-being when the items used to measure both constructs are so similar! In many ways the differences between some personality scales and scales to assess well-being are only a matter of how the items are phrased.

The research evidence points quite firmly to both extraversion and neuroticism as the key personality factors that are involved in determining levels of PWB. It is interesting to examine this finding and explore more closely why it is these two factors in particular that are most strongly related to PWB. First let's look at extraversion. Most people's idea of the extraverted person focuses on the social aspects of extraversion—in other words the extravert is generally seen as someone who is friendly, outgoing and gregarious. Social extraversion is certainly part of the overall construct of extraversion but extraverts tend to have other characteristics as well. There are many people in public life, such as politicians, who manifest most of the aspects of extraversion. When people meet leading politicians like Bill Clinton or Tony Blair they often talk about how warm and positive they were—as well as seeming to be gregarious and friendly, with a strong "presence". All of these characteristics illustrate the broad concept of extraversion—as well as being friendly the classic extravert is also likely to be enthusiastic, warm and positive. It's fairly easy to see how these underlying personal characteristics translate into an overall enhanced level of positive PWB. That's not to say that extraverts never feel low or even experience periods of depression—if the situation is negative and severe enough anyone will be affected. But, in general, the positive emotionality linked with extraversion (rather than the facets related to social extraversion) are likely to support generally higher levels of positive PWB.

Neuroticism is sometimes seen as being more or less the same as being anxious—and is associated with being "nervous". As with extraversion, this view of neuroticism is true but only part of the picture. Neuroticism is related to emotional instability and as well as being prone to anxiety people who are high on neuroticism also tend to experience negative emotions more easily and to feel low more easily. In general, they also find it more difficult to regain a positive outlook after negative experiences. Again once these facets of neuroticism are understood it is reasonably easy to see how the trait may be linked to lower levels of PWB.
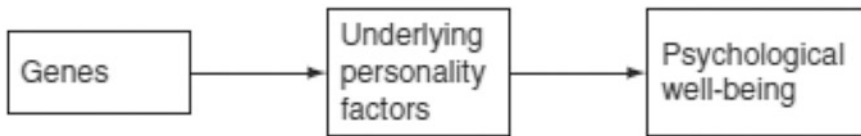
Fig. 6.2   Genes and personality

Personality and the Set Point for PWB

In Chap. 4, the idea of a set point for PWB was introduced—essentially this suggests that people have a fairly stable set point for their level of PWB and although events can lead to increases or decreases that last for a while, there is a tendency for people to return to their set point. It seems quite possible that the set point for any particular person might be heavily influenced by his or her personality. Weiss et al. (2008) have commented that PWB, "…is linked to personality by common genes and that personality may form an 'affective reserve' relevant to set-point maintenance and changes in set point over time" (p. 205). In their research (see also Chap. 2) Weiss and his colleagues studied nearly 1000 pairs of twins. They measured the well-being and personality of all of the twins and then used the statistical methods of kinship research to explore the role of genetic influences on well-being. Their results showed that there were no genetic influences directly on well-being. In particular they found that the genetic variance that underlies differences in well-being also underlies differences in personality, in particular, extraversion and neuroticism. These results support the idea that genes do not have a direct effect on happiness—but that they influence personality— and in turn personality influences happiness (see Fig. 6.2).

As explained in Chap. 4, although there is pressure to return to the set point for PWB, sometimes a permanent shift in the level of PWB does take place. As Weiss and his colleagues point out their results suggest that underlying personality might be very important in determining the speed of return to the set point, or the extent to which there is lasting change in the level of PWB.

Personality, PWB and Work

So, we know that personality plays an important role in determining PWB—does that mean that anyone's level of PWB at work is more dependent on their personality than situational factors, such as management, supervision, communication or resources? In fact, it is not person or situation
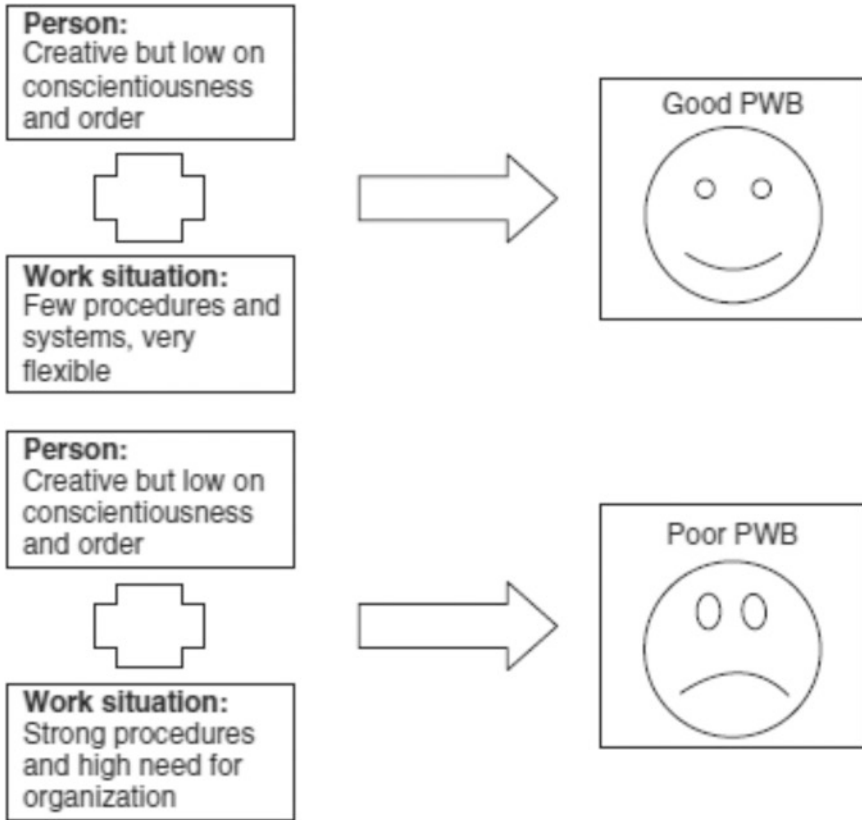
Fig. 6.3   Interactions between personality and situations

alone that explains most of the variation in PWB. Generally both are important and it is the *interaction* between the two that has the biggest part to play. For example, someone who is creative but not very conscientious or organized may well be comfortable in a work environment where there are few firm procedures to follow but the same person would find it difficult to be happy in a work setting where systematic planning and high levels of organization were required (see Fig. 6.3).

What this means is that someone's level of PWB at work is the result of three main influences. First, common sense (and the results of relevant research) tells us that the situational factors, such as the way someone is managed, do have an impact on PWB but it is also very clear that personality has a direct impact—some people just seem to have a generally happier frame of mind than others, regardless of what happens at work. And finally, most important of all is the interaction between the personality of the individual and the situation (see Fig. 6.4).
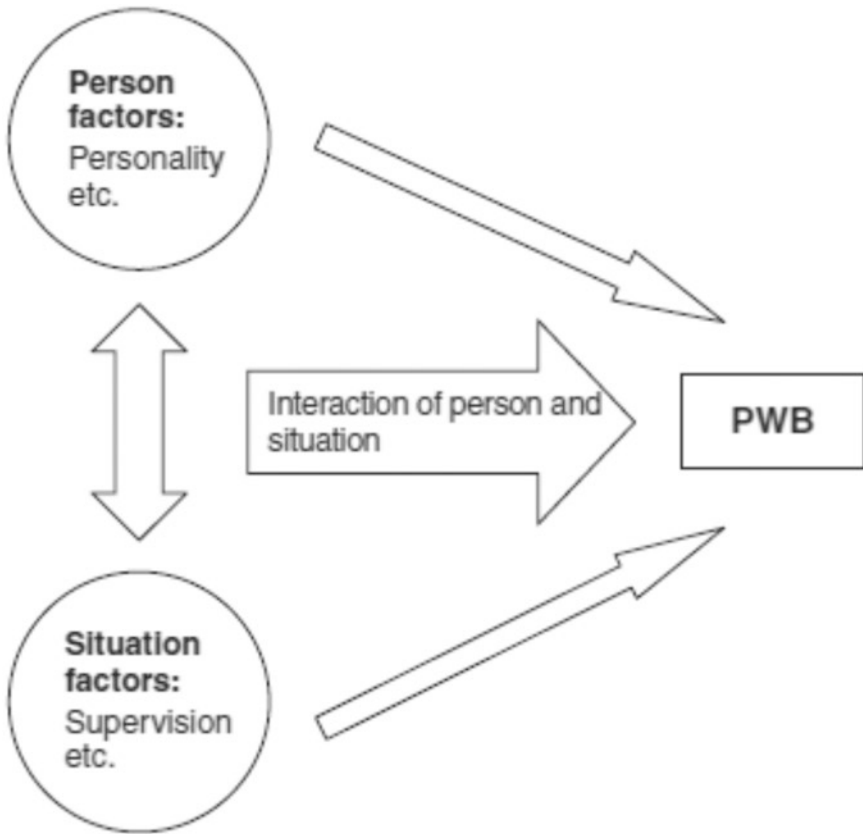
Fig. 6.4   Influences on PWB at work

Non-Work Factors and PWB

It seems reasonable to expect that the main situational influences on people's PWB at work will come from factors in the workplace. The way that people are managed, the resources available, the behavior of their co-workers and several other workplace factors are all self-evidently important influences on anyone's PWB at work. Although factors in the workplace are, in general, likely to have the biggest impact on levels of PWB it is also clear that things that happen outside work can have a carryover effect to the workplace. Someone with a sick child at home, someone who has recently been burgled or involved in a serious road traffic accident will be very unlikely to be able to completely forget about these things as soon as he or she arrives at work. The main non-work factors that are important for PWB at work relate to

individual health factors and social and domestic factors. Physical health and psychological health are intimately related and as research reviewed in other chapters of this book has shown, damage to PWB at work can lead to both major and minor physical health problems. These effects also work the other way round—with health problems that are unrelated to work having an effect on PWB in the workplace. There is very little research evidence about the impact that physical illness has on PWB at work but it is obvious that the lowering of PWB associated with illness is likely to be a generalized effect and will have an impact on how people feel at work, especially with more serious illnesses. As well as possibly affecting PWB at work, physical illnesses are likely to have two major types of impact: presenteeism and absenteeism.

Presenteeism occurs when people are at work but not fully healthy. Turning up to work when sick seems likely to lead to a number of problems for both the employee and the employer. From the employees' perspective working when sick may lead to longer-term problems. High-profile examples of this kind of thing include examples of sports players who play, with the aid of pain-killing injections, when they are carrying injuries. The long-term consequences of this can be serious and there are many ex-professional players with severe mobility problems probably caused by playing through injury. In more sedentary workplaces the illness problems and long-term consequences of presenteeism are different but may be just as severe. There seems to be quite a lot of confusion about the issue of presenteeism, in terms of both what it actually is and the costs and other problems associated with it. Chapter 2 provides more information on the prevalence of presenteeism and related costs.

Although with some illnesses, including psychological problems, it is feasible for people to continue working, it is often the case that illness leads to a period of sickness-absence from work. When the illness is relatively minor this period of sickness-absence is likely to be short and re-entering work will probably be fairly straightforward. For longer-term sickness-absence the problems of re-entering the workplace, or even of returning to work at all, can become much more serious. When considering the return to work of someone who has been away sick for a long period there are certain key principles that can be helpful. Some of the most important considerations are given in Table 6.2.

As Table 6.2 suggests it is likely to be much better for the individual to be at work, rather than away from work. Work provides people with structure, goals, opportunities to achieve something, contact with other people and a range of other psychologically important benefits. Research has confirmed the positive benefits of working. van der Noordt et al. (2014) reviewed 33 studies

Table 6.2   Returning to work after sickness-absence

Key considerations in successful return to work
• Being at work is generally better for people of working age than being workless
• A full-time return to work is not necessarily the best first step
• A direct return to the normal workplace, rather than supported employment or prevocational training is more successful
• Line managers need to be briefed and involved
• Adjustments to the nature and intensity of the work may be required, especially in the short term

and reported strong evidence for the protective influence of employment on general mental health and depression. The consequences of being out of work are damaging and can be extreme—for example suicide (Lundin and Tomas 2009)—but also include a range of negative consequences for both physical and psychological health. Frances McKee-Ryan and colleagues (McKee-Ryan et al. 2005) analyzed the results of over 100 studies looking at the impact of unemployment and found links between unemployment and both physical and mental health outcomes. Their results showed that unemployed people had lower levels of well-being than employed people—and that as people move from employment into unemployment their well-being deteriorates. They also found that the process of searching for jobs, although it increases the probability of re-employment, is associated with a decrease in well-being—probably because of the inevitable frustration and feelings of rejection if a suitable job is not found quickly. In many cases it may be better for someone to return to work from long-term sickness-absence in a staged way, where both the hours worked and the nature and intensity of the work done are gradually built up to previous levels. Although a return to full-time work may not be the best first step, recent research strongly suggests that a return to the real workplace, rather than supported employment or similar is most effective, especially for people with mental health problems (Perkins et al. 2009).

Social and Domestic Factors

Everyone, except the most extreme workaholic, has a life outside work and from time to time, for everyone, balancing the demands of work and non-work can be tricky. Although the competing demands of work and social/domestic factors can cause problems, it is important to recognize that what people do outside work can also have a beneficial effect and help people to cope with the demands of work. The potential for positive interaction

Table 6.3   Interactions between work and outside work

Positive	Negative
• Work and outside factors combine positively to increase overall well-being	• Work and non-work factors conflict and have a negative impact on PWB
• Stress in one area (e.g. work) is buffered by the positive impact of the other area	• Negative experiences from one area spill over and have a negative impact on the other
• Positive experiences and resources gathered in one role can spill over positively to another	• The depletion of resources due to stress in one have a negative impact on the other

between work and out of work activities seems to be a very important factor in people's overall PWB—and hence their PWB at work. There are several ways in which the roles that people have at work and their out of work activities can interact in a positive or negative fashion (see Table 6.3).

One important factor in maintaining good levels of personal resilience (people's ability to cope with high pressure and adversity) is to take sufficient periods of respite, especially when working intensely over a long period. Respite does not have to take the form of physical relaxation—what seems most important is that the respite provides a break from work and something that is different. The pursuit of interests outside work can provide important benefits. Research has shown (Winwood et al. 2007) that people with higher levels of activity (exercise, creative activities, social activities and so on) appear to cope more effectively with the strain of work and recover better from work-induced fatigue, sleep better and report generally lower levels of fatigue. Exercise in particular is generally recognized as being beneficial to well-being, Box 6.1 explores the exercise and well-being link further. Other research has shown that people who report a higher quality, more satisfying family life are less affected by work-related stress.

Box 6.1 More on exercise and well-being …

One interesting review of the research in this area looked at whether exercise was more beneficial if done in a natural environment rather than indoors (Thompson Coon et al 2011). The authors reported that exercising in a natural environment compared to indoors was associated with greater well-being (e.g. greater energy and feelings of engagement and revitalization, and decreases in tension and depression). This suggests that exercising outdoors rather than indoors may be the better option to improve well-being. The authors point out though that limited high quality evidence exists and there is a need for further research in the area. They suggest longer term trials are needed to fully understand the difference between indoor and outdoor exercise and their effects on mental and physical well-being.

Of course, although the research reported above suggests that out of work activity can be beneficial and help people to enjoy work more, it is also the case that, some of the time, demands from outside work make working life more difficult, rather than easier. One of the key positive functions of time away from work is to provide an opportunity for recovery. Without the opportunity to recover, for example in the evening at the end of the working day, people will rapidly become exhausted and both psychological and physical health problems will follow. For people who work in more stressful roles and work more intensively recovery periods are particularly important. There is evidence to show that the more intensive the working day, the longer it takes people to unwind after work (e.g. Meijman et al. 1992). It is also true that jobs that make higher demands seem to create a stronger need for recovery (Sonnentag and Zjistra 2006). When there is too little respite for the recovery process to complete before work is resumed, there will be an increase in fatigue and consequent loss of performance and likely knock-on health consequences. Outside work activities and demands can start to have a negative impact when they interfere with the respite process. The demands placed on working people by certain types of circumstances have been shown to have a negative impact on health and well-being. The strains imposed on dual career couples, caregivers, single parents, frequent (work-related) travel, shift work and irregular working routines have all been associated with damage to well-being. Email, business oriented social networking sites, mobile technology (phone and internet) have also increased load on people and can make it difficult to have time completely away from work since they allow people to be contactable even outside working hours. Technology allows us to be almost always available which can have some advantages but is likely to be damaging to PWB as we have little free time away from the demands of work. The potential damage this can cause is only just being acknowledged by organizations and governments. In recognition of the damaging effect on PWB of being constantly available France have recently introduced a new law, from 1st January 2017, that gives French workers the 'right to disconnect' from work emails when at home. This is one of the first laws of this kind worldwide but will perhaps not be the last.

Essentially the issues in the area of work/non-work revolve around a number of key factors. First as already explained, when non-work provides respite. This will build resources and have a positive impact on PWB. When the non-work situation is such that respite may be interfered with, rather than enhanced, this will lead to problems. Of course not all dual career couples or caregivers have problems but the research suggests that people in certain situations need to be particularly careful to ensure respite and a balance

	Non-Work	
Manageable work demands	Resilient and able to cope with challenge and new demands	Vulnerable May be susceptible to negative spill over from non-work
High-intensity work demands of significant duration	Vulnerable but maybe OK Possible positive spill over	At risk! – cause for concern and unlikely to be sustainable
	Likely to provide respite and support *	*May interfere with respite and recovery or conflict with work demands ***

Fig. 6.5 Work and non-work. *Note* * For example, positive social/family life, leisure pursuits that enhance respite and do not conflict with work.** For example, caregiving duties, frequent travel, poor family relationships, chronic illness and so on

between the demands of work and nonwork. A second key point concerns the intensity and duration of work demands. At times when work demands are high the potential benefits of non-work become more important and need to be protected. A third point concerns the quality of family and other non-work relationships. When these are good, they appear to exert a moderating effect on the impact of workplace strain—when they are poor, the opposite is true.

For any individual or anyone responsible for managing the wellbeing of others, Fig. 6.5 gives an indication of likely levels of vulnerability and resilience. Clearly the major indicator of potential concern is when someone is working at a high intensity in a situation where there are factors that are known to be linked to risks to well-being.

Age and PWB

We are generally living longer and healthier lives which is obviously good news and this, alongside other demographic changes such as decreasing birth rates, means the overall age of the population is rising and is predicted to continue to rise. We are therefore increasingly seeing countries make retirement and pension eligibility changes designed to encourage and ensure people will stay in work for longer than they had previously. Against this backdrop of an ageing population and workforce there is therefore increasing interest in understanding how age may influence well-being. This is unsurprising since we can all expect to work to an older age than earlier generations, and employers can expect to have to manage higher numbers of

older workers to a greater age than they have in the past. We mentioned in Chap. 4 that older employees seem to have less changes in their well-being over time (Mäkikangas et al. 2016). What else do we know about age and well-being?

There is surprisingly little research on age and well-being although this is changing as the ageing workforce becomes more of a focus for researchers, businesses and governments. It seems that generally PWB decreases as we age but then improves for older worker age groups (Johnson 2015). Possible explanations for this include older employees being better able to effectively engage in conflict management, or their use of more appropriate stress management strategies such as successfully controlling their emotions when faced with stressful situations, which may help to protect their PWB (Beitler et al. 2016; Johnson et al. 2013). We talk more about using emotions at work in Chap. 7. It also seems likely that our perspective on work changes as we get older. It is thought that age is positively linked to job satisfaction but that we are satisfied by different things as we get older. Age is believed to be more closely linked to intrinsic job satisfaction (i.e. related to the content of the job itself) rather than extrinsic satisfaction (e.g. promotions). This of course has implications for how we need to consider different things in order to protect the well-being of employees of different ages. Box 6.2 describes some research into age and job attitudes.

Box 6.2 Age and Job Attitudes ...

This meta analysis conducted by Ng and Feldman in (2010) supported the hypothesis that age would be related to more favourable work related attitudes. Proposed explanations for this were:

- We go through a life-long process where we try to maximize gains and minimize losses thus as we get older we are more likely to be in a job we enjoy and that fits our personal characteristics. We are then more likely to have positive attitudes and better PWB.
- Older workers are likely to experience more frequent, and more intense, positive emotions at work.
- Older workers are more likely to remember and pay attention to positive information compared to negative information.

Although the above suggests that older employees will have generally good levels of PWB it is also worth considering the possible negative impact of work related changes that could affect this. For example changes in retirement and pension eligibility meaning people need to work longer than before may introduce uncertainty which could negatively affect PWB. We

know that retirement is a significant life change and poor advice or support in this area could have a negative impact on the PWB of employees. We also need to consider the likely impact of age discrimination which is sadly repeatedly identified as negatively affecting older workers (see Johnson 2015). Exposure to discrimination and feeling unfairly treated can negatively affect PWB. Some of things that can be done at work to protect the PWB of older workers include: promoting better awareness and fair attitudes to ageing; implementing lifelong learning; including advice about age management in HR policy; having age-friendly work arrangements; and ensuring a dignified transition to retirement (Ilmarinen 2012).

References

Arvey, R. D., Carter, G. W., & Buerkley, D. K. (1991). Job satisfaction. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizational psychology*. Chichester: Wiley.

Beitler, L., Machowski, S., Johnson, S., & Zapf, D. (2016). Conflict management and age in service professions. *International Journal of Conflict Management, 27*(3), 302–330.

DeNeve, K. M., & Cooper, H. (1998). The happy personality: A meta-analysis of 137 personality traits and subjective well-being. *Psychological Bulletin, 124,* 197–229.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 71–75.

Ilmarinen, J. (2012). *Promoting active ageing in the workplace.* http://www.ipbscordoba.es/uploads/Documentos/promoting-active-ageing-in-the-workplace.pdf.

Johnson, S. J. (2015). *Evidence review E18: How are work requirements and environments evolving and what will be the impact of this on individuals who will reach 65 in 2025 and 2040?* Future of Ageing: Evidence Review. Foresight, Government Office for Science. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461437/gs-15-25-future-ageing-work-environments-er18.pdf.

Johnson, S., Holdsworth, L., Hoel, H., & Zapf, D. (2013). Customer stressors in service organisations: The impact of age on stress management and burnout. *European Journal of Work and Organizational Psychology, special issue Age in the Workplace: Challenges and Opportunities, 22*(3), 318–330.

Lundin, A., & Tomas, H. (2009). Unemployment and suicide. *The Lancet, 374,* 270–271.

Mäkikangas, A., Kinnunen, U., Feldt, T., & Schaufeli, W. (2016). The longitudinal development of employee well-being: A systematic review. *Work & Stress, 30*(1), 46–70.

McKee-Ryan, F. M., Song, Z., Wanberg, C. R., & Kinicki, A. (2005). Psychological and physical well-being during unemployment: A meta-analytic study. *Journal of Applied Psychology, 90,* 53–76.

Meijman, T. F., Mulder, G., Van Dormolen, M., & Cremer, R. (1992). Workload of driving examiners: A psychophysiological field study. In H. Kragt (Ed.), *Enhancing industrial performances* (pp. 245–260). London: Taylor & Francis.

Ng, T. W., & Feldman, D. C. (2010). The relationships of age with job attitudes: A meta-analysis. *Personnel Psychology, 63*(3), 677–718.

Perkins, R., Farmer, P., & Litchfield, P. (2009). *Realising ambitions: Better employment support for people with a mental health condition*. London: The Stationery Office.

Sonnentag, S., & Zjistra, F. R. H. (2006). Job characteristics and off-job activities as predictors of need for recovery, well-being, and fatigue. *Journal of Applied Psychology, 91,* 330–350.

Steel, P., Schmidt, J., & Shultz, J. (2008). Refining the relationship between personality and subjective well-being. *Psychological Bulletin, 134*(1), 138.

Thompson Coon, J., Boddy, K., Stein, K., Whear, R., Barton, J., & Depledge, M. H. (2011). Does participating in physical activity in outdoor natural environments have a greater effect on physical and mental wellbeing than physical activity indoors? A systematic review. *Environmental Science and Technology, 45*(5), 1761–1772.

van der Noordt, M., IJzelenberg, H., Droomers, M., & Proper, K. I. (2014). Health effects of employment: A systematic review of prospective studies. *Occupational and Environmental Medicine*, *71*(10), 730–736.

Weiss, A., Bates, T. C., & Luciano, M. (2008). Happiness is a personal(ity) thing: The genetics of personality and well-being in a representative sample. *Psychological Science, 19,* 205–210.

