

Wellness at work: Enhancing the quality of our working lives

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Summary

This paper was prepared for the *International Review of Psychiatry* as part of an effort to improve understanding of the connection between employee health and performance and to begin to identify new strategies through which treating wellness as an investment in human capital can lead to greater organizational success. Computer database searches of peer-reviewed literature published between 1993 and 2005 and manual reviews of 20 journals were used to identify research on the link between employee health and performance. Data was extracted to summarize the overall findings on the magnitude of health problems addressed by health promotion and disease prevention programmes, and the impact of interventions on improving health risk, reducing health care cost, and improving worker performance. From this summary, major conclusions on early detection of disease, the impact of behaviour change programmes were drawn. This systematic review is supplemented with a case study description of a preliminary evaluation of a corporate wellness programme in a major international organization. The influence of developments in work/family issues, complementary and alternative medicine, and quality of care and health outcomes research are briefly discussed. Finally, a conceptual framework for studying the impact of health and productivity is described.

Introduction

Currently there appears to be an enhanced public interest and calls for integration of well-being and wellness activities into the responsibility of employers. In achieving this aim, staff maximize their potential, reduce the time taken from work with stress-related illnesses and remain within their area of employment for longer with greater job satisfaction, as they feel 'valued' by their own organization (Mackay, Cousins, Kelly, Lee, & McCaig, 2004).

According to Pauline Crawford of the Corporate Heart (2005), leaders and management often mismanage the endemic un-wellness affecting organizations' behaviour (anxiety, fear, low confidence, aggression, bullying and distress) today because they too are unwell within their less than well organizational culture.

The literature is very clear about work-related stress. The key causes and the consequences have been identified. Many of the factors causing stress in the workplace such as excessive demands and workload, lack of control and poor relationships with colleagues or managers have been identified. Stress produces a range of symptoms and negative outcomes for both individuals and organizations. Individual's symptoms include coronary heart disease, mental illness, poor health behaviours such as drinking and smoking and lack of exercise,

accidents and careless or unsafe behaviours at work (e.g., Cooper, Liukkonen, & Cartwright, 1996). Organizational symptoms include high labour turnover, industrial relations difficulties, poor quality control and high rates of absenteeism. For example, the Confederation of British Industry (CBI) found that 'workplace stress' was the second largest cause of absence in the UK workforce (CBI, 2001a, 2001b).

There is now recognition that social factors are critical to understanding quality of life (Putnam, 2000; Wilkinson, 2001). Economic and social sustainability cannot be achieved by technology and science alone. Attention needs to be given to human needs and differences. At a UK level, quality of life has been recognised as a key element in the sustainable development agenda (Office of the Deputy Prime Minister [ODPM] 1999, 2004). The Audit Commission and the Countryside Agency have become involved in the development of quality of life indicators and work focussed on quality of life enhancement. More specifically, relevant drivers can be identified in the several moves to establish healthy workplaces. The workplace is a key setting through which to improve health and reduce health inequalities (Department of Health, 1999). The Healthy Workplace Initiative (HWI) is jointly sponsored by the Department of Health and the Health and Safety Executive.

And yet, only one in seven UK workers has access to comprehensive occupational health support at work and only 3% of companies have a high level of provision. Better occupational health and medical services could help identify problem jobs and reduce risks. Moreover, the UK is failing to meet its minimum legal duty under the European-wide Health and Safety Framework Directive. This binding law requires that all workers have access to preventive occupational health services. In the UK, only a minority have this access. There is pressure from employers' groups for more punitive sickness absence programmes despite a dramatic reduction in absence rates. As a consequence, studies show workers feel under considerable pressure to work when sick, however this 'presenteeism' can increase sickness rates and lower productivity. With more than 20% of all sickness absence possibly caused by work-related ill-health, addressing workplace risk factors should be targeted.

In the context of effective corporate governance, managing corporate risk is a key issue for all directors and senior managers, but, as the 'Turnbull Report' (1999) makes clear, such risks take many forms. One key risk area is the health and safety of an organization's employees and of others (including members of the public) who may be affected by its activities. Effective management of health and safety risks will help:

- Maximize the well-being and productivity of all people working for an organization;
- Stop people getting injured, ill or killed through work activities;
- Improve the organization's reputation in the eyes of customers, competitors, suppliers, other stakeholders and the wider community;
- Avoid damaging effects on turnover and profitability;
- Encourage better relationships with contractors and more effective contracted activities; and
- Minimize the likelihood of prosecution and consequent penalties.

For the purposes of this paper, the first point is the most significant—'maximize the well-being and productivity of all people working for an organization'. Disease prevention and health promotion (DP/HP) programmes in the North American workplace have become ubiquitous with over 80% of workplaces with 50 or more employees offering programmes. Larger employers, with 750 employees or more, almost universally offer resources aimed at improving employee health (Riedel, Lynch, Baase, Hymel, & Peterson, 2001).

Riedel et al. (2001) claim that these programmes have become an integral part of the workplace through a combination of factors, including the

usefulness of evidence-based outcomes and an intuitive sense of the importance and effectiveness of such programmes, and by sheer dint of a growing and expanding health promotion profession. However, as they argue, for the promise of DP/HP to fully manifest itself as a critical corporate strategy requires a clear demonstration of a positive relationship to the corporate bottom line.

