

# Achieving Business Excellence: Health, Well-being and Performance

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## Forum C

# Mental Health and Leadership: Practices and Policies

**Professor Mansel Aylward CB**

**Director, Centre for Psychosocial and Disability Research,  
Cardiff University**

**&**

**Chair, The Wales Centre for Health**

**[AylwardM@cardiff.ac.uk](mailto:AylwardM@cardiff.ac.uk)**

**[www.cf.ac.uk/psych/unum/index.html](http://www.cf.ac.uk/psych/unum/index.html)**



**Enterprise for Health, Management Conference 30 October 2008: London**



# Beyond Absence Management:

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- **Organisational features of successful companies**
  - **Psychosocial determinants of health and well-being at work**
  - **“Stress” in life and work**
  - **Personal responses and Perceptions**
  - **The Healthy Workplace**
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# “Stress” in Life and Work:

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- A modification of HSE’s definition of “stress”:

*Stress is the largely subjective adverse reactions people have to perceived or actual excessive pressure or other types of demand placed upon them*

- Stress/Distress is a sensation: it is not of itself a disease
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# Potential Stressors:

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- **Demands:** overload, time, hours, resources, conditions
  - **Control:** decision-making, work organisation, inflexibility
  - **Support:** employers, colleagues, family, health professionals
  - **Relationships:** bullying, harassment, socio-domestic
  - **Role:** lack of understanding
  - **Change:** consultation, information, job-security, organisational change
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# Stress and the Workplace: what we think we know?

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- **Demand, Control & Support<sup>1</sup>**
  - high strain and harmful outcomes
  - perceptions of “stress” / emotions ignored
- **Effort-Reward Imbalance<sup>2</sup> (ERI)**
  - importance of subjective perceptions
  - fails to predict health outcomes
- **Cognitive Appraisal Theory<sup>3</sup> (CAT)**
  - appraisal and coping
  - individual responses pivotal

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1. Karasek, 1979  
2. Peter and Siegrist, 1999  
3. Lazarus & Folkman, 1984; Cox, Griffiths et al, 2000

# “STRESS” – Theories and Models

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- Demand and Control (Karesek, 1979)
- Effort – Reward Imbalance (Peter & Siegrist, 1999)

## Research Findings:

- Neither reduces employees’ perceived levels of stress as was hoped
  - Ignorance about precise processes of “stress”/ measurement
  - Interventions: ? Right time; ? Right way; ? Right people
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# **A more current view - stress as a process**

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**Stress is a process and one must consider:**

**Exposure to stressful experiences/job characteristics.**

**Perceptions of stress.**

**Psychological resources that allow one to cope with the above.**

**Health outcomes induced by the above.**

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# Appraisal or Perceived Stress

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- **Stress occurs when demands exceed the ability to cope**
  - **Important to measure perceived stress**
  - **Also link with psychosocial resources that help you cope**
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Stressor-----Perceived Stress-----Stress Response

