14

HRM, WORK AND WELL-BEING

CHAPTER OBJECTIVES

- To define the concept of employee well-being.

- To discuss contemporary workplace health and safety (H&S) issues, including mental health and stress.

- To present the business case for the effective management of employee well-being.

- To outline the UK legal framework concerning H&S at work.

- To detail the mechanisms by which organisations can actively manage employee well-being, including dealing with stress at work.

- To discuss the importance of work–life balance to individual well-being and effectiveness at work.

GO ONLINE

This chapter comes with loads of online tools to help you go the extra mile in your studies. When you see the icons below, head to **study.sagepub.com/wilton6e** for:

- **Videos** from author Nick Wilton, introducing key aspects of the chapter and spotlighting complex issues in HRM.
- Fascinating additional **case studies** demonstrating HRM around the world.
- Free **SAGE journal articles**.

INTRODUCTION

Employer concern for employee health, safety and well-being would appear to lie at the heart of a positive employment relationship. It would be very hard for employers to argue that they value their employees whilst disregarding their welfare in the workplace. Subsequently, the claim of many employers that people represent a valued organisational asset is perhaps nowhere better examined than in the light of their approach to health and safety at work. Alongside the growing emphasis on people-added value in contemporary firms, the concept of 'employee well-being' has grown in significance over recent years. This concern is partly associated with the high cost to businesses of ill health and associated absence, the development of legislation covering workplace health and safety, demographic change (associated with, for example, an ageing workforce) and the shift to a service-dominated industry – developments that have contributed to the creation of a wider set of health, safety and welfare concerns for both employers and employees. Moreover, trends in the management and experience of work – including the greater use of contingent reward, flexible working, work intensification, increased job insecurity and work-related stress – are placing greater pressures on employees and have contributed to a rise in the experience of work-related mental ill health.

This chapter is primarily concerned with this multi-dimensional notion of employee well-being and the rationale for the effective management of well-being. It discusses contemporary trends in workplace health and safety, outlines the UK legal framework governing H&S at work and the means by which well-being can be managed.

DEFINING WELL-BEING

CIPD (2007c) defines the management of well-being at work as being concerned with:

> creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organization … well-being is more than an avoidance of becoming physically sick. It represents a broader bio-psycho-social construct that includes physical, mental and social health (2007c: 4).

This very broad definition reflects the wide range of dimensions to employee well-being (see Table 14.1) and the view that the effective management of well-being involves consideration both of how work itself can affect people and the more specific hazards to physical and mental health in the individual workplace. Therefore, employee well-being represents a wider concern for employees than simply the minimisation of risks to health and the prevention of accidents, injuries and disease that have traditionally been the H&S

concerns of employers. The notion of employee well-being stresses both a preventative/proactive approach through the provision of rewarding work, a nurturing work environment, correct fit between worker and job/organisation, the prevention of accidents, injuries and stress, and the promotion of healthy lifestyles, as well as a curative/reactive approach to assist employees in remedying the causes and consequences of accidents or injuries and dealing with mental health issues.

Table 14.1 Five domains of well-being

Domain	Indicative elements
Physical	Physical health, mental health, working environment, physical safety and accommodation
Values	Ethical standards, diversity, psychological contract and 'spiritual expression'
Personal development	Autonomy, career development, lifelong learning and creativity
Emotional	Positive relationships, emotional intelligence and social responsibility
Work/organisation	Change management, work demands, autonomy and job security

Source: adapted from CIPD, 2007c.

Understood in a broad sense, the notion of well-being at work is constructed both of subjective and objective elements: subjective in that individual physical and mental well-being differs between people, depending on their underlying health, their values, attitudes, expectations, priorities and personal circumstances; and objective in that there are certain baseline features of employee wellness. This perspective stresses that the effective management of employee well-being requires an individual, as well as collective, focus. Moreover, effective management of employee well-being requires consideration of a wide range of organisational characteristics: prevailing culture, management style, line-manager behaviour, work allocation, job design and the use of technology. In summary, employee well-being is concerned with:

- maintaining a safe and stable working environment
- managing effectively risks to physical and mental health
- promoting supportive, trusting, nurturing and respectful relationships and a positive psychological contract
- enabling individual employees to achieve their potential through sympathetic job design and supportive HR policies and practices
- providing intrinsically rewarding, challenging and satisfying work
- encouraging and supporting good physical and mental health both inside and outside of the workplace.

Arguably, there has never been a greater imperative for organisations to address employee well-being, citing three principal sources of pressure to do so:

1   The costs of long-term sickness and absence and the damage to organisational productivity, growth, employee retention and brand.
2   Increasing demand from employees that their employers help them achieve individual well-being.
3   The growing body of legislation and government policy driving employers to recognise their impact on employee health and to assist in getting more of the working population back and active in the workplace.

Nonetheless, CIPD questions whether the apparently greater focus on employee well-being in management discourse constitutes a new phenomenon or just a 'clever re-labelling of traditional absence management, occupational health and good management practice' (CIPD, 2007c: 1).

BOX 14.1   RUNNING CASE

In the Heat of Battle – Employee Well-Being in the Kitchen at the Marin Hotel

Penny, the HR assistant at the Marin hotel, has alerted David to a spate of sickness absence in the kitchen of the hotel's restaurant, as well as a handful of resignations. Since her appointment, the new head chef, Adrianne Nadler, has been getting great reviews and the restaurant is booked for weeks in advance. However, Adrianne is known to have an 'artistic' temperament and perfectionism, which can sometimes lead to strong words and throwing of pans. The hotel general manager calls this the necessary flipside to culinary genius – 'think Gordon Ramsey', she says.

However, after one of the kitchen porters mentions this to David, he feels inclined to speak to Adrianne. She understands his concerns and apologises for 'becoming a little demanding in the heat of a busy service'. David hears nothing more until Penny flags the absenteeism rate, so he asks Penny to find out more about the working environment in the kitchen. She speaks to several members of the kitchen and restaurant teams – chefs, kitchen porters, waiters – and what she finds out is alarming. Adrianne has regularly lost her temper and has done so with most of the kitchen and restaurant staff. In doing so, she's become personally insulting and on one occasion, it's rumoured, she threw a plate that hit the pastry chef (this couldn't be confirmed, however). Even when not losing her temper, Adrianne has reportedly micromanaged her team, checking all their work and often throwing away food that she did not think up to scratch, putting pressure on staff to achieve ever higher standards. Even those that she appears to trust she's put under

pressure to work at short notice and, on occasion, to work punishingly long shifts. One such team member is now on long-term sickness absence.

However, staff only spoke with Penny on condition of strict anonymity. Such was Adrianne's growing reputation in the culinary world, the other chefs felt that having worked under her would be great for their careers, if they could only tough it out for a few months. Indeed, after particularly intense shifts, Adrianne often apologised to the team and told her chefs that she'd write them glowing references when they wanted to move on from the Marin.

Questions

1 How do the working conditions in the kitchen compare to good practices in the management of well-being at work?
2 How would you advise David to proceed in dealing with the situation?
3 To what extent do you think that an organisation should seek to accommodate problematic employees if they are bringing benefits to the business?

DIGNITY AT WORK

The notion of 'dignity at work' is often used in conjunction with bullying and harassment, as outlined in Chapter 13. A number of organisations, including trade unions (for example, UNITE in the UK), employer organisations and government departments use the term to refer to the objective of creating a positive working environment that is free from bullying and harassment, and which promotes mutual respect between colleagues and between managers and their subordinates.