Riedel et al. (2001) suggests that for the past 20 years, the bottom line has focused on the potential for DP/HP to help reduce the high and increasing costs of health care. A growing body of literature has established the magnitude of lifestyle-related health risks, their relationship to poor health and increased medical care utilization. That body of evidence shows generally positive outcomes spawning a highly simplistic model suggesting that health care costs are influenced favourably through a chain of events beginning with education about the implications of personal behaviour on health.

While reducing or containing health care-related costs has been an important strategy for companies in the USA, this is not the only way that improved employee health might improve overall corporate performance. Greater gains may be experienced through the direct influence of positive employee health and well-being on individual or group productivity, improved quality of goods and services, greater creativity and innovation, enhanced resilience, and increased intellectual capacity. The challenges of measuring these gains, however, become immediately apparent. For example, the history of productivity measurement reveals different approaches for different jobs and industries. Few jobs actually produce objective counts of tasks (such as number of sales). White collar workers may only receive performance reviews once per year, often without any objective measure attached. The only commonly shared measure relates to absences and such data simply reveals the measurement dichotomy of 'on the job' or 'absent' and overlooks gradations of impairment of workers who are present. As Riedel et al. (2001) suggest, in both the business and the research sectors there is a critical need to better quantify the value produced by employees.

There is clear evidence (Jacobson, 1995; Murphy, 1996; Pelletier, 1999) that profitable productive workplaces are those in which attention is given to the quality of life of employees while they are at work. This relates to corporate governance concerns whereby organizations are increasingly required to provide public information relating to their treatment of employees, information that has the potential to enhance or improve employees' quality of life. It also has an influence on labour turnover, employee commitment, and productivity. Failure to address such concerns can expose an employer to costly

litigation; this risk is only likely to increase (both in terms of the number of claims and the range of issues covered). In addition to such instrumental concerns, there is a broader ethical argument in favour of the view that employees' well-being is a general social good, benefiting the individual, their immediate community, and the wider society in terms of quality of life and social integration.

However, there is a paucity of data or measurement of wellness in the workplace, but work has been done on identification of stress within the workplace. The Health and Safety Executive (HSE) defines stress as 'the adverse reaction people have to excessive pressure or other types of demand placed on them'. It is accepted, however, that pressure is part and parcel of all work and helps to keep us motivated.

The HSE (1999) estimated that work-related stress costs UK employers between £353 million to £381 million per year in 1995–1996 prices and society between £3.7–3.8 billion. Since these calculations were done, Jones, Huxtable, Hodgson and Price (2003) have estimated number of days lost due to stress has more than doubled. Unresolved and continuing stress undermines performance, which ultimately can be costly to employers and result in potential long-term illness, reduction in performance and absence. Even short-term absence may have a negative knock on impact in the workplace as employees attempt to pick up the additional workload (HSE, 1999). In response to these data there was widespread agreement that action was necessary. Employers are now held accountable for the environment and impact of work on the health and well-being of employees.

The responsibility for risk assessment within the workplace was highlighted by recent news headlines in *The Times Higher Education Supplement* (Baty, 2005), which reported a damning report that found work pressures left staff with high stress levels. The HSE found De Montfort University to be in breach of its health at work regulations, ordering urgent reforms. Universities are now among other employers who have been warned that they could face prosecution over stress levels among their staff.

Factors affecting wellness at work

There are many factors that affect wellness in the workplace for example poor working environment, (air quality, noise, crowding, lack of personal space), organizational culture, bullying, but for the purposes of this paper we focus on the impact of change, and stress resulting in lower performance.

Change

Organizational change is a key factor is generating and sustaining workforce stress. If one takes for

example large organizations such as the NHS, Higher Education or corporate enterprises such as banks, change is a feature of the culture. The way the organization manages change affects the outcome. Even if there is no whole scale change—current practices may be more concerned with meeting the needs of the organization and individuals within that organization than with meeting most effectively the needs of the individual. Change in one part of an organization or system will impact on other parts of the system, creating a diffusion of stress, which impacts upon wellness as people struggle to find their place in the new reality (Figure 1).

If change is seen as a journey, individuals embarking upon that journey should know the destination and the purpose of the journey. In addition they are likely to have an indication of the individuals with whom they journey. Breaking from the known, and detaching from a familiarity of oneself, individuals may find themselves at a loss to know how to deal with the world which ultimately impacts on their sense of well-being. Van Genep (1909) captures this experience in his description of a rite of passage where individuals experience liminality. A liminal phase is equated to limbo where initiates are neither a part of the social group they came from nor a part of the group to which they are being initiated. In the pre-liminal phase, initiates are seen to ritually 'die' so as to leave their old life. In terms of organizational change, this is exemplified by structural change within the organization.

