Achieving Business Excellence: Health, Well-being and Performance

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
www.cf.ac.uk/psych/unum/index.html
Beyond Absence Management:

• 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
“Stress” in Life and Work:

- 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.
Potential Stressors:

- **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
Stress and the Workplace: what we think we know?

- **Demand, Control & Support**
  - high strain and harmful outcomes
  - perceptions of “stress” / emotions ignored

- **Effort-Reward Imbalance** (ERI)
  - importance of subjective perceptions
  - fails to predict health outcomes

- **Cognitive Appraisal Theory** (CAT)
  - appraisal and coping
  - individual responses pivotal

1. Karasek, 1979
2. Peter and Siegrist, 1999
3. Lazarus & Folkman, 1984; Cox, Griffiths et al, 2000
“STRESS” – Theories and Models

- 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
A more current view - stress as a process

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.
Appraisal or Perceived Stress

• Stress occurs when demands exceed the ability to cope

• Important to measure perceived stress

• Also link with psychosocial resources that help you cope
Stressor----------Perceived ---------Stress Response
Stress

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

- Many other factors must be considered – especially individual differences.

- New models are being developed and tested (Mark and Smith, 2008).
THE DRIVE MODEL AND STRESS AT WORK

Individual Characteristics & Personal Resources & Demands

Work Demands & Work Resources

Job Stress

Health Outcomes & Job Satisfaction

Work Resources

Mediating effect of Y, between X and Z

Main Effect

Moderating Effect

Moderating Effect of Job Resources on Job Demands
Prevention and management

• 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.
Avoid The Withdrawal Behaviours Continuum:

Performance → Withdrawal from Task

ST Absence → Temporary withdrawal from Workplace

LT Absence → Permanent Withdrawal

Extreme Disengagement → Passive aggression
Successful Strategies

• 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.
Well-being in Work:
Lessons Learned:

- 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.
Health at Work:

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

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

Gordon Waddell and Mansel Aylward
Over the past two decades, a startling shift has emerged between illness presentation and the allegiance of traditional biomedical explanations. At a result, the causes of many illnesses remain a mystery for both patient and physician, with the consequence that increasing numbers of well-educated people are turning to alternative or complementary medicines. In an attempt to bridge this gap between illness and explanation, without sacrificing the clear benefits of the biomedical approach, many health care practitioners are conversing with patients about the role that belief plays in illness and illness. The belief that disease and illness may be explained in terms of psychological and social-cultural factors is one.

In this model, the beliefs held by the patient about their condition are considered central to the way they behave and respond to treatment. Such beliefs are not specific to patients only—they significantly influence the behavior and reasoning of health professionals as well. In addition, psychosocial influences are far more prevalent and complex than previously assumed. They have been found to be one of the key psychosocial factors considered to underpin and validate the biopsychosocial model. It brings together aspects of both science and medicine to provide a unique account of the role and influence that belief plays in medicine.
Professor Mansel Aylward CB

Contact:
Email: AylwardM@Cardiff.ac.uk
Website: http://www.wch.wales.nhs.uk
http://www.cf.ac.uk/psych,cpdr/index.html