Winwood, P. C., Bakker, A. B., & Winefield, A. H. (2007). An investigation of the role of non–work-time behavior in buffering the effects of work strain. *Journal of Occupational and Environmental Medicine, 49,* 862–871.

7

Work and Well-Being

Introduction

As Chap. 6 explained, PWB at work is influenced by many factors that are not directly work-related. These factors are important and it is crucial to recognize that what goes on at work is not the only thing that influences PWB at work. It is equally important to recognize that what actually goes on at work is generally the most important factor in how people feel at work. Work-related factors are the most important contributors to PWB at work partly because they have a direct impact on PWB but also because it is easier for organizations to change and improve work-related factors. Improving someone's relationships with members of their family is not something that an organization might normally expect to be able to do—but improving relationships with someone's manager or colleagues is a different matter.

This chapter focuses on the workplace factors that are likely to have most impact on PWB at work. The key factors that have an impact on PWB may be divided into four main clusters: the work itself and its context; relationships at work and the work–home interface; purpose and meaning at work; and leadership, management and supervision. Table 7.1 gives a brief overview of these clusters.

This chapter discusses each cluster in turn and then shows how they can be used to provide an overall model of how workplace factors and PWB combine to produce the important organizational outcomes reviewed in Chap. 2.

Table 7.1 Four main clusters of workplace factors important for PWB

Cluster	Examples from clusters
Work and its context	• Work demands • Access to resources and equipment • Effectiveness of communication in the organization
Relationships at work and the work–home interface	• Relationships with colleagues • Social support
Purpose and meaning	• Clarity about work goals • Feeling that work goals are worthwhile
Leadership, management and supervision	• Impact that manager has on the workgroup • Leadership commitment to employee PWB

Work and Its Context

The actual work that people do has an important influence on levels of PWB at work. In many ways it is obvious that the nature of the work itself will have an impact on someone's PWB. But what is it about work that is important for PWB? Ask anyone about what makes a good job and you will get a range of answers. Perhaps the first thing that comes to mind for most people, when thinking about the desirability of different types of work, is pay. In itself pay seems to be unrelated to happiness and well-being once a certain threshold is passed. Several studies have shown that for individuals and even for whole national groups pay does not bring happiness. Of course, pay and rewards matter to people but beyond a certain level of reward what seems to become important is the extent to which people feel that they are being fairly rewarded, especially in comparison to others. In absolute terms pay, just like other rewards or achievements, may have only a transient effect (see the ideas of set point and the "hedonic treadmill" in Chap. 4).

Pay is important and clearly central to why people go to work but it is not an integral aspect of the work itself. Further reflection on the desirable characteristics of work, going beyond those discussed so far, leads to thoughts about a range of factors such as the purpose of the job and its usefulness, the degree of freedom and autonomy available to a jobholder, the satisfaction derived from using skills to carry out the job and so on. The demands that a job makes is a good place to start when thinking about whether a specific job seems desirable or not. Most people would feel that a job that made minimal demands and required no actions or activity would be boring and

not very interesting. Of course there are some people who might be happy with such a job—but for most of us some level of demand is important. For example, even if it were extremely well-paid a job involving no activity, other than watching a CCTV (on which nothing interesting or significant took place) for many hours at a stretch would not seem attractive. Such a job would be more interesting if it also involved periodic tours of a building, or if actions were often required in response to what was seen on the CCTV—it would become even more desirable for many if it also involved working with colleagues carrying out similar roles, and/or periodically interacting with members of the public who required assistance. For many people nowadays, the idea of working in a call center provides a powerful example of the type of work that is undesirable and probably psychologically unhealthy. Indeed there is evidence that the work in some call centers does have quite negative consequences for staff who work there, including high levels of stress and employee turnover (see Holdsworth and Cartwright 2003) and physical health consequences such as weight gain (Boyce et al. 2008). In practice of course, all call centers are not the same and although some may be depressing and uninteresting places to work, some are not like this. Some of the problems associated with call centers, including the lack of control experienced due to electronic monitoring and the excessive quantitative monitoring of performance, may be overcome by undertaking initiatives designed to provide operatives with more control—and also to make the work more satisfying and meaningful—for example, including a "quality" aspect to performance monitoring in addition to quantitative assessment of indicators such as call length. These examples of the pros and cons of different types of work illustrate many of the key factors that seem to be important in determining whether work is psychologically healthy and desirable.

Early research on the design of work focused on a number of factors that were found to be linked to the satisfaction (or dissatisfaction) that people derived from their work. Following on from the pioneering work of people like Fred Herzberg, who focused on what makes work satisfying, researchers began to conduct empirical studies in the workplace that started to pin down some of the key factors. Richard Hackman and Greg Oldham developed a particularly influential model called the "Job Characteristics Model". This model identified five core job characteristics. These characteristic were:

Skill variety: the extent to which the job requires a range of skills;

Task significance: the extent to which the job has an impact on others, either within or outside the organization;

Task identity: the extent to which the job produces a whole, identifiable outcome;

Autonomy: the extent to which the job allows the jobholder to exercise choice and discretion in his or her work; and

Feedback from job: the extent to which the job itself provides information on how well the jobholder is doing (it's important to note that this refers to feedback that is part of the job itself, rather than feedback from others).

According to the model, these job characteristics have an impact on people's psychological state, which in turn influence their motivation, satisfaction and work performance.

Until the development of models such as the Job Characteristics Model, the primary driver behind the design of work had been to design it to maximize efficiency and performance. The development of models such as this—together with the associated research support for the underlying ideas—caused a huge shift in emphasis. Essentially the emphasis moved away from a focus on performance and efficiency toward recognition of the importance of considering the feelings, satisfaction and motivation of the jobholder when designing work. There are many well-known examples of job design initiatives, such as the work done at Volvo's Torslanda plant to introduce job rotation and then semi-autonomous workgroups, or Texas Instruments' moves to redesign the jobs of cleaners and janitors (see Robertson and Smith 1985). More recently the 'right to disconnect' law introduced in France in 2017 is also intended to influence work design but this time from a governmental rather than organizational perspective.

As mentioned in Chap. 2 of this book, the key aspects of jobs that are linked to the PWB of the jobholder revolve around the four core concepts of *demands, control, support and sense of purpose and meaning*. In essence jobs that promote and sustain the well-being of the jobholders need to provide a good balance for these key factors. As already noted, a job that makes too few demands will not be satisfying. The demands of a job provide the jobholder with an opportunity to achieve—and the positive feelings associated with achievement are important for PWB. Allowing people an appropriate degree of control is also psychologically healthy. Denying people control produces the type of situation outlined above in poorly designed call center work, where operatives have their behavior constrained and controlled unduly. On the other hand, abandoning an inexperienced operative and just leaving them to get on with it takes the idea of control and empowerment too far! The support and resources available to people also have an impact. A very demanding role in which support, control and resources are plentiful may still be very satisfying and psychologically healthy. In one way or another all of these factors combine and interact to provide a degree of pressure on the jobholder.

Table 7.2 Examples of challenge and hindrance pressures

• **Hindrance pressures**
Role ambiguity
Poor work relationships
Job insecurity
Lack of control
Unclear goals
Unrealistic deadlines
• **Challenge pressures**
Workload
Additional responsibility (with appropriate training and support)
Time pressure
Job scope
Goals that are seen as worthwhile
Tight deadlines

Positive Pressure

One of the most constructive ways of looking at the pressures that are created by jobs is to classify pressure into two categories: challenge pressures and hindrance pressures which we talked about in Chap. 2. Challenge pressures are generally seen as positive and although they may create a degree of strain for the jobholder they are psychologically healthy. Challenge pressures are associated with factors that promote growth and development and provide individuals with an opportunity to achieve. By contrast, hindrance pressures create barriers to achievement, growth and accomplishment at work. Some examples of challenge and hindrance pressures are given in Table 7.2. Studies, such as that of Dawson et al. in 2016, show that only hindrance stressors (and not challenge stressors) interact with control and support to predict physical symptoms and job related anxiety.

The distinction is important because the different types of pressure have very different consequences for jobholders. Hindrance pressures are likely to damage performance and in the longer run they will almost certainly chip away at an individual's reservoir of PWB. Nathan Podsakoff and his colleagues (Podsakoff et al. 2007) took a systematic look at the impact that challenge and hindrance pressures have on some important organizational variables, such as job satisfaction and employee turnover. They identified a large number of studies (over 150 independent samples in total) in which relationships between challenge/hindrance pressures and employee turnover and satisfaction had been studied. They then used meta-analysis statistical techniques to summarize the findings. Challenge stressors included things

Table 7.3 Correlations between types of pressure and outcomes

Type of Pressure	Strain	Job satisfaction	Commitment	Turnover	Withdrawal
Hindrance	+0.56	−0.57	−0.52	+0.23	+0.22
Challenge	+0.40	+0.02	+0.04	−0.04	−0.07

Podsakoff et al.*, Jour Appl Psych, 2007*
Source Podsakoff et al. (2007)

like pressure to complete tasks, time urgency and workloads. Hindrance stressors included measures of situational constraints, hassles, organizational politics, resource inadequacies, role ambiguity, role conflict and role overload. Some of their results are summarized in Table 7.3.

The results in Table 7.3 show the correlations between challenge and hindrance pressures and the various outcomes. The size of the correlation (between 0 and 1) indicates how strongly the two variables are related. The direction of the correlation (+ or −) indicates whether the two factors vary positively together (+ve) or as one increases the other decreases (−ve). The most striking finding in the table is the strong negative association between job satisfaction and hindrance pressures, illustrating the powerful link between hindrance pressures and job dissatisfaction. By contrast, challenge pressures are positively linked to satisfaction and commitment. Hindrance pressures also show sizeable relationships with turnover and intention to leave. One final point worth emphasizing is the positive relationship between strain and both types of pressure. In other words, both challenge and hindrance pressure lead to strain. This raises an important point about the relationship between pressure and well-being. Sometimes people form the mistaken impression that developing PWB at work is about ensuring that people never feel under pressure. This is wrong! The misunderstanding is often based on confusion between pressure, strain and stress. As the results above suggest, some degree of challenge is an important ingredient in a job—and clearly challenge brings with it a degree of pressure—and quite probably the jobholder will experience some degree of strain. This is not necessarily a problem and may quite possibly be healthy. If the balance of demands, resources support and control are such that the jobholder can deal with the pressure and achieve worthwhile goals, then all is well. The jobholder has the opportunity to achieve and develop and benefit from the positive psychological experiences that go along with achieving valued results. If, for some reason (e.g. lack of support), the demands exceed the jobholder's ability to cope, then problems arise and the pressures are likely to lead to stress, defined by the Health and Safety Executive in the United Kingdom as, "The adverse reaction people have to excessive pressures or other types of demand placed on them at work" (http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm).
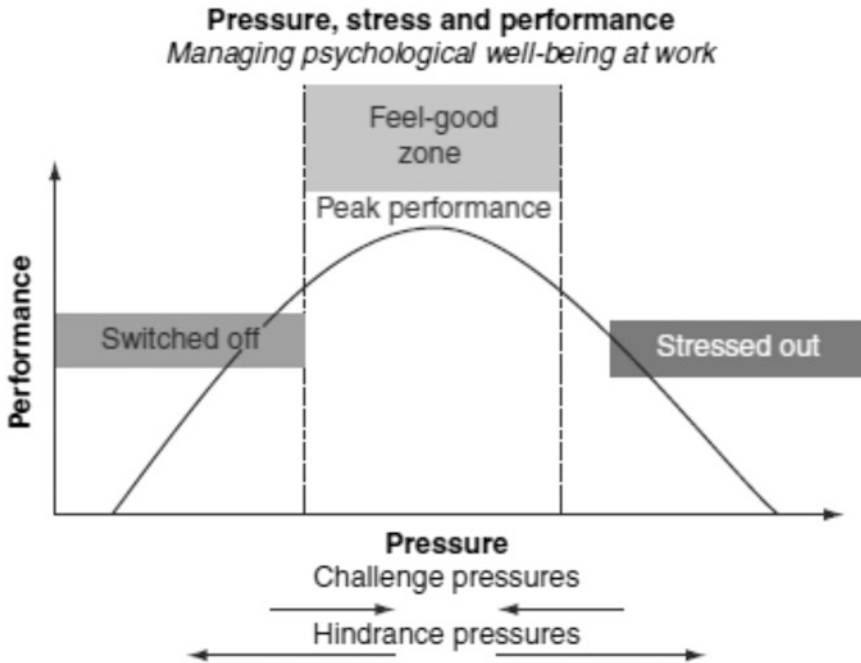
Fig. 7.1   The pressure–performance curve

Note the use of the term "excessive" in relation to pressure—it's only a problem when pressure becomes excessive.

In real work settings the classification of pressures into either challenge or hindrance may well depend on other factors. For example, an increase in responsibility and workload may be challenging if it is coupled with appropriate support and training but if not it may be seen as a hindrance—and damage both performance and well-being. The pressure–performance curve in Fig. 7.1 summarizes the way in which pressure relates to performance and PWB.

In Fig. 7.1 the "feel-good zone" is where someone carrying out a job in which challenge, support, demands and control are in balance and creating positive pressure. In general, challenge pressures will push the jobholder toward the center of the curve where both performance and well-being are high. By contrast, hindrance pressures exert outward pressure, leading to low performance and either stress and burnout or switching off (low engagement).

These key principles raise the important question of how to manage pressure at work—and how to ensure positive pressure. Part of the solution is

to ensure that the key features of jobs themselves are designed to maximize the important job characteristics that are linked to PWB and performance. But although the design of the work is very important, especially for more routine positions, the other three factors introduced at the beginning of this chapter (work relationships and the work–home interface; purpose and meaning at work; and leadership, management and supervision) must also be considered.

Relationships at Work and the Work–Home Interface

As the section above demonstrates, the actual work that people do can have an important impact on PWB. For almost everyone, being at work involves some level of interaction with other people. The quality of these interactions and the extent to which they are supportive and rewarding is an important ingredient in how people feel at work. Positive relationships with others can play a part in helping people to cope with the demands of a job. For many people one of the most enjoyable aspects of the work is the contact it provides with others. Also, when there are difficulties at work or even at home many people find their immediate colleagues to be a good source of support. It is also clear from research on the consequences of unemployment that one of the important roles that a job plays in the lives of employed people is to provide a source of social interaction. On the negative side, there is sometimes a demand for people to engage in significant "emotional labor" while they are at work. Emotional labor refers to "the effort, planning, and control needed to express organizationally desired emotions during interpersonal transactions" (Morris and Feldman 1996, p. 98). For example, a nurse dealing with a very difficult patient may need to engage in significant emotional labor to retain composure and not display signs of anger or irritation. There are many types of job that involve significant levels of emotional labor on a daily basis because of the customers/clients/patients that the jobholder needs to deal with. For others the emotional labor may be required to deal with colleagues or other co-workers. In any case there is often a requirement for people to regulate the expression of their emotions. This can involve not expressing an emotion that we experience, for example not showing frustration or anger with someone who is obstructing progress. Emotional labor may also involve expressing an emotion that we do not feel—smiling and appearing happy when we feel low. If the requirements to monitor and

regulate emotions go unchecked, they may eventually result in emotional exhaustion and burnout (Mann 1999; Grandey 2000; Lewig and Dollard 2003). It may be that a requirement to display certain emotions at work is not in itself problematic. The negative issues arise when the requirement to display or control emotion is not congruent with the emotion that is being experienced.

There are two main types of emotional labor we might use at work, surface acting and deep acting. Which type of emotional labor strategy you use can influence both your well-being and the way in which other people view the interaction, which can of course be very important if you are dealing with clients, customers or patients. Table 7.4 describes these emotional labor strategies.

As Table 7.4 shows both surface and deep acting have been linked to health and well-being. Research has typically revealed that surface acting is 'bad' for an individual's well-being (Grandey et al. 2015) whereas deep acting, involving changing negative emotions into positive emotions, has fewer negative consequences for well-being (Gabriel et al. 2015). It's not just well-being that is affected by surface and deep acting either. The type of emotional regulation strategy a person uses has also been linked to other work related outcomes. Surface acting has been linked to: less pleasant customer interactions (Hülsheger and Schewe 2011); dissatisfaction with a service encounter (Zapf 2002); higher turnover levels (Goodwin et al. 2011); and less frequent helping behaviours at work (Prentice et al. 2013). Deep acting has been linked to: being happier with your performance at work (Brotheridge and Lee 2002); and better performance (Hülsheger and Schewe 2011).

Given the links between emotional labor and well-being it makes sense then for people in the workplace to be encouraged to use deep acting more than surface acting as a way of protecting well-being at work with the additional advantage of deep acting being viewed more positively by customers and leading to better performance. To sum it all up, pretending to feel an emotion you are not feeling is bad for you. We know that the service sector is growing and will probably continue to grow so thinking about how we manage interactions with people in the workplace is a good way to reduce the risk that workplace interactions will have a negative effect on our well-being.

In addition to the challenge and support provided by relationships with others in the workplace, there is also the impact that factors outside work can have on PWB at work. As explained in Chap. 6, there is potential for factors outside work to have a positive or negative spillover effect on PWB at work. Also out of work factors may create conflicting time demands and

Table 7.4 Emotional labor strategies: surface and deep acting

Emotional labor strategy	Description	Example	Links to health and well-being
Surface acting	Where you fake outward emotions but your inner emotions remain the same	Smiling at a rude customer but inwardly feeling anger and frustration	• Higher levels of emotional exhaustion, cynicism and burnout • Increased physiological stress • Increased strain and stress • Increased depressed mood and somatic complaints • Worse affective state
Deep acting	Where you change your inner emotions to match your outward emotions	Focusing on previous positive experiences so your inward feelings are similar to the smile you show the customer	• Lower levels of burnout • Higher work engagement • Greater well-being • Improvement of affective state • Increased feelings of personal efficacy • Higher job satisfaction • Better performance

have a negative impact on workplace levels of PWB. One aspect of importance to the home–work interface that was not discussed in Chap. 6 relates to the patterns of work (e.g. shift work) that a jobholder follows. One very straightforward factor here concerns the impact on well-being of the actual number of hours worked. There is some evidence that working long hours can have a negative impact on health and well-being. For example, Van der Hulst (2003) found links between long hours and physical health factors such as cardiovascular disease, and other studies (e.g. Sparks et al. 1997; Virtanen et al. 2011) have found links with long hours and poor psychological health. Working for more than 48 hours per week may be a key trigger point but the findings are not entirely straightforward. Other factors such as the opportunities for respite and rest breaks, the type of work and the extent to which the hours worked are voluntary or involuntary may determine whether the long hours have a detrimental impact on health and well-being or not. As well as the absolute number of hours worked, other factors related to work patterns may also have an impact on health and well-being; these include working full-time versus part-time, shift work and time spent traveling to and from work.

Flexible Working

One key working practice that seems to have a positive impact on PWB is flexibility. Initially the introduction of flexible working arrangements was often about being family friendly, in particular, helping women return to work or to balance the demands of work and family. However, employee demand has led to a change in emphasis and a move away from family friendly terminology. Providing adequate work–life balance is becoming a central part of human resource strategy and employee relations in the twenty-first century and flexible working arrangements provide a useful tool to achieve the goal of good work–life balance. For many organizations operating in a 24/7 mode requires a different relationship with their workforce and is another driver toward flexible working practices. In many countries government has also seen the need to integrate work and life outside work and started to encourage organizations to consider the business case for flexible working practices.

In essence flexible working practices involve providing employees with flexibility about when they work, where they work—or both of these. There are many different types of flexible working schemes. Some of the main ones are described in Table 7.5.

Table 7.5 Some flexible working arrangements

Flexible working arrangement	Brief description
Flexitime	Employees have a set "core" period when they are expected to be at the place of work but outside the core they can start and finish at their own discretion
Home-working	Working from home, some or all of the time
Compressed working week	Compressing a full week's work (e.g. 40 hours) into 4 days—or a 9-day fortnight
Annualized hours	The number of hours an employee is required to work is calculated over the whole year
Term time working	When an employee works only during school term times
Reduced hours	Usually for a set period (e.g. 3 months) an employee has an agreement to work fewer hours
Job sharing	A full-time job is divided between, say, two people. Each person works different hours and has his or her own separate contract of employment
Career break	Not working for an agreed period of time—and returning to work with the same level of seniority as before the break

Although, in principle, the introduction of flexible working arrangements sounds straightforward, the potential benefits are not automatic and there are many considerations involved in their successful implementation. By and large, when flexible working is introduced in an organization it should be offered to as many members of staff as possible. This avoids the difficulties that are sometimes reported when members of staff who are not allowed to work flexibly feel that they are put under additional pressure because of the flexible working of others. A clear policy and equitable implementation by management is also important—denying one member of a team flexible working but allowing it for another who does the same job may cause difficulties. The judgment about whether an individual will benefit from flexible working is best left to the individual himself or herself, regardless of whether or not they appear to have a "need" for flexible working arrangement (e.g. small children at home or elderly relatives to care for).

In many countries, including most of Europe and the United States flexible working has shown a steady increase. It has gained more popularity recently but even 10 years ago in a survey conducted in the United Kingdom, for example, over 90% of employees felt that at least one form of flexible working would be available to them if required. From an employee's perspective, the most popular form of flexible working seems to be flexitime

and generally employees seem to feel positively about flexible working practices. It is now generally recognized that flexible working has the potential to benefit both employees and organizations. In reflection of this, in the UK the right to request flexible working was extended to all employees in June 2014 with the UK Government describing flexible working as 'a way of working that suits an employee's needs, e.g. having flexible start and finish times, or working from home'. Flexible working is shown to be able to help employees balance work life conflict, and can positively influence productivity. Clearly though the type of job and the size of the company will influence the availability and practicality of introducing flexible working. For example, if you are the only person working in a customer facing role such as a shop assistant or a doctor's receptionist then flexible working may not be an option for you as you need to be there when the public will expect you to be there. Research into the benefits of flexible working suggests that they are likely to depend on several factors, which include the type of flexible working arrangement and the circumstances of the individual employee. There is some indication that flexibility about the timing of work (e.g. flexitime) is more beneficial for reducing work–family conflicts. Studies evaluating the benefits to work–family conflict have produced positive results for flexible schedules of work (Byron 2005) but not for flexibility more generally (Mesmer-Magnus and Viswesvaran 2006). Flexible schedules such as telework, work from home and flexi-time have also been linked with lower turnover (Stavrou and Kilaniotis 2010). More research is needed to fully understand the impact of flexible working on PWB but some studies have already been done. A review of these in 2010 by Joyce, Pabayo, Critchley and Bambra reported that flexible working practices that were associated with employee control and choice (e.g. gradual/partial retirement or self-scheduling) had a positive effect on PWB, whereas flexible working practices associated with organizational interests alone (e.g. involuntary part-time employment or fixed term contracts) either did not affect or influenced negatively PWB. Because of the relatively limited research in the area these results should be interpreted with caution but it is worth considering the motivations for flexible working and the possible implications these may have for PWB.

Sense of Purpose and Meaning

It should already be clear from other material in this book (see Chaps. 1 and 4 in particular) that PWB is not just about feeling good and doing things that are relaxing. To be psychologically healthy we need to feel that what we are doing

is worthwhile and serves a useful purpose. The purpose may be extremely altruistic and involve serving or helping others—or it may be more selfish and be focused on improving our own station in life. The fact that high PWB is not based on relaxing and drifting around as we please has very important implications for the workplace. Most importantly, it means that the work people do needs to have some reasonable degree of challenge associated with it—and it needs to feel worthwhile. There is proof of this from many different psychological studies and the principle that people need to feel that what they are doing (at work) is worthwhile is embodied in many theories about well-being, work performance and motivation. For example, the most successful motivational theory is the theory of goal-setting developed by Edwin Locke and Gary Latham (see Locke and Latham 2002, 2009). This approach is based on the premise that goals will affect actions—and a large research literature has shown how the setting of goals that are specific, difficult but achievable leads to high levels of performance. But there is an important caveat—goals will affect performance much more effectively when the individual is committed to the goals. Other approaches, more directly related to the nature of the work that people do, such as the Job Characteristics Model (see earlier in this chapter), emphasize that to be satisfying and motivating jobs need to be meaningful for the jobholder—and lead to outcomes that are important for them and others. In brief, people need to feel committed to what they do at work and that it is meaningful and worthwhile. All of this can be summarized by saying that people need to have a clear "Sense of Purpose".

Obviously the type of goals that people have and how worthwhile these seem will have a big part to play in the sense of purpose at work that people experience. In turn the role of management and leadership is extremely important in creating a clear sense of purpose and work goals that seem worthwhile.