The final phase is a post-liminal one where other, less successful individuals celebrate their membership of the new social group and all that it entails and other, less successful, may perhaps lose their position, role and will need to go through a grieving process. Some individuals may see their loss as

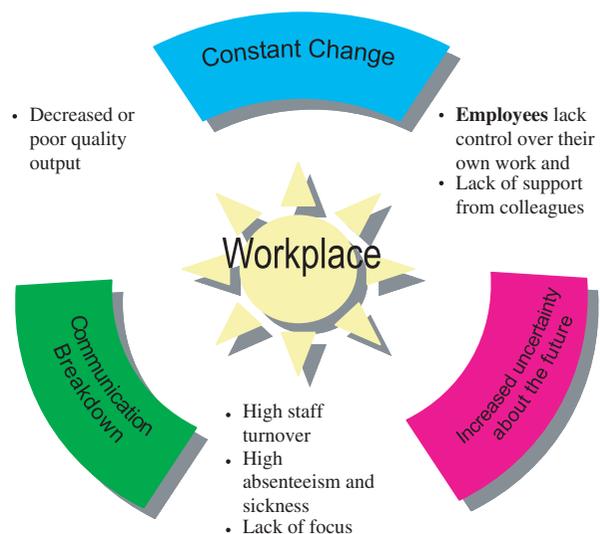


Figure 1. Factors affecting wellness in the workplace.

partial punishment for regardless of how much they worked or how much effort they made in their previous roles, they still lose out in the job stakes (see for example Brookes, Rawlings, & Gray, 1983). This process is rarely recognised by organizations and there are seldom any formal strategies to assist individuals and groups as they journey through the transitions. Therefore, the impact on employee wellness is left unacknowledged. For those who choose to leave the organization at times of major change it is something akin to a migration of identity, an act of intentionally leaving one's life behind in order to make a new life for oneself (White, 1997).

The liminal phase represents a most dangerous period when anxiety, distrust, and fear are at their highest. Effective output will be at its lowest point as people juggle for position and undergo ritual activities such as re-applying for jobs, interviews competing with peers and colleagues with whom one already has maybe trusting and established relations, and so forth.

Changes in contemporary organizations seldom appear on a sequential basis with periods of stability in between. Changes may well come together, or overlap or run end-on-end without respite. Where continual change is a feature of the workplace, individuals and groups seldom have time or space to make adjustments to reach a state of equilibrium (defined here as a state of rest or balance of forces).

Stress

Research with humans experiencing uncontrollable stress shows that such stress results in deterioration in their cognitive processes, resulting in diminished problem-solving abilities (Seligman, 1992). Pennebaker (1990) conducted experiments with humans that showed that uncontrollable stress leads to a shift in thought processes to a superficial, simplistic, unoriginal style of thinking. Our ability to learn is directly affected by our emotional state. When we are feeling stressed and insecure, our ability to learn is seriously compromised (Rose, 1985), which presents organizations and the community with a problem in the era of life-long learning.

The Whitehall Study (Marmot et al., 1987), while focusing on one 'industry', has important lessons for all organizations. The investigators identified an inverse association between grade (level) of employment and mortality from coronary heart disease (CHD). Men in the lowest grade (for example, messengers, doorkeepers, etc.) had a three-fold higher mortality rate than men in the highest grade (administrators) (Marmot, Shipley, & Rose, 1984). Grade is also associated with other specific causes of death, whether or not the causes were related to smoking (Marmot et al., 1984). While low status was

associated with obesity, smoking, less leisure time and physical activity, more baseline illness, higher blood pressure, and shorter height, controlling for all of these risk factors accounted for no more than 40% of the grade difference in CHD mortality (Marmot, Kogevinas, & Elston, 1987; Marmot, Shipley, & Rose, 1984). After controlling for standard risk factors, the lowest grade still had a relative risk of 2.1 for CHD mortality compared to the highest grade (Marmot, 1994).

Marmot et al. (1987) suggest that one possible explanation of the remaining grade differences in CHD mortality is grade differences in job control and job support. In addition, blood pressure at work was associated with 'job stress', including 'lack of skill utilization', 'tension', and 'lack of clarity' in tasks. The rise in blood pressure from the lowest to the highest job stress score was much larger among low grade men than among upper grade men.

Employment grade was strongly associated with work control and varied work (measures of decision latitude) as well as fast pace (a measure of job demands) (Marmot, 1994; Marmot et al., 1991). Lack of control on the job is related to long periods of absence (>6 days) (Marmot, 1994).

It costs UK industry £12 billion a year (an average of £487 per employee) with up to a third of absences, which may not be 'genuine'. Employees take an average of 8.7 days a year off (in banking, finance and insurance, the average number of working days lost is 7.0). Short absences are usually ascribed to colds or flu, with longer absences being mainly blamed on back pain or stress. Short-term sickness accounts for 80% of absences and 62% of lost time (CBI, 2001a, 2001b).

Nearly 90% of those questioned in the LIVE case study (below) stated that the fear of redundancy and the pressure to perform were the main causes of stress. One common feature, especially among the women respondents, was that people worked increasingly harder to close the gap between what they were achieving, and what they thought they ought to be achieving. They stopped taking breaks, lost touch with their own needs and sense of enjoyment, and felt guilty when they were not working. As the charity MIND (2005) states in their guide to surviving working life, working harder brings exhaustion, people's performance deteriorates, and they become increasingly anxious, because it appears to be a losing battle, leading to loss of energy, emotional exhaustion, poor sleep, indecisiveness, and increased drinking, smoking, eating or spending.

What this clearly demonstrated was the damaging effect of stress upon staff performance, which ultimately must affect profitability. Continuing and uncontrolled change in the workplace are creating

additional stress at work. While a certain amount of stress is vital to health and performance as it can stimulate and motivate positive reaction to challenges, too much or permanent stress can result in employees being unable to cope, causing psychometric illnesses (severe depression, physical malfunction and mental illness). If left untreated the net result is an impact on performance and profitability.