Sayer (2007) argues, however, that the prominent focus on bullying and harassment tends to frame the idea of dignity at work rather narrowly and that greater attention needs to be paid to 'the whole range of circumstances which support or tend to undermine employees' dignity' (2007: 565). In broadening the dignity at work agenda, Sayer argues for the association between dignity and autonomy, recognition, being taken seriously by others, respect and self-respect and trust. To a degree, therefore, dignity at work is closely associated with employee well-being, as outlined in Table 14.1. Sayer argues, however, that the nature of work undertaken by a worker, and whether they are viewed in an instrumental manner, is also a key determinant of one's dignity (Hodson, 2001). Therefore, whilst bullying and harassment represent severe instances in which someone's dignity is undermined, involvement in 'decent work' (Bolton, 2007) and management that treats employees in a respectful manner are also critical elements in ensuring the avoidance of indignity.

HEALTH AND SAFETY AT WORK

A key component of employee well-being is health and safety at work. The Health and Safety Executive (HSE), the body responsible for enforcing and promoting UK H&S legislation, report that in 2022–23, 1.8 million people in the UK who worked during the previous year were suffering from ill health they believed was caused or exacerbated by work (of which approximately 672,000 were new cases) (HSE, 2023). There were 135 workers killed in work-related accidents in 2022-23 and 561,000 workers sustained non-fatal injuries at work. In terms of fatalities, the most dangerous industries in 2019–20 were construction (45 fatal injuries, 2.1 deaths per 100,000 workers), agriculture (21 fatal injuries with a corresponding rate of 7.87 deaths per 100,000 workers) and manufacturing (15 fatalities, 0.57 deaths per 100,000 workers). In the entire service sector, there were 15 fatalities (0.28 deaths per 100,000 workers).

Whilst these figures clearly indicate that workplace H&S should be a significant concern for the employer, they represent a significant improvement in workplace H&S over recent decades. For instance, since 1982 the rate of fatal injuries at work has fallen from 2.3 per 100,000 workers to 0.41 in 2023. Similarly, the rate of non-fatal injuries has declined from 860 per 100,000 workers in 1986, to 215 in 2023. There is a complex pattern of reasons for this improvement in workplace safety, including improved legislation in this area (the Health and Safety at Work Act 1974), the shift to more 'benign' work and improved managerial practice beyond legal compliance.

In the UK, the traditional emphasis of H&S at work has been on the physical working environment. This partly reflects the historic focus of H&S legislation on guarding against the ill effects of manual labour and the dangers associated with manufacturing and agricultural work, both in terms of the risk of physical injury or illness and the potential to exacerbate existing health problems.

BOX 14.2   GLOBAL INSIGHT

An International Perspective on Workplace H&S

The UK Health and Safety Executive report that the most recent comparative data (2018) shows that the UK has one of the lowest fatal injury rates (0.61 per 100,000 workers) among European countries, comparing favourably with other large economies, including France (3.07), Spain (1.49) and Belgium (1.69). The highest rate was found in Cyprus (3.76 per 100,000). Despite some variation, these figures reflect a broadly downward trend in work-related fatalities and serious injuries in most industrialised nations. The global picture on safety at work, however, makes for more worrying reading. The International Labour Organization report that an estimated 2.3 million people die from work-related accidents and diseases annually, equivalent to 6,000 deaths per day. In addition, every

day, the equivalent of almost one million workers (340 million annually) will suffer a workplace accident.

The disparity between the EU and the global picture likely indicates significant differences in the dangers of work in the developed and developing world. Given the complex patterns in the international division of labour that have developed in the era of rapid globalisation, this raises the question of whether the traditional dangers of certain types of work have also been exported to less developed nations.

Recent changes in the emphasis of the management of workplace H&S and a decline in the incidence of serious injury and deaths at work have coincided with the continued movement towards a service-dominated economy and associated changes in the nature and demands of work. For example, in the contemporary workplace, particular offices are associated with 'sick building syndrome' (Baldry et al., 1997) referring to the health problems caused by poor air quality and inadequate ventilation. Other changes in the nature of work, notably the preponderance of desk-based jobs, have also led to changes in nature of work-related injury, such as growth in the incidence of repetitive strain injury (RSI) caused by the intensive use of computer keyboards, alongside other forms of musculoskeletal disorders. An estimated 6.6 million working days were lost in 2022-23 through musculoskeletal disorders caused or made worse by work, administrative construction and health and social care work demonstrating significantly higher rates than that for all industries (HSE, 2023).
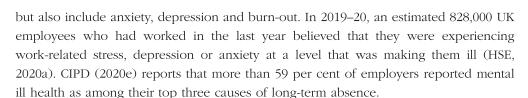
Recent data also indicates a growing incidence of violence at work across all sectors of employment, but particularly for customer-facing employees in the hospitality, transport, and retail sectors. This includes widespread verbal abuse experienced by people in the workplace, which places significant emotional demands on employees and can lead to physical ill health. The latest available data from the 2019–20 Crime Survey for England and Wales reports 688,000 incidents of violence at work in the previous 12 months, involving 307,000 workers, and with 30 per cent of incidences resulting in injury. The 2023 British Retail Consortium Crime Survey showed that incidents of violence and abuse towards retail colleagues had almost doubled on pre-pandemic levels. The occupational group most at risk of violence at work are those in the 'protective service' occupations (such as police officers), with health and social care professionals also at greater-than-average risk (HSE, 2020b).

MENTAL HEALTH AND STRESS AT WORK

Perhaps the most significant trend in the area of workplace H&S over recent years has been the increasing prevalence of mental health conditions. Most frequently, mental health problems associated with work reflect the consequences of work-related stress,

but also include anxiety, depression and burn-out. In 2019–20, an estimated 828,000 UK employees who had worked in the last year believed that they were experiencing work-related stress, depression or anxiety at a level that was making them ill (HSE, 2020a). CIPD (2020e) reports that more than 59 per cent of employers reported mental ill health as among their top three causes of long-term absence.

The HSE defines work-related stress as 'the adverse reaction people have to excessive pressures or other types of demand placed on them' (HSE, 2012b). A more involved definition is provided by Ganster and Rosen (2013: 1088): 'stress can be thought of as (a) a feature of the external environment that acts on an individual, (b) the individual's responses (psychological, physiological, and behavioural) to environmental demands, threats, and challenges, or (c) the interaction of the two'. Both definitions emphasise that stress is subjectively experienced and the fact that different people have different 'tipping points', varying perceptions of potential sources of stress and ability to cope. In other words, the strains that constitute an individual response to stressors (environmental events that act on an individual) (Griffin and Clarke, 2011; Ganster and Rosen, 2013) will differ from person to person.

As the HSE highlights, however, work is not inherently stressful: 'Well-designed, organised and managed work is generally good for us but when insufficient attention to job design, work organisation and management has taken place, it can result in work related stress … Pressure can be positive and a motivating factor and is often essential in a job. It can help us achieve our goals and perform better. Stress occurs when this pressure becomes excessive. Stress is a natural reaction to too much pressure.' (www. hse.gov.uk/stress/)

Therefore, whilst many of the potential sources of stress – for example, working to tight deadlines – are present in many jobs, they might represent a source of challenge and motivation to some employees yet a significant source of stress to others, with the potential to cause physical ill health. This is not to say that stress is purely an individual problem, such as an inability to cope; rather it can reflect a range of workplace and job-related characteristics. The costs to business of work-related stress can be significant, including prolonged sickness absence, staff turnover, lowered staff morale and productivity, and human error, not to say personal injury claims.

