

Employment Relations Comment

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Is it time wellbeing grew up?

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This article was written by Adrian Wakeling, Acas Senior Policy Adviser. Features will mainly be written by members of the Acas Strategy Unit or other Acas colleagues. From time to time however, they may be specially commissioned externally.

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In the 'Annual Report of the Chief Medical Officer 2013', Sally Davies states that "we currently have no consensus about what wellbeing actually is when considered in terms of mental health and mental ill health – let alone how to measure it and how we might develop, implement and evaluate interventions to improve it." The core of her argument is that wellbeing is, evidentially at least, a rather immature concept that is "running ahead" of itself. The report is particularly concerned at the way that public policy promotes the use of ill-defined wellbeing interventions in order to improve mental health. It suggests that many such interventions – activities, such as gardening, for example, that Mind describes as 'ecotherapy' – are based upon the flawed assumption that mental wellbeing and mental illness are merely different positions on a continuum and that managing 'were you anxious yesterday' scores, for example, will have an impact on future incidences of mental illness.

The report takes the opportunity to remind us of some stark facts about mental illness. For example, mental illness led to the loss of 70 million working days last year (up 24% since 2009); it causes 28% of illness but only accounts for 13% of NHS spending; three-quarters of people suffering from mental illness get no treatment at all; and 50% of adult mental illness starts before the age of 15. Many of the reports' recommendations, such as fast-tracking for people with mental health problems in order to prevent them taking time off work, have been welcomed by mental health charities and other stakeholders. But some of the report's broader observations about how we define wellbeing and the part it plays in improving mental health remain unresolved.

There is a broad consensus about the important role that good work can play in influencing our physical and mental wellbeing, as well as the positive impact it can have on levels of engagement and productivity. But what does wellbeing really mean in today's workplace and is it a concept that needs to be clearer about its boundaries in order to be truly effective?

Perhaps the first thing to observe about the broad concept of wellbeing is that it is highly aspirational. It goes beyond the idea of an absence of illness or unhappiness and describes a state of positive functioning or 'flourishing'. In many ways, it is very much a 'glass half full' mindset and in the same way that progressive attendance management focuses on what an employee can do rather than what they cannot do, mental wellbeing is often defined as "a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community" (NICE).

A report from Nuffield Health in 2011, which set out the case for corporate investment in employee wellbeing, described wellbeing as "the new kid on the block", but acknowledged that "because it is multi-dimensional and complex, wellbeing may prove challenging to operationalise." One only has to look at the programme for the National Health and Wellbeing conference, held at the NEC every year, to realise that wellbeing has come to mean, in the words of the Chief Medical Officer, "different things to different people", with subjects covered ranging from health and safety to toxicology, back care to mental health management, leadership to ergonomics and sickness absence to corporate social responsibility.

Strategic workplace initiatives are often most clearly defined by the way employers measure them. In terms of wellbeing, these range from measuring subjective, and sometimes fleeting, states of personal happiness and job satisfaction through to monitoring well-established 'workplace stress' standards, as well as assessing more objective factors relating to work organisation and the provision of information and advice on health issues.

The European Agency for Safety and Health at Work is currently running a two-year campaign focussing on our psychosocial wellbeing entitled 'Healthy Workplaces Manage Stress'. Their latest opinion poll revealed that 51 per cent of workers find

work-related stress to be common in their workplace and 4 in 10 workers think that stress is not handled well in their organisation. The European Risk Observatory has identified contextual changes influencing psychosocial health including an ageing workforce, and new and atypical contracts and working patterns.

In the UK, the Office for National Statistics (ONS) has developed ten broad domains to measure happiness, including 'where we live', 'our relationships', 'personal finance' and 'what we do'. They have analysed both subjective states of happiness – such as one's 'satisfaction with family life' and how 'worthwhile the things we do are' – as well as more objective measures like life expectancy, educational qualifications and where we live.

The GB Skills and Employment Survey (SES) 2012 considers happiness at work and focuses on an individual's enthusiasm for, and contentment with, their job. It uses two scales: one measuring feelings that range from depression (characterised by low emotional arousal and pleasure) to enthusiasm (high pleasure and arousal) and another scale that measures levels of enthusiasm ranging from anxiety to contentment. The SES survey found that there has been a fall in both these measures of wellbeing in British workplaces between 2006 and 2012.

The Workplace Employment Relations Study 2011 used the same scales to take a look at the emotional affect work has on us and the degree of mental arousal we get from it. Unlike the SES survey, WERS found that, although 23% of employees reported feeling depressed at least some of the time, average levels of job satisfaction rose between 2004-11. The WERS findings pointed to the importance of job quality in triggering high wellbeing scores and specifically to the degree of work intensity, level of pay and working hours.