Employee engagement and performance loss

More significantly perhaps is performance loss. Riedel et al. (2001) undertook an examination of how organizations expend their money and services to keep its human capital functioning optimally, revealing that some resources go to quantifiable expenditures (e.g., repairs, preventive maintenance). They identified that other financial consequences include the loss of potential revenues resulting from sub-par performance, ‘downtime’ when the individuals or groups of employees cannot perform at all, and inadequate production due to errors, malfunction, or obsolescence. When machines are monitored, financial costs and losses are known and fairly well documented. When human beings are monitored, however, we know more about costs than losses (salary, on costs, work resources, space and other utilities, etc.).

The nuances of work function in humans make the notion of productivity even more complex as they experience the effects of mental, motivational, emotional, and social influences. Issues like morale, autonomy, and team dynamics can affect production in ways similar to physical injury or malfunction (Riedel et al., 2001). As a result, researchers and practitioners often have difficulty identifying and describing exactly what productivity means, let alone what should be done to optimize it.

Productivity, however, cannot be reduced to simple accounting or presence on the job or volume of work output, although these are important factors. Simple dichotomous representation of work, such as absent or present; flawed or correct; loses the continuum of performance that extends beyond the absolute boundaries of these incident-based definitions. Such representations of work and production misrepresent the reality of work life, in which we experience gradients of output along several dimensions.

In the absence of such a relationship employees optimum performance is reduced; communication breaks down, staff are less motivated, less empowered, less focused and unclear of objectives—less committed and therefore their role lacks purpose—job satisfaction decreases. For the employer good quality outputs are reduced, targets may be missed, turnover of staff increases, sickness and absence

increases, and stress increases—staff will leave, innovation decreases and the costs to the company goes up as they try to deal with increased levels of recruitment.

These are symptoms of disengagement. Flade (2003) reported that more than 80% of British workers lack any real commitment to their jobs, and a quarter of those are ‘actively disengaged’, or truly disaffected with their workplaces. He reports that these are among the findings of The Gallup Organization’s Employee Engagement Index survey (2001), which examines employee engagement levels in several countries, including Great Britain. The most common response to questions such as ‘how engaged are your employees?’ and ‘how effective is your leadership and management style?’ and ‘how well are you capitalising on the talents, skills and knowledge of your people?’ was an overwhelming ‘not very much’. The survey also found that the longer an employee stayed, the less engaged they became. The cost to UK companies of lost work days due to lack of engagement was estimated to be between £39–48 billion a year. Short-term sickness or absenteeism may be one manifestation of lack of engagement, low or ineffective productivity is another. Gallup consultants and researchers observed that organizations with high performance levels also had high levels of employee engagement. Engaged employees were more productive and stayed longer. The benefits also extended to customers who, having interacted with engaged employees, returned more often, utilized their services more frequently, became loyal advocates, and paid higher prices.

Riedel et al. (2001) developed a framework (Figure 2) that can be used to estimate performance loss. The underlying notion of performance loss is that a proportion of the employee’s paid time is being spent with energy focused elsewhere. As such, the organization loses productive employee energy according to:

- The degree of reduced work capacity (conscious or unintentional-absent or underproductive);

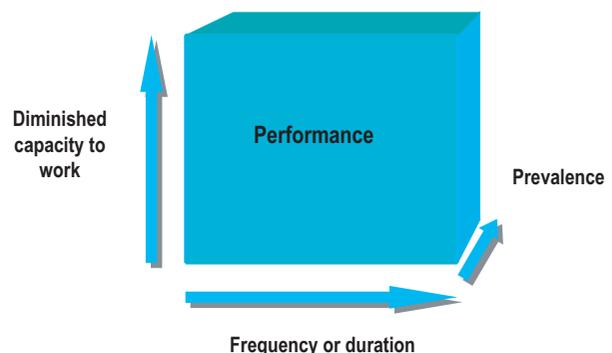


Figure 2. Framework for estimating performance loss.

- The time away from task (hours or days/person, with energy going elsewhere); and
- Prevalence (number of people affected).

Mathematically, the product of the three is:

- Days below capacity (0–1 day) times
- Proportion of effort lost (0–100%) times
- Number of people affected (0 to entire population) equals total day equivalents lost to the company.

By looking at the various dimensions in the model by Riedel et al. (2001) we can gain a reasonable understanding of how prevalent the absences/reduced energy patterns are among the entire population.

- *Capacity* or time could also include the hours spent doing a different job because person A had to train person B.
- *Performance loss* can be a problem that results from a complete short-term interruption (moving the office), a subtle ongoing problem (poor communication).
- Depending on the *prevalence* of the problem, social influences could produce considerable productivity loss, for example, a 10% loss of effort across the entire population over a period of six months (distracted because of major changes or rumours of redundancy) has a greater effect than a 1% incidence of major medical problems (heart attacks) that results in absences of 6–8 weeks.

Evans (2002) admits that his model (Figure 3) is simplified; however, it demonstrates succinctly that if you wish to deliver outstanding results, the

traditional route down the left hand side, which focuses on Planning, Organizing and Controlling, is insufficient. Organizations are becoming increasingly sophisticated with sophisticated people working in them who have very clear expectations of what work is about. Employers and managers have to recognise this and attend to those needs if they are to bring about the end results organizations require. While most managers are aware of the existence of organizational culture, and know that it affects organizational performance, how many know how to understand the culture predominating in their business and whether it is appropriate for both the needs of the organization and the desires of the workforce? Understanding this, and how to channel energy into adapting culture to best meet the business needs to bring about results, provides an opportunity to make real impact on the wellness of the workforce that will result in a positive impact on the quality of the organization’s business.