HSE (2023) estimates that 875000 workers in the UK suffered from work-related stress, depression or anxiety in 2022/23, resulting in 17.1 million working days lost 954 per cent of all working days lost due to work-related ill health). This is higher than pre-pandemic levels. In 2023, the estimated cost of sickness absence due to stress or burnout was £28bn (HSE, 2023). Whilst the HSE note that work-related stress is widespread throughout the UK working population and not confined to particular sectors or high-risk jobs or industries, both stress and other mental health conditions are high among certain professions including teachers, health and social care professionals, medical practitioners, and police and prison officers.

BOX 14.3 RESEARCH INSIGHT

The Incidence of Mental Ill Health and Organisational Response

People Management (2015) refers to mental ill health as the 'secret workplace epidemic', reporting on extensive research evidence that mental health problems associated with work were increasing, including the stark estimation of Stanford Graduate School and Harvard Business School that the negative health outcomes associated with work-related stress were killing 12,000 people annually in the US.

Research conducted by *People Management* asked HR professionals to explore the incidence of mental ill health in their organisations and the interventions in place to help those suffering from such conditions. The research found that the most common conditions were stress (88 per cent of organisations), depression (85 per cent), anxiety (83 per cent) and stress-related illnesses (63 per cent). In addition, the research identified the incidence of a range of broader issues associated with mental health including panic attacks (42 per cent), substance abuse or addiction (28 per cent), eating disorders (12 per cent) and self-harm (11 per cent).
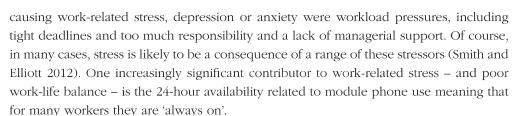
In response, those surveyed suggested that the most common interventions were phased return to work (95 per cent), reduced workloads (88 per cent), occupational health support (87 per cent), employee assistance programmes (84 per cent) and counselling (83 per cent). Learning interventions included manager support (56 per cent) and 'resilience and mindfulness training' (43 per cent).

Overall, the research accorded with prior studies that indicate a worsening situation. Over half of respondents reported that the number of working days lost to mental health issues was increasing (compared to only 10 per cent who thought they were reducing) and 43 per cent of respondents thought the level of mental well-being among employees was getting worse. On the positive side, 45 per cent identified a growing willingness of staff to talk about mental health issues, suggesting that the stigma of mental health is gradually being reduced. However, this positive development must be set against the finding that 61 per cent of respondents suggested that an employee known to suffer from a mental health condition would see their career negatively affected to some extent.

There is a wide variety of factors that can contribute to the experience of work-related stress, many of which were discussed in relation to quality of working life in Chapter 4. These include inappropriate work organisation and job design, role ambiguity, the nature of working relationships, lack of discretion and control, work intensification, the form and degree of managerial surveillance, poor communication, harassment and bullying, and excessive workload and pressure. In addition, management style, uncertainty and job insecurity and poor work–life balance or 'spillover' can be significant contributory factors. The main work factors cited by respondents to the UK labour force survey in 2017 as

causing work-related stress, depression or anxiety were workload pressures, including tight deadlines and too much responsibility and a lack of managerial support. Of course, in many cases, stress is likely to be a consequence of a range of these stressors (Smith and Elliott 2012). One increasingly significant contributor to work-related stress – and poor work-life balance – is the 24-hour availability related to module phone use meaning that for many workers they are 'always on'.

Using data for 15 European countries, Cottini and Lucifora (2013) found that adverse working conditions, in terms of job demands (i.e., shift work, performing complex and intensive tasks, and having restricted job autonomy) and job hazards, are strongly associated with a higher probability of workers reporting mental health problems at the workplace but that job demands, as opposed to job hazards, have a more sizeable impact on mental health problems.

In all, the HSE (2012a) identifies six key areas of work design that, if not properly managed, are associated with poor health and well-being at work, particularly stress. These are:

1   *Demands* – including issues such as workload, work patterns and the work environment.
2   *Control* – how much say the person has in the way they do their work.
3   *Support* – including the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
4   *Relationships* – including workplace conflict and unacceptable behaviour.
5   *Role* – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
6   *Change* – how organisational change is managed and communicated in the organisation.

BOX 14.4   UNDERSTAND

The Impact of Ill Health

The net impact of work-related injury and illness on the UK economy in 2022-23 equated to 35.2 million working days, 31.5 million due to work-related ill health and 3.7 million due to workplace injury (HSE, 2023). The total cost to UK society was estimated to be £20.7 billion: £13.1 billion to ill health and £7.7 billion to injury (data for 2021–22). The majority of these costs fall on workers themselves (£12.2 billion), with employers and the government bearing a similar proportion of the remaining costs (£3.9 billion and £4.6 billion respectively). However, if we consider the impact of ill health in general (not necessarily caused or made worse by work) on the UK economy the figures are even more stark. A recent review for the UK government (Stevenson and Farmer, 2017) estimates that the total cost to the UK economy of poor mental health is between £74 billion

and £99 billion per year. ONS estimates that in 2022 there were 185.6 million working days lost due to sickness or injury (a record high and more than 47.4 million more than pre-pandemic level in 2019), including approximately 54 million days lost to minor illnesses (coughs, colds, flu, sickness, nausea and diarrhoea). In total, this was equivalent to 5.6 working days for each worker.

These figures reinforce the importance of organisations adopting a two-pronged approach to addressing H&S at work: first, to prevent injuries and illnesses caused or exacerbated by work and which lead to often-prolonged absence; and second, to promote healthy lifestyles in order to minimise the risk of employees having to take time off for non-work-related illness. Ill health also has a significant impact on public finances, in particular the costs of providing welfare benefits to those unable to work, whether in the short or long term as a result of injury or illness related to work. There is therefore a public policy and economic rationale for addressing ill health among the working population.

THE BUSINESS CASE FOR THE EFFECTIVE MANAGEMENT OF EMPLOYEE WELL-BEING

There are two broad rationales for managing employee well-being. The first reflects the ethical principle that it is a social duty for employers to give due consideration to employee health, safety and welfare. The alternative rationale is that protecting employees from ill health and positively promoting well-being make good business sense. Whilst employers increasingly make claims for greater social responsibility this tends to be underpinned with the hard-nosed business rationale of improving individual and organisational performance rather than any underlying altruism. In other words, it is the business case for employee well-being that tends to be most compelling for employers.

First and foremost, the business benefits of effective H&S management are associated with the direct costs of employee ill health and workplace accidents, such as the costs of employee absence or increased employer insurance premiums. Moreover, an increasingly complex legal framework places considerable obligations on employers that heighten the potential for employee litigation for employer negligence or ineffective H&S policies and practices. However, the business case for a more strategic approach to managing employee well-being that goes beyond legal compliance focuses on its contribution to organisational performance. Put simply, healthy and fit employees are essential to ensuring that a company remains efficient and profitable (Institute of Directors, 2007) and they are more likely to be more engaged and have higher morale and productivity (Coats and Max, 2005; Cooper and Bevan, 2014; Willis, 2015). A study by the Harvard Medical School and the Institute for Health and Productivity Management suggests that the healthiest 25 per cent of the workforce is 18 per cent more productive than the least healthy quarter (Jackson and Cox, 2006). Fundamentally, promoting employee well-being

and providing a safe working environment would appear to be key attributes of a 'good' employer (Acas, 2009b) and improve the ability to attract, motivate and retain staff through a demonstration that employees are valued. The effective management of employee well-being is, therefore, connected to the wider claim that HRM can positively impact on both individual and organisational performance through the development of a positive psychological contract and increasing employee identification with organisational objectives. Many of the factors associated with high levels of employee engagement (and subsequently improved performance and lowered intention to quit) such as satisfaction with working conditions, task discretion and employee involvement (CIPD, 2007c) fall within the broad concerns of employee well-being.