Management and Leadership

Almost all of the literature and guidance that is focused on PWB at work places a great deal of emphasis on the role of managers. For example, the primary approach of the British Health and Safety Executive (HSE) for tackling work-related stress focuses on a set of "management standards" (see Table 7.6). In collaboration with the Chartered Institute for Personnel and Development the HSE commissioned research and development work to identify the management competencies that are required for managers to successfully implement the management standards (Yarker et al. 2008). Enabling

Table 7.6   The Health and Safety Executive's management standards approach

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased-sickness-absence. In other words, the six Management Standards cover the primary sources of stress at work. These are:
• Demands—this includes issues such as workload, work patterns and the work environment • Control—how much say the person has in the way they do their work • Support—this includes the encouragement, sponsorship and resources provided by the organization, line management and colleagues • Relationships—this includes promoting positive working to avoid conflict and dealing with unacceptable behavior • Role—whether people understand their role within the organization and whether the organization ensures that they do not have conflicting roles • Change—how organizational change (large or small) is managed and communicated in the organization
The Management Standards represent a set of conditions that, if present, reflects a high level of health well-being and organizational performance

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factors in relation to implementation of the Management Standards identified by Mellor et al. (2011) included supportive contexts, and emphasized senior management and key stakeholder involvement, as well as the use of team assessment rather than corporate wide assessment. A review of studies where the Management Standards have been implemented in organizations reported that the tool is psychometrically sound and can reliably inform on the sources of stress within organizations (Brookes et al. 2013).

Other important reports dealing with PWB at work, such as the UK government's Foresight Mental capital and Wellbeing Project (2008), also emphasize the role that line managers play in determining PWB at work. This heavy emphasis on line managers is based on research that shows the impact that management has on people's well-being at work. The quality of exchanges between employees and their boss has been shown to be an important predictor of whether people leave or stay in an organization (Griffeth et al. 2000). But the relationship between an employee and his or her manager is not only linked to employee turnover, but it is also linked closely to the PWB of employees. In some respects it is quite easy to see how the manager might have a major impact on the PWB of employees. The manager is (or should be) closely involved in setting the goals for an employee. The manager can also exert a significant impact on the kind of factors identified by HSE and others as important determinants of PWB at work. For example, the level of control and autonomy that an employee experiences could be seriously limited by a manager who tries to micro-man-

age all of his or her employees' tasks. The demands placed on people, the resources and support available together with levels of work–life balance can all be influenced by the manager. Of course, the manager is not always in full control of all of these factors—but he or she can certainly have some impact. Levels of control, workload, support and so on will also be constrained by the nature of the work and how it is designed and many wider organizational and cultural factors. In some cases line managers themselves may find life difficult because they do NOT have the authority to influence key factors that they know are damaging for their workforce! See Gilbreath (2004) for further information on research studies looking at the impact of managers on critical factors that determine PWB, such as role ambiguity or conflict, task autonomy, the balance between job demands and control. There is also a substantial amount of research showing how supervisory or leadership style links to perceived stress, strain and burnout in subordinates (e.g. Sosik and Godshalk 2000). Linked to this, researchers have also highlighted the importance of trust in your leader as a mediator between leadership style and PWB (Kelloway et al. 2012). Poor quality exchanges between the manager and his or her direct reports have been linked to higher perceived stress (Nelson et al. 1998). There has also been research linking supervisor and leadership approaches with employee health complaints (Landeweerd and Boumans 1994) and with burnout (Martin and Schinke 1998). It also seems that the behavior of managers can have an influence on how well people deal with some of the types of "hindrance" pressures (see earlier in this chapter) such as lack of resources and day-to-day hassles (Snelgrove and Phil 2001).

Flint-Taylor and Robertson (2007; Robertson and Flint-Taylor 2009) in their Leadership Impact model have proposed that the core issue for a manager in maintaining employee PWB revolves around the extent to which the employee is challenged and/or supported. As explained earlier in this chapter, challenge pressures are positive and being able to reach challenging goals is a critical factor in building PWB, enabling people to experience achievement, mastery and to build self-confidence. It seems important that leaders avoid what Kaplan (2006) refers to as "lopsidedness", when they are either not challenging enough, and let people off the hook, or not supportive enough and hold people strictly accountable in an overbearing and eventually demoralizing fashion.

Good quality leadership and management can have a very positive impact on PWB. Gilbreath and Benson (2004) looked at the impact of managers' behavior on PWB. What they found was that supervisor behavior contributed to the prediction of psychiatric disturbance over and above the impact of other factors including age, health practices, support from other people

at work, support from home, stressful life events and stressful work events. As they noted, "… this provides additional evidence that supervisor behaviour can affect employee well-being and suggests that those seeking to create healthier workplaces should not neglect supervision" (Gilbreath and Benson 2004, p. 255). Managers who develop high-quality work practices within their workgroups can have a positive impact on well-being (see also Alimo-Metcalfe et al. 2008). Interestingly, the well-being of a workgroup also has a reciprocal effect on the well-being of the leader (Van Dierendonck et al. 2004), so those who nurture the well-being of their workgroups through high-quality leadership practices also get a beneficial impact, in the longer term, on their own well-being! How leaders and managers can most effectively develop the well-being of their workgroups is explained in Chap. 9.

Earlier chapters in this book have demonstrated the positive impact that high PWB can have for organizations, for individual employees—and now we can see that there are also benefits for managers who have a positive impact on the well-being of their workgroup. This is a win-win situation—are there many other aspects of working life that can lead to such positive outcomes for all concerned?

References

Alimo-Metcalfe, B., Alban-Metcalfe, J., Bradley, M., Mariathasan, J., & Samele, C. (2008). The impact of engaging leadership on performance, attitudes to work and wellbeing at work: A longitudinal study. *Journal of Health Organization and Management, 22,* 586–598.

Boyce, R. W., Boone, E. L., Cioci, B. W., & Lee, A. H. (2008). Physical activity, weight gain and occupational health among call centre employees. *Occupational Medicine, 58,* 238–244.

Brookes, K., Limbert, C., Deacy, C., O'Reilly, A., Scott, S., & Thirlaway, K. (2013). Systematic review: Work-related stress and the HSE management standards. *Occupational Medicine, 63*(7), 463–472.

Brotheridge, C. M., & Lee, R. T. (2002). Testing a conservation of resources model of the dynamics of emotional labor. *Journal of Occupational Health Psychology, 7*(1), 57–67.

Byron, K. (2005). A meta-analytic review of work–family conflict and its antecedents. *Journal of Vocational Behavior, 67*, 169–198.

Dawson, K. M., O'Brien, K. E., & Beehr, T. A. (2016). The role of hindrance stressors in the job demand–control–support model of occupational stress: A proposed theory revision. *Journal of Organizational Behavior, 37,* 397–415.

Flint-Taylor, J., & Robertson, I. T. (2007). *Leaders impact on well-being and performance: An empirical test of a model.* Paper presented at the British psychological society, Division of Occupational Psychology, Annual Conference, Bristol.

Gabriel, A. S., Daniels, M. A., Diefendorff, J. M., & Greguras, G. J. (2015). Emotional labor actors: A latent profile analysis of emotional labor strategies. *Journal of Applied Psychology, 100*(3), 863.

Gilbreath, B. (2004) Creating healthy workplaces. The supervisor's role. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizational psychology* (Vol. 18, pp. 93–118). Chichester: Wiley.

Gilbreath, B., & Benson, P. G. (2004). The contribution of supervisor behaviour to employee psychological well-being. *Work & Stress, 18,* 255–266.

Goodwin, R. E., Groth, M., & Frenkel, S. J. (2011). Relationships between emotional labor, job performance, and turnover. *Journal of Vocational Behavior, 79*(2), 538–548.

Grandey, A. (2000). Emotion regulation in the workplace: A new way to conceptualize emotional labor. *Journal of Occupational Health Psychology, 5,* 95–110.

Grandey, A. A., Rupp, D., & Brice, W. N. (2015). Emotional labor threatens decent work: A proposal to eradicate emotional display rules. *Journal of Organizational Behavior, 36*(6), 770–785.

Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management, 26,* 463–488.

Holdsworth, L., & Cartwright, S. (2003). Empowerment, stress and satisfaction: An exploratory study of a call centre. *Leadership and Organization Development Journal, 24,* 131–140.

Hülsheger, U. R., & Schewe, A. F. (2011). On the costs and benefits of emotional labor: A meta-analysis of three decades of research. *Journal of Occupational Health Psychology, 16*(3), 361–389.

Joyce, K., Pabayo, R., Critchley, J. A., & Bambra, C. (2010). Flexible working conditions and their effects on employee health and wellbeing. *Cochrane Database of Systematic Reviews,* (2). Art. No: CD008009.

Kaplan, R. (2006). Lopsidedness in leaders: Strategies for assessing it and correcting it. In R. J. Burke & C. L. Cooper (Eds.), *Inspiring leaders*. Abingdon: Routledge.

Kelloway, E. K., Turner, N., Barling, J., & Loughlin, C. (2012). Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership. *Work & Stress, 26*(1), 39–55.

Landeweerd, J. A., & Boumans, N. P. G. (1994). The effect of work dimensions and need for autonomy on nurses' work satisfaction and health. *Journal of Occupational and Organizational Psychology, 67,* 207–217.

Lewig, K., & Dollard, M. (2003). Emotional dissonance, emotional exhaustion and job satisfaction in call centre workers. *European Journal of Work and Organizational Psychology, 2,* 366–392.

Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal-setting and task motivation: A 35 year odyssey. *American Psychologist, 57,* 705–717.

Locke, E. A., & Latham, G. P. (2009). Science and ethics: What should count as evidence against the use of goal setting? *Academy of Management Perspectives, 34,* 88–91.

Mann, S. (1999). Emotion at work: To what extent are we expressing, suppressing, or faking it? *European Journal of Work and Organizational Psychology, 8,* 347–369.

Martin, U., & Schinke, S. P. (1998). Organizational and individual factors influencing job satisfaction and burnout of mental health workers. *Social Work in Health Care, 28*(2), 51–62.

Mellor, N., Mackay, C., Packham, C., Jones, R., Palferman, D., Webster, S., et al. (2011). Management standards and work-related stress in Great Britain: Progress on their implementation. *Safety Science, 49*(7), 1040–1046.

Mesmer-Magnus, J. R., & Viswesvaran, C. (2006). How family-friendly work environments affect work/family conflict: A meta-analytic examination. *Journal of Labor Research, 4,* 555–574.

Morris, J. A., & Feldman, D. C. (1996). The dimensions, antecedents, and consequences of emotional labor. *Academy of Management Review, 21,* 986–1010.

Nelson, D., Basu, R. and Purdie, R. (1998). An examination of exchange quality and work stressors in leader–follower dyads. *International Journal of Stress Management, 5*, 103–112.

Podsakoff, N. P., LePine, J. P., & LePine, M. A. (2007). Differential challenge stressor–hindrance stressor relationships with job attitudes, turnover intentions, turnover, and withdrawal behavior: A meta-analysis. *Journal of Applied Psychology, 92,* 438–454.

Prentice, C., Chen, P.-J., & King, B. (2013). Employee performance outcomes and burnout following the presentation of self in customer service contexts. *International Journal of Hospitality Management, 35,* 225–236.

Robertson, I. T., & Flint-Taylor, J. (2009). Leadership, psychological well-being and organizational outcomes. In S. Cartwright & C. L. Cooper (Eds.), *Oxford handbook on organizational well-being*. Oxford: Oxford University Press.

Robertson, I. T., & Smith, M. (1985). *Motivation and job design: Theory, research and practice*. London: IPM.

Snelgrove, S. R., & Phil, H. M. (2001). Occupational stress and job satisfaction: A comparative study of health visitors, district nurses and community psychiatric nurses. *Journal of Nursing Management, 6,* 97–104.

Sosik, J. J., & Godshalk, V. M. (2000). Leadership styles, mentoring functions received, and job-related stress: A conceptual model and preliminary study. *Journal of Organizational Behavior, 21,* 365–390.

Sparks, K., Cooper, C., Fried, Y., & Shirom, A. (1997). The effects of hours of work on health: A meta-analytic review. *Journal of Occupational and Organizational Psychology, 70,* 391–409.

Stavrou., E., & Kilaniotis, C. (2010). Flexible work and turnover: An empirical investigation across cultures. *British Medical Journal, 21* (2), 541–554.

Van der Hulst, M. (2003). Long work hours and health. *Scandinavian Journal of Work, Environment & Health, 2,* 171–188.

Van Dierendonck, D., Haynes, C., Borrill, C., & Stride, C. (2004). Leadership behavior and subordinate well-being. *Journal of Occupational Health Psychology, 9*(2), 165–175.

Virtanen, M., Ferrie, J. E., Singh-Manoux, A., Shipley, M. J., Stansfeld, S. A., Marmot, M. G., et al. (2011). Long working hours and symptoms of anxiety and depression: A 5-year follow-up of the Whitehall II study. *Psychological Medicine, 41*(12), 2485–2494

Yarker, J., Donaldson-Feilder, E., Lewis, R., & Flaxman, P. E. (2008). *Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE management standard: Phase 2.* London: HSE Books.

Zapf, D. (2002). Emotion work and psychological well-being: A review of the literature and some conceptual considerations. *Human Resource Management Review, 12*(2), 237–268.

Part IV

Getting the Benefits

8

Improving Psychological Well-Being: Personal Development and Resilience

Two people can be working in very similar situations, with equally similar personal and family circumstances, yet one seems to be positive, resilient and psychologically healthy, the other doesn't. How can this be and what does it imply? Essentially, this can happen because there are two main sets of factors that exert an influence on people's PWB. The first set of factors relates to the situation—especially the work situation. Much of the material in this book has concentrated on the impact that these situational factors (management, type of work, access to resources, levels of control and autonomy, personal circumstances etc.) can have on PWB. There is no doubt that "situation" factors can have a major impact on PWB but it is very important to recognize that the impact of the situation on PWB can be significantly moderated by "person" factors – qualities such as optimism, resilience or positive thinking that are related to the individual himself or herself. These "person" factors help to explain the differences in PWB experienced by two people who are working in essentially the same situation (see Fig. 8.1).

Earlier Chaps. (4 and 6) have explained how certain underlying personality factors are related to people's levels of PWB. Personality factors reflect the relatively fixed and stable "person" factors. This chapter takes a more dynamic perspective and moves on from the links between relatively stable personality factors and PWB to explore what can be done to protect and enhance PWB through "person" factors that can be changed and developed. As explained in Chap. 6, the two main personality traits associated with PWB are extraversion and neuroticism. Personality traits do play a significant role in determining a wide range of the feelings, emotions and ways
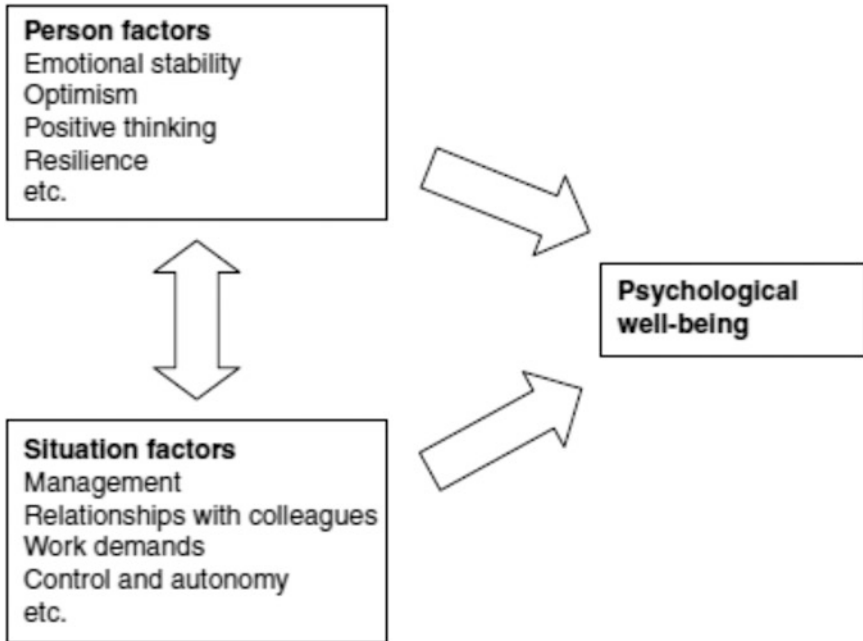
Fig. 8.1 Person, situation and psychological well-being

of thinking that are important for PWB. Personality factors are important because they determine people's tendency (predisposition) to specific psychological experiences or behaviors. For example, as explained in Chap. 6, people who are more neurotic have a stronger predisposition to experience negative emotions and to feel anxious. But it is important to remember that although personality controls predispositions to psychological experiences or tendencies to behave in certain ways, it does not directly determine how we behave or feel. This is a very important point because, in everyday language, what it means is that while personality may be largely stable and is not easily changed, the same is not true of our behavior and ways of thinking.

Resilience

Let's now build on the example given at the beginning of this chapter—where two people with very similar situational influences have observably different levels of PWB. Since the situation is the same—it must be person factors that are responsible for the differences. So, what are the most impor-

tant differences between someone who is able to retain resilience, optimism and PWB and someone who isn't? Obviously we may expect to see personality differences between the two people, since we already know that personality is related to the levels of PWB that people experience—and also to the typical "set point" (see Chap. 4) that people have for their level of PWB. It is very likely, however, that personality alone will not explain the main difference between two such individuals. This might be especially true if one of them has undertaken some skills-based or personal development, such as resilience training, to help protect and build their PWB. People who are resilient are better able to retain their PWB even in difficult situations. The research in this area reveals that there are certain key behaviors and ways of thinking that go along with higher levels of resilience. Although underlying personality represents the starting point for any individual's level of resilience, there is much that can be done, regardless of this starting point, to develop better resilience and to protect and enhance PWB. There are two very important points to understand about personal resilience. The first concerns the starting point, which is determined to a very large extent by underlying personality. The second point is that resilience is best thought of as a combination of qualities, rather than as a single quality that people have or lack. Considering an example may help to make both of these points clear.

To understand a person's personality properly, it would be necessary to look at the more detailed facet level scores for each of the five factors but for this illustration it is OK to look at the overall "Big Five" level. Chris is someone who is very conscientious and quite extraverted, whereas Mel is quite introverted and not very conscientious. Both Mel and Chris are quite neurotic. With these personality profiles they would be likely to thrive in very different work situations. If Mel was working in a role that demanded precision, a high level of organization and the need to initiate contact with previously unknown people, this would be extremely challenging. Mel's anxiety might become a problem and an observer might feel that Mel was not very resilient. Chris would probably find this type of role easier to cope with but would almost certainly seem less resilient in a role that required free flowing thinking, a great deal of flexibility and solitary work—something that Mel might take to quite well.

In many ways, the process of developing resilience is about building on the foundation provided by our underlying personality to help us cope with situations and challenges that we may initially (because of our underlying personality) find difficult. The general requirements for resilience are fairly standard (see below) but, depending on their underlying personality, people will develop some of the requirements naturally—and will need work to

Table 8.1   A resilience prescription

- Focus on positive emotions and an optimistic thinking style
- Develop cognitive flexibility—learn to "reframe"
- Develop coping strategies—make active use of them and face fears
- Take on challenges to enable yourself to experience mastery
- Recognize and develop signature strengths
- Find a resilient role model—actively finding one is important
- Personal moral compass—sense of purpose
- Establish and nurture a supportive social network
- Look after your physical condition—exercise may be the "magic bullet"

develop others. Research looking at the characteristics of people who appear to be resilient even in situations of extreme adversity has identified a range of key characteristics and behaviors—a formulation of these in a "Resilience Prescription" is given in Table 8.1.

The prescription given in Table 8.1 is derived from research in a range of different areas, including psycho-biology (e.g. Haglund et al. 2007), sports and exercise psychology (e.g. Jones et al. 2002), stress management and personality (e.g. Maddi and Khobasha 2005) and physiological psychology (e.g. Dienstbier 1989).

Resilience has been defined as "the role of mental processes and behavior in promoting personal assets and protecting an individual from the potential negative effect of stressors" (Fletcher and Sarkar 2013, p. 675). Recent years have seen a lot of interest in resilience, and workplace researchers have been investigating the role resilience might play in protecting our well-being. This draws on research in non-work place settings such as those mentioned above. There is evidence that resilience can protect our well-being at work, and that training can be successfully used to help improve workers resilience and well-being. It is worth noting though that there is some disagreement in how resilience is understood and research is ongoing (i.e. some people think it is personality based, some believe it is more behavior /process based, and others suggest it is most likely a combination of the two). Practically though, resilience seems to be important in how we respond to stressful situations and whether or not we have high or low resilience affects the degree to which our well-being is affected by the situations we face. This means it is worth considering looking at your own, or your employees, resilience if you want to protect well-being at work.

Studies have shown that resilient people have reduced depression rates and better well-being (Burns et al. 2011), and report less work related stress and lower levels of psychological distress (Kinman and Grant 2011). Evidence also increasingly shows that resilience is not a fixed characteristic

and instead is able to be developed to help improve mental health and well-being (Cooper et al. 2013; Robertson et al. 2015). The rest of this chapter looks at things that can help to improve our resilience such as positive attitudes and emotions, explanatory style, flexible thinking, and challenges and mastery experiences. You might come across some of these if you were to attend a resilience training workshop.

Positive Attitudes and Emotions

Developing positive attitudes and emotions is not done by some of the rather silly things that have become associated with being positive such as looking in the bathroom mirror each morning and telling yourself you're going to have a great day! This might not do any harm but such approaches lack the depth and scientific support to provide any real benefit.

The importance of experiencing positive emotions for PWB has been explored in some detail elsewhere in this book (see Chap. 4), as has the beneficial broadening and building effect that positive emotions have. So, the first requirement for developing resilience is to try to experience a good ratio of positive to negative emotions. Some research has even suggested that there might be an ideal ratio of positive versus negative emotions. Barbara Fredrickson and Marcial Losada (2005) report results suggesting that for individuals and teams the optimum levels of positive: negative emotions for high PWB is above about 3:1. In other words, better PWB is more likely when people experience over three times as many positive as negative emotions. Of course, it isn't possible to completely control the emotions that we experience but it is possible, with sufficient focus and determination, to make a difference. For example, when something bad happens at work and you start to feel low a good policy may be to try and think of something positive and use this to lighten your mood—and balance the negative feelings with something positive. Trying to think oneself into a positive emotion is not immediately an easy thing to do but something that can be achieved with practice. Barbara Fredrickson's website (http://www.positivityratio.com/single.php) enables you to take a free test and monitor your positivity ratio.

Explanatory Style

The role of thinking in controlling emotion is absolutely critical in building resilience, maintaining positive emotions, attitudes and an overall positive frame of mind. In fact, the key to maintaining a positive frame of mind

Attributional style

- Positive attributional style for *successes*

☑
  – **Permanent**
  – **Internal**
  – **G**lobal

- Positive attributional style for *failures*

☑
  – **Specific**
  – **Internal/External**
  – **Temporary**

- Negative attributional style for *successes*

☹
  – **Specific**
  – **External**
  – **Temporary**

- Negative attributional style for *failures*

☹
  – **Permanent**
  – **Internal**
  – **G**lobal
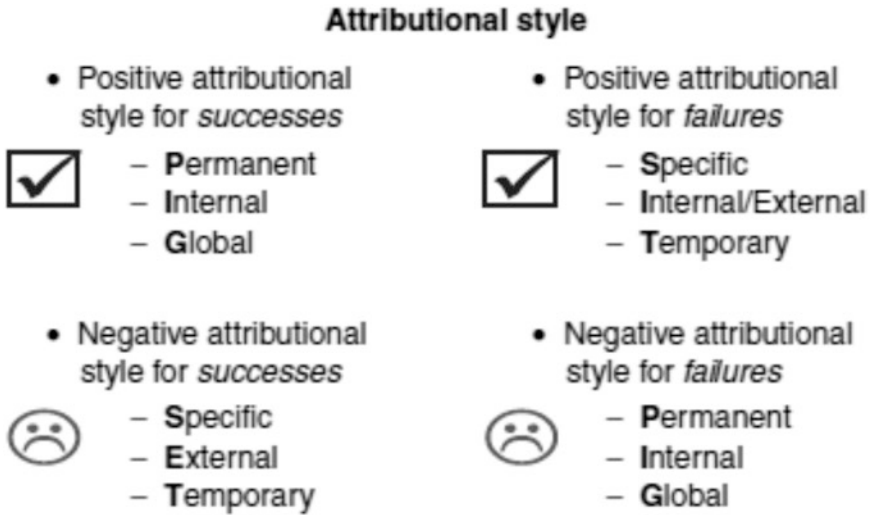
Fig. 8.2 Positive and negative attributional styles

lies in how a person interprets and thinks about events. Technically this is referred to as attribution theory. One particular aspect of attribution theory, referred to as explanatory style, is particularly important for resilience, PWB and performance. Essentially explanatory style relates to whether people interpret events (particularly successes and failures) optimistically or pessimistically. Although some people may argue that a pessimistic style is useful and protective, "… if you expect bad things to happen then you won't be disappointed if they do …" the overwhelming evidence from research is that an optimistic style is much better. Before looking at some of the research evidence to support this statement let's examine what it means to use an optimistic rather than pessimistic style. The differences between pessimistic and optimistic thinking are based on three main aspects of explanatory style: internal–external; global–specific and permanent–temporary. Figure 8.2 shows the combinations that lead to pessimistic and optimistic thinking for successes and failures.