Benefits of a wellness culture

Wellness at work programmes that foster a consistent level of well behaviour that creates high performance, good health and profitable results, is currently receiving a high profile within Government agencies both in UK and abroad. Organizations unknowingly face decisions surrounding wellness issues every day as their top teams attempt to combat the daily affects of un-well behaviours that manifest in stress, bullying, discrimination, addiction, abuse, dishonesty and absenteeism.

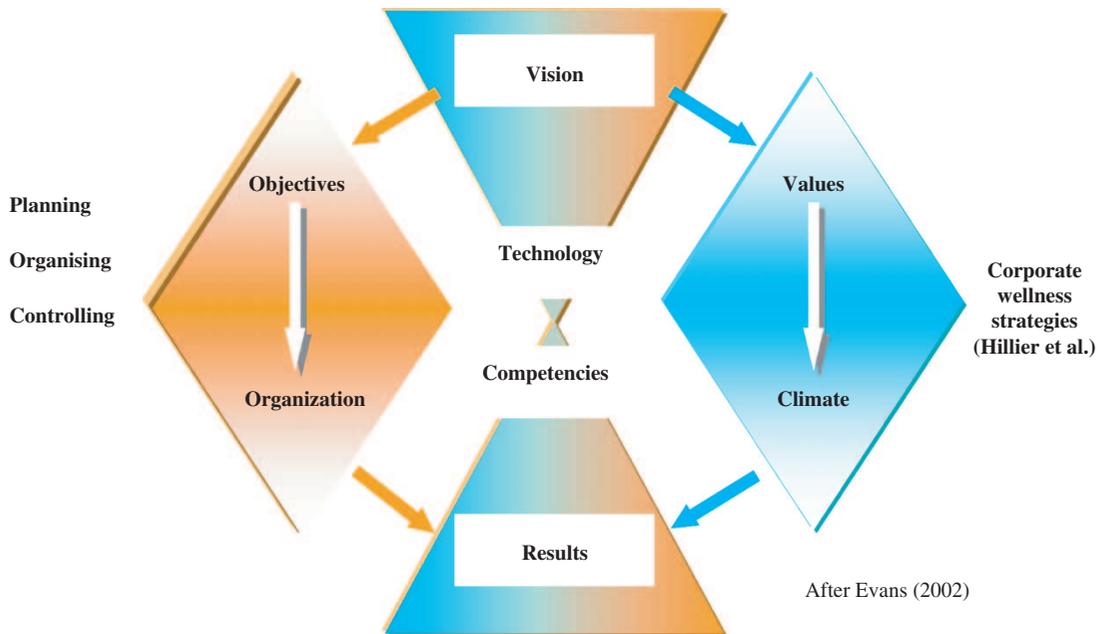


Figure 3. Organizational planning and wellness at work

In this paper we have used the definition of wellness as a positive, sustainable state that allows us to thrive and flourish. The rationale for this is that we have adopted a holistic approach where the employer and the employee achieve a symbiotic partnership allowing both parties to take and accept responsibility for wellness in the workplace.

For Barnaby (2003) well-being is a complex construct that concerns optimal experience and functioning. Current research on well-being had been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudemonic approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning. These two views have given rise to different research foci and a body of knowledge that is in some areas divergent and in others complementary (Ryan & Deci, 2001).

Workplace wellness programmes have been shown to reduce health care-related costs and worker absenteeism, plus improve productivity. This mounting evidence indicates that worksite wellness should be part of every strategic plan.

Murphy (1996) identified that cost-effective workplace programmes, including seminars and workshops, played a part in reducing employee stress which could in turn, further reduce stress-related illness and absenteeism (Murphy, 1996). Jacobson (1995) suggested that both Type A and B workers had lower use of health services by 50% at the completion of a workplace wellness programme, and stress symptoms fell by 45%.

Social networks, group membership and associated norms of social engagement have an effect on

community productivity and well-being, trust, reciprocity and engagement in the workplace. Healthy individuals are more likely to be happy individuals and healthy communities tend to be happy communities (Subramanian, Kim, & Kawachi, 2004). Creating and generating wellness at work involves a balance between healthy performance, a sense of purpose, effective and inclusive communication and work-life balance (Figure 4).

Engagement is an important feature of social capital. Social capital is a social resource to which individuals, families, neighbourhoods and communities (including work-based communities) have access. Social networks can increase productivity by reducing the costs of doing business. Social capital facilitates co-ordination and cooperation. It has a well established relationship with several areas of policy interest, including economic growth, social inclusion, educational attainment, levels of crime, improved health, and more effective government. The key indicators of social capital include social relations, formal and informal social networks. Social networks, group membership and associated norms of social engagement have an effect on community productivity and well-being, trust, reciprocity and civic engagement both in the public and private spheres of life (including the workplace).

Creating and shaping a wellness culture

Organizations in the UK are now beginning to ensure that environments in which people work foster health and well-being.