Nonetheless, whilst the business case for effective management of the health, safety and well-being of the workforce appears clear, there are pressures on management practice that might preclude such a strategic approach. As noted elsewhere in this book, many of the competitive pressures on organisations act both to stress the importance of investment in human resources and, conversely, place greater pressure on managers to maintain tight control over costs, reflecting the tension between long-term strategic and short-term operational demands. Where immediate operational demands are prioritised over H&S considerations, the management of H&S can be reduced to reluctant compliance with the law or a disregard for even the basics of good practice. A failure to recognise the importance of employee well-being in organisational decision-making can, however, have a number of negative consequences. For example, Boyd (2002) observes that customer abuse of staff is exacerbated by organisational policies focused on cost-cutting, which place strain both on employees and business processes. This tension is likely to be particularly difficult for line managers with both performance and HR responsibilities to reconcile, even where corporate policy is sound and emphasises their responsibility in protecting worker well-being. Robinson and Smallman (2006) report that a weak H&S culture prevails in most firms with little evidence of **employee consultation** over health and safety, a problem exacerbated by declining trade union reach and power and a widespread failure among employers to implement the legal requirements for employee representation (Walters et al., 2005).

A problem in presenting the business case for employee well-being is that whilst in an ideal world there would be evidence of the clear quantifiable positive outcomes of well-being initiatives, firms are likely to have to take it on faith, or at least partly on the basis of anecdotal evidence, that the health of their workforce is good for business. Dimoff et al. (2014) suggest that whilst much research has been conducted to demonstrate the return on investment of workplace health and well-being programmes, there are challenges in seeking to 'monetise' the outcomes of the healthy workplace. Some evidence suggests that well-being initiatives lose employers money (Lewis and Khanna, 2015), whilst others suggest the benefits of particular types of well-being programmes, especially those that act to prevent ill health (Purcell, 2016).

The impact of well-being initiatives can, however, be measured in a number of ways that might prove persuasive of their positive benefit to the firm. Absence statistics can be

used to identify both absolute levels of absenteeism and 'hotspots' of particular injury or illness risks resulting in absence or those parts of the business worst affected. To reflect the wider concern of well-being beyond health problems, employee attitude surveys can be used to assess the 'health' of the employment relationship, for example by gauging levels of job satisfaction.

BOX 14.5   HRM IN PRACTICE

Covid-19 and Mental Health at Work

One consequence of the Covid-19 pandemic was to widen the scope of workplace health and safety to incorporate many taken-for-granted aspects of working life, not least the everyday interactions of people – customers, clients and colleagues – in places of work. As such, all organisations had to make a range of changes to many aspects of their operations simply to continue to function.

The most visible manifestations of an organisation's response to Covid-19 were to address the primary concern of limiting the chance of infection through physical interaction with each other or contaminated physical objects in the workplace. Such responses included social distancing, enhanced cleaning regimes, the wearing of personal protective equipment, home-working and so on. As the pandemic and its economic consequences continued, however, firms also turned attention increasingly to the mental health impact of heightened risk to health and social and economic uncertainty. There is already much evidence to suggest that the pandemic has taken a significant toll on mental health and that this has increased as the pandemic continued. Greenwood and Krol (2020) suggest that the coming months and years will see employees struggle with anxiety, depression, burnout, trauma and post-traumatic stress disorder (PTSD), and that the experience of these conditions will differ according to gender, ethnicity, job type, parenting and caregiving responsibilities and many other variables. They suggest several things that HR and managers can do to support their teams that reflect good practice in support of employees' mental health in any circumstances:

- Managers should 'be vulnerable' and talk honestly about their own mental health challenges to reduce the stigma attached to such conditions 'When managers describe their challenges, whether mental-health-related or not, it makes them appear human, relatable, and brave ... authentic leadership can cultivate trust and improve employee engagement and performance' (Greenwood and Krol, 2020).
- Managers should model healthy behaviours by demonstrating a concern for their own well-being so that employees feel empowered to prioritise their own self-care.
- Managers should intentionally and regularly check in with their direct reports, particularly where teams are homeworking, and reiterate concern for their well-being, listening to their concerns and ensuring they are aware of the support available.

(Continued)

- Managers should not make assumptions of the needs of their employees but be flexible and inclusive to ensure employees can access the help and support they require at the point when they need it. Similarly, managers should ask team members to be patient and understanding with one another as they continue to adapt to changing circumstances.
- Managers should communicate more than they might think necessary, keeping teams informed about organisational changes or updates and removing stress by setting clear expectations about workloads, prioritising what must get done and acknowledging what is less important.
- Managers should make their teams aware of available mental health resources and encourage them to use these.

THE UK LEGAL FRAMEWORK

Organisational practice in respect of employee health, safety and welfare is at least partially influenced by the legal framework within which the firm operates. In the UK, H&S is a complex legal area, and it is not the purpose of this section to give a comprehensive account of all legislative provision, rather an outline of the broad approach adopted and the key statutory provisions.

Lewis and Sargeant (2009: 155) suggest that the primary purpose of UK H&S law is to 'make work safe so that it does not cause personal injury … but provision also has to be made for the compensation of people who nevertheless suffer injury'. In other words, it has a primarily preventative intent, but also a punitive dimension through criminal sanctions and the provision for victims to seek compensation through the civil courts by suing their employer for negligent conduct or breach of a statutory duty. Injury covered by the law refers to both physical and mental impairment caused either by accident or illness.

Health and Safety at Work Act 1974

Different countries adopt different regulatory regimes in relation to workplace health and safety, presenting a challenge for firms operating across national borders. The principal act governing workplace H&S in the UK is the Health and Safety at Work Act 1974 (HASAWA 1974). It is a framework or enabling act that facilitates the creation of associated regulations and it is the vehicle through which EU Directives in this area have historically been implemented (Lewis and Sargeant, 2009). HASAWA 1974 promotes a self-regulatory approach where the onus is placed on employers and employees to identify and minimise workplace risks to injury and illness, in all workplaces and in relation

to all forms of work activity. The underlying rationale for the act was to encourage good practice rather than stipulating rules to be applied in all situations, although in certain operational areas, legislation does exist to give unambiguous guidance to employers regarding acceptable practice. Overall, the provisions of HASAWA 1974, and associated regulations, establish a range of rights and responsibilities for different actors in the workplace – employers, employees and other parties such as sub-contractors and manufacturers/suppliers of articles or substances used in the workplace – replacing the prior emphasis on prescribed employer actions in respect of specified buildings, machinery and equipment.