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## ***Primary appraisal***

**- Is this a threat?**

## ***Secondary appraisal***

***(Coping)***

**- What can I do about it?**

**Stress occurs when there is an imbalance between primary and secondary appraisal of a situation**

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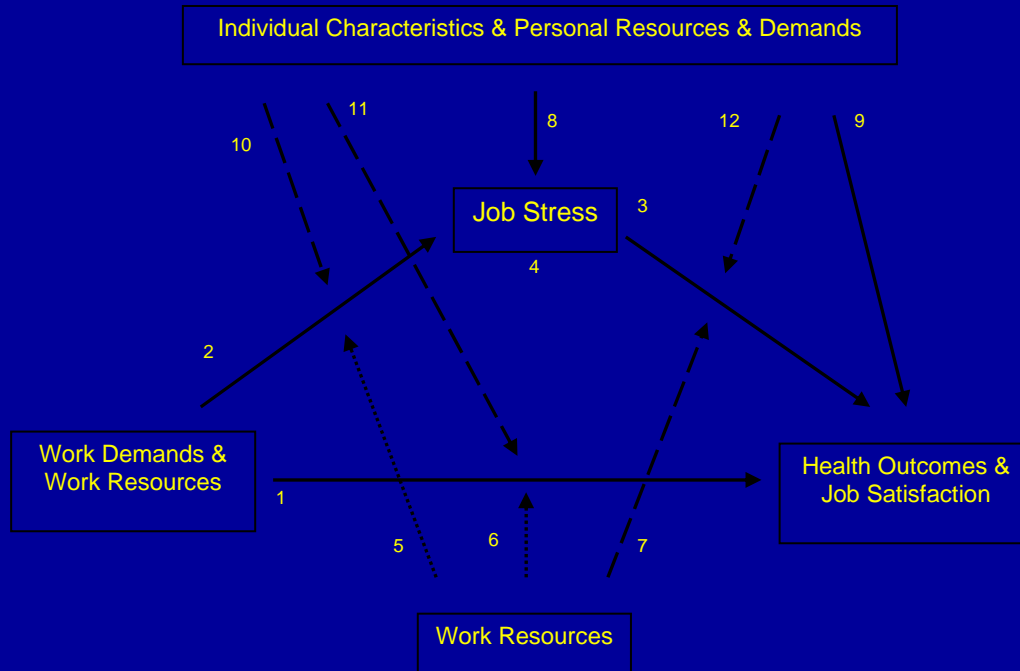
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- Social Support – a major psychosocial resource.
  - Perceptions and Personal responses at “heart” of problem
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# Things are more complicated!

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- **Many other factors must be considered – especially individual differences.**
  - **New models are being developed and tested**  
**(Mark and Smith, 2008).**
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# THE DRIVE MODEL AND STRESS AT WORK



