"Mental health and wellbeing at the workplace – What psychology tells us"

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The psychology of work and organization (W&O psychology) sheds a different light on the aetiology of mental health and wellbeing at work, emphasizing the role of the work organization and of human agency, and emphasizes the necessity of extending customary health promotion with a preventive strategy that involves work design, people-oriented management and workplace democracy.

PART I: what produces positive and negative mental health & wellbeing?

The workplace is not just a setting in which mental health manifests itself, but also one that profoundly influences mental health. It can *harm, heal, and protect*; leaving long lasting effects. Personal vulnerabilities of employees may exacerbate negative workplace impacts but are *not* a prime cause of mental health problems at work.

Negative impacts

There is a vast body of evidence on work producing dissatisfaction, disengagement, cynicism, apathy, irritability, anxiety, stress and burnout (including the clinical category of depression)[1-4]. Workplace experiences can also lead to suicide[5, 6].

People do not passively undergo the influences from the workplace, but actively respond to shield from, undo or compensate adverse conditions. Moreover, they seek support of others (e.g. colleagues, leaders) to redress negative impacts Workplace health effects are governed by: *primary* factors, workplace characteristics, that are potentially harmful (also "stressors"); *secondary* and *tertiary* factors, which relate to people's efforts to reduce the workplace's harmful influence and enhance their resources, in a direct and indirect way respectively. The most harmful mental health effects occur when primary, secondary and tertiary factors are all negative. This principle has been well illustrated by research with the "demand-control-support model" of stress [2, 7, 8].

1. *Primary factors*

Aetiological factors that have drawn most attention in psychological workplace research are

a. *Job factors*, such as physical stressors (e.g. noise); high work demands (e.g. precision, sustained attention, emotional demands, responsibility, task multiplicity and complexity, interruptions); task incompleteness; obscurity of work processes; poor feedback; role ambiguity, role conflicts, role overload; time pressure, forced rhythm, long, irregular working hours; fragmented and blurred working days [9-12].
b. *Tool factors*, such as intensive use of information and communication technology (ICT) tools, their usability and functionality[13, 14].
c. *Social factors*, such as poor relationships, conflicts, discrimination, social exclusion, harassment and bullying – between individuals as well as in teams, and work climate [15-18].
d. *Organizational factors*, such as flexible forms of working, working in multiple places, mobility of work, collaboration with others from afar, and 24/7 availability demands[19].
e. *Management factors*, such as poor or abusive leadership[20, 21]; inconsiderate and inconsistent human resources management (HRM) practices; organizational changes, and poor change management[22, 23]. Organizational changes such as mergers, downsizing, outsourcing and restructuring, which imply significant job loss and job change, tend to threaten employment and income security, to reduce psychological safety, trust and loyalty, and to boost cynicism among "survivors"[24, 25]. Poor change management adds to these effects[26].
f. *Work-family or work-home interface factors*, such as incompatible demands from different life domains, overload, time conflicts, blurring work-life balance, and lack of facilities for accommodating these issues[27, 28].

2. *Secondary and tertiary factors*

The above factors affect people's activities at work, their mental workload, psychophysiological state (fatigue, boredom, satiation), emotional state (mood and emotions), vitality and self-image[29]. *They trigger a number of self-regulative processes aiming to maintain* an acceptable psychophysiological state (changing activity to accomplish the goal; changing the work strategy as to mobilize extra effort, reduce workload; resting as to reduce fatigue; seeking variety as to reduce boredom etc.), to restore their mood and emotions, to prevent deterioration of their health condition, and to uphold their self-image[30, 31]. In connection with stress these processes are known as "*coping*" [32]. *Work roles and organizational*

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practices tend to restrict the degree to which people can use these mechanisms, thereby enhancing the workplaces' potentially negative impacts. Important *secondary* factors are:

- *Control,* i.e. the possibility to influence the method or timing of task performance, as a protective factor against stress[33].
- *Support*, i.e. the availability of significant others who can help in sense-making or give care and help[34].
- *Recovery*, i.e. the opportunity and time to replenish energetic resources by resting or changing activities[35, 36].
- *Absenteeism*, i.e. the possibility to legitimately withdraw from the workplace to prevent and undo harm[37].