The self-regulatory approach allows for a degree of managerial discretion and judgement in how or whether to deal with potential risks to H&S and is operationalised in the act through repeated reference to the phrase 'as far as is reasonably practicable' in respect of specific employer duties. For instance, Section 2(1) provides that 'It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.' Therefore, the duties under HASAWA 1974 do not require the employer to do 'everything that is physically possible to achieve safety, only that the risks be weighted against the trouble and expense of eliminating or reducing them' (Lewis and Sargeant, 2009: 157). In certain circumstances, what is reasonably practicable might reflect contemporary good practice or existing industry standards and, therefore, employers must ensure they ascertain what constitutes appropriate efforts to minimise risk to reflect these standards. However, employers are not expected to predict unforeseen circumstances that might result in injury or illness. Part of the underlying rationale for adopting a self-regulatory approach is to better engage employers in taking responsibility for H&S and to develop approaches to managing H&S appropriate to the specific workplace. However, the effectiveness of this approach has been questioned, in particular the extent to which it actively promotes employee well-being as an organisational priority, particularly where worker representation is weak (James and Walters, 2002).

Statutory Duties Under HASAWA 1974

As noted in Chapter 2, employers and employees have a number of common-law duties of care relating to H&S. HASAWA 1974 reiterates, supports and extends these obligations and provides for criminal sanctions for non-compliance, such as fines and imprisonment.

Duties on the Employer

Employers have a duty of care towards their employees to maintain a safe working environment and to take steps to safeguard employees against hazards that are reasonably foreseeable. This obligation is underpinned by a number of more specific duties. These include ensuring the provision and maintenance of machinery and systems of

work that are safe and without risk to health, ensuring the safety of employees and absence of risk to health in connection with the use, handling, storage and transport of articles and substances, and the maintenance of work premises that are not prejudicial to the health, safety and welfare of employees. The legislation also requires employers to ensure employees are able to work safely through using appropriate means to select competent employees and provide them with training, information and adequate supervision. Employers are also obliged to establish appropriate procedures to be followed in the event of 'serious and imminent danger' to workers. The employers' statutory duty of care extends to non-employees who are legitimately on work premises (for example, visitors, contractors or customers).

In addition to these general duties, employers are required to prepare, and revise as appropriate, a written statement of their general H&S policy, including the arrangements for enacting that policy, and to communicate this statement to all employees. Whilst the legislation does not provide any specific guidance regarding the content of this policy – reflecting the view that employers should find home-grown solutions to H&S concerns – Lewis and Sargeant (2009) note that as an absolute minimum the safety policy should deal with the various responsibilities of all employees, from the board of directors down to shopfloor workers, general safety precautions, mechanisms for dealing with special hazards, provision for routine inspections, training, emergency procedures and arrangements for consulting the workforce. Employers are obliged to appoint one or more 'competent persons' (preferably an employee but this can also be an external advisor or consultant) to assist them in implementing the measures needed to comply with the legislation.

Complementary to the self-regulatory approach, the H&S legislation also encourages and provides for employee involvement in addressing workplace H&S matters, enabling recognised trade unions to appoint H&S representatives and requiring employers to set up a safety committee (if requested by two or more appointed representatives) to keep workplace H&S measures under review. Where unions are not recognised, employees have a similar right to elect representatives for the purposes of consultation or insist that employers consult directly with staff. As well as a right to be consulted over the full range of H&S issues, union representatives have a right to carry out workplace investigations and inspections, to make recommendations to employers and to consider employee complaints. Non-union representatives have a weaker set of powers (for example, they have no right to inspection). All safety representatives are entitled to the necessary information and training, reasonable paid time off work during normal working hours and appropriate facilities to enable them to fulfil their duties.

Duties on the Employee

In order to promote individual employee responsibility for H&S at work, HASAWA 1974 imposes two general duties on employees in the workplace. First, employees have a duty to 'take reasonable care of the health and safety of themselves and of others who may

be affected by their acts or omissions' (for example, by avoiding reckless behaviour, complying with safety rules and procedures and ensuring the correct use of equipment and substances). A failure to comply with this duty can result in disciplinary procedures being invoked and the possibility of prosecution. Second, employees have a duty to cooperate with their employer to enable compliance with the employer's statutory duties; for example, by reporting any work situation that they consider might present serious and immediate danger and notifying their employer of any shortcomings in the H&S arrangements, even where no immediate danger exists.

MANAGING HEALTH, SAFETY AND WELL-BEING AT WORK

The legal framework governing H&S at work provides the backdrop against which the management of employee well-being is set. A primary concern for the management of employee well-being is, therefore, ensuring that workplace policies, practices, activities and the working environment comply with legal requirements, including codes of practice and HSE guidelines, and ensuring that statutory responsibilities are clearly communicated and understood.

Reflecting the employer's obligation, the starting point for the effective management of H&S is the development of an organisation's H&S policy. This policy should reflect the specific hazards of the workplace and set out the organisation's general approach to H&S, key responsibilities, the policy objectives and the arrangements in place to achieve these objectives. A second concern for the management of employee well-being is the wider organisational approach adopted towards people management and ensuring horizontal fit between policies to address employee well-being and other elements of the HR mix.

Initiatives that might emanate from a concern for employee well-being can have a positive impact on broader HR aims and vice versa. For example, employee involvement in job or process redesign can help to minimise the possibility of work-related stress as well as improving productivity or quality. It is important that a contingent or flexible approach is adopted in the management of employee well-being to ensure that policies and practices are relevant to all employees and the benefits are clearly communicated. Flexible approaches to workplace H&S are likely to be more effective and aid in the development of a positive H&S culture that promotes joint responsibility. As discussed in Chapter 1, contemporary models of HRM stress that the role of 'employee champion' is seen as a parallel responsibility to that of 'strategic partner', balancing the needs of the employee with those of the organisation. This requires HR specialists to connect the operational concerns of everyday employee H&S and legal compliance with that of promoting employee well-being as a contributor to the achievement of organisational objectives, which can prove challenging at an operational level (Brown et al., 2009).

Indeed, some HR practitioners may consider concern for employee welfare to be a retrograde distraction from more strategic considerations.

The 2023 CIPD *Health and Well-Being at Work Survey* (CIPD, 2020e) found that 53 per cent of UK organisations surveyed had an employer well-being strategy or similar initiative to help improve the physical and mental health of their workforce. The most common initiatives used to promote or support employee well-being (available to all employees regardless of grade or seniority) were employee assistance programmes (82 per cent of employers surveyed), access to counselling services (77 per cent), free eye tests (67 per cent), occupational sick pay (69 per cent), paid time off to attend vaccinations (56 per cent), free flu vaccinations (50 per cent) and advice on healthy eating (50 per cent).

BOX 14.6   RESEARCH INSIGHT

SMEs and Workplace Health and Safety

Throughout this book, a dominant theme in the discussion of employment practices and the experience of work in SMEs has been of heterogeneity and difference. Correspondingly, in the area of workplace health and safety, Hasle et al. (2012) found notable variety in the attitudes of owner-managers of SMEs in the Danish construction and metal industries on risk, responsibility for the working environment and attitudes towards regulation.

Research among this group of owner-managers found that whilst most take a positive approach to protecting the health and safety of their employees, they also 'talk risk down', typically taking the view that normal work routines and the knowledge and experience of their staff are sufficient to prevent accidents. Where accidents occur, owner-managers tend to blame human error, thus stressing that such risk is unforeseeable. In all, the research found that concern for workplace health and safety was typically viewed in a reactive manner and did not consider the management of the working environment beyond a concern for isolated activities and their attendant risk, and in terms of adherence to tiresome bureaucracy.

