

## **Expert testimony: NICE workplace health guidance**

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This testimony can help to answer the following questions:

- ‘What is the role of the organisational culture and context in supporting line managers, and in turn their employees? What is the role of organisational policy and processes?’
- ‘How can line managers promote the health and wellbeing of employees? Which interventions or policies are most effective and cost effective?’

It also raises some issues which ought to be considered when interpreting evidence from organizational interventions.

### **The role of workplace context**

A range of factors combine to impact on individuals’ workplace health. These can include the way what work is designed (e.g. demands, control, feedback, variety, etc), the formal policies and practices (HR policies), the leadership of the workplace. Not only that, but relatively recent thinking in organisational behaviour has highlighted the importance of the broader context in which work takes place (Johns, Rousseau, et al). Trying to understand workplace health from different perspectives may leave some gaps in the intersections, so it is important to take all these influences into account when trying to manage workplace health. Furthermore, because individuals shape and share their workplace, the workplace context is as important for workplace health, as job design and leadership.

But what does workplace context mean in relation to workplace health? And how does it exerts its effects? A large scale study was carried out in 2009-11 with 17 UK organizations (ESRC-funded<sup>1</sup>). Interview data from HR and H&S practitioners were analyzed using template analysis. Data from over 5000 employees who were surveyed four times were analyzed using state-of-the-art statistical techniques, including multilevel modelling, multilevel factor analysis, and Bayesian statistics.

Three literatures were also consulted: job design, organizational and psychological climate, and self-determination. In short, job design is about the aspects of the work that have the potential to support individuals’ well-being, motivation and performance; climate is about the shared experiences of individuals working in the same workplace; self-determination looks at the environmental influences that can support individuals’ autonomy, competence, relatedness, and their intrinsic motivation. Each of these substantial bodies of research and practice have provided important insights into how work and workplaces can impact on health.

Nine characteristics of workplaces that have the potential to support health were identified. Decision-making, work planning, and role flexibility (grouped under autonomy-supportive workplace characteristics), feedback, appreciation, and supportive management (grouped under competence-supportive workplace characteristics), and social support, trust, and sense of community (grouped under relatedness-supportive workplace characteristics) were found to support strongly and consistently a range of health outcomes (sickness absence, motivation, job satisfaction, performance, turnover intentions). More specifically:

- Workplace climate is a strong and consistent predictor of intrinsic motivation, job satisfaction, affective well-being, performance, sickness absence, intention to quit

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- The effects of workplace climate and (transformational) leadership are consistently stronger than the effects of job characteristics and policies and procedures
- Climate does not operate in isolation from leadership and characteristics of the job
- Formal policies and procedures were the weakest predictor of work-related health outcomes
- The shared experiences of individuals working in the same workplace was an important predictor. A large difference between psychological climate and organisational climate is negatively linked to well-being. This distinction between psychological and organizational climates suggests that degree to which colleagues agree in their perceptions of their workplace may be more important for their health than their personal perceptions of their workplace.

In conclusion, to have an engaged, motivated, and healthy workforce, the challenge is for organizations to create work environments that enable employees to feel independent and in control in their work (autonomy), to feel able and competent (competence), and to relate positively with others at work and feel trust and a sense of community (relatedness).

This work has been presented at conferences, in academic journals, and is accompanied by a measurement tool, a manual, and guidelines on developing healthy workplaces.

Four principles can be extracted:

Principle 1: Workplace health cannot be reduced to just one factor

Workplace health arises from individuals' work experiences, the configuration of the job, the social environment, leadership or management style, the availability of resources, and organisational policies and practices

Principle 2: The backbone of workplace health is a healthy workplace

A healthy workplace impacts on health directly and also indirectly by boosting the effects of well-designed jobs and good leadership

Principle 3: Workplace health is a shared experience among colleagues

People who work together in the same workplace share the same experiences and often views, attitudes, and behaviours. These shared or collective perceptions are as important as individuals' personal perceptions of their workplace

Principle 4: Focusing on one factor only will provide a partial solution

No single factor should be isolated from other factors that impact on workplace health. All work in tandem.

To conclude, the proposition that this project and supporting research put forward is that the workplace context, the way that the workplace is designed, is as, if not more in some instances, important for employee work-related health and well-being, as job design and leadership.