The case of absenteeism is worth considering. Despite its negative connotations for the organization and the individual, is also a protective mechanism that isolates the worker from the work environment. In fact, it is used in this way by health professionals who prescribe employees to stay home (e.g. in the case of burnout). Policies aiming to constrain absenteeism can lead to *presenteeism*, which does not solve the underlying problem and typically raises costs[38, 39]. The eroding social effects of organizational change (lesser trust, more cynicism) may weaken employees' possibility to provide support when new stressors emerge.

Organizational practices that discourage employees from accessing supervisors and managers and that restrain workplace democracy represent *tertiary* factors, that reduce the organizations' self-restoring capacity and inadvertently elongate or aggravate mental health problems[40].

Positive impacts

Primary factors

Although less numerous, there are also studies showing *positive impacts* of work. They show up in joy, job satisfaction, sense-of-accomplishment, pride, self-esteem, enhanced identity, work engagement, growth, resilience and so on – phenomena that have been captured by the general term happiness[41, 42]. There are also social effects such as enjoying friendship and support. Given the positive relationship between positive mental health and productiveness and innovativeness, it is worth looking at the workplace conditions from which they originate. *The primary factors are largely the opposite of those associated with negative health outcomes*. They include: work that comprises complete tasks with well-calibrated demands, that meets peoples needs (e.g. autonomy, competence, relatedness), is meaningful and evokes a sense of responsibility; good relations with peers, leaders, managers; with employee focused management practices, including employee involvement in organizational change.

At a more *basic level* there are characteristics such as performing meaningful social roles, working with others, having a structured workday, being mentally and physically active, producing value, which are known to heal those who return to work after unemployment or sickness[43, 44].

Secondary and tertiary factors

When there are possibilities to exercise control over one's work, to access to other people and ask for their support, and to be heard and exert influence through workplace democracy - this can add to positive mental health effects. Even when problems do emerge, e.g. too high workload, tight deadlines, or rapid organizational changes, they are likely to be handled with some degree of effectiveness and hence better outcomes.

Worth mentioning is the role that *rewards* (in the sense of recognition and appreciation of efforts and achievements by superiors and colleagues) play in countering the effects of workplace stressors[45]. Rewards are typically part of an employee centred organizational culture with good employee-manager relationships.

There is one downside to the combination of highly demanding work and high rewards, i.e. the risk of *addiction* in the form of workaholism which may pose health problems in the long run[46].

Non-homogenous impacts

Mental health and wellbeing do not result from exposure to a naturally evolving ecology that affects all people in a homogeneous manner. Research has shown that the same workplace factors do not necessarily produce the same mental health effects in all people, and that differences in effects between types of work (occupations, work roles, job levels) are due to specific profiles of demands, resources, lack of control over the work and/or a lack of rewards [47-50]. Mental health effects are not the same in all countries and at all times. The current research evidence reflects the changes in ecology of work (i.e. in the society and the economy) in the world, particularly North America and Europe, during the past decades. Evidence on the rise in negative mental health in the Western world should be seen in relation to economic and technological development, increasing knowledge-intensity, flexible forms of working, growing public ownership of organizations, large scale restructuring and outsourcing, and demographic changes (growing work force diversity due to migration, ageing and resulting labour shortages)[51, 52]. Mental health effects are not the same for all organizations. Although there are no controlled studies to support this, there is reason to assume a link between the pursuit of particular

business strategies and the way in which and the way in which the human factor is employed and valued. For example, the emphasis on "lean organizing", "just-in-time production" and "agility" has led to smaller staff and work intensification, which have subsequently translated into a particular range of mental health issues[53, 54]. Business strategies and ensuing decisions on where to locate firms, how to use global networks for outsourcing and dynamically distribute work, how to structure and manage the organization and its subsidiaries, including what kind of HRM practices to install, how to deal with typical mental health issues cannot be isolated from economic philosophies. Firms operating on the premises of liberal as compared to a social market economy may be more prone to practices that that threaten employee (mental) health, as is illustrated by the existence of sweatshops and reports of employee suicides coming from the developing world. These examples should remind us of (mental) health risks of illegal migrant workers in Europe[55].