The research also found a widespread tendency for owner-managers to push at least a part of the employer responsibility for the working environment onto employees, despite regulation in Denmark making it clear that business owners carry the main responsibility. The authors suggest that both the downgrading of risk and attempts to distribute responsibility for health and safety relate to the close social relationships that exist in SMEs and a desire to avoid blame, and personal guilt, if a worker was injured. Subsequently, owner-managers in SMEs were viewed as balancing the need to accept some responsibility for workplace H&S (and, thus, avoid looking careless and cynical) whilst leaving a considerable share of the responsibility to employees.

However, not all owner-managers shared common views and the authors suggest four categories of attitude towards the working environment:

1 *Avoidance* – the owner-manager tries to ignore the working environment.
2 *A necessary evil* – the owner-manager accepts that a basic control of the working environment is necessary in order to avoid trouble with the authorities, but at the lowest possible level. He or she considers H&S activities as a waste of time and money.
3 *Standards must be met* – the owner-manager accepts the need to comply with working environment regulations to ensure a reasonable standard that is acceptable for both employees, customers, authorities and other stakeholders.
4 *Business strategy* – the owner-manager considers the working environment to be a natural part of a successful business strategy, believing that it is important to maintain a high standard and be proactive in control measures.

Employee Assistance Programmes

A common tool in the management of employee well-being at work is the use of **employee assistance programmes (EAPs)**. EAPs are a service provided to employees of an organisation, offering support, advice and information in areas related to employee well-being. This support and advice can be legal (for example, regarding employment issues), emotional (for example, relating to stress, anxiety or depression), domestic (such as divorce, separation or relating to care of children or the elderly), financial (for example, dealing with debt), health, work (for example, work–life balance or workplace harassment or bullying) and careers. These services are often available not only to employees but also to their immediate families. They also often offer management support services to advise managers on dealing with HR issues, such as employee discipline, equal opportunities or employee welfare. EAPs might also provide support for critical incidents and provide benchmarking data to employers to help them identify problem areas of the business or company-wide concerns. Whilst the particular services offered by EAPs differ depending on the specific requirements of the contracting organisation, there are typically a number of core methods of delivery, including a confidential round-the-clock telephone support and information helpline, a dedicated website to provide information and advice, and access to face-to-face counselling to deal with certain personal issues. CIPD (2018c) reports that they are the second most common method (after flexible working) used to identify and reduce stress in the workplace (used by 63 per cent of employers).

Whilst EAPs clearly provide a support function to aid employee well-being, this is not provided for altruistic purposes but rather to address issues that might otherwise affect individual work performance or lead to absence, lowered morale or exit from the organisation. In one sense, focusing on counselling as the means by which to resolve issues depoliticises workplace problems, making them the responsibility of the individual

employee rather than a collective concern. However, introducing EAPs for reasons of cost-saving or increased productivity alone, with little concern for wider policies and practices providing employee support, is likely to be ineffective (Arthur, 2000).

The rise in popularity of EAPs is consistent with a number of the trends in HRM discussed in Chapter 1. First, it reflects a trend of greater outsourcing of HRM activities. EAPs are typically provided by dedicated service providers who will supply a tailored service to clients' employees. Second, it reflects the HR function's move away from direct responsibility for employee welfare towards more strategic concerns. Third, the line-manager support aspect of EAPs reflects both the increased devolution of responsibility for people management issues and increased use of self-service approaches to HR support. Finally, it reflects the further individualisation of the employment relationship and a continued desire to move away from the collective resolution of workplace problems.

Occupational Health

During the twentieth century, **occupational health (OH)** developed as a discipline of medicine aimed at helping in the care of workers. Occupational health services assist in the rehabilitation of sick workers, seek to prevent accidents through risk assessment, support those responsible for H&S and contribute to the design of jobs (for example, by advising on ergonomics – the fit between people and their work and working environment). Reflecting the wider concerns of employee well-being, OH services increasingly seek to support the health and well-being of employees rather than only those who are sick by providing advice, guidance, training, counselling and education, providing health assessments and monitoring and promoting healthy lifestyles. OH services have tended to be more prevalent in larger organisations either in the form of an internal occupational health specialist or department or through an external service provider. CIPD (2020e) reports, however, that OH tends to be used primarily to respond to employee ill health (such as managing long-term sickness absence – 68 per cent of employers) rather than proactively at a more strategic level to help prevent ill health (29 per cent) or to play a key role in developing health and well-being-related policies and practices (18 per cent).

WHOSE RESPONSIBILITY IS WORKPLACE WELL-BEING?

Ultimately, workplace well-being is the responsibility of both employers and employees. Comprehensive organisational H&S policies and employer compliance with the law will be largely ineffective if employees fail to meet their legal duties. Similarly, investment in well-being initiatives is likely to be wasted if employees make little use of provision. Not

surprisingly, worker consultation over well-being initiatives is associated with better H&S outcomes than unilateral management action (Walters et al., 2005), not least in reducing the risk of injury or illness, improving working conditions or avoiding poorly designed work systems. However, whilst employee cooperation with employers in H&S in the workplace is implied in the contract of employment, well-being initiatives tend to widen the concern of employers to encompass activities undertaken outside of the workplace. This raises significant ethical issues over the extent to which employers should seek to influence and improve employees' lifestyle choices (see Box 14.7).

BOX 14.7   ETHICAL INSIGHT
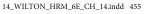
Drug and Alcohol Misuse and Employment

In the previous chapter the question was asked: To what extent should employers seek to control the behaviour of employees outside of the workplace? A similar ethical question can be raised regarding employee well-being. Employee well-being initiatives often seek to promote healthy living, for example by offering support for employees to give up smoking or the provision of workplace gyms and healthy eating canteen choices. The well-being agenda has also renewed a focus on the organisational effects of drug and alcohol misuse and how this can be managed effectively. This raises a number of ethical concerns regarding the boundaries between personal and working lives and employer intervention in employees' personal choices, for example through drug testing. Nonetheless, greater employer recognition of the link between employee well-being and performance has meant greater scrutiny of, and attempts to influence, employee lifestyle.

Whilst alcohol misuse has long been a concern of employers, the workplace consequences of drug use and its after-effects are an issue of growing significance. The Institute of Alcohol Studies (IAS, 2017) estimates that the combined effect of increased sickness absence, the inability to work (unemployment and early retirement) and premature deaths among economically active people account for a total alcohol-related output loss to the UK economy of between £8 and £11 billion a year. Alcohol-related sickness absence alone is estimated to cost the UK economy between £1.2 billion and £1.8 billion per year. Flores (2012) reports that employees' illegal drug use costs British industry £800 million a year. In a survey of approximately 8,000 workers, a report by the drug-testing firm Concateno (2012) suggested that more than one million workers (1 in 30 of the workforce) in Britain go to work with illegal drugs in their system, most commonly cannabis, opiates and cocaine, with the most prevalent usage among 25–34-year-olds. Concerns regarding employee alcohol and drug misuse focus on a number of areas, including the impact on individual health (and its subsequent effect on work attendance and employee turnover), the H&S implications for the user and their colleagues, and the deterioration in performance,

(Continued)

discipline, and work quality. Certain characteristics of work have, however, been identified as associated with the use of alcohol and illicit drugs, including shift work or night work, travelling for work, working remotely, business meals, job stress, lack of supervision and interfacing with a demanding or aggressive public (British Medical Association, 2016).

Despite the considerable costs to business, CIPD (2020f) reports that whilst 77 per cent of employers have a combined or individual policy relating to drugs and alcohol, only 33 per cent provide information for employees about sources of support for related problems, which would be more suggestive of a proactive approach, and 53 per cent of employers view both alcohol and drug misuse as a combined performance/disciplinary and health, safety and well-being issue.