In a workplace setting, how are employers responding to the wellbeing challenge? Feedback from Acas advisors indicates

five broad responses. Firstly, there is the (often considerable) understanding and insight gained from simply asking individual employees how they feel – in surveys and one-to-one – and acting on these findings. Employee surveys are a common way of measuring how employees feel about their work, colleagues, line managers, job security etc. When combined with effective performance management, they have the potential to build skills in workplaces around handling difficult conversations, for example, so managers can show more empathy and listen actively.

Secondly, absence management initiatives are the cornerstone of most organisational action on the wellbeing agenda. The overarching aim is to keep employees in work and/or get them back to work as soon as possible. Employers are encouraged to monitor absence patterns, intervene as soon as possible, and respond to sickness problems by, amongst other things, using reasonable adjustments, return to work interviews and, where appropriate, a phased return to work.

Thirdly, for many employers doing something about wellbeing and mental health means using the Mindful Employer Charter and the Health and Safety Executive's 'stress standards'. The Stress Management Standards were developed by the HSE more than a decade ago, but their continuing popularity may lie in the way they isolate specific problems and provide practical and often relatively simple solutions to issues like work overload and poor working relationships. In a similar vein, the Acas guide on 'Promoting positive mental health at work' advises managers to focus on "those factors that they can control when it comes to mental health" and not worry as much about those areas they cannot control. In other words, some wellbeing interventions, though lacking scientific rigour, may provide employers with the chance to get a handle on hitherto dauntingly complex problems. For example, offering flexible hours is not going to cure depression in itself but may signal a willingness to listen to an employee's concerns.

Fourthly, many organisations are taking action through the provision of general awareness and advice around issues such as diet, exercise, and drug and alcohol misuse. Some of these interventions have been corralled into wellbeing charters. In June this year, Public Health England launched the new national Workplace and Wellbeing Charter Standards to provide a benchmark for organisational action on wellbeing. The charter does highlight some of the challenges faced when attempting to ring fence the areas suitable for employer interventions. For example, the module on mental health includes a commitment to "implement a mental wellbeing policy that follows the principles of the Health and Safety Executive's Management Standards for Stress." This point is re-enforced in the recent NICE consultation on 'Workplace policy and management practices to improve the health and wellbeing of employees', which, once again, recommends that interventions are based on the HSE Stress Standards. However, if 'wellbeing' is going to continue to be used as a catchall for all health issues, including mental health, isn't it time we reviewed the stress standards and brought them more up-to-date with current thinking on mental health?

Finally, employers are also increasingly buying-in to the much wider concept of what might constitute a 'good life'. Of course, the idea of 'good work' has been around for a long time, but wellbeing seems to be expanding this idea to include broader value judgments about, for example, the contribution we make to our communities. On the 'NHS Choices' website, Sarah Stewart-Brown, Professor of Public Health at the University of Warwick, says that mental wellbeing goes beyond happiness to embrace "living in a way that is good for you and good for those around you." Similarly, a report written by the Centre for Wellbeing emphasises the role that local government can play in "nurturing psychosocial wellbeing in local populations so that all residents can reach their full potential and live a good life."

Organisations are clearly under enormous pressure to improve employee wellbeing, not just in terms of preventative action but in terms of creating nurturing work environments that allow individuals to thrive. It is arguably easier to do something, and be seen to be doing something, about subjective wellbeing than it is to address bigger structural issues around, for example, employee voice, autonomy and pay. Consequently, some of the evidence for early wellbeing interventions may, as the Chief Medical Officer comments, “be a little grey”. For example, how can you prove that improving your listening skills is going to make someone more inclined to disclose a medical illness? And that this, in turn, will help you to provide them with reasonable adjustments? And that, as a direct consequence, they are much less likely to go on sick leave and more likely to make a valuable contribution to the team?

The Chief Medical Officer’s call to “treat mental health more like physical health” has been echoed by many other interested parties. Encouraging people to exercise and eat well may often help reduce the risk of medical conditions like heart disease later in life. Similarly, giving people access to mindfulness training, for example, so that they learn to “live in the moment”, may help delay the onset of some mental illnesses, as well as being very effective, as shown in the widespread use in the NHS, at helping patients to manage the symptoms of depression, anxiety and chronic pain.

Wellbeing seems to have evolved into a mixture of interventions based upon a combination of paternalism, intuition, medical advice and good old common sense. Whether it has got the balance right between all of these competing influences is open to debate.

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