PART II: What can be done to promote MH?

With alarming figures on declining mental health in the Western world, *it is understandable that the focus is on reducing absenteeism and alleviating the symptoms of those suffering from poor mental health*. Yet, mental health promotion should not be equated to activities taking such a focus. Neither should it take a "preventive" focus by running wellness programs in order to improve the general health of organizations' employees. From the viewpoint of (European) W&O psychology *prevention starts somewhere else, i.e. at the root of the issue, the way in which organizations are structured, changed, and managed*. Concentrating on sickness figures and wellness while maintaining poor jobs, work procedures, leadership practices, organizational structures, and change management approaches, is putting the horse behind the carriage.

A rational approach is to simultaneously address the most urgent mental health issues *and* take measures that can effectively reduce the numbers of employees with health concerns and raise wellbeing in the future. Considering that the health effects of the workplace unfold over time, passing through multiple cycles with the potential to maintain or restore mental health, these two overlapping strategies can be followed at the same time.

Backward approach

Working backward one would need to start with accurate assessments of workplaces and people (using criteria for job quality and wellbeing) and to engage in therapeutic measures for those unable to work. In this context, it is important to understand that workplace is not anymore only the 'main office' but has extended to many locations. Next, one would need managerial interventions that improve communication about workplace issues as well as access for employees to HR experts, workplace professionals, facility managers, line-managers and employee-representatives that can address workplace and staffing issues. In addition, one would look into the skills, capacity and rights of first-line supervisors to resolve problems with workload, work time, deadlines etc. This might subsequently lead to corrective actions regarding the level of individual employees.

Forward approach

Working forward one needs to start from the roots of mental health problems, that is, the (re)design of work systems and the principles of management, including the underlying strategic principles. *Interventions beginning at early moments in the causal chain take more resources and time, but also have greater potential for improvement in terms of scale (numbers of people affected) and sustainable effects. They also provide opportunities for engendering positive rather than negative effects.* Increasing mental health issues in work are challenges for workplace designers, premise and facility managers in companies, as well as for workplace consultants, not to mention employees themselves, who have to change their mind-sets to adapt and participate in the change. Helping corporations to gain the competence to design the infrastructure to support and enable healthy work and wellbeing is at the core of helping them to be also productive and agile. Alignment of work, physical space, information technology and social support is a practical necessity for all organizations.

Building on many decades of research from W&O psychology, the greatest effects are to be expected when one would successively consider:

Work (re)design

Much is known about principles of sustainable work design[56-59]. To achieve optimal (mental) health outcomes, work design should aim at *primary factors* such as: completeness of tasks, calibrated work demands, feedback from the work, tasks and work time schedules that match worker needs; opportunities for developing collaboration and teamwork; psychical working conditions at central sites, outside workplaces, multipurpose premises; and availability of adequate tools. It should also address *secondary factors* such as regulative options in the job and at the team level, e.g. room for control and mutual support (e.g. rescheduling work, share workload, time-management).

Management
To produce benefits good jobs need to be part of a good organization. It is a management responsibility that the organization's structure satisfies both technical and social criteria design criteria[60] and that its functioning is characterized by transparency, openness of communication, and operational efficiency[61]. Management can also install competent people-oriented leadership at al levels, that allows dealing with emerging employee issues[62]. A main challenge for executives is to provide for change management in ways that employees can identify with and adapt to. HRM can do much to create a healthy environment, namely by acting against discrimination, harassment and bullying, by offering schemes for working hour, rest breaks, time off-time and absenteeism that allow room for recovery at the workplace (and at home) [63, 64] and by providing arrangements facilitating the work-home interface. HRM can make further contributions by means of employee assistance, wellness programs and sustainable workplace programs[65]. It is worth noting that "best employers" have little problems with workplace mental health. Finally, there should, of course, be a proper level of employee health care to identify risks and treat emerging health issues.