Despite the possible benefits associated with investment in well-being initiatives, CIPD (2018c) reports that financial considerations remain paramount in organisational decisions to invest, with budgetary constraints and value for money being the most influential factors in decision-making. However, employee well-being initiatives are likely to be most successful where they are implemented within an inclusive and respectful organisational culture in which a concern for well-being is embedded, management is committed to the interventions (Greasley and Edwards, 2015) and where joint responsibility for health, safety and welfare is promoted. Without senior management support, the creation of such a culture is likely to be difficult. The success of well-being initiatives also lies with the line managers who are charged with their implementation. Line managers are best placed to understand the impact of job design, processes or workload on the individual employee and to help to prevent damage to health or counsel on the impact of personal matters on performance. However, the tension between operational concerns and employee well-being is likely to be most keenly felt by line managers and, consequently, employee health, safety and welfare may not receive adequate attention. To ensure that managers prioritise employee well-being, it might usefully form the basis of performance indicators in managerial appraisals.

TACKLING WORK-RELATED STRESS

As discussed previously, the causes of work-related stress are complex. They include the nature of the work being undertaken, the working environment and workplace relationships, as well as an individual's capacity to cope with particular situations or activities. It follows that tackling stress can be problematic.

Stress management interventions can be preventative – focused on ensuring that systems and the working environment do not negatively impact on employees' mental health – or curative/therapeutic – concerning the diagnosis of an individual and helping

them to recover from stress incidents or to better cope with the demands placed upon them in future. The former is likely to be beneficial to the entire workforce, whereas remedial action tends to focus on dealing with individuals. Clarke and Cooper (2000) suggest that tertiary interventions (individually focused practices, such as encouraging healthy lifestyles through exercise, meditation or relaxation techniques) and secondary interventions (those focused on the organisation–individual interface, such as training in coping strategies and stress management) tend to be more common than primary interventions (those focused on the organisational causes of stress, such as poor employee selection processes, job design or work environment). However, tackling the root causes of work-related stress through primary interventions is likely to be more effective in the longer term by reducing the risk of future mental health problems.

WORK–LIFE BALANCE

If employee well-being is understood as both a product of work and non-work activities then it is clear that an imbalance between an employee's work and personal life is likely to be a source of stress and, potentially, ill health. The concept of work–life balance has gained in currency over recent years and refers to the satisfactory reconciliation of the often-competing demands of work and non-work responsibilities and leisure activities (Ackers and El-Sawad, 2006), 'without undue pressures from one undermining the satisfactory experience of the other' (Noon and Blyton, 2007: 356). As Hyman and Summers (2003) note, however, each of these terms presents definitional difficulties, not least the problems associated with clearly delineating between work and the other elements of one's life and the increasing blurring of these boundaries caused by, for example, the ubiquity of electronic communications.

Nonetheless, just as there has been growing employer recognition of the importance of employee well-being to individual performance, there has been a commensurate acknowledgement that where work impinges upon non-work activities and creates conflict between the two then this can be detrimental to both employee health and work performance.

The importance of work–life balance as a concern for employees and employers has been driven by a number of changes in the context of employment. These include increasing female participation in the workforce (and the associated growth in the number of working mothers and dual-career couples with dependent children), an ageing workforce, increasing responsibility for care of elderly relatives among the working population and significant activity by trade unions on work–life and family-friendly policies. Moreover, many workers are under pressure to adopt more flexible work patterns, often in response to consumer demands for longer opening or operating hours. A further driver of the need for greater work–life balance is the legal framework surrounding working hours and flexible working. The legislation around working time flexibility in particular has grown in significance, in recognition of employee desire for work–life

balance and the need for greater protection of workers who work non-standard hours, often due to non-work commitments.

The management of work–life balance encompasses policies and practices that permit some flexibility with respect to hours of work, allow people to work from home, provide leave arrangements that allow people to either meet their non-work commitments or realise non-work goals and provide workplace facilities to assist employees to attend work (for example, crèches).

At a basic level, work–life balance is about working time and the impact of long working hours on employees' personal lives. However, White et al. (2003) found that whilst long working hours were the most significant influence on 'job-to-home spillover', a range of workplace practices also had an impact on negative spillover (for example, appraisal systems that put additional pressure on employees, and individual incentives that promote over-work), suggesting that employees do not always benefit from high-performance work practices (Ramsay et al., 2000).

Similarly, Robinson and Smallman (2006) report that many characteristics of modern workplaces and work are associated with a significant risk to health, particularly flexible working practices and the interaction between work and non-work. Concerns for work–life balance, therefore, go beyond simply the length of one's working hours and include patterns of work (for example, working nights, shifts or unsociable hours) and the level of energy employers expect to be expended in the work sphere. Certain work patterns can contribute to poor physical and mental ill health; for example, night shift working can be both a source of fatigue and mental health problems and represent an increased risk of cardiovascular mortality (Harrington, 2001).

The potential impact of long working hours and flexible or non-standard working patterns is partly dependent on whether such patterns of work are imposed or chosen. If imposed they are more likely to create tension and stress, whereas if they are chosen, they can constitute an enabler of work–life balance. Work–life balance, therefore, is partly a question of control.

The business case for the effective management of employee work–life balance reflects better individual performance at work, reduced absenteeism through ill health or conflicting demands, positioning an organisation as an employer of choice, lower levels of labour turnover, and greater employee commitment and motivation through feeling valued by the employer. However, whilst there is evidence to support the positive benefits that accrue from offering flexible working arrangements, and extensive legislation to both promote and enforce a better work–life balance, problems associated with its provision remain. Some employers might resist more flexible arrangements because of the costs involved. For example, providing the means so that employees can work from home can require investment in IT hardware and support. Managing workers who might be on different working patterns can also create problems for supervision – reflecting 'productivity paranoia' felt by some managers – and the effective integration of remote or flexible workers with those working on-site or standard hours. Such problems can create difficulties in securing line manager support for flexible work patterns, regardless of organisational support for work–life balance.

For employees, there is evidence that access to flexible working for some groups of workers, particularly men or those without dependent children, can be limited. This can cause resentment among employees, who feel they are treated less favourably. Some studies, however, find that men can disproportionately benefit from family-friendly practices (Feeney et al., 2014; Feeney and Stritch, 2017) because they feel less stigmatised in taking advantage of flexible working opportunities. There is also notable variation in access to arrangements to better balance work and personal life between the private and public sectors, between unionised and non-unionised workplaces and between workers of differential labour market power.

SUMMARY POINTS

- Employee well-being is concerned with maintaining a safe working environment, promoting supportive, nurturing and respectful workplace relationships, enabling individual employees to achieve their potential through sympathetic job design, and HR policies and practices that encourage and support good physical and mental health both inside and outside of the workplace.

- Discussions around the notion of dignity at work have tended to focus on the absence of bullying and harassment but can also incorporate a concern for wider aspects of the organisation of work, working environment and social relationships.

- The economic and social impact of work-related ill health provides a compelling business case for the effective and proactive management of employee well-being.

- H&S problems continue to proliferate, often as a direct result of, or exacerbated by, organisational practices. This is particularly the case with regard to the increasing incidence of mental health problems.

- An integrative and strategic approach to the management of employee well-being represents a natural extension of other aspects of good practice HRM where attempts to evoke employee commitment and engagement are integrated with mechanisms to manage employee health.