Internal–external refers to whether the causes are seen as external (other people, chance, etc.) or internal (oneself). Global–specific refers to the extent to which the attributions made are specific to a particular event (e.g. this meeting or presentation) or global (all meetings and presentations). Permanent–temporary refers to the extent to which the attributions are long-lasting (e.g. always goes wrong) or short-lived (e.g. today it went wrong). An example should help to make these points clear. As Fig. 8.2

shows, when something goes badly (failure), a pessimistic style involves making attributions that are global, permanent and internal. One of the authors played a great deal of football as a younger man and at one point joined a semi-professional club. After a few games in the reserves he was selected to play for the first team—but rather than his preferred position (right back) he was positioned as left back. How did the game go? In brief, he had a real stinker! Coming off the pitch at the end of the game he felt very low. It's easy to see how a pessimistic style could worsen the bad feelings and damage resilience—I played really badly and it was my fault (internal), I'm not good enough to play at this level of football (global), I'll never make it in this club (permanent). A different set of attributions—I played badly but the manager selected me out of position and didn't give me a chance (a more external attribution—but not one that is unrealistic), I can't tell until I get a game in my correct position whether I'm good enough for this level or not (specific) and next time now that I've got some experience I might be able to perform better, even at left back (temporary). It's important to note that both sets of attributions are consistent with what happened—trying to make out that I didn't have a poor game would have been empty and unrealistic—rather than authentic optimistic thinking. Thinking pessimistically about success is almost as damaging as pessimistic thinking for failures. If you deliver an excellent paper and the presentation for this goes well at an important meeting, using a pessimistic style will seriously limit the resilience building effect that a success might have—It went well but the audience was very receptive and uncritical (external); if I had been presenting on something else I would have been much shakier (specific); I got away with it this time but I was lucky and I doubt it will be so easy next time (temporary).

The baseline for positive and negative explanatory styles are dependent on personality but resilience training courses and other interventions can be very successful in helping people to develop a more positive style. The research evidence supporting the benefits of a positive explanatory style is substantial and the gains have been shown in a number of areas. One of the main areas where research has been conducted is in sales. Anyone with experience of sales jobs will recognize the extent to which a good level of personal resilience is a prerequisite. Several studies have shown that sales personnel who use a positive explanatory style outperform those who do not. Research has also shown that a positive explanatory style can be developed—and that this has an impact. In one study (Proudfoot et al. 2008) sales personnel were given attributional style training. The participants were randomly assigned to a training group or to a waiting list. The results for the trained group showed that their attributional style had changed after the training—in favor of a more positive

style. The results also showed improvements in a number of other psychological variables, including PWB; furthermore employee turnover was significantly reduced and general productivity improved. The participants on the waiting list were subsequently trained, so that their pre- and post-training results could be compared with the trained group—and their results showed the same post-training improvements. Explanatory style has also been shown to be linked to success in other fields, including sporting performance (e.g. Martin-Krumm et al. 2003).

Training in explanatory style (essentially optimistic, rather than pessimistic thinking) thus has the potential to build resilience and help to support PWB and performance. In fact, there seems to be a natural tendency for people to interpret positive events by using a positive explanatory style. In an analysis of over 250 studies Amy Mezulis and colleagues (Mezulis et al. 2004) found a trend toward a "self-serving" bias—that is, making more internal, global and stable attributions (e.g. "it went really well, I'm good at things like that") for positive events compared with negative ones. For people with psychological illness the trend was less pronounced, suggesting that they get less psychological benefit from using positive styles and interpret positive events more negatively. As Burns and Seligman (1989) suggest, negative explanatory style may be an enduring risk factor for depression, low achievement and physical illness.

Flexible Thinking

Developing a more positive explanatory style, that is under conscious control, represents a move toward more flexible thinking. Indeed flexibility of thinking, especially the ability to "reframe" and control or accept thoughts, is an important aspect of personal resilience and the development of positive PWB. When people are troubled by pressures at work there are really only two courses of action that will help them to maintain PWB: change things so that the pressures are alleviated; or change how the pressures are perceived—so that they become less troubling. Which option is practical and desirable will depend on a wide range of different factors. This chapter is focused on how personal development and change can improve resilience and PWB, so here we will concentrate on approaches that change how pressures are perceived. Making actual changes to the work situation is dealt with extensively in other chapters of this book.

Various psychological approaches, originally developed to treat depression, anxiety and related problems have been adapted for use in building

Table 8.2   A thought record template

Situation	Feelings	Thoughts/Beliefs	Challenges and alternatives	Action
What happened or what is happening?	How do you feel about this?	What thoughts are making you feel the way you do? Why do you feel like that?	How rational are your thoughts and beliefs? Are there any Thinking Errors? What's an alternative way to think about this?	What's your best course of action?

resilience and improving PWB at work. The primary approaches that have been used are variations on Cognitive Behaviour Therapies (CBT) and Acceptance and Commitment Training (ACT, Hayes et al. 2006; Luoma et al. 2007). In essence these approaches teach people ways of controlling their thoughts and being able to be more flexible in how they think—and consequently how they feel and act. For example, ACT is designed to enable people to fully experience (rather than avoid or suppress) thoughts, feelings and physiological sensations, especially negatively things such as fear. Rather than wasting precious psychological energy trying to control internal experiences, people accept the feelings and concentrate on achieving their goals. Bond and Bunce (2003) studied a sample of over 400 customer service personnel and showed that acceptance was linked to PWB and an objective measure of performance—over and above the degree of job control that people experienced. The beneficial effects of job control were enhanced when people had higher levels of acceptance. In another study Bond and Bunce (2000) used a true experimental design to assess the impact of ACT training on people working in a media organization. They found improvements in both PWB and a work-related measure of propensity to innovate. CBT approaches also work on cognitive flexibility and the control of thoughts. They focus on helping people to evaluate the accuracy of their beliefs and the relation between their thoughts and feelings. Table 8.2 shows a typical CBT-based tool—a "Thought Record" adapted to enable people to examine the validity of their thinking about work-related issues that trouble them.

One of the most helpful things a thought record can help you to identify is what we call "thinking errors"; a bias toward unhelpful ways of thinking (see Box 8.1 for a bit more information). And before you say anything—we all do them!

Techniques from both ACT and CBT have been adapted and used in developing resilience training for people at work.

Whatever techniques or approaches are used, whether they involve controlling thinking in the kinds of ways described above, or changing the environment by doing something about the external sources of pressure that are troubling someone, it seems clear that individuals who are resilient are very active in finding and using coping strategies. A failure to adopt active coping strategies can lead individuals into a state of "learned helplessness" (see Abramson et al. 1978) where they feel that nothing they can do will alleviate matters and they develop a set of unhelpful behaviors including withdrawal, resignation and even a resistance to reversing the negative state of affairs.

Box 8.1 Thinking errors

We all have to use short-cuts to draw conclusions and make sense of what is going on around us, based on incomplete information. The following are common thinking errors when they represent a bias toward thinking in a particular way, whatever the objective evidence suggests. Individuals tend to be prone to making one or more of these errors more frequently than the others. It can be very helpful to identify your own bias, and to learn to challenge it by checking out the evidence for and against these thoughts when they occur.

All-or-nothing thinking: You see things in black-and-white categories. For example, if your performance falls short of perfect, you see yourself as a total failure (and similarly for others and their performance). All-or-nothing thinking forms the basis of perfectionism.

Over-generalization: For example, you see a single negative event, such as a career setback, as a never-ending pattern (thinking about it in terms of "always" and "never").

Mental filter: For example, you pick out a single negative detail and dwell on it exclusively, so that your vision of reality becomes darkened.

Jumping to conclusions: You make a (negative) interpretation even though there are no definite facts that convincingly support your conclusion.

Mind reading: You assume you know what other people are thinking, without checking.

Magnification (and minimization): You exaggerate (problems, imperfections etc.)

Emotional reasoning: You take your emotions as evidence for the truth (I feel guilty, therefore I must have done something wrong).

Challenges and Mastery Experiences

As well as using the approaches outlined above to develop more flexible thinking and coping strategies, enhancing resilience is also dependent on taking actions, such as confronting fears and taking on challenges. Research

findings support the idea that people's natural levels of resilience are influenced significantly by their early experiences. What the research suggests is that although exposure to serious trauma in early life will not help to build resilience, exposure to experiences that are challenging but mild enough not to inflict lasting damage can actually help to "inoculate" and enhance underlying resilience (e.g. Khoshaba and Maddi 1999). It seems that exposure to "toughening" experiences may not only promote psychological resilience but also influence underlying neuro-biological mechanisms that underpin psychological resilience (see Haglund et al. 2007).

What this research suggests is that, within reason, experiences that are challenging and create a certain amount of strain are not something to be avoided at all costs. In fact, it seems likely that limited exposure to challenging experiences, especially when the individual feels that he or she has some degree of control, is likely to build, rather than damage resilience. In sport it is commonplace for coaches to push athletes beyond any levels of strain that they may experience in competition to build resilience. One experienced Olympic coach explained this to the authors by saying that, "… if I push them up to and beyond the limit during preparation we then know that there isn't going to be anything that they can't handle in the competition itself". Experiencing challenge and rising to the challenge enables someone to experience "mastery". Experiencing mastery and the sense of achievement that goes along with it is important in building feelings of confidence and competence—both important components in personal resilience. If a challenge is not sufficiently difficult, the feeling of achievement and mastery will not be as deep or as satisfying, but of course (as goal-setting theory established through decades of research—see Chap. 7) the goal needs to be difficult but both attainable and worthwhile. The critical role that a clear "sense of purpose" plays in PWB has been referred to many times, elsewhere in this book. Building and sustaining resilience is also enhanced when there is a clear sense of purpose. If something seems worth striving for it makes coping with adversity to achieve the outcome less troublesome.

When taking on challenging experiences to build resilience, the idea of strengths-based development can be helpful. Strengths-based development focuses on helping people to identify what they are good at and then to develop additional talents, skills and resources around the same areas. Some research has shown that strengths-based development can result in positive behavior change in the workplace (see Hodges and Asplund 2010 for a review). To build resilience it makes sense to identify experiences that call for the use of existing strengths, rather than taking on something that does not play to a person's strengths, which may turn out to be too challenging and damage, rather than build, resilience.

Back to the Beginning—Personality

As this chapter has illustrated there are many successful approaches that can be taken to develop and build personal resilience. The platform for anyone wishing to develop their resilience is a good understanding of how their underlying personality helps or hinders their personal resilience. As explained elsewhere, psychologists use the FFM as the main structural framework for describing personality but this is not necessarily the most useful framework to use for examining personal resilience. The five factors may be subdivided into a larger number of facets—and it is the mix of these facets (often combining two facets from different "Big Five" factors) that can best show how someone's personality is linked to their resilience. Various key factors, that are based on a combination of "Big Five" facets, such as confidence, social support and adaptability have been shown through existing research to be important in determining personal resilience. Together with colleagues at Robertson Cooper Ltd, the authors have drawn on this research to develop an online expert system for generating a resilience report from a profile of someone's Big Five personality facets. The expert system that generates this report is being constantly updated as new research findings emerge linking personality with resilience. To get your own resilience report, go to www.robertsoncooper.com/iresilience. More information about the current version of the report and the research background to its development can be obtained at www.robertsoncooper.com.

References

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans—critique and reformulation. *Journal of Abnormal Psychology, 87,* 49–74.

Bond, F. W., & Bunce, D. (2000). Mediators of change in emotion-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology, 5,* 156–163.

Burns, R. A., Anstey, K. J., & Windsor, T. D. (2011). Subjective well-being mediates the effects of resilience and mastery on depression and anxiety in a large community sample of young and middle-aged adults. *Australian and New Zealand Journal of Psychiatry, 45*(3), 240–248.

Burns, M. O., & Seligman, M. E. P. (1989). Explanatory style across the lifespan: Evidence for stability over 52 years. *Journal of Personality and Social Psychology, 56,* 471–477.

Cooper, C. L., Flint-Taylor, J., & Pearn, M. (2013). *Building resilience for success: A resource for managers and organizations*. London: Palgrave Macmillan.

Dienstbier, R. A. (1989). Arousal and physiological toughness: Implications for mental and physical health. *Psychological Review, 96,* 84–100.

Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist, 18,* 12–23.

Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60,* 678–686.

Haglund, M. E. M., Nestadt, P. S., Cooper, N. S., Southwick, S. M., & Charney, D. S. (2007). Psychobiological mechanisms of resilience: Relevance to prevention and treatment of stress-related psychopathology. *Development and Psychopathology, 19,* 889–920.

Hayes, S. C., Bond, F. W., Barnes-Holmes, D. and Austin, J. (Eds.). (2006). *Acceptance and mindfulness at work*. New York: The Haworth Press. Co-published simultaneously as: *Journal of Organizational Behavior Management, 26*(1/2).

Hodges, T. D., & Asplund, J. (2010). Strengths development in the workplace. In P. A. Linley, S. Harrington, & N. Garcea (Eds.), *Oxford handbook of positive psychology and work*. Oxford: Oxford University Press.

Jones, G., Hanton, S., & Connaughton, D. (2002). What is this thing called mental toughness? An investigation of elite sports performers. *Journal of Applied Sport Psychology, 14,* 205–218.

Khobasha, D. M., & Maddi, S. R. (1999). Early experiences in hardiness development. *Consulting Psychology: Practice and Research, 51,* 106–116.

Kinman, G., & Grant, L. (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *British Journal of Social Work, 41*(2), 261–275.

Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance and commitment training manual for therapists*. Oakland, California: New Harbinger Publications Inc.

Maddi, S. R., & Khobasha, D. M. (2005). *Resilience at work*. New York: AMACOM.

Martin-Krumm, C. P., Sarrizin, P. G., Peterson, C., & Famose, J.-P. (2003). Explanatory style and resilience after sports failure. *Personality and Individual Differences, 35,* 1685–1695.

Mezulis, A. H., Abramson, L. Y., & Hankin, B. J. (2004). Is there a universal positivity bias in attributions? A meta-analytic review of individual, developmental, and cultural differences in the self-serving attributional bias. *Psychological Bulletin, 130,* 711–747.

Proudfoot, J. G., Coor, P. J., Guest, D. E., & Dunn, G. (2008). Cognitive-behavioural training to change attributional style improves employee well-being, job satisfaction, productivity, and turnover. *Personality and Individual Differences, 46,* 147–153.

Robertson, I. T., Cooper, C. L., Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. *Journal of Occupational and Organizational Psychology, 88*(3), 533–562.

9

Improving Well-Being: Building a Healthy Workplace

Earlier chapters in this book have focused on research and evidence. We've considered issues such as how organizations should take a strategic approach to health and wellbeing (discussed in more detail below), make assessments of wellbeing regularly, and take a view of employee engagement that includes wellbeing. This chapter is more practical and rather than reviewing research findings and introducing new ideas and concepts, it provides guidance on how to take a strategic and practical approach to improving and sustaining PWB in an organization.

The chapters in the next part of the book provide a set of case studies giving real-life illustrations of what has been done in a range of organizations to tackle well-being issues. The case studies vary considerably in scope, in the approaches taken and in the goals that they were designed to achieve. Although not uniform in approach, the case study chapters provide real-life examples of how to use many of the methods, techniques and processes that are part of the generic approach outlined in this chapter and based on material presented throughout this book.

A Strategic Approach to PWB

In any organization there will often be different opportunities and priorities when attempting to enhance PWB. Sometimes it may be sensible to tackle a specific issue, such as high rates of turnover or sickness-absence in a department, rather than to take an organization-wide perspective. In other circum-
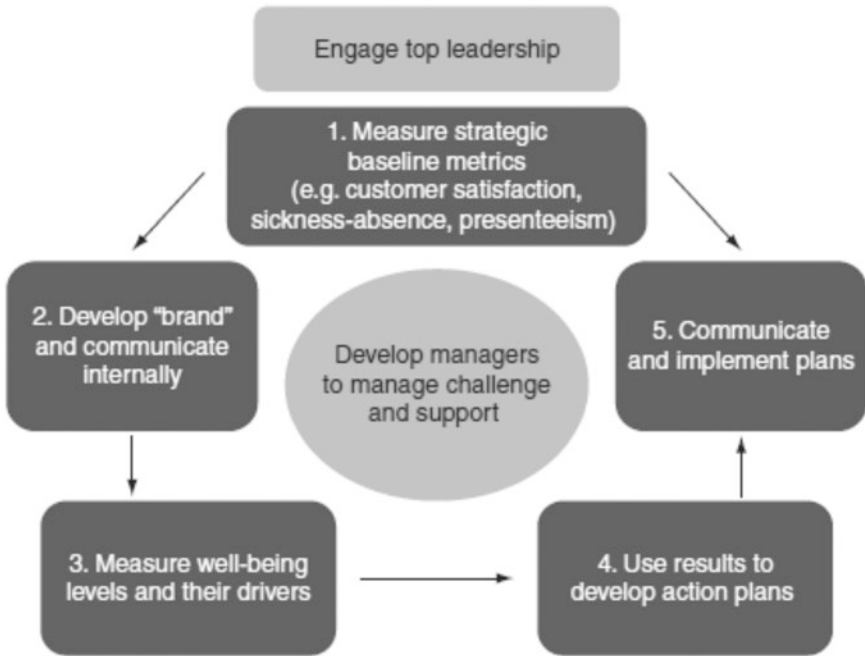
Fig. 9.1 A strategic approach to PWB

stances, the awareness and capabilities of leadership and management across the whole organization may be the priority, or the recruitment and selection of employees with the resilience to cope with a specific and challenging set of job demands may be an urgent need. Sometimes a strategic approach may be extremely desirable but impossible to implement because of a lack of commitment, understanding or recognition from top leadership. The realities of organizational life mean that it is not always feasible, or even desirable, to follow a broad and integrated set of steps toward improved PWB. The approach described in this chapter does give a broad, integrated set of stages, illustrated in Fig. 9.1. In some settings, it may be possible and appropriate to follow the whole process from start to finish. For many circumstances it may be best to enter the cycle given in Fig. 9.1 at somewhere other than stage one, to omit some of the stages—or even to adopt an entirely different model. Despite these reservations, the model given in this chapter is extremely valuable and provides a useful template for well-being interventions. Its development is based on the experience of working in many different organizations across most sectors of the economy. The case studies in Part 5 provide good examples of taking a strategic approach in the context of real organizational settings.

In the following sections of this chapter each of the key stages in Fig. 9.1 is explained.

Engaging Top Leadership and Developing Managers

The impact of PWB is felt across the whole organization and to be completely successful in harnessing the benefits of high levels of PWB a strategic approach is required. Of necessity all organizations divide up into functional roles and structures. It would be impossible to perform effectively without doing so. The key functional areas that relate to PWB in an organization are Human Resources, Occupational Health, and Health and Safety. For well-being interventions to work really well it is critically important that all three of these functional areas collaborate effectively. This collaboration can only be truly effective if the organization takes a strategic approach to PWB. The benefits of high levels of PWB are potentially substantial but unless an organization takes a strategic approach these benefits may not be fully realized. The reason for this is simple—the benefits of high PWB cross different functional areas. For example, PWB can generate benefits in performance and productivity, sickness-absence rates and talent management. To realize these benefits an HR department needs to include proper consideration of PWB issues in its talent management activities. At the very least this means evaluating recruits, not just from the point of view of skills and abilities, but also ensuring a good match between the demands of the role and the jobholder's resilience profile—and where the match is not good providing support such as resilience training (we discuss resilience training in Chap. 8). Health and Safety or Occupational Health may take the lead on dealing with work-related stress but their contribution needs to be linked to management development programs, so that managers are helped to manage effectively for *both* well-being and performance. There are many other examples that could be given to show how the three key functions need to collaborate and not work in silos. The need for this integration explains why, in Fig. 9.1, top management commitment and managers' capability to balance challenge and support are not shown as separate stages of the process. They need to be in place throughout the whole set of stages.

A strategic approach to PWB starts with recognition and commitment on the part of the top leadership of the organization. Experience has shown the authors that this is not something that is always easily achieved. Of course no top management team is likely to say that it does not recognize

the importance of PWB or that it is not committed to the well-being of its workforce. In practice however, when tackling PWB that requires resources or financial support the espoused commitment may not turn into action. Frequently this is because the top team does not fully grasp the business case for PWB. Box 9.1 gives more information on a review of the business case for PWB. If you've read all of the previous chapters of this book the business case will be clear—relatively modest investment in PWB can lead to major improvements. The best starting point for any PWB intervention is to ensure that the top leadership team has a proper appreciation of the evidence and the resulting business case. This will make it more likely that the top team will commit resources—and more importantly recognize the importance of a strategic approach, rather than delegating PWB to one of the functional areas. The development of managers to balance challenge and support involves helping them to hold people to account properly but in a way that does not take this to the extreme and become rigid and demoralizing. Similarly they need to be able to recognize when support is needed but not default to this whenever conflict or strain arises—and let people off the hook too easily. As Chap. 7 explains much more fully, effective management and leadership ensures that people are sufficiently challenged, so that they can get the psychologically healthy experience of achieving something difficult—but that support is available to ensure that the challenge does not become impossibly difficult to deal with. The design of a development program for managers can draw on a number of established models and approaches. These include Robertson Cooper's Leadership Impact model, work done on management competencies for preventing and reducing stress at work and work on engaging leadership—all of which are covered in Chap. 7.

Box 9.1 The Business Case for Wellness

PriceWaterhouseCooper published a report in 2008 on their review of 55 UK Case studies looking at the business benefits of wellness programmes. They found that the costs of such programmes can very quickly be turned into financial benefits. Sickness absence was shown to reduce in almost all case studies and reports of lower staff turnover, fewer accidents, and increased employee satisfaction were also common. Other benefits reported, although less frequently (although this could be because they were not measured rather than they didn't happen) were an improved company profile, higher productivity, better health and welfare, increased competitiveness and profitability, and fewer claims. You can read the full report here https://www.gov.uk/government/publications/work-health-and-wellbeing-building-the-case-for-wellness.

Measure Baseline Metrics

An essential aspect of a strategic approach to PWB involves identifying the goals of the program and taking baseline measures of these so that the starting point is clear. Being clear about the starting position also enables practical targets and goals for improvement to be set at appropriate levels. Improved PWB has the potential to affect many outcomes for both individual employees and the organization as a whole. For the organization, links have been established between the PWB of employees and a range of important outcomes including: sickness-absence rates; productivity; customer satisfaction and sales performance, but exactly which outcomes are affected will depend on the type of intervention adopted. For example, introducing resilience training for a group of staff which is producing poor results when dealing with particularly challenging service users may help to reduce sickness-absence rates and improve the psychological health and well-being of the staff. It may not have any significant impact on the satisfaction of the service users unless it is coupled with other interventions, such as redesign of working practices, reductions in workload or better goal-setting and monitoring by management.

A good starting point is to prepare a well-being scorecard showing the possible outcomes that could become targets for the intervention. An example of such a scorecard is given in Table 9.1.

Table 9.1 is a scorecard based on the idea of the Balanced Scorecard (Kaplan and Norton 1996) but focused on outcomes that might be influenced by PWB initiatives. The possible outcomes given in Table 9.1 are not intended to be comprehensive. They provide an illustration of the type of outcome, in a balanced (i.e. not only financial) set of four categories. The key point here is that the first step, even before a PWB initiative begins, is to identify very clearly WHY it is being undertaken and, in particular, which outcomes are expected to change as a consequence. This seems an obvious point to make but in our experience it is quite common for organizations to begin in a piecemeal way, without being clear about what results are expected. Another important issue is to be realistic about how much impact can realistically be expected. For example, conducting a stress survey, with follow-up in areas where high levels of absence are reported, will probably have a beneficial impact but it is unlikely to drastically reduce sickness-absence across the board, or have a major impact on customer satisfaction. So, on the one hand, it's important to consider all of the possible areas where improved PWB could bring benefits but it is also important to be realistic about this, in the light of the specific PWB program that is planned.