Workplace democracy
If the preceding recommendations are followed there is limited chance for mental health issues to arise. *And if problems emerge, they can largely be intercepted and addressed by managers and through the formal mechanisms of workplace democracy* – work consultation, works councils and trade unions – provided that executives are supportive of and responsive to queries and proposals for corrective action. It is worth noting that recognizing workers' rights, social protection and workplace democracy are also important elements in the Decent Work Agenda of ILO[66].

Organizational strategy
Work is not a naturally occurring macro-level phenomenon that presents itself to a workforce of whom certain people are vulnerable to mental health problems and others are not. *Work is inherent in organizations that are structured and operated in ways that depend on strategy-driven decision-making by executives and key stakeholders – in private firms owners and shareholders, in public organizations policy makers. How work affects employees' health is primarily dependent on these strategies*. Strategies aiming at maximizing profit or outcomes while minimizing costs, particularly with a short-term focus, tend to prefer scarce staffing, wage minimization, low investment in employee outcomes that do not immediately influence the bottom line. Strategies aiming at sustainability take a different perspective. Emphasizing long-term benefits for stakeholders, they are conducive to the protection and development of employee health and wellbeing, and to maintaining mutually beneficial relationships with society. Thus, the strategies pursued by firms and public organizations, inspired by a liberal or social market economy may – through the impact on the profile of organizations and work – affect the mental health condition of a larger or smaller number of employees.
The social market economy, emphasized by the European Union in its 2020 agenda, allows or greater emphasis on organizations' responsibilities for long-term impact on employees and more balanced sharing of costs with governments and society. In articulating these responsibilities in the context of promoting mental health at the workplace the European Commission can build on earlier directives, such as the Directive 89/391EC on occupational safety and health and the Directive 2002/14/EC on works councils.

Considerations for action

Target groups
Measures should partly be generic, partly be tailored to particular target groups, with different risk profiles (e.g. part-time women, employees from minority groups, people with mental illness, young professionals, older workers, health care workers, teachers, managers!).

SMEs and larger corporations
Particular attention is needed to SME's as they may not have the expertise and resources to follow best practices in mental health promotion and to international corporations as such practices might conflict with current prevailing business interests.

Best practices
Organizations in most of Europe operate against an institutional background that is significantly different from that in the e.g. the United States. The presence of a works council, in addition to trade unions, and executive bodies monitoring working conditions based on specific legislation regarding employee safety, health and wellbeing, points at institutional factors that may alleviate the potentially negative impact of certain business strategies on (mental) health. They also

represent mechanisms that may protect and improve employees' mental health to a certain degree. Another difference is that the US has lacked a general public health care system and that private firms are held to cover employees' health expenditures. The ways in which employers deal with employee health and the way in which employees respond may therefore differ widely. An implication is that *one must be careful with generalizing findings from US-based studies to the Europe and adopting best practices from the US.* More research on workplace mental health promotion in Europe is needed.

Part III: what psychologists can contribute

The role of psychologists in the field of work and organization reaches significantly beyond the care for individual employees suffering from mental health symptoms. With the knowledge of work and organization that has accumulated over they can be expected to contribute to the development of organizations and work settings that systemically prevent the emergence of health problems and promotes wellbeing of future generations of employees[67].

Psychologists can be expected to:

1. Provide measures for mental health and workplace quality.
2. Monitor working conditions and predict trends (including "early warning") in mental health and wellbeing.
3. Suggest an appropriate portfolio of prevention and intervention measures.
4. Contribute to prevention by means of e.g. recruitment, selection, placement & training of workers, supervisors and managers.
5. Provide intervention by coaching and psychotherapy (the latter requires specialist clinical expertise).
6. Develop positive individual level and organizational level interventions to facilitate employee engagement and flourishing.
7. Conduct evaluative studies to assess the effectiveness of various interventions.
8. Advice executives about sustainable and effective forms of organizing that respect the interests of all stakeholders.

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