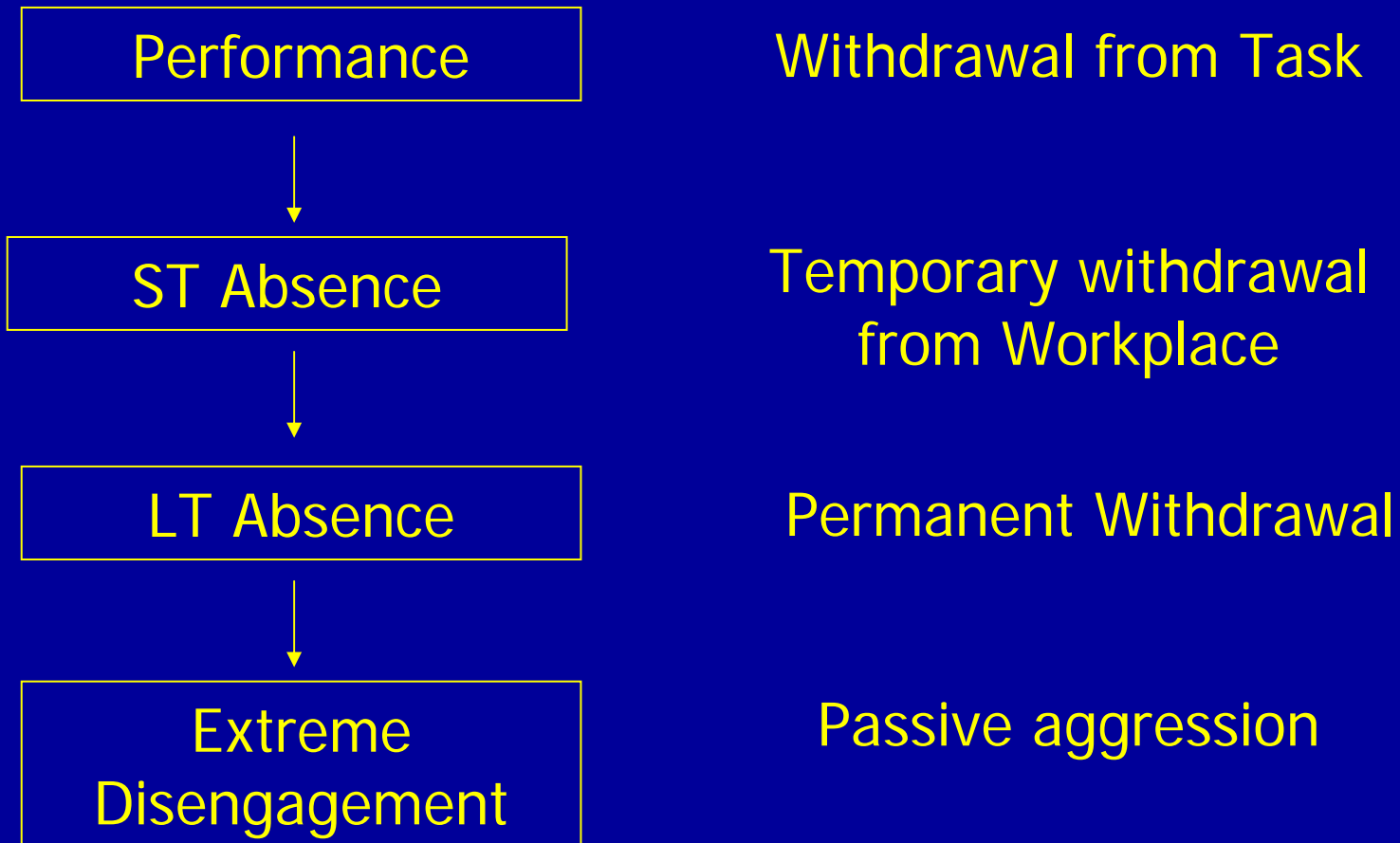
# Prevention and management

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- **On the basis of such models one can design different types of interventions (e.g. organisational or individual).**
  - **We should move away from a “one size fits all approach”.**
  - **However, a process based approach can provide a framework that accounts for individual variation but has a firm theoretical basis.**
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# Avoid The Withdrawal Behaviours Continuum:

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# Successful Strategies

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- **Successful strategies are likely dependent on:**
    - \* **Sound leadership and support, culture, work organisation, openness, communication**
    - \* **Key role of line managers – the prism through which climate is perceived by employees**
    - \* **Balanced effort and rewards, job demands and control, being valued.**
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# **Well-being in Work: Lessons Learned:**

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- **Productivity and Non-attendance (presenteeism, turnover, low morale) are symptoms of wider organisational problems.**
  - **Treating symptoms and not the underlying causes won't improve quality of working life or business performance**
  - **Presenteeism/Absence levels affect the bottom line**
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# Health at Work:

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- **The key idea is that work is healthy**
  - **The workplace = environment for promoting health; controlling ill health**
  - **A public health issue**
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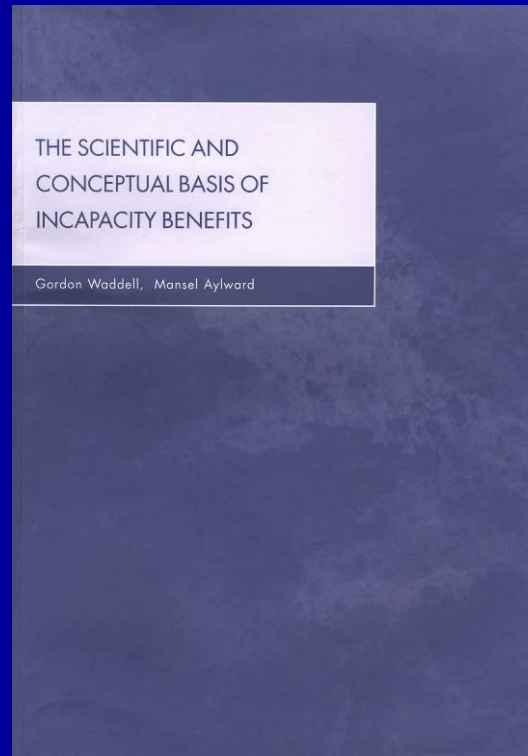
# The Healthy Workplace

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- **A climate where people are allowed to be well**
  - **Positive job design & good line management (the “prism”)**
  - **Proactive rehabilitation and support**
  - **Extensive training**
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# The Scientific and Conceptual Basis of Incapacity Benefits

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**Gordon Waddell and Mansel Aylward**

# The Power of Belief



**Peter Halligan and Mansel Aylward**

# Professor Mansel Aylward CB

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## Contact:

**Email:** [AylwardM@Cardiff.ac.uk](mailto:AylwardM@Cardiff.ac.uk)

**Website:** <http://www.wch.wales.nhs.uk>

<http://www.cf.ac.uk/psych/cpdr/index.html>

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