Table 9.1 A well-being scorecard

Business level and financial indicators	Internal process indicators
• Sickness Absence rates • Retention rates • Cost of using agency/contract staff • No. of ill-health retirements • No. of stress-related referrals to OH • Overall financial performance—surplus/ break even/deficit • Productivity measures	• Stress levels • Levels of work–life balance • Stress risk assessment arrangements • Staff survey results (job satisfaction, engagement, quality of management and leadership) • Take up of health promotion initiatives, e.g. walking clubs, healthy eating • Regular high quality appraisals
Quality indicators	**Learning and development indicators**
• Customer/Patient/User satisfaction survey results • Complaints • Service quality ratings (internal and external) • Product recalls • Product performance • No. of HSE improvement notices received • No. of disciplinaries and grievances	• Take up and no. of "Did not attends" at training or development events • Feedback from leadership development programs • Feedback on development—i.e. perceived as effective and relevant • Innovations and suggestions • Accidents, mistakes and near misses

Branding and Communication

A coherent and recognizable brand for a PWB program is an important ingredient for overall success. It is not unusual for an organization to be undertaking well-being initiatives that are not recognized as such. Examples include the provision of a telephone counseling service (employee assistance program), recognition and awards ceremonies, subsidized gym membership and stress management training. It is also common for various disparate well-being interventions to be undertaken by different functional areas across the organization—without any clear strategic connection. This takes us back to the point about the need for a strategic approach to well-being. One benefit of taking a strategic approach focused on a set of clear goals and outcome objectives is that it enables any existing initiatives to be recognized and drawn together within the new interventions to provide a coherent program, within an overall well-being brand. As explained in Chap. 3, for employees to be fully engaged with their organization they need to feel that the organization cares about their well-being. Recognition of what the organization is actually doing is much easier and more likely to be visible to employees if there is an overall positive brand that pulls together the well-being initiatives, under a catchy label. In practice, since the brand needs to

reflect and incorporate the program of PWB activities, it is often better to finalize the brand and the full set of initiatives after the next stage of the process—measurement. Ideally, a full (evidence-based) understanding of current levels of PWB in an organization precedes the development of an intervention program. In practice of course, as already noted, this is not always how things are done.

Measure Well-Being Levels and Their Drivers

Chapter 5 provides a detailed account of the measurement of PWB in the workplace. As Chap. 5 explains, the best way to obtain a clear picture of current levels of PWB and information about the key organization drivers of PWB is to conduct a well-being audit.

The measurement of PWB using an organization-wide audit tool such as ASSET (see Chap. 5) is not an end in itself, although the UK government Foresight Mental Capital and Wellbeing Project (2008) produced evidence to show that even when an audit was conducted with no follow-up, benefits of almost £2 for every £1 spent were realized. The real purpose in measuring PWB levels and the organizational enablers and barriers is to provide a basis for action. The information obtained through the audit must be seen in the context of the goals set for the PWB interventions and the plans and strategy for the organization. For example, plans for the acquisition of a new division, the recent closure of a unit or a goal to improve productivity levels will all have implications for how the well-being results are seen and will influence the development of an action plan based on the results. As noted in Chap. 5, it also usually makes sense to supplement the questionnaire data with information from focus group discussions. Focus groups can be particularly useful if they take place after the audit, so that points emerging from them can be explored in more depth—and suggestions for action can be elicited from participants.

In Chap. 5 we briefly discussed the difficulties in measuring well-being in SME's. Much of this current chapter looks at improving well-being in larger organizations, but Box 9.2 makes some suggestions for promoting positive well-being in SME's.

Box 9.2 Suggestions for well-being initiatives for SMEs (Johnson 2011)

Recognise that stress in owner-managers of SMEs is common and make time to consider and if necessary address this.

Use business groups as sources of support, particularly if experiencing isolation.

Access and utilise the well-being tools and information available (e.g. HSE, CIPD).

Consider 'self-training', e.g. self-administered CBT has been shown to be useful (Martin et al. 2009).

Understand the role of managers in promoting a positive working culture, and having good levels of communication about well-being with employees.

Talk to employees about well-being. They may have some suggestions you have not considered.

Where possible implement flexible working which can improve well-being.

Where possible make work well organised and take time to make sure everyone knows what they are responsible for.

Make time for leisure opportunities to help improve well-being.

Use Results to Develop Action Plans

According to evidence collected during the Foresight project (Foresight Mental Capital and Wellbeing Project 2008), when a well-being audit is conducted and there is follow-up action the benefits are significant. Once the results are available and have been interpreted in the context of organizational strategy and the goals of PWB interventions, an action plan can be developed. A critical consideration, when it comes to implementing PWB initiatives, is to ensure that any changes made are seen as fair and equitable across the whole organization. Whether something is fair or not is best examined from two key perspectives—referred to as distributive justice and procedural justice (see Colquitt et al. 2005). An organizational change that is seen to unfairly reward, or disadvantage, someone is breaking the rules of distributive justice—the actual distribution of rewards is unfair. Of course, sometimes in an organization it is appropriate to treat an individual or group differently. In this case, it is critical that the process (procedural justice) for deciding who should receive the reward is seen to be fair.

There is no simple prescription for what action should be taken. What is needed depends on the organization in question, its goals, history and the specific results obtained. Although there is no simple prescription, it is possible to identify broad types of interventions that might be considered. One useful way of categorizing interventions is to consider primary, secondary and tertiary interventions. Interventions can also be categorized as focusing on the individual or the organization or on the interface between the two (DeFrank and Cooper 1987) but the primary, secondary, tertiary framework is the one seen most commonly.

PWB interventions: Levels of Intervention

Primary Level

- ■ Aimed at enhancing the work situation to improve the impact on individuals, e.g. job redesign, culture change, flexible working, work–life balance policies

Secondary Level

- ■ Increasing the awareness, resilience and coping skills of the individuals and making some changes to the situation, e.g. through better leadership and management. Interventions might include better recruitment and selection process, management development focused on managing for well-being, stress management training and positive health promotion activities

Tertiary Level

- ■ Support or treatment for individuals experiencing problems with PWB – without making changes to the work situation e.g. counselling, return to work policies

Fig. 9.2 PWB interventions: levels of intervention

As Fig. 9.2 shows the most difficult and resource-intensive interventions are primary-level interventions. These are challenging for organizations because they involve a level of change that is more fundamental and may call for changes to how people's jobs are done, changes to working processes and practices that are well-established. Proposals for primary-level interventions are also more likely to lead to resistance from within the organization, since they may require individuals and groups of employees to take on different roles, ways of working or responsibilities. This definitely does not imply that primary-level interventions are less valuable. In fact if taken seriously and implemented with the full commitment of top leadership they have the potential to produce the biggest payoff. In practice, organizations generally find it less challenging to introduce secondary- and tertiary-level interventions. In organizations where PWB is a problem tertiary interventions may already be in place to help support already distressed individuals. Secondary-level interventions often enable organizations to tackle PWB issues and make substantial improvements, without the challenge and upheaval of primary interventions—but with more lasting preventative impact than tertiary interventions. There are examples of very effective secondary-level interventions in the case studies in the later part of this book.

Mindfulness training to improve well-being is a topic that is receiving increased interest as a secondary level intervention. Box 9.3 tells you more about mindfulness and how it can be used to promote positive well-being.

> **Box 9.3 Mindfulness**
>
> Mindfulness can be described as a psychological state involving the aware-
> ness of, and paying attention to, the moment, and can be seen as a form of
> meditation. It has long been viewed as relevant to the promotion of well-being
> (Brown and Ryan 2003) and recently there has been an increase in interest in
> using mindfulness as a way to improve well-being, and other personal and job-
> related outcomes such as job satisfaction, job performance, and turnover inten-
> tions (Andrews et al. 2014; Dane and Brummel 2014; Hulsheger et al. 2013).
> Mindfulness is thought to help improve well-being by improving self-awareness
> through its focus on the experiences we are having at the present moment
> including things like physical sensations, thoughts and feelings. A number of
> studies have shown mindfulness to be linked with well-being (e.g. Harrington
> et al. 2014; Bowlin and Baer 2012)
>
> Lots of the research into mindfulness has been conducted in non-work
> settings and it's still relatively early days but the last decade has seen a rapid
> growth in work-based mindfulness studies (Spence 2017). The general consen-
> sus from this appears to be that promoting mindfulness in the workplace, for
> example as part of stress management training, can help to improve well-being
> at work so it is something we are likely to continue to see a focus on. One
> advantage of using something like mindfulness as a stress management tool is
> that it can be accessed from a distance. There are lots of mindfulness apps for
> example that allow people to access mindfulness training in bite size manage-
> able sessions that don't need you to take significant time out of your day or to
> travel anywhere.

Communicate and Implement Plans

The importance of pulling together well-being initiatives into a coherent
overall brand and communicating effectively across the organization has
already been explained. The communication process is particularly impor-
tant when interventions are being introduced. One critical point here con-
cerns how the purpose of the interventions is communicated within the
organization. Chapter 3 examines the relationships between employee
engagement and PWB. It also explains the trap that senior leadership can
fall into, of focusing on a narrow "business benefits" view of engagement
and well-being. Of course high levels of PWB bring benefits for the organi-
zation. That has been one of the core messages of this book. But there are
also important benefits for everyone who works in an organization—and
these are the priority messages that need to accompany any intervention.
Top leadership needs to recognize that improving PWB for each person in
the organization will deliver positive results for the organization—but there
may be a lag between interventions and results. The top team also needs to
resist the natural temptation to focus only on the "business benefit" angle.

Ideally, communications about the PWB interventions and the resulting benefits need to genuinely prioritize the benefits to the people in the organization—whilst also honestly recognizing that this will deliver organizational benefits. In this way PWB interventions can be elevated beyond something designed to improve employee engagement or commitment or any of the "business benefits" led interventions—all of which run the risk of being seen as a management ploy to get more out of people—to become an endeavor that is "win-win" and provides something that can be wholeheartedly pursued for the mutual benefit of the organization and its members.

References

Andrews, M. C., Kacmar, K. M., & Kacmar, C. (2014). The mediational effect of regulatory focus on the relationships between mindfulness and job satisfaction and turnover intentions. *Career Development International, 19*(5), 494–507.

Bowlin, S. L., & Baer, R. A. (2012). Relationships between mindfulness, self-control, and psychological functioning. *Personality and Individual Differences, 52*(3), 411–415.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822–848.

Colquitt, J. A., Greenberg, J., & Zapata-Phelan, C. P. (2005). What is organizational justice? A historical overview. In J. Greenberg & J. A. Colquitt (Eds.), *Handbook of organizational justice*. Mahwah, NJ: Erlbaum.

Dane, E., & Brummel, B. J. (2014). Examining workplace mindfulness and its relations to job performance and turnover intention. *Human Relations, 67*(1), 105–128.

DeFrank, R. S., & Cooper, C. L. (1987). Worksite stress management interventions: Their effectiveness and conceptualisation. *Journal of Managerial Psychology, 2,* 4–10.

Foresight Mental Capital and Wellbeing Project. (2008). *Final project report*. London: The Government Office for Science.

Harrington, R., Loffredo, D. A., & Perz, C. A. (2014). Dispositional mindfulness as a positive predictor of psychological well-being and the role of the private self-consciousness insight factor. *Personality and Individual Differences, 71,* 15–18.

Hülsheger, U. R., Alberts, H. J., Feinholdt, A., & Lang, J. W. (2013). Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *Journal of Applied Psychology, 98*(2), 310.

Johnson, S. J. (2011). Stress management in SMEs. In K. Kelloway & C. L. Cooper (Eds.), *Occupational health psychology issues in small and medium size enterprises*. Cheltenham: Edward Elgar.

Kaplan, R. S., & Norton, D. P. (1996). *The balanced scorecard: Translating strategy into action*. Boston, MA: Harvard Business Press.

Martin, A., Sanderson, K., Scott, J., & Brough, P. (2009). Promoting mental health in small-medium enterprises: An evaluation of the "Business in Mind" program. *BMS Public Health, 9,* 239–246.

Spence, G. B. (2017). Mindfulness at work. In *The Wiley Blackwell handbook of the psychology of positivity and strengths-based approaches at work* (pp. 110–131). Chichester: Wiley.

Part V

Case Studies

The case studies that follow provide a varied and broad set of examples. We are extremely grateful to the authors of these case studies and to the host organizations for giving permission for the reports to be published. The chapters that follow give real-world illustrations of many of the points that are discussed at a more conceptual level in the earlier chapters of this book. Each case study is complete in its own right and is designed to give a self-contained, real-life account of interventions that are designed to improve PWB. In some cases the interventions have quite a wide focus and cover PWB in the context of overall health and well-being (i.e. including physical health). Other cases are more tightly focused on PWB as such. As already noted in the previous chapter the case studies do not all follow the sequence described in Fig. 9.1 but many of the different stages given in Fig. 9.1 are reflected in the different chapters that follow.

A brief description of what each case covers is given below. The description given is simply intended to provide a succinct orientation for the reader and certainly does not reflect the full scope of any of the cases in the chapters that follow. Reading them is the only way to get the full benefit of the extensive material in the case studies!

Chapter 10 focusses on the approach to wellbeing and resilience at Rolls-Royce.

Chapter 11 details the background and current approach to wellbeing in BT.

Chapter 12 gives information on the approach to wellbeing in the Civil Service describing central and departmental initiatives.

Chapter 13 describes how Network Rail have redefined the standards of health and wellbeing in their organization.

Chapter 14 looks at the steps Tesco Bank have taken whilst implementing a continuous colleague Wellbeing programme.

Chapter 15 outlines the Partnership approach to wellbeing from the John Lewis Partnership.

10

Wellbeing and Resilience at Rolls-Royce

David Roomes

Overview

The organisation is a global engineering firm with 50,000 employees and operations in over 50 countries. They recognise the link between employee health and business performance and that for an individual to perform at their full potential, they need to enjoy good mental, physical and social health.

The value proposition is that a healthy, resilient workforce is engaged, productive and high performing. Workers are able to absorb pressure and thrive in a constantly evolving work environment, creating top line growth through innovation, productivity, and focused execution.

The Occupational Health Strategy provides a framework to achieve sustained improvement in all aspects of workforce health and wellbeing thereby delivering benefits to employees and value to the organisation.

The overarching Occupational Health Strategy has three main elements—Health Risk Management, Resilience and Wellbeing, each with a dedicated strategy. This case study focusses on the Wellbeing and Resilience elements of the strategy.

The Wellbeing Strategy aims to empower employees to make informed, healthy lifestyle choices to improve their wellbeing, reduce the business impact of lifestyle risks and maximise performance at work.

The Resilience Strategy is not positioned as a discrete programme or campaign but rather as an ongoing and integrated activity with the objective being to train, develop and equip employees such that they are better able

The Web of Chronic Disease
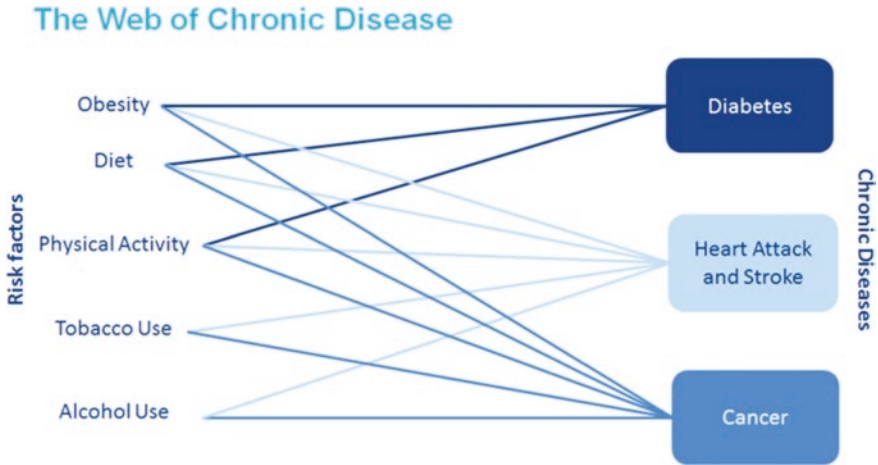
Fig. 10.1 The web of chronic disease

to cope with the pressures they encounter in their day-to-day working and domestic lives.

Background

Chronic diseases, including heart disease, stroke, diabetes and cancer (as shown in Fig. 10.1) are the leading cause of illness, absenteeism and health-care costs around the world and in all working populations. Chronic diseases are the most common and costly of all health problems but they are also the most preventable. An unhealthy diet, physical inactivity and tobacco smoking are primary contributors for many of the main chronic diseases. Despite this knowledge people continue to lead unhealthy lives. Globally, over one billion individuals are obese; one billion smoke and less than half of Europeans and Americans meet recommended activity levels.[1]

Chronic diseases and their risk factors are having an increasing business impact. Organisational data shows that in 2013 in North America, approximately 15% of healthcare cost was spent treating employees for chronic diseases. High blood pressure was the source of the greatest number of claims accounting for over 2000 separate claims. Type 2 diabetes was the third greatest source of claims accounting for 981 claims.

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[1]WHO (2005) Ten Facts on Non Communicable Diseases.

Table 10.1   Global health risks, wellbeing goals, and strategic themes

Top 3 global health risks	Wellbeing goals	Strategic theme
1. Dietary risks	Improve nutrition	Eat well
2. High blood pressure	Increase physical activity	Move more
3. Tobacco smoking	Reduce smoking	Quit now

An even greater business impact comes from the effect of chronic conditions on employee engagement, absenteeism and productivity. As the prevalence of chronic diseases increases and the demographic and age profile of the workforce shift, chronic conditions are likely to have even greater business impacts in the future.

The Approach

Workers spend a significant proportion of their time in the workplace and as such workplace design plays a significant part in influencing an individual's health behaviours. The design principle behind this approach is based on creating the opportunity for every individual to make a positive choice around their own wellbeing.

Previous wellbeing initiatives have primarily focused on educational campaigns to highlight health risks and encourage individuals to adopt healthy habits. Such initiatives often have limited and short-lived effects. Research demonstrates that the main drivers of healthy behaviour are the physical environment, individual motivation and knowledge of what constitutes a healthy life.[2] As such, the Wellbeing Strategy focuses on creating a physical **and** cultural environment which is supportive of wellbeing. A supportive work environment, coupled with health education will encourage lasting and sustainable change. The wellbeing programme has three main goals. These goals are based on the top three global health risks for our employee population and are shown in Table 10.1.

It is suggested that by improving nutrition, physical activity and smoking we can prevent:

- 80% of heart disease
- 80% of stroke

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[2]Brug (2008) Determinants of healthy eating: motivation, abilities and environmental opportunities *Medicine and Health,* vol 25(1).

- 80% of diabetes
- 40% of cancer cases[3]

The Wellbeing Strategy is designed to encourage employees to *Eat Well, Move More* and *Quit Now* by creating a supportive work environment and educating employees about healthy lifestyles, both of which are detailed below: **Creating a work environment that is supportive of wellbeing.**

All sites are committed to participate in the mandatory internal "*LiveWell Accreditation*" process. Often barriers created by workplace design prevent individuals from maintaining a healthy lifestyle at work. LiveWell Accreditation mandates that management teams review work environments to ensure that all individuals have access to the minimum facilities and resources necessary to lead a healthy life at work.

The design of the LiveWell Accreditation scheme recognises that the organisation's sites vary in terms of work environment and facilities. It also takes into account that, due to the wide geographic and cultural variation that exists across a global organisation, imposing a one size fits all approach is not appropriate.

Sites are awarded Bronze, Silver or Gold levels of accreditation. The requirements for Bronze, Silver and Gold level accreditation are detailed in Appendix 1. All sites with more than 50 employees are required to achieve Bronze level accreditation at a minimum by 2018. Silver level accreditation must be achieved by 2020. This approach enables more sustainable improvement in health and wellbeing than a campaign-based approach.

The criteria for achieving Bronze LiveWell accreditation were set such that attainment was not dependant on significant capital expenditure but based primarily on adopting organisational practices that support the wellbeing agenda.

Implementation

Every site is required to appoint a nominated responsible person to co-ordinate the implementation of LiveWell Accreditation. The nominated responsible person must be of management grade and the activity must be incorporated into their objectives.

The nominated responsible person is required to co-ordinate the implementation of LiveWell at their site. Tasks include:

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[3]WHO (2013) Ten Facts on Non Communicable Diseases.

- Working with senior management to develop local wellbeing objectives
- Development and implementation of policy
- Managing local wellbeing budget
- Chairing local wellbeing committees

A suite of support materials and templates are provided to assist with the implementation of LiveWell accreditation. There is support available from the central Occupational health team where required.

Resilience

Implementation of resilience and mental wellbeing activities are key requirements of LiveWell. The approach is based mainly on principles of positive psychology and validated methodology was adopted in partnership with an occupational psychology consultancy.

There are four components to the Resilience Strategy:

1. Team Resilience—whereby a consistent approach is adopted to assessing and managing the occupational risks to mental health posed by how work is structured and managed. The Team Resilience intervention is undertaken by complete teams wherever possible and consists of a validated questionnaire which specifically measures the known sources of pressure. Teams are able to compare their sources of workplace pressure against external and internal benchmarks.
2. Personal Resilience—whereby individuals are given access to training and resources that allow them to develop positive, adaptive coping strategies for dealing with pressures in their work and home environments.
3. Embedding Resilience—whereby the principles and vocabulary of the Resilience approach are introduced and embedded into all stages of career development at the organisation from induction to senior leadership programmes.
4. Support—whereby employees and managers are able to access a range of support services. The purpose of such services is to provide a means whereby any employee with a mental health concern can access professional and confidential support. Such services are divided into:

Clinical Support Services—including:

- Employee Assistance Programme (EAP),

- Cognitive Behavioural Therapy,
- Counselling available via Occupational Health and
- Psychological services provided via Private Medical Insurance (PMI) where applicable and eligible

Non-clinical Support Services—including:

- computer-based training e.g. Computerised Cognitive Behavioural Therapy
- e-Learning
- Guidance packs

Company-provided support services (with the exception of PMI) are not intended to provide long-term management of chronic, recurring or serious mental health conditions. Nor is the intention to replicate existing health infrastructure which exists in some countries such as the NHS in the UK. The purpose of psychological support services is to provide short-term, solution-focused support and where necessary, to signpost individuals to appropriate additional support.

Outputs and Measures

Implementation of the Wellbeing Strategy is tracked through the following measures.

Objective	Output	Measure
Equip employees with the knowledge to make healthy choices	Launch Global Wellbeing Portal/ Toolkit	1. Uptake of employees registering on the portal 2. Number of employees making a commitment to improve health
Ensure employees have the appropriate facilities to lead a healthy life a work	All sites with more than 50 employees to achieve LiveWell Bronze by 2018; Silver by 2020	3. Number of sites awarded Bronze LiveWell accreditation
Comply with the duty to conduct a suitable and sufficient risk assessment	Roll out of Team Resilience (TR)	4. Number of teams that have undertaken TR and percentage of headcount 5. Completed and outstanding action plans

Objective	Output	Measure
Enhance individuals' ability to deal with everyday workplace and domestic pressure	Roll out of Personal Resilience (PR)	6. Uptake of PR interventions and resources
Provide support to employees and managers for recognizing and dealing with mental health issues at work	Develop and provide access to e-learning and guidance packs	7. Uptake of e-Learning and guidance packs
Provide access to psychological support services	Implement a global EAP	8. Availability of psychological support services by country
Embed Resilience principles into relevant people processes	Map relevant processes and programmes and review and align content	9. Track inventory as percentage completed

The wellbeing strategy is also subject to public reporting as part of the Sustainability Strategy as well as external validation through the Dow Jones Sustainability Index. The fact that this commitment has been made externally has been an integral driver for successful implementation of the Wellbeing Strategy

Appendix 1: Criteria for LiveWell Accreditation

In order to be awarded **Bronze** level LiveWell accreditation, sites must meet the following requirements:

Organisational Supports	• There is demonstrable leadership commitment to wellbeing • The site has annual wellbeing objectives • The site has an allocated budget for wellbeing • There is a work-life policy covering employee work breaks and physical activity at work • All team managers have completed Wellbeing training on mylearning • The site has an established wellbeing committee which meets at least quarterly • The site has a written and displayed healthy foods at work policy • The site hosts activities which support employee health commitments

Nutrition	• Where sites have access to a food outlet, most (more than 50%) of the food and beverage choices available are healthier food items
	• Where sites have access to a food outlet, nutrition information is provided for all food available
	• Employees have access to kitchen facilities to prepare food e.g. fridges, microwaves
	• Employees have access to free drinking water
Physical Activity	• Employees have access to subsidised onsite or offsite exercise
	• Site based social recreation committees and activities are promoted
Resilience	• Managers have completed Resilience Training

In order to be awarded <u>Silver LiveWell Accreditation,</u> sites are required to first meet the requirements for bronze level plus an additional 4 requirements from the Leading LiveWell site requirements list.