When employees and their families are given tools such as self-care information, newsletters, online services and telephone access to healthcare



Figure 4. Wellness at work dynamic.

Table I. Characteristics of the best programmes.

| | Important | Most important |
|--|---|--|
| Easy for manager to include | <ul style="list-style-type: none"> • Effective communication • Evaluation results communication | <ul style="list-style-type: none"> • Programme linked to organizational goals |
| Somewhat harder for manager to include | <ul style="list-style-type: none"> • Comprehensive evaluation | <ul style="list-style-type: none"> • Incentive programmes |
| Harder for manager to include | <ul style="list-style-type: none"> • Strong budget | <ul style="list-style-type: none"> • Supportive culture • Top management support |

professionals, they are better able to make informed health management choices that result in significant cost savings.

As a result, the increased confidence in their ability to make healthcare decisions has enabled employees to reduce absenteeism, reduce the cost of visits to emergency rooms and doctors' offices and lower the cost of long-term care, even with chronic conditions, according to the Mayo Clinic reports.

Corporate health promotion schemes emphasize the importance of giving employees informational tools and empowering them to make decisions about their health. Since self-care is one of the most significant elements of a workplace wellness programme, positive direct benefits can even emerge within the first 6–18 months of programme implementation.

Self-care can include all the things employees do to maintain their health, such as eating well, exercising, not smoking, using alcohol in moderation, managing stress, performing safety checks at home and at work and maintaining a healthy body weight, according to the reports. However, the Mayo Clinic says self-care also includes things employees should do when illness occurs, including:

- Knowing when to treat common illnesses or minor injuries at home, when to get medical attention and how to communicate effectively with doctors and other caregivers.
- Being prepared to respond effectively in an emergency and learning about general symptoms, such as fever or pain.
- Knowing how to achieve a higher quality of life even in cases of serious illness or chronic medical conditions.
- Seeing themselves as the most important members of their healthcare teams.

Table I highlights the characteristics of the best programmes and the challenges these present to managers.

Case study: The LIVE model

The corporate wellness programme (LIVE), the brainchild of Jim Murphy (1999), attempts to help employees and their managers create an environment

that promotes healthy lifestyles as well as a healthier bottom line. Making active choices helps improve employee health and morale while employers benefit if their employees are healthy. LIVE was established in three branches of a major division of a well-known international organization almost five years ago. Since then two further branches have implemented the programme. The 'LIVE' programme is aimed at fostering wellness with the goals of:

- Improving economic benefits
- Improving employee fitness and health
- Improving productivity and morale
- Improving job satisfaction and team spirit
- Reducing absenteeism and turnover
- Reducing incidences of work-related stress
- Reducing the incidence of workplace injuries, back injuries and compensation
- Employer/company benefits
- Supporting what business and organization culture needs to be in the future (i.e., adaptive to change, self-responsible, self-mastery, etc.)
- Supporting the business (i.e., makes a contribution to controlling organization costs in concrete, demonstrable way)
- Employee benefits
- Helping individual employees become more skilled in:
 - self-mastery
 - self-care
 - self-management
 - stress management
- Contributing to individual employee satisfaction and productivity.

The LIVE model aimed to deliver:

- Awareness of health and wellness matters
- Behaviour change—towards healthier behaviours
- Developing supportive and healthy working environments.

The focus of programmes encompassed:

- Fitness
- Healthy eating options and nutritional advice
- Health education and promotion
- Weight control
- Smoking cessation
- Stress management

- Physical health self-care
- Complementary therapies
- Physical activities to attract men, for example golf and skiing.

One of the most unique features of the LIVE programme was the establishment of the LIVE Board responsible in each work site for the planning and initiation of various LIVE activities. As each centre joined, they too set up Boards with membership drawn from volunteers among the employees who were willing to devote time to the venture. Members formed a Board with a chairperson, secretary, marketing and publicity director, and a business manager responsible for commissioning and managing the budget (each worksite was initially allocated £10,000 from the organization to support the programme, thereafter, the events were required to be self-funded). Each Board undertook market research and evaluation activities in an attempt to understand the particular needs of the local workforce for wellness programmes. Each Board member, who volunteered from the different strata of the organization, had the opportunity to learn new skills as part of the LIVE process.

An independent research study was requested and undertaken by Hillier in May 2002. The initial phase of the research attempted to understand the views of the LIVE Board members on the three sites. The sample population was drawn from a randomly selected group of LIVE Board members across the three worksites in England.

The preliminary results revealed both positive and negative attitudes towards the LIVE programme highlighting the challenges from both an organizational and individual perspective, in bringing about cultural change. The following comments demonstrated the person's attitude toward LIVE (based on his/her beliefs about the consequences of engaging in the programme, namely, his or her beliefs about the costs and benefits of LIVE for themselves and for others), and the person's perception of the social (or normative) pressure exerted upon him or her to become involved in the programme, as the following comments indicate:

Excellent...volunteered to do LIVE. I was so keen...to be on Board and do LIVE...lots of workshops have been very good...just started Weight Watchers...brilliant...especially as we are all part of the bank...we can help and encourage each other...we know each other and are all rooting for each other...teacher excellent...so enthusiastic and motivated.

Personally, if done well, I think the LIVE programme can make a difference...if we communicate with the target audience...if we can persuade them...it's

entirely voluntary (at least two participants believed there should be a mandatory aspect to the programme imposed by the organization)...so we have to sell them the programme.