#### **A few notes on evaluating intervention research**

Research into organizational level interventions for supporting workplace health is currently witnessing major new developments. There are three problems with the state of intervention research:

First, there are many inconsistencies and gaps in our knowledge of when interventions can be successful. Research has mainly focused on understanding if, rather than how, when, and why, interventions are effective, such that interventions are still considered a 'black box' approach. As

Pawson (2006) notes, “interventions are fragile creatures. Rarely, if ever, is the ‘same’ program equally effective in all circumstances.”

Second, intervention research in complex dynamic organisational settings is notoriously difficult to carry out. Intervention success seems to be conditional on a range of factors, including the content of the change, its broader context, as well as the implementation process. As a result, “at present little real progress is being made in intervention research [and] we do not need ‘more of the same’ ” (Cox, Taris & Nielsen, 2010).

Third, intervention evaluation methodology is still in its infancy. Traditional ‘gold standard’ evaluation methodologies (e.g. the RCT) are limiting in helping us to understand what happens during and as a result of an intervention. Many have noted that *“researchers have mainly focused on understanding if, rather than how, when, and why, interventions are effective [...]. Despite several calls for attention to process and contextual issues and for the use of broader conceptual frameworks to evaluate stress interventions [...], their evaluation is a rather complicated and uncertain task”* (Biron & Karanika-Murray, 2013)

In short, the success of organizational interventions for workplace health is contingent on the process and the context in which they are implemented. Our methods and tools in the field are not strong enough to allow us to demonstrate what actually works. Although the field is developing in dramatic rates, we ought to be cautious when interpreting the results of intervention studies.

Intervention research ought to move away from outcome evaluation (does it work) towards an understanding of what works for whom, in which circumstances, and why. Suggestions for possible solutions to developing intervention research have been described in detail elsewhere.

#### **Additional publications related to this work**

Biron, C., & Karanika-Murray, M. (2014). Process evaluation for organizational stress and well-being interventions: Implications for theory, method, and practice. *International Journal of Stress Management*, 21(1), 85-111.

Biron, C., Karanika-Murray, M., & Cooper, C. (Eds.) (2012). *Improving organizational interventions for stress and well-being: Addressing process and context*. London: Routledge. ISBN: 978-1-84872-056-5

Cox, T., Karanika, M., Griffiths, A., & Houdmont, J. (2007). Evaluating organisational-level work stress interventions: Beyond traditional methods. *Work & Stress*, 21 (4), 348-362

Karanika-Murray, M., & Biron, C. (Eds.) (forthcoming, 2015). *Derailed organizational stress and well-being interventions: Confessions of failure and solutions for success*. Springer.

Karanika-Murray, M., & Michaelides, G. (2011). A multilevel perspective on understanding the relationships between the organisation, the leader, and employee well-being. Paper presented at the BPS Division of Occupational Psychology annual conference, 12-14 January, Stratford-upon-Avon.

Karanika-Murray, M., & Michaelides, G. (2013, April). *Workplace Design Questionnaire. Manual v 2.0*. Nottingham.

Karanika-Murray, M., & Michaelides, G. (2013, July). *The workplace makes a difference: Principles of workplace design for employee well-being (v2.0)*. Nottingham.

Karanika-Murray, M., & Michaelides, G. (under review). *Workplace design: Conceptualizing and measuring workplace characteristics for motivation*.

Karanika-Murray, M., & Michaelides, M. (2011). Organizational health propensity: Development and validation of a measure of organisational context for work-related health and well-being. Paper presented at the APA/NIOSH conference *Work, Stress, and Health 2011: Work and Well-Being in an Economic Context*, 19-22 May, Orlando, Florida.

Karanika-Murray, M., & Michaelides, M. (2011). Predicting employee turnover intentions: The role of intradepartmental interdependence and sense of community. Paper presented at the 15th conference of the European Association of Work & Organisational Psychology conference, 25-28 May, Maastricht.

Martin, A., Sanderson, K., Karanika-Murray, M., & Biron, C. (forthcoming). The psychosocial work environment, employee mental health, and organizational interventions: Improving research and practice by taking a multilevel approach. *Stress & Health*.

Michaelides, G., & Karanika-Murray, M. (2010). All we need is context. Paper presented at the 2nd biennial Institute of Work Psychology international conference Work, Well-being and Performance, 29 June-1 July, Sheffield, UK.

Michaelides, G., & Karanika-Murray, M. (2012). Conceptualizing organizational context in relation to health and well-being: A qualitative exploration. In S. P. Gonçalves & J. G. Neves (Ed.s), *Occupational Health Psychology: From Burnout to Well-being*. Lisboa, Portugal: Scientific & Academic Publishing.