In order to be awarded <u>Gold LiveWell Accreditation,</u> sites are required to first meet the requirements for bronze level plus an additional 8 requirements from the Leading LiveWell site requirements list.

In order to be awarded <u>Platinum LiveWell Accreditation,</u> sites are required to first meet the requirements for bronze level plus an additional 12 requirements from the Leading LiveWell site requirements list.

Leading LiveWell Site Requirements

Organisational Supports	• The worksite has implemented a flexible working policy
	• Employees have access to a medical check or health risk appraisal
	• Employees are encouraged to participate in the annual health commitment challenge
	• The site has implemented a smoke free worksite policy
	• The worksite has a Wellbeing recognition scheme to recognise and reward employee commitment to Wellbeing
Nutrition	• Where employees have access to food, healthier food and beverages are subsidised
	• More than 75% of food available in food outlets are healthier options
	• Employees have access to dining areas or break rooms which are large enough to accommodate employees at the site

Physical Activity	• Employees have access to a subsidised exercise facility onsite
	• Employees have access to flexible work station arrangements e.g. sit stand desks
	• Employees have access to shower and changing facilities
	• The worksite provides facilities for active transport e.g. bike racks
Resilience	• Employees have access to an Employee Assistance Programme
	• The site has designated quiet rooms for rest and relaxation (separate to a lunch room)
	• Employees have access to local childcare facilities

11

Mental Health—The BT Journey (So Far)

Paul Litchfield

Overview

The Information and Communications Technology (ICT) sector has been, and continues to be, one of the most dynamic in the global economy. The speed of technological advances requires constant reappraisal, not just of products and services but also of business models, as convergence increases between telecommunications, media and the internet. BT has been at the heart of that change and has undergone serial transformation through the dotcom boom and bust, the financial crisis and the uncertainties of a "post truth" political age. Throughout that time it has remained one of the UK's largest private sector employers, currently with 102,000 people located in 170 countries (more than 80% in the UK).

The word on everyone's lips in 2001 was "stress". The company had seen remarkable success in the years following privatisation in 1984 and, in part propelled by the fashion for technology stocks, the share price had soared. The dotcom crash shook the whole sector, strategic alliances collapsed, debts (which had seemed modest in relation to market value) became unsustainable and many companies went bankrupt. BT's share price fell by 80% over two years and the company's leadership was vilified in the national press. Many investors felt that the company should be broken up into its constituent parts and a number of assets were sold. The work demands on many people were intense. There was widespread uncertainty about the future of the company and individuals feared for their job security. Most employees were shareholders and many had a large part of their savings invested in

stock. Sickness absence rates rose sharply and much of that was attributable to stress related illness. There was a clear imperative to do something but no-one was quite sure what that should be.

Background

We took a standard public health approach to the issue and considered what we might do in terms of primary prevention, secondary intervention and tertiary rehabilitation.

- **Primary prevention**—promoting good mental health and reducing risks to mental wellbeing at source
- **Secondary intervention**—identifying early signs of mental distress and supporting individuals to address any work or non-work pressures
- **Tertiary rehabilitation**—helping people suffering from mental health problems to cope and recover

It soon became evident that the company was already doing a lot to support its people but that activities were disjointed and initiated by various groups with no coordination, let alone an overarching strategy. We therefore constructed a framework that tabulated groups of activities against the three levels of intervention. That allowed us to be clear about what we were doing and where the gaps in provision lay. Over time the framework evolved into a nine box grid which has been adopted by others in the European telecommunications sector as part of the *Good Work—Good Health* guidelines (see Fig. 11.1).

The Initial Approach

Developing a Tool to Measure Stress

A key gap identified was a tool to identify people who were exhibiting signs of stress and the drivers for their situation. At that point (2002) the Health & Safety Executive (HSE) had yet to produce its management standards for stress but it had published a wealth of research material identifying key workplace stressors. We therefore worked with Kings College London to develop a tool which would rate the sources of stress for an individual and,

	Education & Training	Monitoring & Assessment	Products & Services
Primary Engagement	General awareness training of issues and avoidance of harm	Risk assessment to control physical & psycho-social hazards	Work design including agile working to help balance work and home commitments
Secondary Intervention	Training of managers to recognise signs of distress and signpost sources of help	Data analysis & audit to identify at risk workers or business units	Self help for employees & managers supported by intervention programmes (EAP / physio)
Tertiary Resolution	Guidance on rehabilitation and return to work adjustments	Access to occupational health to assess work fitness and adjustments	Access to targeted treatment services – where State provision patchy and costs in

Fig. 11.1 Framework for mental health at work (from Good Work—Good Health)

using a validated psychological measure (PHQ9), grade the level of severity of their mental distress. After extensive piloting in different workplace settings we automated the survey and linked questions to standard answers which in turn had hyperlinks to further guidance, both internal and external. In this way our people and their managers had access to a simple risk assessment that also provided them with a personalised report on measures they could take to control the psycho-social hazards they were facing. The tool, called *STREAM*, has proved extremely popular and has now been used by many tens of thousands of people over the subsequent 14 years. The value of the tool was enhanced by removing personal identifiers at the point at which individual reports are produced but retaining the organisational code which indicates the business unit in which the person works. Anonymised data can therefore be aggregated to produce stress levels on an organisational basis. This has allowed for the identification of "hot spots" in the organisation together with an indication of which of the management standards are most in need of attention.

A Focus on Physical Health

In parallel with the development of *STREAM* efforts were underway to improve the physical health of the workforce. A joint campaign with the trades unions was created in partnership with several health charities. The

aim was to engage the workforce through on-line communications, which was an innovative approach at that time, and to both educate them about health issues and encourage them to make simple lifestyle changes which would have long term benefits. The campaign, called *WorkFit*, ran over 16 weeks and was successful in encouraging 16,500 people to modify their diets and increase their physical activity. The popularity of the vehicle led to it becoming the company's platform for all health promotion activity and a strong focus on mental health was developed.

Introducing an Education Programme

The aim of the on-line education programme was to improve knowledge about mental illness and how to deal with it in the workplace. The hope was that by normalising the discussion of mental health and by conveying just how common problems are, the stigma associated with mental illness would be diminished. Greatest coverage was given to common mental health problems, because those are the ones most often encountered in the workplace, but attention was also devoted to severe and enduring mental illness. A light touch approach was taken to the medical aspects and emphasis was placed on precipitating and perpetuating factors together with how such conditions might present in the workplace. Guidance, entitled *Open Minds: Head First*, was produced in conjunction with people who had experienced mental health problems and their managers. The publication sought to explain mental health in plain English, to articulate the issues people commonly experienced and to provide a menu of adjustments that people with mental health problems have found useful and which managers might reasonably apply. The publication was mainly disseminated on-line but hard copy was produced for those groups less comfortable with electronic media.

Health and Wellbeing Passport

This guidance was supplemented with a *Health & Wellbeing Passport* for people with chronic or relapsing and remitting conditions, most commonly mental health problems. The passport was developed with the help of a number of health charities and provided a mechanism for people to document the difficulties they experienced as a result of their condition and what they had found helped and hindered them in managing at work. Support was made available through BT's specialist adjustment service to help people who had difficulty articulating their concerns. The person completing

the passport would then meet with their manager and agree the adjustments that would be put in place for both steady state and during periods of deterioration. Other elements, such as contact details for support services the person might wish to engage, were also recorded and the document was signed off by both parties with a programmed (usually annual) review. Any change of line manager would also prompt a review and the existence of the passport provided a natural stimulus to the discussion of issues which might otherwise have been difficult to broach. The passport has proved extremely popular, not just with people experiencing health problems but also with managers who welcome the clarity and the certainty they provide.

The Role of Line Managers

It became clear to us that line managers are the key to mental health in the workplace. The interaction between people and their managers is the bedrock of the employment relationship. If that element is healthy and supportive then mental health problems caused by work will be reduced and the severity of all episodes, regardless of causation, is likely to be mitigated. Mandatory on-line training for managers (*STRIDE*) had already been implemented to ensure that all knew how to deal with the results of *STREAM* assessments when undertaken by a member of their team. This was therefore supplemented by a one day face to face training course in mental health for managers. Initially based on Mental Health First Aid training developed in Australia, it sought to provide further instruction in mental health issues and to signpost sources of help, internal and external. The stated aims of the training are to:

- identify and support someone experiencing a mental health problem
- deal with a crisis situation including signs of potential self-harm
- guide people towards appropriate professional help

Impact of the Initial Approach

Though voluntary, this *Managing Mental Health* course has proved extremely popular and sessions are regularly oversubscribed. In the decade that it has been running in BT, over 8000 managers have been trained.

By 2008 the company had a comprehensive suite of resources that covered all elements of the mental health framework. Evidence from *STREAM* and the employee assistance programme (EAP) indicated that work related

stress had diminished and sickness absence attributed to mental health problems had reduced by about a third.

Responding to the Financial Crisis

Impact on the Business

Then the financial crisis hit and was compounded in BT by commercial problems in the Global Services division. In the financial year 2008/09 the company recorded a loss for only the second time in its history and the dividend was slashed—the share price slumped to 74p having been about £3 one year earlier. Cost control became critical to survival and the focus on performance management became stronger. At a macro-economic level the UK was experiencing stagflation with falling GDP and rising interest rates. The housing market collapsed and provision work for new telephone/broadband lines slowed to a trickle. In response all company overtime was stopped and a field engineer's earnings fell by an average of 20%. At the same time many household names were going to the wall and youth unemployment soared as companies suspended recruitment. Many BT families were faced with reduced earnings, the loss of a partner's income and the inability of adult children to find work. Superimposed on that was a perception of increased job insecurity in BT both at an individual level because of performance management and as a result of concerns for the future of the company.

Impact on Employee Mental Health

In 2009 calls on the BT Benevolent Fund for financial hardship increased by more than 300%. Utilisation of the EAP went up by more than a third in a few months. Absenteeism rose significantly, driven mainly by impaired mental health which increased by more than a third, negating all the improvements of the previous few years. Presenteeism is hard to measure but is generally agreed to track sickness absence and employee engagement certainly dropped. The number of BT people committing suicide peaked in Q3 of 2009/10 when more cases occurred in that quarter than in any full year during the previous decade; the circumstances of these incidents, with middle aged men using violent means (sometimes in BT premises) to end their lives, caused considerable disquiet at every level. The summer of that year

had seen a spate of suicides in France Telecom with significant consequential damage to the company and its reputation. The scale of deaths in BT did not compare to its French counterpart but the message was not lost on senior management.

Constructing a Mental Health Plan

Planning for likely adverse effects on mental health had begun just after the collapse of Lehman Brothers in late 2008. The framework and the supporting resources which had already been developed provided a basis upon which to build. Work recently undertaken with the European Commission sponsored *HiRES* programme and preliminary output from the European *Good Work—Good Health* project, led by BT, was used to identify the key factors that might mitigate adverse effects. A formal evidence review was conducted and, with the benefit of hindsight, too much time was spent on ensuring that the work met high academic standards; more speed and a greater focus on the practical translation of the evidence would have allowed mitigation measures to have been put in place sooner. Nevertheless, the review did provide a sound platform to underpin additional activity and work began to construct a mental health plan for each major division in the company. Plans were co-designed with the businesses to promote greater ownership and to ensure that specific business pressures were properly accounted for. The common BT framework of primary prevention, secondary intervention and tertiary restitution was used for each divisional plan and, as far as possible, existing resources were leveraged to meet needs. Where gaps were identified new materials were produced. A mental health dashboard was constructed, drawing data from *STREAM*, the company's sickness absence database, the occupational health service (OHS) and the EAP. The dashboard was used by senior leaders to better understand pressure points and progress was reported to the Group top management team and to the plc Board.

A Focus on Self-Harm

As the issue of suicide became more prominent a number of key actions were taken or accelerated:

- Services to support BT people in distress were promoted heavily with an emphasis on the EAP and its financial element

- A series of knowledge calls were held for HR professionals and managers on using the counselling team (EAM) dedicated to dealing with serious incidents
- The EAM team was given a focus on self-harm and offered additional support to clients at risk
- A guide for Line Managers, *Mental Health in difficult times* was developed and promulgated widely
- Additional guidance for managers on competencies for stress avoidance was disseminated
- Access to information was simplified though a mental health portal, a mental health toolkit and 2 minute guides
- The use of *STREAM* was encouraged much more actively and *STRIDE* training for managers was reinforced
- A trial telephone cognitive behavioural therapy (CBT) service was launched
- *Open Minds: head first* was refreshed and sent to all managers in the main engineering division
- The first mental wellbeing "Christmas Message" was issued, reminding people that the festivities can be a difficult time for many—all responses were answered individually by the Chief Medical Officer

Outcomes and Evaluation

It is impossible to say whether there was a causal effect of these activities or simply an association but by the summer of 2010 the rate of mental health related sickness absence had slowed and began to fall, reaching a level approximating pre-recession levels by 2012 (Fig. 11.2).

Suicide rates fell in a similar way but, unlike sickness absence, have continued to fall since 2012. A key element in that may have been the focus placed by the company on potential self-harm. Links with the Samaritans were strengthened and, jointly with the Trades Unions, a poster campaign was rolled out across the BT estate. Line managers with concerns about their people have been encouraged to seek advice from the EAM team which then takes positive action to provide psychological support to those who exhibit signs of being at risk of self-harm. Similar action is taken in relation to people flagged up by the EAP or who come to light through comments made in employee surveys and other in-house communications.

The trial telephone CBT service has been developed into a full stepped care programme run in association with an external partner. Barriers to access

Rate Of Mental Health Related Sickness Absence
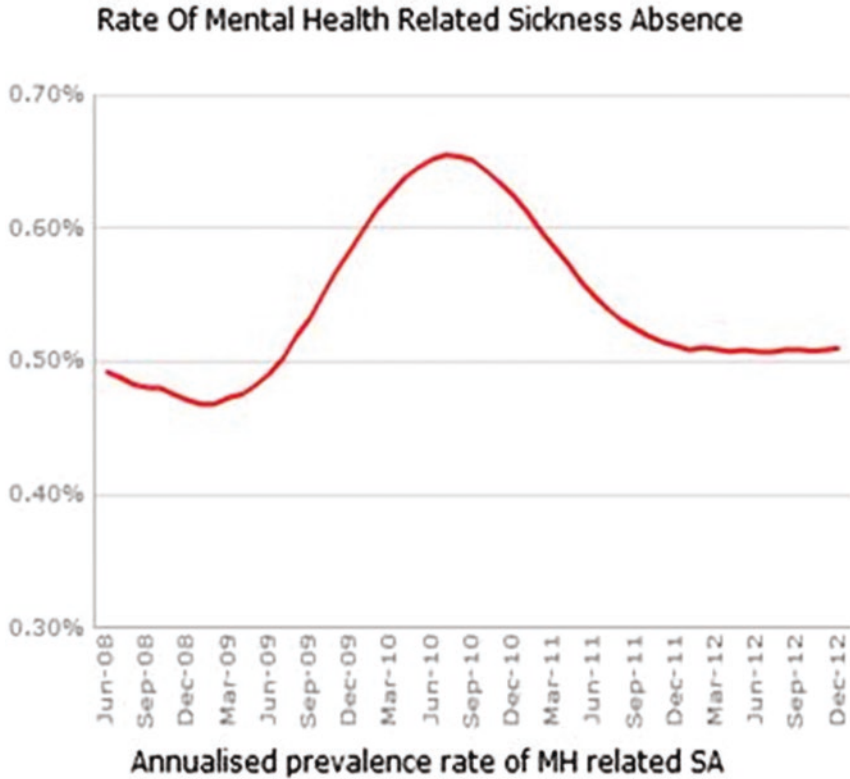
Fig. 11.2   Mental health related sickness absence rate

have been reduced as far as possible to try and both maximise utilisation and
speed intervention. Line managers, usually with guidance from the HR case
management team or the occupational health service, refer their people who
are experiencing a range of mild to moderate mental health problems. The
individual is then contacted within 48 hours by an experienced therapist to
establish the nature of the problem and the level of support required. Some
cases are triaged out at this point as being unsuitable for intervention and the
people concerned are either provided with generic advice or referred on to
more specialist agencies. However, the majority enter the programme and are
assigned to a clinically appropriate level of intervention:
  Level1

- Work focused guided self help
- Integrated telephone case management—Return to work advice
- Signposting to support services where required

Level 2

- Work focused CBT Coaching
- Integrated telephone case management—Return to work advice and plan

Level 3

- Work focused CBT (telephone or face to face)
- Integrated telephone case management—Return to work advice and plan

Almost 5000 BT people have now received help through the service since it started in 2010 and it has proved very successful. Most cases enter the system with symptoms of moderate anxiety or depression (average GAD—12/PHQ—14) and are discharged with no significant clinical symptoms (average GAD—3/PHQ—4). From an employment point of view the results are equally favourable with 96% of people who had been experiencing occupational difficulties, including a significant number on sick leave, now returning to their own jobs, on normal hours and without restrictions. A recent health economics analysis demonstrated that the service is better than cost neutral with a modest and plausible return on investment based solely on sick pay savings.

A Framework for Wellbeing

BT was an early adopter of Business in the Community's "Workwell Model" which seeks to demonstrate the business benefits for employers who take a proactive approach to the prevention of illness, the promotion of wellbeing and a focus on the quality of work. The model (Fig. 11.3) also promotes early intervention for employees who develop a health condition and active sickness absence management to rehabilitate people back into work.

However, the experience of the recession caused us to reflect on whether our interpretation of wellbeing, through what was essentially a health lens, was the best approach for our company and our people. We had developed a subjective Wellbeing Index in 2009 based on the responses to questions in our quarterly engagement survey and we had seen a loose correlation with health measures, such as mental health related absence, over time. Analysis of the data showed rather stronger correlations between wellbeing and employee performance ratings, productivity and customer experience, though the direction of association remains unclear. Unfortunately the
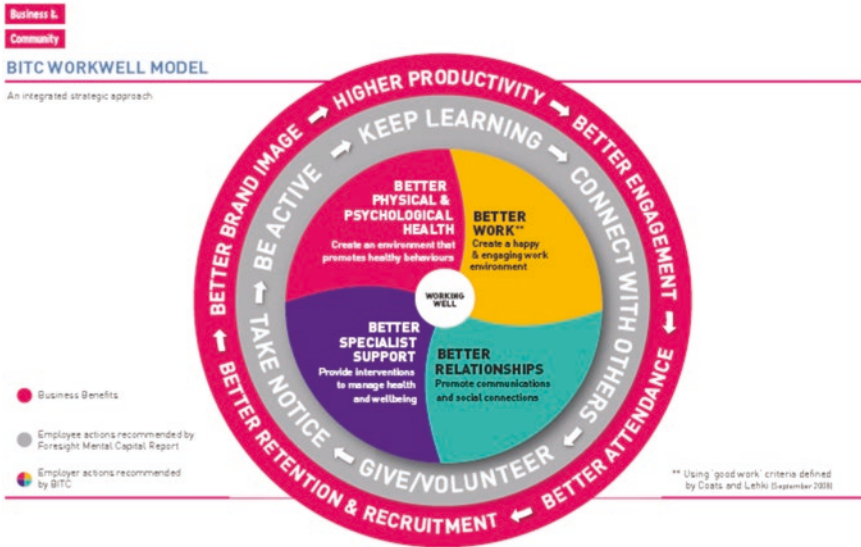
Fig. 11.3 Business in the community workwell model

index, though of use internally, was not based on standard validated questions and was therefore not benchmarkable. We therefore looked at the subjective wellbeing questions developed by the Office for National Statistics in 2013 and adopted the life satisfaction element from the beginning of 2017.

In parallel we reviewed our conceptual framework for wellbeing and, drawing on the OECD model, focussed on four drivers:

- Health– physical, psychological & emotional   }
- Security– physical, financial & emotional   }   Hedonic
- Relationships– family, work & community   }
- Purpose– belief, engagement & commitment   }   Eudemonic

We have conducted a mapping exercise, similar to that undertaken for mental health previously, to identify where we have resources in place to support our people against this framework and where gaps exist. Most of the gaps lie in primary prevention and we are seeking to fill those so that we have a comprehensive wellbeing offering for our people. The next phase is to work with colleagues from academic institutions to define more clearly the relationship between this broader interpretation of wellbeing and key business outcomes as well as to determine the respective strengths of the different drivers in affecting wellbeing.

Conclusion

BT's journey has taken the company and our people from a narrow focus on the negative influence of work on health to a broad view of wellbeing and the benefits of a healthy and happy workforce. There remains a great deal to do in order to embed that mind-set and to ensure that we have a comprehensive suite of products and services to support our people appropriately. The successes that we have had have been founded principally on giving our managers the skills they need to promote good mental health, to prevent harm and to react appropriately when faced with signs of distress. Senior leadership support has also been critical and that has been driven by concern to do the right thing rather than by an accounting exercise to demonstrate a clear financial return. We believe that our approach has delivered benefits to our employees and their families, to the business and to society in general.

12

Health and Wellbeing in the Civil Service

Civil Service Employee Policy

Overview

The role of the UK Civil Service is to help the government of the day to develop and implement its policies as effectively as possible. It comprises a number of different employers each with their own leadership teams. Together, they employ over 400,000 people. The wide range of responsibilities includes running prisons, issuing benefits, inspecting abattoirs and supporting Ministers. It is a people heavy organisation, making engagement and wellbeing particularly important in supporting service delivery. As a collective organisation, the Civil Service acknowledges the importance of protecting and promoting the health and wellbeing of its workforce and a key challenge is to drive change through its federated structure.

The Civil Service aims to be a model employer, particularly on the health and wellbeing agenda. The organisation was an early implementer of family-friendly policies and flexible working initiatives, striving to meet the needs of an increasingly diverse workforce and reflecting changes in the wider population. Flexible working hours and a supportive approach to wellbeing are part of the Civil Service offer, enabling it to attract recruits in a competitive employment market. The Civil Service looks to incorporate wellbeing into the employment framework, nurturing grass roots ideas as well as undertaking central initiatives.

Individual departments within the Civil Service have a strong history of wellbeing activities. Specific examples of these are included later in the chapter. A central health and wellbeing service in the Cabinet Office disseminates best practice and leads some cross-Civil Service initiatives. This service is part of a wider unit called Civil Service Employee Policy (CSEP) which develops HR policies and provides an HR consultancy service to departments.

A work-focused approach to attendance management has led to a steady drop in Civil Service sickness absence rates. The approach echoes Dame Carol Black's report 'Working for a Healthier Tomorrow' which said that it is possible to work when not 100% fit and that an early and supportive return to work can speed up recovery. In line with other employment sectors, there is now an increasing focus on early action to promote wellbeing and to prevent avoidable absence.

The Civil Service has a good Health and Wellbeing track record. The challenge now is to integrate wellbeing into the way work is evolving. This will mean addressing issues such as the increased use of digital technology, the scope to work in different places, the continued pressure of change and the pace of work needed to meet such a wide range of demands.

Background

The Civil Service comprises a range of departments and agencies. The workforce in each varies from over 50,000 in the larger departments to under 500 for the smaller agencies. From overseeing the country's defence and security to processing requests for passports, the Civil Service comprises a large range of different professions, requiring a diverse mix of skills. While most employees work in the UK, there are civil servants working around the globe. This diversity presents challenges and opportunities for wellbeing provision. The Civil Service has to be quick to respond, to serve the government of the day and to meet the changing needs of the public. A focus on wellbeing has played a significant role in enabling the Civil Service to deliver efficiently and effectively.

The Civil Service takes a strategic approach to wellbeing, endorsed and promoted by its senior leaders. The approach is focused on five core priorities, believed to have the greatest impact:

- provide visible leadership for health and wellbeing
- encourage an open dialogue, leading to action on mental health

- promote the benefits of a healthy lifestyle
- promote national wellbeing campaigns
- support people to stay at, or return to work.