The level of volitional control and perceived power, however, appeared to be relatively low. Participants' motivation was clearly influenced by how difficult it was organizing and attending the LIVE programme:

Motivation and enthusiasm for LIVE is at the lower end of the scale at the moment...so not working so well and can't make a difference...besides a lot of people know a lot about health and well-being...they are very well informed...they read magazines, go to the gym, etc.,...the workshops are very low level and haven't told people anything they don't already know...no new information.

Being in different buildings doesn't help...that might change when we move into the new building but at the moment...it is difficult to plan workshops because we don't know who is going to be around...planning blight. We might need to suspend LIVE for the moment and re-launch when we are all in the new building.

Issue is we are trying to appeal to everyone...in November we are getting someone to talk about skiing...apparently lots of people ski...so we are offering a workshop to get them fit. Next five sessions are not going to be talks...moving away from that to more active workshops like golf.

Initially I was sceptical...concerned because personally I smoked, drank too much etc., and I couldn't see what it would mean to me and I wasn't going to change...but that soon changed when I realised that it was up to the individual...they were given the information and it was their choice...it's helped me a lot in certain things...some things I did, others I ignored.

LIVE took a long time to get off the ground...only just getting ball rolling...becoming more creative...finding out what people really want. The turning point came when we could make our own decisions...before the focus was on nutrition...and whatever way it is packaged...it is still nutrition and whatever way it's taught...the outcome is the same...the feedback indicated that it was repetitive. Now looking at alternatives...British Heart Foundation, Golf workshops, ski workshops, children's health...what they can do to help their children. The biggest disappointment last year was the lack of take-up for a workshop on drug and alcohol abuse...only a handful of people signed up...may be the way it was advertised...perhaps people thought if they signed up...others would think they were drug addicts or alcoholics

but that wasn't how it was meant...it was about recognising the signs and symptoms and what can be done.

Yes...in the long-term LIVE may be effective...major change of culture and attitude is needed. At the moment a great deal of people are sceptical...need to work on implementation and work out which courses are most appropriate...this is a new initiative by the Bank it will take time to be accepted. Perhaps starting with Yoga is a step too far...maybe should start with a better choice of healthy food in the canteen...that would make a greater impact...it feels like a token effort is being made at the moment. One respondent lost 10 lbs...and is being strict with his diet...but if he goes to the canteen and wants to have a fruit drink...fruit coolies cost £1.80...too expensive to drink on a regular basis...healthy food subsidies might be a more effective way of using the LIVE budget perhaps.

Very early days...Unsure about the types of programmes identified...personally I think we should do something on sleep patterns...how to wind down...switch off at home...a lot of people would be interested in that and would work better at work.

So LIVE has a strong value at both personal and organizational levels.

The second phase of the research involved the development of a tool to assess the wellness of employees. Self-performance measuring (W@W, Shephard, & Caan, 2003) is a questionnaire completed by employees to assess how they are feeling and their level of performance compared to the previous year and their predicted level of wellness and performance in the coming year. Anonymously completed W@W questionnaires can be analyzed and provide data on which to: (A) take the wellness temperature of the organization; and (B) make decisions about wellness strategies, which may be employed to improve or enhance the employee experience in work. Both research projects will be reported elsewhere but the initial findings suggest that there are key elements that must be in place within organizations to foster a wellness at work culture. These include conducive, welcoming and supportive environments that enable staff to form social networks, but more importantly is the creation of trusting relationships and a sense of control over one's own working practices (Figure 5).