- The UK legal framework advocates a self-regulatory approach to workplace H&S, which is the joint responsibility of employers and employees.

- Employer interventions in employee well-being – particularly in the area of alcohol and drug use – raise a number of ethical questions regarding the extent to which employers can and should seek to influence lifestyle choices.

- EAPs represent an increasingly popular means of managing employee well-being and seeking to ensure that employee problems do not impede individual performance, through counselling and advice. However, EAPs are criticised for individualising and externalising workplace problems.

(Continued)

- Both legislation and employer practices to support work–life balance have proliferated in recent years, reflecting changing labour market demography and in recognition of the importance of the effective management of the work–life boundary. However, access to working patterns associated with work–life balance is unevenly distributed.

SELF-TEST QUESTIONS

1. What are the key dimensions that need addressing when taking a holistic approach to employee well-being?

2. What are the main trends in workplace H&S associated with the modern workplace and contemporary industrial structures?

3. Outline the business case for the proactive management of employee health, safety and well-being.

4. Why does the UK legal framework advocate a self-regulatory approach to workplace H&S?

5. What duties does UK legislation place on employees in respect of workplace H&S?

6. What role do HR specialists play in workplace H&S and in the management of employee well-being?

GO ONLINE

Visit **study.sagepub.com/wilton6e** to:

- Test yourself with **multiple choice quizzes**.
- Read additional **case studies**.
- Access the **SAGE Journal articles** discussed in this chapter.

CASE STUDY

Promoting Wellbeing at Roedelius Plastics

Over the past four years, senior management has introduced a number of initiatives to improve the health and wellbeing of the workforce at Roedelius Plastics, one of the leading plastic manufacturers in the UK. Based in the East Midlands, Roedelius employs approximately 380 staff in a manufacturing facility producing rigid plastic containers for the food industry. The majority of its workforce is employed on its 24-hour, seven-days-a-week production line working 12-hour shifts in four shift teams. In the first half

of 2019, Roedelius had undertaken a workplace health audit, funded by a partnership between the local authority and a local university, to assess both the reported and actual health of its workforce and its link to workplace productivity. The local authority was keen for Roedelius to be involved because it represents a sizeable employer in the area. Roedelius was similarly keen to become involved in the project because senior management felt it might provide some solutions to a range of employment problems that it was experiencing at the time, including unacceptable levels of employee sickness absence and turnover, which were impacting on productivity, product quality and the company finances. Whilst the work that much of the workforce does is largely repetitive and routine, training employees to work a particular piece of machinery can be time-consuming and costly. Subsequently, absence and turnover have sizeable financial implications. Moreover, the hiring of inexperienced temps at short notice to work on the production line often had a negative impact on both productivity and quality. Senior management at Roedelius also saw their involvement in the initiative as an opportunity to develop a focus on corporate social responsibility, as part of a wider marketing strategy, and to improve relations with the local community and position Roedelius as an employer of choice in the area.

Roedelius draws many of its semi-skilled and unskilled workers from an area of relative deprivation with high levels of unemployment and poor health. The workplace health audit found that most of the workforce displayed low levels of physical health, even among younger workers: 45 per cent were smokers and over 60 per cent reported drinking to excess at least once a week. The audit also found low levels of physical activity (aside from their work) and poor dietary choices. Alongside its health audit, Roedelius conducted its first ever employee attitude survey. Of most concern, the survey found that only 48 per cent of employees were satisfied with their jobs, 28 per cent were actively looking to leave the company and 56 per cent would consider alternative employment.

Following analysis of the audit and staff survey findings, Roedelius decided to fund a series of staff seminars, presented by healthcare experts and academics from the university, on health issues ranging from smoking to heart disease. Surprised by the level of staff interest in the seminars, senior management, with the assistance of local authority occupational health practitioners, decided to introduce a wider range of workplace initiatives with the following objectives:

- To improve employee quality of life both inside and outside of the workplace.
- To raise staff awareness of health and well-being issues.
- To improve the health and physical fitness of its employees.
- To reduce the incidence of work-related injury and illness.
- To improve productivity, employee attendance and staff morale.

(Continued)

These broad objectives continue to inform Roedelius's approach to workplace well-being. Since 2007, the company has invested heavily in its programme, not least in building an on-site gymnasium for use by both staff and their families. A number of long-term sickness absentees have successfully used the facility, with the guidance of a workplace well-being advisor, to rehabilitate themselves and return to work. The company now employs a full-time well-being advisor with whom workers can discuss health problems and who undertakes risk assessments, supports workers in stopping smoking and ensures early intervention in alleviating workplace injury and illness. For example, a number of workers suffering from repetitive strain injuries have been to see the advisor and she was able to offer advice on how to minimise pain and reduce strain in carrying out their work. The advisor also carries out routine health checks, offers counselling to deal with workplace stress or other mental health concerns and runs a slimming club and regular seminars advising on healthy eating. The staff canteen now offers only healthy options, and all employees are entitled to two free meals per shift. Outside of the workplace, the company has developed a relationship with a nearby Leisure Centre, which provides a range of regular activities and classes that staff can undertake at reduced prices including tennis, badminton, tai chi, yoga and climbing. The company advisor runs a number of staff sports leagues, for example five-a-side football and badminton, to promote healthy competition among employees. The company has also set up a 'cycle to work' scheme to allow employees to take advantage of tax and national insurance savings on bike purchases in order to commute to work.

Importantly, the well-being initiatives have been put in place as part of a wider set of HR policies and practices designed to engage staff, for example, the establishment of a company council, an employee suggestion scheme and more formal performance management practices.

In order to monitor the impact of the well-being initiatives, Roedelius conducts an annual health audit and employee attitude survey. The senior management have been very pleased with the results of the well-being programme and cite the following outcomes as an indication of its continued success:

- Employee absenteeism well below the sector average.
- Reduced cost of hiring temporary workers.
- Increase in reported employee satisfaction.
- Increased productivity.
- Reduced employee turnover and intention to quit.

Questions

1   Identify the well-being initiatives discussed in this case study and whether they represent proactive or reactive interventions, and whether they focus on the individual, the organisation or the interface between the two.

2   Based on your analysis, are there any notable areas of employee well-being that Roedelius appears to have failed to address?

3   What are the potential long-term implications of the approach to employee well-being that Roedelius has adopted?

USEFUL READING

Journal Articles

Dimoff, J. K., Kelloway, E. K. and MacLellan, A. M. (2014) Health and performance: Science or advocacy? *Journal of Organizational Effectiveness: People and Performance 1* (3): 316–34.

This paper explores the literature assessing the return-on-investment of healthy workplace programmes. It provides a useful overview of existing research as well as highlighting the challenges in quantifying the outcomes of such programmes.

Watson, D., Wallace, J., Land, C. and Patey, J. (2023). Re-organising wellbeing: Contexts, critiques and contestations of dominant wellbeing narratives. *Organization 30* (3), 441–52.

Books, Book Chapters and Reports

Biron, C., Burke, R. J. and Cooper, C. L. (eds) (2014) *Creating Healthy Workplaces: Stress Reduction, Improved Well-Being and Organisational Effectiveness*, Abingdon: Routledge.

This wide-ranging book covers many of the topics found in this chapter, providing a good overview of the current state of academic research, and thinking in the area of workplace health and well-being.

CIPD (2023) *Health and Well-Being at Work, Survey Report 2023*, London: CIPD.
This regular survey report provides current trends in issues and practices associated with health, well-being and absence in UK workplaces and develops much of the discussion in this chapter.