The Civil Service recognises the importance of senior buy-in to drive forward the approach to wellbeing, reflecting research which shows that initiatives have greater impact when role-modelled and embedded from the top. The Civil Service Health and Wellbeing Champion, supported by senior departmental champions, sets the direction and leads central health and wellbeing messaging for the Civil Service. Blogs from senior leaders on issues such as the need for a more open dialogue on mental health engage employees in key issues and help to drive cultural change.

The strategic health and wellbeing approach focuses on taking action that will have the greatest impact. Mental health and musculoskeletal disorders are key priorities as the leading causes of long-term sickness absence in the Civil Service. Actions are also being taken to promote greater physical activity and healthy eating.

The approach focuses actions at three levels: culture, prevention and intervention–see Fig. 12.1 below.

Culture

The Civil Service has a proud history of promoting employee health and wellbeing, as an exemplar employer in many areas. Through initiatives such as the 'Leadership Statement', which sets out the behaviour expected from all leaders across the Civil Service, and work on employee engagement, departments promote a management culture which supports employee health and wellbeing. Managers at all levels are encouraged to act as ambassadors and role models for a healthy workforce. A range of initiatives ensure that there is a clear, visible senior leader commitment to health and wellbeing across the Civil Service.

Prevention

The Civil Service offers a variety of support mechanisms to address ill-health and its causes at an early stage. These include the comprehensive provision of Occupational Health support and advice and counselling through Employee Assistance Programmes. By encouraging employees and managers to seek help at an early stage, the intention is to help employees to stay
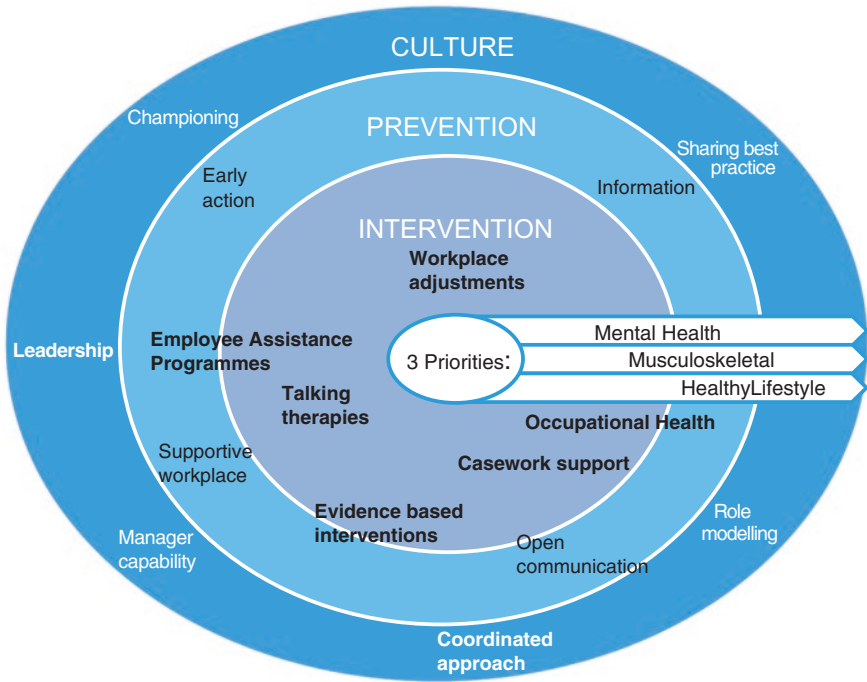
Fig. 12.1   The Civil Service approach to health and wellbeing

healthy and remain in work. The organisation recognises that generally, the earlier a potential health issue is addressed, the more positive the outcome, both for the individual and the business.

Intervention

The Civil Service seeks to ensure that individuals are provided with the right support at the right time. Managers are helped to handle the more challenging cases by central casework teams. A Central Workplace Adjustment Team helps to ensure consistent and effective provision of workplace adjustments where these are needed. Empirical evidence and best practice from other sectors is used to focus resources on interventions that produce outcomes with the greatest impact.

By taking a joined-up approach across the whole Civil Service, the aim is to develop and embed a culture where health and wellbeing is an integral part of daily working life and positive outcomes are evident.

Central initiatives

The increasing use of digital technology and social media has led to a demand for information to be present in more diverse and readily accessible formats. The Civil Service has responded by creating a suite of products for managers and employees, which are easy to navigate and take the reader quickly to the information they need. Two of these 'Gateway' products provide advice and guidance on managing attendance and on a range of health and wellbeing issues. They signpost employees to the support available across the Civil Service and on external websites such as NHS Choices in an accessible, user-friendly way.

Civil Service Learning provides e-learning and face-to-face training on issues such as mental health awareness and resilience as well as a range of health and safety issues. Civil servants also have the chance to participate in workshops and seminars at the annual cross-Civil Service event, 'Civil Service Live'. This is held in a range of venues across Britain and is designed to share best practice, promote innovation and drive collaboration across all government departments and agencies. Wellbeing events have included a session entitled 'Talking about Mental Health' where senior officials, MPs, and a speaker from the private sector shared their experiences of mental health issues to help break the stigma and encourage those with similar issues to talk about them and seek help.

To share best practice and learn from academia and other employers, departments come together in a forum focusing on wellbeing. This comprises health and wellbeing leads across departments who meet regularly to discuss key priorities and shape the wider wellbeing agenda. Materials and current initiatives are shared between departments through a web portal.

Departmental Initiatives

Food Standards Agency

Who We Are and What We Do

The Food Standards Agency (FSA) was set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. The FSA Board approved a 2015–2020 Strategy: 'Food We Can Trust'. The main objective of the agency in carrying out its functions is to protect public health from risks which may arise in connection with the consump-

tion of food (including risks caused by the way in which it is produced or supplied) and otherwise to protect the interests of consumers in relation to food.

The agency employs around 1100 people across a number of different working locations (office, home and field based). Given the scale of the challenge and small resource available, the organisation has invested in people engagement and capability to deliver the intention of being the best organisation it can be.

Approach to Wellbeing

The agency's approach to personal wellbeing is holistic with a focus on proactive and preventative measures as well as a range of interventions available when issues arise. This has been developed alongside the Civil Service strategic approach, with a particular focus on the three key Civil Service priorities: mental health musculoskeletal disorders and a healthy lifestyle.

The FSA recognises that managers play a pivotal role in shaping peoples' experience at work and, for this reason, the agency's Wellbeing Programme focuses on the employee–manager relationship. Wider evidence suggests that this focus can have a great impact.

All managers in the agency are part of the FSA Management Community. The community has a programme, 'Develop2gether', a development programme for all managers, aiming to equip managers with the skills and attitudes they will need to lead their teams. This includes using learning sets which encourage managers to question each other, explore ideas, consider suggestions and take action. Wellbeing was introduced as a theme for the programme. During its introduction, managers were provided with the context for the wellbeing aspect of the programme. This set out the expectation that managers should support staff when issues were raised with reference to the benefits of early intervention. Managers were asked to share experiences within their learning sets and were provided with a range of employee and manager guidance and toolkits including the Civil Service 'Wellbeing Gateway'. The agency also encourages employees and managers to discuss wellbeing regularly within 1:1 conversations.

The agency has also produced its own Wellbeing Action Plan as an 'all staff' guide describing the responsibilities that individuals have for their own personal wellbeing. The plan also encourages individuals to raise issues affecting health and wellbeing with managers as soon as possible to enable earlier intervention.

Furthermore, the agency has used internal social media, such as 'Yammer' and the intranet to increase staff awareness of wellbeing activity and available support, such as the Employee Assistance Programme provision.

Initiatives have also been publicised in the agency's monthly magazine, with articles on the importance of good relationships during National Mental Health Awareness week and promoting active travel.

The agency is also involved in innovative pilot wellbeing projects, such as the 'Workplace Challenge', an online platform that allows staff to track and record activity. The programme offers topical challenges, such as a Rio themed competition to coincide with 2016 Olympics and Paralympics. In this challenge, staff had to exercise to gain mileage collectively to travel hypothetically from London to Rio.

The agency recognises the importance of senior buy-in to the wellbeing agenda and the Chief Operating Officer acts as a senior wellbeing sponsor, providing regular wellbeing updates to the Senior Management Team to ensure progress remains on track.

Outcomes and Evaluation

The FSA is creating a culture where employees feel safe to raise issues at the earliest point and managers are better able to respond and provide support accordingly. Wellbeing as a subject is beginning to be normalised within the agency and approaches to the health, safety and wellbeing team for support from staff and managers have steadily increased since the launch of the agency's Wellbeing Action Plan. EAP website visits from FSA staff also increased threefold in response in the first few months.

Wellbeing Yammer discussion threads have also been extremely successful, attracting much interest and debate across the agency, as evidenced by the sizeable response to wellbeing discussions, for example one of the most popular threads received over 160 replies.

Defence, Science & Technology Laboratories

Who We Are and What We Do

As part of the Ministry of Defence (MOD), Defence, Science and Technology Laboratories (Dstl) develops and influences innovative science and technology to support the security of the UK and its armed forces. Dstl has a workforce of around 3800 employees, which includes world-class scientists and highly-skilled engineers, proud of the work they do in saving lives and making the UK a safer place.

Background

Dstl has been undertaking a major multi-year project to consolidate its current four sites into three in order to enable it to operate more flexibly, cost effectively and sustainably. This project, named Helios, involved a com-

plex rebuild of high-hazard laboratories and facilities and the transfer of some six hundred employees to new locations.

These changes impacted the engagement and motivation levels of those affected. An HR led pulse-style survey sought to quickly identify with a targeted question, how the agency could better support affected employees.

Approach to Wellbeing

It was critical that Dstl did not lose its people's specialist knowledge, much of which takes years to develop. The Executive team endorsed HR recommendations to shift focus onto wellbeing, ensuring that employers were communicated with effectively and prepared for the move. It was recognised that the agency needed to work in an emotionally engaging way, communicating more openly and empathetically, as well as equipping people to manage change.

Dstl ran workshops for leaders on 'Enabling Meaningful Change Conversations' and 'Mental Health Awareness' to help them develop personal resilience and foster the skills to support their teams, as well as themselves. Every employee was given specially prepared materials about managing change, with links to organisations that could help. Discovery Days were organised to celebrate Dstl's scientific work, as were Family Days, which provided people with the opportunity to express their pride in their work with those close to them.

Another successful initiative was an 'It's All About You' day. A whole day was set aside for people to come together to share experiences, access advice and support, learn tools and techniques from experts and raise any concerns with senior management. The day included demonstrations of mindfulness and yoga, and a private space, 'The Shed,' where people could express their feelings—particularly helpful for employees with autism or Asperger's Syndrome. This private space remains on site for people to use and write their thoughts in.

Outcomes and Evaluation

Following the change in focus and the increased attention on employee wellbeing, the affected site's Engagement Index showed a three percentage point increase. A follow up pulse survey showed a 24% increase in people reporting that they would definitely move to the new location, as opposed to leaving Dstl, and a 16% increase in people likely to move. Feedback from team leaders also suggested that employees were noticeably more motivated as a result of the initiatives.

These positive results have related favourable financial implications for Dstl. For every person who moves to the new site, the anticipated saving is £300k in terms of retained income, training and recruitment costs.

Cabinet Office

Who We Are and What We Do

The Cabinet Office operates at the heart of Government, supporting the Prime Minister and Cabinet to deliver the Government's programme. It forms part of the government's corporate centre and takes the lead in certain critical policy areas. It is a medium-sized department employing around 2000 staff. The main offices are in London but staff are based around the country.

The Cabinet Office can be a fast-paced environment to work in, with staff working on a variety of complex projects. It also has amongst the highest levels of staff turnover of the main departments.

Against this backdrop, the Cabinet Secretary established the employee-led 'WorkWell' community. The aim of the group is to improve levels of staff wellbeing and ensure that the Cabinet Office provides an engaging and empowering work environment in which staff are properly supported.

Approach to Wellbeing

The WorkWell group has made much progress since its beginning in 2012 and this has been supported by the appointment of the Cabinet Office Senior Champion for Health and Wellbeing and the recruitment of WorkWell Champions in all business units. The WorkWell team seeks to inspire and facilitate opportunities for Cabinet Office staff to enjoy better physical and mental health.

The Cabinet Office is signed up to the 'Time to Change' pledge and has launched a Listening Service, resourced by employees trained in active listening and emotional support. The service provides upfront support to staff dealing with issues in their personal or working life, often helping them to cope with mental health issues including depression, anxiety or stress. Listeners also signpost individuals to other specialist internal/external services where beneficial.

The department runs weekly mindfulness drop-ins for staff and introductory sessions with Cabinet Office teams and other government departments. This has included a seminar with an external academic to promote the benefits of mindfulness in the workplace. The work on mindfulness has been recognised with the Cabinet Office 'Above and Beyond' Award, demonstrating support at a senior level. The introductory mindfulness sessions have reached over 800 civil servants.

The WorkWell group are also supporting employee resilience. This includes holding bespoke sessions with senior Civil Service leaders and

their teams to help improve individual and team resilience. WorkWell leaders have also led resilience sessions across many cross-government forums. Back to Work coaching has also been introduced, providing support to those returning to work following maternity leave, a career break or long term sick leave, to provide support in the transition back to work.

Cabinet Office supports staff to be physically healthy. There is a network of volunteer physical activity 'champions' across the department. All of the Cabinet Office locations have cycle facilities to encourage active travel.

Outcomes and Evaluation

Cabinet Office employees consistently report higher levels of engagement and life satisfaction than Civil Service averages, as measured in the Civil Service People Survey.[1] In recent years, overall engagement has continued to increase year on year, alongside life satisfaction.

There is also some evidence of the direct impact of Cabinet Office interventions on staff who have participated in activities. There has been a growing number of users of the Listening Service since its launch, with several members of staff returning to the service for follow up support. Qualitative feedback has been positive and reflects how vital the service has been:

> The listening service has been a very important help for me in a very difficult period…I can't express how appreciative I am of this service as not having this would have made the situation even worse.

> The listening service is a great way of having someone there to listen to your problems at work…it has helped me to develop a more positive outlook at work and life for that matter. And become more open about how I deal with issues at work.

Summary

The Civil Service is using innovative approaches to develop the future health and wellbeing agenda. Initiatives such as the Gateways and the 'Workplace Challenge' use technological platforms to encourage employees to support each other in their quest to maintain a healthy lifestyle. Wide participation in co-ordinated, themed events such as Civil Service Physical Activity

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[1]The annual Civil Service People Survey looks at civil servants' attitudes to and experience of working in government departments. It is worth noting that Cabinet Office has among the highest turnovers of staff of the main departments so the year on year comparisons include large proportions of different employees.

week and World Mental Health day raise awareness and promote behaviour change. Strategic messaging from the centre is combined with local activities within departments to maximise impact.

As the Civil Service continues to develop its wellbeing strategy, account will be taken of the ever-changing workforce and the nature of work. The future is likely to bring increased flexible and remote working, alongside further developments in digital technology. The Civil Service has particular challenges from the nature of its role in serving government but many of its wellbeing issues are shared with other employers. It will therefore continue to contribute to and draw from developments in wider wellbeing thinking and interventions. In that way, the Civil Service will ensure that it continues to deliver high quality public services and to respond to ever-changing demands.

13

On Track for Wellbeing: Everyone Fit for the Future

Vikkie Buxton-Cope and Brenda Desbonne-Smith

Overview

The largest owner and operator of railway infrastructure in the UK, Network Rail wanted to redefine standards of health and wellbeing in their organisation. Working with business wellbeing experts, Robertson Cooper, they were able to inform their 10-year strategy, Everyone Fit for the Future, and design a data-driven approach that connects their employee wellbeing to significant productivity gains.

Although they were already taking steps to ensure employee safety, Network Rail were committed to broadening their focus to prioritise employee health in terms of resilience and physical and emotional wellbeing. This, coupled with a unique approach to promoting a sense of personal responsibility amongst the workforce through the development of a personalised wellbeing report, characterised a fresh approach to improving employee health and safety.

Partnering with the wellbeing experts to achieve their ambitious goals, they developed a pioneering approach to measuring employee health. Starting with their employees, they focused on creating motivation and interest in wellbeing and its connection with performance and engagement.

Network Rail connects wellbeing to potential productivity gains of £7,304 per employee.

By doing this Network Rail could take the first step on a progressive journey towards embedding a culture of improving health and wellbeing in working life.

Background

The Challenge

With over 36,000 employees operating 24/7 across the UK—from staff working in offices to shift workers on the tracks—this was no easy task. The Occupational Health and Wellbeing team could see that they needed an approach that would capture the attention of the varied and diverse employee populations. Employees need to be empowered and educated about their role in unlocking the positive benefits that can be seen when their health and wellbeing is prioritised.

The first steps in this approach to wellbeing engagement began in 2013 starting with the former Head of Occupational Health and Wellbeing Strategy, recognising the importance of securing buy-in from a diverse range of employees at every operational level across multi geographic locations in the UK:

> Managers were either sceptical and viewed it as unimportant or wanted to do something about it, but didn't know what. Employees, on the other hand, often distrusted why the business was interested in their health. Because many of our roles require a certain level of medical fitness to be able to perform them safely, many employees viewed our interest as a way to manage people out of the business (Chris Jones, Former Head of Occupational Health and Wellbeing Strategy).

He was convinced that the solution was gathering rich, real-time data to help inform and build their strategy. In order to succeed he needed to convince the business that the desire to improve wellbeing was justified. At the same time, by reaching employees directly, the business could build engagement, readiness and perhaps most importantly, trust, as the workforce could see the business prioritising their health, in a way that went beyond a traditional 'workplace focused' approach. Furthermore this gave managers the tools they needed to support their teams—a common language that enabled them to start the health conversation.

The Approach

Everyone Fit for the Future

With Robertson Cooper's market-leading 6 Essentials model, Network Rail were provided with a framework and language to identify the main barriers and enablers of employee wellbeing.

Having delivered a pilot the previous year, Network Rail recognised that the traditional survey method wouldn't work. Now, armed with the right model and approach, Network Rail worked with Robertson Cooper to develop and roll out a ground-breaking tool to help build awareness around the lasting impact of wellbeing and to encourage employees to take personal responsibility for their own health and wellbeing.

Challenging the traditional organisation-wide survey approach, the online tool was made available for employees to complete on an open, ongoing basis. Upon completion, individuals immediately received a personalised report detailing their current levels of wellbeing and resilience, which enabled them to track their own progress over time. The reports contained tailored advice and support available inside and outside of Network Rail to encourage employees to make lifestyle improvements. Meanwhile the wellbeing team aggregated and analysed the employee data, and collated important management information relating to employee health and wellbeing, which continues to inform Network Rail's activity at a business unit and management level.

Enabling Network Rail to use the data to target key risk areas in this way revealed important insights. For example, although female employees were twice as likely to report experiencing a mental health issue, male employees aged 41–50 were, in fact, the least equipped to cope with workplace pressures. These insights, along with many others, led to targeted support for specific employee groups.

Building Momentum

To bring their vision to life, Network Rail needed to empower managers to make wellbeing part of everyday working life.

Aiming to foster a collaborative approach to wellbeing, Robertson Cooper wellbeing specialists delivered a series of training sessions to Network Rail managers working in areas of the business that were identified as having high levels of job insecurity or were undergoing organisational changes.

In order to have an impact on a large-scale employee population, line managers played a critical role in creating a consistent focus on peoples' capacity to work at peak performance. Upskilling managers enabled them to support individuals to use the insights from their personal reports, and most importantly, take positive action towards their own wellbeing. This approach built managers' confidence, allowed them to build on the conversations fuelled by the personal reports and created a large, interconnected network of internal wellbeing champions, working as advocates for the business wellbeing strategy.

Outcomes and Evaluation

- Over 8,000 employees have used the assessment tool
- Between 2013 and 2015, employee wellbeing levels increased from 52.9% to 66.1%
- Between 2013 and 2015, the perception of Network Rail supporting employee health rose from 56.5% to 78.9%
- Network Rail implemented ongoing support including:

  – Leadership training
  – Wellbeing champion network
  – Health kiosks
  – Referrals for free counselling and CBT
  – Talks on mental health and safety
  – Dedicated health and wellbeing portal
  – Printed magazine for frontline staff

- After the training, managers' confidence:

  – In their ability to spot the signs of stress increased by 18%
  – In having the knowledge and skills to support their teams through change increased by 15%
  – In their ability to host wellbeing conversations in their teams increased by 14%

- Over 65 employees volunteered to be wellbeing champions and employees continue to volunteer
- Network Rail connects wellbeing to productivity gains of £7304 per employee
- By supporting employees with low wellbeing levels, Network Rail could save an estimated £1 million per year in productivity

Summary

Moving Forward

Network Rail are committed to improving the wellbeing of their employees. Now four years into their 10-year strategy, they have seen positive outcomes from the assessment and have been able to share many employee stories internally of successes from the outcomes of the tool. From improvements to drinking habits, weight loss, giving up smoking, people getting more active, to teams using the results to formulate team discussions to proactively tackle the issues as well as support from HR to help manage key outlining results as part of leadership objectives.

This year their Mental Health and Wellbeing Specialist Brenda Desbonne-Smith, introduced the Wellbeing Action Plan, which enabled teams to sit together to review their assessment outcomes, celebrate what they are doing well and identify their top three areas to work on for the year and commit to what they will do to tackle the issues, how they will do it, when it will happen and who will sponsor each commitment. As such all employees are asked to volunteer their ideas to how to tackle the issues and also to champion parts of the plan. This way the engagement is a full team effort.

> I've already seen some really proactive, innovative and well considered plans come through, I'm looking forward to seeing the plans in action and in particular some case studies a year on from the assessment

The Occupational Health and Wellbeing team are already making many improvements and continue to work to improve engagement with all employee groups to create a representative picture of wellbeing at Network Rail.

By focusing on a proactive approach, Network Rail are redefining the standard for the management of organisational wellbeing.

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Tesco Bank Wellbeing Case Study

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Overview

Over the last three years, Tesco Bank has successfully progressed from fragmented activity to a continuous colleague Wellbeing programme, making healthy choices available and more personal for everyone.

Responding directly to colleague feedback, and linking in with our Community Strategy, we produced a three-pillar plan for creating a healthier, more supportive and safe environment.

As a result of better education and access to extensive Health and Wellbeing opportunities we have lowered attrition, improved colleague quality of life at work and secured high levels of trust in management to look out for the best interests of our colleagues. Tesco Bank's Newcastle location, which has received additional dedicated resource and commitment, achieved an NHS Better Health GOLD award for improvements to a number of key impact measures.

Throughout our journey, a number of decisions have led to Health and Wellbeing taking a more central role in the colleague experience. These include setting up a dedicated forum, introducing visible role models and providing extra support for management.

The next stage is to truly embed Health and Wellbeing into Tesco Bank's culture and make the experience consistent for all colleagues, wherever they are in the business. We aim to become the healthiest place to work and shop.

Background

Company Background

Tesco Bank started in 1997 as Tesco Personal Finance, a joint venture between Tesco plc. and Royal Bank of Scotland plc (RBS). In 2008, Tesco bought out RBS's share of the business and became Tesco Bank. Today, we're a wholly owned subsidiary of Tesco.

Our purpose is simple. We're the bank for people who shop at Tesco and, similar to our colleagues at the grocery checkout, our goal is to serve Britain's shoppers a little better every day. We help more than 8 million customers with everything from insuring their pets to saving for their holidays. Over 4000 colleagues serve our customers, seven days a week from our main UK centres in Edinburgh, Glasgow and Newcastle, plus provide mobile banking and online support.

Creating a healthy, supportive and safe working environment for our colleagues ties to our core values. We benefit from our food retail connection and use it to deliver a wide programme for nutrition and healthy eating behaviour.

To support our Customer 2020 goals we have a sister strategy: Colleague 2020. This represents a transformation period for us to further improve how we support colleagues in their working lives. Health and Wellbeing, previously part of Policy and Employment, is now a core pillar for the Colleague Experience team, tasked to provide services and opportunities to improve colleague experience, engagement and culture.

How Our Wellbeing Journey Began

In 2012–2013, Tesco Bank was emerging from start-up mode and establishing its place as a solid, digital retail banking choice for UK shoppers. Our strategy needed to shift to sustain growth and improve customer service in a highly challenging and competitive market.

Absence and attrition levels were just below the industry average but we needed to maintain the energy and engagement that had been an integral factor of our start-up phase success. Providing the best possible experience for colleagues became a pressing concern and Health and Wellbeing needed to be a key part.