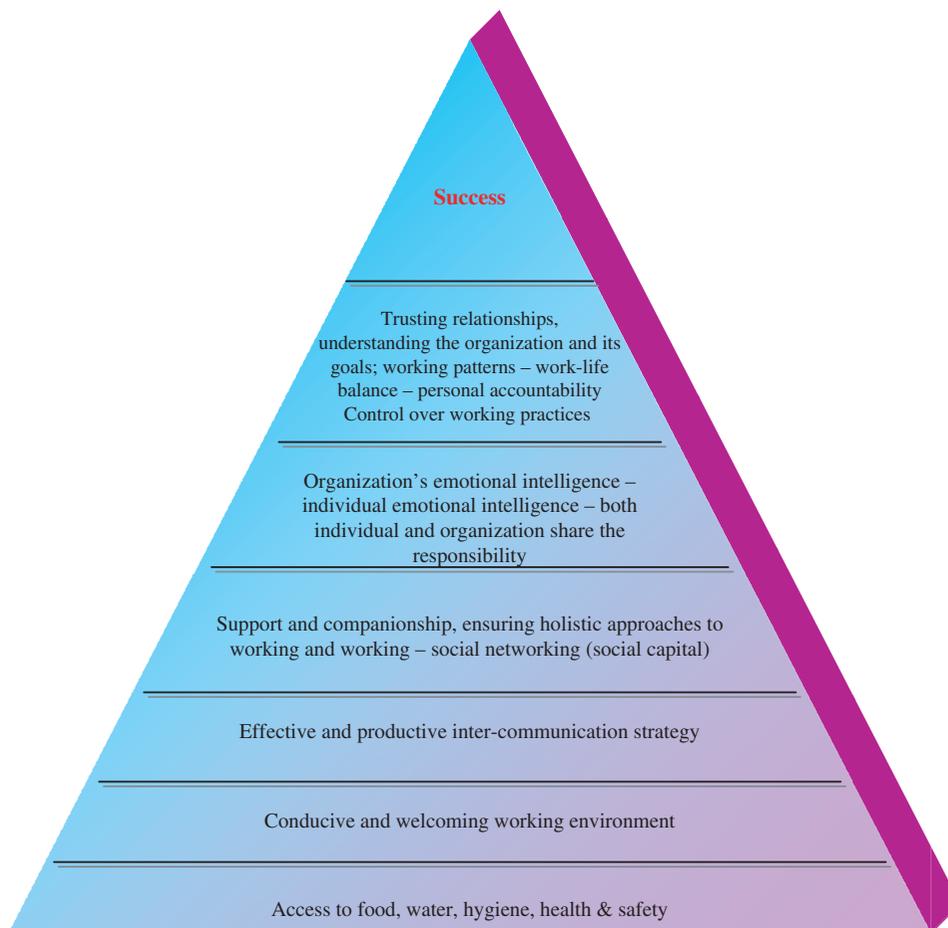


Figure 5. Elements required for wellness at work.

Conclusions

A job should be much more than simply a way of earning a living. It provides identity, contact and friendship with other people, a way of putting structure in your life and an opportunity to meet goals and to contribute.

From the literature and the case study we conclude that there are important key success benchmarks that need to be attended to in developing a strategy to increase wellness at work in organizations. However, whilst all employers know that the ability to manage people effectively is a critical skill, in practice, managers are rarely selected based on their proficiency at dealing with their employees. Instead, technical skills are the usual criteria for promotion and increased responsibility, which often means that people managerial skills are lacking.

When companies fail to overcome this skill shortage with appropriate training and support, the result may be a workforce which is stressed, absent from work, giving sub-optimal performance, fearful and even when they are present in the workplace, distrusting of its employer, and generally not committed to the job. Such unbalanced work lives can lead to unhappiness, stress, physical and mental illness. Not surprisingly, many employees enduring such an environment intend to seek work elsewhere. The result for employers may include reduced profitability, a rising wage bill, and the loss of those key employees who will drive the business.

Aon Consulting's research (2005) showed that a significant number of UK companies are failing to recognise that absence and stress are major risks for employers, and must be effectively managed like any other risk. These phenomena are usually symptoms of a deeper-running organizational malfunction, often related to management styles and the overall relationship between workers and their employers indicating serious and growing problems in the UK workplace. Key 'measurables' such as employee retention and the trust between workers and their leaders provide a yardstick to define the depth of these problems, demonstrating starkly the need to pay more than lip service to employee well-being. Aon's research (2005) reveals a continued, growing and costly disconnect between employees and their organizations. It uncovers a correlation between workers' dissatisfaction with employers' stress and absence management efforts, employees' trust in their organizations, and the impact of these factors on employee commitment.

Consequently, capturing senior management support is a vital step in the process of developing and sustaining wellness programmes. There are three important questions the wellness team

need to answer before putting a case to senior managers:

- A. What are the organization's short-term and long-term strategic priorities?
- B. What benefits can be expected from your wellness initiative and what is the potential value of health promotion to the organization?
- C. What are the leadership styles, pressures, strengths and weaknesses of your senior level executives?

The other important elements include:

- Creating cohesive wellness teams
- Collecting data to drive health efforts
- Crafting an operating plan
- Choosing appropriate interventions
- Creating supportive environments
- Consistently evaluating outcomes.

There is a need for evaluative assessments of well-being in the workplace to consider the different components that are distinct, yet related, simultaneously, both from an aetiological as well as a descriptive point of view, for as Alan Milburn stated (2000) '...good healthcare is an imperative for improved productivity and national economic success... Healthcare is not just a question of resource distribution, but is also linked to the physical and social organization of economic production...health should be regarded as an investment that builds Britain's economic infrastructure'.

The close ties of stress, optimum performance loss and the quality of working life to its social environment point toward the need for organizational interventions. Organizational interventions have three critical advantages over approaches that focus on individual treatment. First, organizational interventions have a wider scope. They improve the quality of the work environment for a large number of people, in contrast with the individual focus of most work-related therapeutic interventions. Second, organizational interventions are not solely oriented toward eliminating a problem; they are directed toward improving the effectiveness of the work setting. This quality of organizational interventions increases their duration because they are not an ongoing cost for an organization, but a means of furthering organizational goals of service provision or productivity. Third, organizational interventions focus directly on the work environment rather than implicitly blaming the victims for experiencing problems. That is, they approach quality of working life as a management issue, and stress and burnout as an organizational problem, not as an individual failing. This perspective shifts responsibility for action to a more powerful sector with greater resources for effecting change in organizational life.

Recommendations

- (1) Organizations should conduct a review of the general wellness of the organization; strengthening it to encourage individuals and managers to adopt a more responsible attitude towards wellness. This includes the preparedness of managers to support and enhance a wellness culture.
- (2) Funds should be created to distribute grants for research into the social and health impact of wellness among employees and the organization to ensure that the information provided to the employees remains accurate and that organizational policy relating to wellness remains effective.
- (3) An understanding of wellness needs to begin at a much earlier stage, therefore, a much greater focus should be put on education about wellness in schools. All schools, colleges and universities should have staff trained in discussing wellness with students, and the family members.

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