Newcastle, as part of the North East, is also one of the lowest performing UK regions for wellbeing (ONS 2015). Home to many of our contact cen-

tre colleagues, creating a dedicated Health and Wellbeing programme here promised to have an even higher impact.

However, finance is typically a more risk averse industry. The default reaction tends to be to support colleagues through policy and guidelines. So, while our people already had opportunities to work flexibly, we had appropriate policies in place and there was fragmented support for healthy eating, none of this was really coordinated or promoted.

Additionally, senior leaders were receiving support on wellbeing, e.g. resilience workshops as part of a leadership programme and lifestyle assessments. However, we wanted to make wellbeing relevant for everyone, empowering managers to support their teams and colleagues to support themselves. This wasn't just about policy; it was about culture—making Tesco a great place to work for everyone.

Our annual colleague survey didn't request feedback on Wellbeing so we were missing a clear picture. To make a real difference we needed to map what was happening on the ground and discover what colleagues felt was important to them.

This case study covers our journey from 2013 to 2016 and points to our roadmap for making Tesco Bank a great place to work for all colleagues, now and in the future.

The Approach

Diagnostic Phase

Concentrating on our goal to make wellbeing accessible and relevant to everyone, we started to baseline current perceptions, colleague needs and what other organisations were doing in this area.

We teamed up with our gym partner and conducted a survey to understand how we could make Tesco Bank a better place to work. Attracting a response rate of 21% (circa 800 colleagues), the results covered three key themes: Physical Wellbeing, Quality of Work Life and Supportive Workplace. Findings confirmed:

- Interest in all aspects of wellbeing provision, including mental and physical
- Top health concerns were stress management and physical fitness (including weight)

- Openness to guidance from Tesco Bank on physical activity, health and nutrition
- Lack of onsite facilities were a barrier to increased physical exercise, specifically cycling and running to and from work
- A low level of work station assessments within the last 12 months
- Work-life balance was an issue for many with nearly a third unhappy about flexible working provisions

The survey confirmed our instincts that the biggest immediate need was for Health and Wellbeing education.

Rolling Programme—Introduction

Following the diagnostic phase we sought to define a rolling programme clustered around the three key themes.

We introduced a calendar of events and monthly themes tied to specific National and International events, e.g. No Smoking Day, Mental Health Awareness Week and two months of activity around the Commonwealth Games. The idea was to kickstart activity and then continue this as a rolling programme. An event calendar alone was unlikely to change behaviour, so we needed to put the necessary resource and infrastructure in place to maintain the link to colleague needs and activate positive change.

Theme 1: Physical Wellbeing

Key initiatives included:

- **Cycle to work scheme**. Cycling is a good example of how a holistic approach makes a big difference. We brought together policy, infrastructure, role models, support and opportunities. Things we made available to colleagues include: Sustrans maps, free puncture repair kits, Dr Bike maintenance workshops, more bike storage and better access.
- **Healthy eating**. We introduced healthy alternatives in our canteens with better labelling and reduced prices on healthy choices to combat feedback that the salad bar was too expensive. The initiative has developed over time with free fruit introduced in 2017.
- **Lifestyle assessments for everyone, not just senior managers**.
- **Partnerships include**: Diabetes UK, British Heart Foundation, Nuffield Health and Cancer Research UK.

Theme 2: Quality of Life /Mental Wellbeing—Increasing Focus

Quality of Life for us includes work-life balance and good mental wellbeing. With only 11% of UK employees discussing a recent mental health problem with their line manager (BITC Mental Health Report 2016), creating the right conditions to prevent as well as discuss mental wellbeing is essential.

In 2013, we started to raise awareness, provide education and tools. Initiatives included:

- Specialist customer service team to look after vulnerable customers and equip other team members with the skills to identify and sensitively serve customers who may need a higher level of support
- Specific resources and training for managers to spot early signals of mental health needs. Partnership with MIND, SAMH
- Mindfulness pilot session leading to a successful weekly programme at all locations
- Better promotion of flexible working policies and practices

2016 has seen a bigger commitment to mental health:

- Voluntary mental health training with the Mindapples app
- Ongoing partnerships with MIND and SAMH
- Time to Change—we signed this employer pledge in spring 2016, representing our commitment and detailing the tangible action we'll take. We're extending the pledge to our customers.
- Mental Health Awareness Week focussed on supportive relationships and encouraging colleagues to perform a random act of kindness.
- Mind Booklets for tips on dealing with stress and staying mentally healthy at work
- Customer health month—Tesco Treks with distances to suit everyone throughout the UK

Theme 3: Supportive Workplace

Empowering managers and colleagues through the right training, communication and tools:

- Promoted importance of taking breaks away from desks
- Improved workstation assessment processes to make it an annual activity

- Education for line managers to support their teams, including focus on leadership behaviours of resilience and empathy—workshops and online resources
- Inspiring Great Performance Every Day performance management initiative focuses on having quality 1-2-1s and check-ins to provide support for teams
- 2016 Healthy Hubs—visual focal points for health and wellbeing information

Making This Work—Infrastructure and Planning

To achieve sustained behaviour change we recognised the importance of putting the right infrastructure and governance in place. The following has made a significant difference:

Establish Wellbeing Working Group
We established a new forum to oversee the implementation of the strategy with representation from all sections of the business and a union representative. People were keen to participate and with commitment and proactive support from our People Team, the forum has grown into a solid active network.

Registered for Healthy Working Lives accreditation
This is an external award, run by the NHS, to assess and support businesses that are focussed on improving the wellbeing of their colleagues. Being associated with this provided a structure, impetus and benchmark to put good practice in place.

Communications
A major aim of our wellbeing programme is to raise awareness and provide education, so effective communication plays an important role. By linking wellbeing to our community strategy we were able to provide context and shape to wellbeing, helping colleagues understand why it's relevant to them.

Our current communication "Little steps to living healthier" responds to feedback that positive, incremental behaviour changes are received more positively than 'Don't do' and 'give up' messages. We've learned to tailor messages to make sure colleagues with different interests can identify and feel motivated by the programme. These are disseminated centrally and through local communications channels.

Linked in with TESCO Group Wellbeing Blueprint

We worked closely with Tesco Group to integrate with wider Wellbeing initiatives, ensuring these can be adapted and used to promote the wellbeing of Tesco Bank colleagues.

Reviewed our policies and promoted them to colleagues

Policies are still important as they offer protection for colleagues as well as the organisation—they're guidelines that we all sign up to. Tesco Bank has various policies and plans in place that support our mission, from Health and Safety to Flexible Working.

Connection to community strategy

By making Health and Wellbeing an intrinsic part of our Community Strategy we have been able to create an integrated approach to communicating our colleague initiatives. This enables us to localise activity and the message as well as provide opportunities for people to get involved, regardless of their interest area.

Through our three themes we've managed to build trust, participation and health in the communities of our colleagues, and in which we serve customers. Since the programme began, we're: (1) creating opportunities for young people, (2) supporting local communities and (3) encouraging healthy choices. This has led to 400,000 children engaging in learning positive behaviours, £1.7 M in fundraising and 36,000 hours of volunteering.

Volunteering, shown in NHS and Harvard studies to have a positive impact on mental and physical health, is a core part of our Community Strategy. Each colleague can have one day out of the office per annum on any cause to get involved in ways they're passionate about, from digging up gardens to using digital skills to build charity websites. Our Glasgow team became heavily involved in supporting the 2014 Commonwealth Games. Each location also has a Charity Partnership for which colleagues can fundraise, volunteer and help.

What Lessons Have We Learned?

Over our three-year journey we've identified a number of principles and learned lessons to help make our programme a success:

Importance of role models and sponsorship

Role models, from celebrity and expert involvement to senior leadership and sponsorship, have played an essential role in inspiring colleagues to participate. From Davina McCall on fitness, a Tom Daly cook book and top Scottish cyclist Graeme Obree as our cycling ambassador, to the full support of our CEO and leaders participating in sponsorship and volunteering activities.

An insight-led approach

Conducting an independent Wellbeing survey enabled us to understand the baseline and shape the direction of our programme around colleague needs.

Link Wellbeing to Community programmes

This connection has made it localised, 'business-as-usual' and integral to our core values. Our Community team is part of Internal Communications, which helps us reach everyone.

Wellbeing is personal. Make it for everyone

Health and Wellbeing is a passionate agenda. What's important to one colleague can be met with scepticism by another. Some love daily free fruit, others feel it's a little paternalistic. Some want a gym on site, others don't want to work out with their colleagues. Some want dedicated workspaces, others want to hot desk. Understanding nuances in colleague feedback has helped everyone benefit from our Wellbeing strategy. Equality is important—especially dispelling the myth that wellness matters more the higher up you are.

Communication is essential

We had previously concentrated on tactical activity. It's important there's a story behind the message, so the vision is clear. If the message doesn't link back to wider business objectives and brand messaging it can seem random to colleagues.

Empower managers

It's critical to provide training and tools that empower managers to build trust with their teams and encourage positive behaviours. From regular 1-2-1s to spotting signs of stress and mental health needs.

Set up a dedicated forum and role

Setting up a cross-functional Wellbeing Working Group was essential in getting people on board and assuring two-way communication to make it hap-

pen. From organising gym equipment to conducting risk assessments, the importance of facilities and logistical support shouldn't be underestimated.

Make sure opportunities work operationally
Our customer contact centre colleagues work shifts and spend a lot of time on the phones. It's crucial that Health and Wellbeing activity provides equal opportunities, e.g. opening the canteen for longer hours for healthy eating options.

Outcomes and Evaluation

We set out to create a healthier, more supportive and safe environment for all of our colleagues. Now we're securing high levels of participation across the business in Health and Wellbeing initiatives. For example, colleagues are giving 50% extra volunteering hours to community projects than our annual target.

This has led to an uplift in colleague's perception of quality of life at work. Seven in ten colleagues believe we're doing enough to support their health and wellbeing, 80% of all colleagues believe Tesco brings benefit to the local community, and a significant 87% of our colleagues in central Edinburgh believe they're actively encouraged to participate and support this. We're also seeing a six per cent rise in people who are happy with their work-life balance in 2016 (74%), compared to 2013 (68%).

The results of the NHS Healthy Working Lives survey show we're outperforming other companies of the same size, and in our sector, in a number of areas. We're getting the basics right—all colleagues participate in Health and Safety training with high levels of awareness around healthy eating and exercise at work. Perhaps the most significant is around flexible working and mental health. People feel Tesco Bank—as an employer, our managers and our teams—is understanding and supportive when it comes to mental health and wellbeing.

We're also proud of our recognition by external benchmark, particularly our Better Health at Work GOLD award for Newcastle, which has inspired other locations to also achieve accreditation.

Higher levels of focus on colleague wellbeing are translating into tangible benefits with lower levels of attrition and positive leaver data. 'How you're treated' is an important contributing factor and attrition for 2016–2017 is down circa 3.5% from the previous year, meaning we're now performing favourably to the UK contact centre attrition benchmark. For the last two

years, leavers report they would return to Tesco Bank in the future at consistently high rates (between 81.6% and 89.1%).

Summary and Future Roadmap

Looking ahead, we aim to become the Healthiest Place to Work and Shop and achieve even higher levels of colleagues recommending Tesco Bank as a great place to work. To succeed, we'll need to build on our lessons learned, continue to focus on what our colleagues need and incorporate insight and good practice from other leading organisations.

For us, it makes sense to leverage the scale of Tesco. We'll link to our wider Wellbeing strategy, achieving closer alignment of mental and physical health while continuing to localise and adapt programmes to make them relevant to Tesco Bank. Balancing the top-down blueprint with bottom up, localised initiatives help us understand individual colleague needs and make Health and Wellbeing personal to everyone.

This principle is a core part of our colleague experience and employee value proposition.

We want all colleagues to love working at Tesco Bank, with the same experience and access to opportunities whether you're at Glasgow, Newcastle or Edinburgh.

We're taking a more strategic approach to Health and Wellbeing, integrating with our other HR and People agendas. This enables us to concentrate more on culture and communicating a clear, more formalised proposition.

We'll continue to help all managers understand that Health and Wellbeing is core to how we do business. We've made great progress but plan to take this further in the future. Education and communicating this shared vision ('this is what Health and Wellbeing means for us all'), will help managers buy into our strategy and contextualise it for colleagues.

We also have an opportunity to capitalise on our insight and data-led approach by exploring how we measure and evaluate in smarter ways. A Wellbeing dashboard will provide useful data to inform future investment, identify good practice and support continuous improvement. Colleague expectations shift and grow as our wellbeing plans and infrastructure matures, so we're looking at ways to improve colleague feedback, its frequency, and integrate it more.

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Wellbeing in the John Lewis Partnership

Nick Davison

Overview

Wellbeing and the Partnership

John Lewis Partnership is a leading UK based retailer, incorporating the John Lewis and Waitrose brands. The business was established over 150 years ago and was sold into trust to its employees by John Spedan Lewis in 1929. Today it is the largest co-owned business in the UK with revenues of £10.9bn (2015) and a customer base of 17 million.

Box 15.1 Principle 1

The Partnership's ultimate purpose is the happiness of all its members, through their worthwhile and satisfying employment in a successful business.

Because the Partnership is owned in trust for its members, they share the responsibilities of ownership as well as its rewards—profit, knowledge and power

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John Spedan Lewis's vision for a better kind of business still holds true today and underpins the way the business is run. Specifically the Partnership has a constitution powered by seven principles which are at the core of the Partnership model. These cover the Partnership's purpose, how power is shared, distribution of profit, membership, customer and business relationships and its role in the community. Its unique tripartite governance structure, with democracy at the heart of it, ensures that the business leaders are

held to account for the performance of the Partnership and maintaining the principles of the constitution.

Principle 1 sets out the Partnership's purpose, which is strongly and explicitly linked to both the happiness of Partners and their contribution to the long-term success of the Partnership.

Today, the Partnership comprises 90,000 members (Partners). The majority work in John Lewis and Waitrose shops and the distribution centres which support them as well as customer delivery. However, there is also a significant and diverse range of roles which include farming, furnishing manufacturing, hospitality, catering and more typical retail functional roles in Brand/Marketing, Buying, IT, Personnel and Finance.

In outlining the Partnership's approach to Wellbeing, it is worth highlighting that "Wellbeing" is not yet widely established in the organisation's vocabulary, despite the overt link to personal wellbeing and its link to the success of the business contained within Principle 1. It is, however, a key part of the Partnership's DNA and runs through multiple aspects of the way the Partnership operates.

Background

Empowerment and Voice

The democracy is at the very core of how the Partnership operates, with 65 elected representatives formally holding the Chairman to account for the business performance and direction of the business. This is underpinned by a structure of local Partner forums which similarly work with more than 500 local leaders and provide real engagement and challenge in the way the business is run. Over 3000 Partners play an active role in one of these elected representative positions.

As co-owners Partners have their say in the annual Partner Survey and the results directly fashion local and national actions plans for continuous improvement.

- The 2015 results show that 87% of Partners took their opportunity to provide their opinion
- Overall satisfaction levels were 71%
- 82% of Partners thought the Partnership was a great place to work

Communication

Giving Partners a voice extends beyond the democratic process into active journalism, with weekly pan-Partnership publications (The Gazette and Chronicle) providing Partners with the right to ask questions of the leadership on any subject they wish. The use of Google online communities has introduced a social media style to mass participation in functional or specific interest groups. The Partnership has also encouraged the establishment of special networks focused on different aspects of diversity and inclusion e.g. Pride in the Partnership (LGBT network), Unity network (Black, Asian and Minority Ethnic Network), LinkAGE (Inter-generational network) and Ability (mental health network) which have given Partners an additional voice and shared interest network.

Learning and Participation

In establishing the Partnership, as an experiment in employee ownership, Spedan Lewis fostered a culture which put health and wellbeing at the heart of the organisation. He understood that, as well as physical and financial wellbeing, working relationships, empowerment, being heard, access to knowledge and learning and contribution in the local community all played their part in one's personal wellbeing.

He was keen to provide opportunities for Partners at all levels to experience the arts, sports and leisure activities which would enrich them as individuals and play a part in building a healthy and productive partnership. This remains the case today, with Partnership actively supporting over 50 diverse clubs which range from sailing, skiing, surfing, swimming, running, fly fishing, golf, craft, gardening, music, theatre, amateur dramatics, wine, bee-keeping and photography to name but a few. The Partnership also operates five hotels exclusively for use of Partners and their families, offering a range of family holiday venues across the UK.

In addition to the learning and development opportunities provided for Partners in relation to their role within the Partnership, financial support is also provided for individuals wishing to take up a course of learning outside of work. This may be a new language, hobby or skill. Access is also provided online to the resources of Ashridge Business School for those happier with distant learning.

Volunteering and Role in the Community

The Partnership places a great emphasis on the importance of volunteering, both within the Partnership but also externally. Through the Golden Jubilee Trust the Partnership provides practical help to UK charities, with Partners able to apply for funded awards to work as volunteers within the charities for up to six months.

Feedback has highlighted how volunteering has increased Partner happiness, confidence, adaptability and enhanced performance when they return and helped improve the charities' service from their contribution. Other external projects and initiatives are typically organised locally by branch Partners and the business supports this through time allowance. This aligns to more formal business led programmes, such as Waitrose's Community Matters which are geared towards supporting specific charities or local causes.

Wellbeing Challenges

Whilst John Lewis Partnership invests significantly in the different aspects of Partner wellbeing, the size and nature of the Partnership does create some challenges:

- Coordinating and integration of activities across an organisation of such size and diversity is difficult especially when different functions within the business have very different characteristics and place different demands on Partners in their roles—one size definitely does not necessarily fit all!
- In a co-owned business consistency and accessibility for everybody is a core requirement.
- Psychological wellbeing, in common with the wider society, remains a key area of focus. The Partnership has committed to the "Time to Change" organisational pledges to help de-stigmatise and support mental health within the business. Developing line management awareness and education across a population of 8000 managers provides an ongoing challenge. Traditionally, the focus on occupational health has been geared towards reactive, restorative, rehabilitation of Partners' health, in common with other large companies, which continues to play an important role in improving Partners' health and increasing productivity across the business. As the Wellbeing agenda has evolved more specific attention

is being directed at preventative initiatives. There are already examples of greater pro-activity e.g. in 2015 2000 Partners had their feet scanned and gait analysed as part of campaign to raise understanding of foot care and appropriate foot wear, which is fundamental to thousands of Partners stood up for much of their working day in the retail and distribution areas of the business. Other pilots include building on Waitrose's nutritional expertise within Partner Dining Rooms and assessing how we view and develop resilience, working with experts in their field such as Robertson Cooper and MIND to provide insight.

The key challenge, however, is driving sustainable, personal, behavioural change which will create a healthier and more productive workforce over the long-term.

The Approach

Operational Support Services: Partnership Health Services

Health services were first introduced into the Partnership in 1929, not as a philanthropic gesture but in recognition that Partners provide service distinction and need to be physically and mentally fit to deliver excellent customer service, for which John Lewis and Waitrose are renowned.

The focus and investment in work place health and wellbeing reflects this and have developed over time to reflect the changing retail and health environments.

Partnership Health Services provide a range of work focused health services which are designed to complement the public health services provided by the NHS but also deliver tangible benefits for both the Partners receiving support and also business value from the outcomes delivered. The services delivered include:

- Fitness to work assessment and case management for sickness absence
- Physiotherapy
- Podiatry
- Counselling/Cognitive Behaviour Therapy
- Health Surveillance
- Business Travel Health

Operational Support Services: Partner Support

The Partner Support team provides emotional and financial support for working and retired Partners from three regional centres. They provide a support service, similar to an external Employee Assistance Programme, but with the benefit of operating within the Partnership and enjoying the trust of Partners for their independence and understanding of the Partnership.

Services specifically focus on these key areas:

- Family and relationship issues
- Bereavement
- Legal advice
- Money/debt management

Partner Support also oversees annual contact and a range of services for Partnership pensioners.

Productivity—Better Health and Better Business Outcomes

The following provides an illustration of how the Partnership has adapted their approach to treating physical injuries (musculo-skeletal) to improve health outcomes for Partners and achieve better and more transparent business outcomes. This model, which is now fully embedded, provides the framework for a similar approach to managing mental health which is in the process of being embedded.

Establishing Clear Objectives

The range of job roles within the Partnership is significant—ranging from retail sales to warehouse operatives, delivery drivers, office workers to security workers—and many can be physically demanding. Historically, physiotherapy had been provided for its Partners but this had been delivered differently across the business divisions, with a decentralised, face-to-face treatment model in John Lewis and a centralised approach in Waitrose, meaning that Partners experienced a different service depending on where they worked. This approach also lacked clear transparency over the service outcomes and value that it generated for the business and its Partners,

potentially resulting in extended absence, and reduced productivity at work. It was recognised, however, that reliance on access to NHS physiotherapy, with up to 14 week waiting periods was not a beneficial alternative.

With evidence showing early physiotherapy intervention on musculoskeletal injuries can prevent acute conditions becoming chronic, promoting a swifter recovery and return to the workplace, as well as improving productivity levels, the challenge was to establish an operating model which could deliver a faster response, at sufficient scale to match demand and deliver clear clinical outcomes and explicit business value as a result.

The objectives included:

- To reduce employee discomfort and pain levels
- To minimise associated absence and facilitate an early return to work
- To improve productivity
- To provide the above with an evidence base demonstrating value for money

Designing and Delivering the Solution

Partnership Health Services contracted a single national physiotherapy provider, Physio Med, to work with them on designing and implementing an enhanced occupational health physiotherapy service. The new service included the introduction of a Physiotherapy Advice Line service, which provides quick access to a blended approach of fast-track telephone triage, remote multimedia self-management and face-to-face treatment/advice. The initial triage identifies the most appropriate clinical treatment pathway, based on responses to a series of evidence based clinical questions, movements and tasks to decide if they require face-to-face treatment or can self-manage their condition with the support of a remote Chartered Physiotherapist. Those deemed suitable to self-manage are then given personalised treatment plans, exercises and professional advice on the best ways to assist the healing process. This includes:

- Appropriate advice regarding work stations, lifestyle, medication, posture and symptomatic relief methods
- Realistic advice on modifying the working day to accommodate injuries
- An individually tailored progressive exercise programme created by the physiotherapist to speed up healing, communicated via comprehensive video exercise files, and accessed via computer, smart phone or tablet.

Partners requiring face-to-face treatment are treated at one of nearly 800 practices across a national network or at one of four John Lewis Partnership strategic sites.

In addition the service provides Functional Capacity Assessments, conducted by the physiotherapists, to determine the functional abilities of the employee with regards to both daily living and work tasks, and also Display Screen Equipment and Ergonomic assessments of the employee's workstation and regular tasks.

Outcomes and Evaluation

Benefits to the Organisation

In the last trading year (Feb 2015–Jan 2016) 3200 Partners used Partnership Health Service's physiotherapy service receiving an initial assessment on average within 2.5 working days of the triage call. Fifty three percent of Partners were at work but operating on average at 63% productivity due to their injury, with the remainder not at work. With such a high proportion still at work while receiving treatment, the impact of the remote self-management approach, which accounted for two thirds of cases, has been profound, getting Partners back to greater productivity faster while enabling them to stay at work rather than going off sick.

Key service outcomes:

- 70% of Partners were discharged after ten days, as their condition was either resolved or they were able to effectively self-manage their condition.
- Partners reported an average reduction in pain of 55%
- Partner productivity improved by 26%.
- Of those off sick at the point of referral, 96% returned to work following treatment.
- Partner Satisfaction 94%

Based on the Partners who engaged with the service over the 12 months, Partnership Health Services estimates it saved the Partnership **73,000** working days, through a combination of productivity improvement and avoidance of delay through NHS availability. In 2015, John Lewis Partnership together with Physio Med won the 2015 Rehabilitation First Employer Award for this proactive service.

Summary

The John Lewis Partnership was established by John Spedan Lewis as an experiment in employee ownership to see whether a better way of doing business was viable, with Partners' happiness and engagement at its very heart. The business has of course changed in many ways during the years that have followed, but has remained true to the Constitution and Principles as it has continued to grow in the highly competitive retail markets in which it operates. As described earlier in this case study, it provides significant investment in health and wellbeing initiatives for its Partners understanding the service distinction that Partners provide and the positive commercial impact that result. The organisation remains true to Principle One, with the wellbeing and happiness of Partners delivered through their working environment in an ongoing successful business, demonstrating that John Spedan Lewis's vision and desire for a better kind of business was indeed viable and sustainable.

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