

What works for health and wellbeing in the workplace?

Briefing



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The What Works Centre for Wellbeing helps people and communities to thrive by supporting decision-makers to understand what wellbeing is; how to measure it; and what works to improve it.

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We are an independent collaborating centre, bringing together decision-makers in government, local authorities, businesses, charities, funders, and academics, among others.

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This guide is based on Bryce et al. (2020) and is produced by Magdalena Soffia, Senior Work and Wellbeing Analyst at the What Works Centre for Wellbeing in collaboration with Bryce et al.

What is this briefing about?

There are lots of different activities and programmes that can be used in workplaces to improve wellbeing. This study reviewed the evidence on what matters when it came to how any given intervention is implemented, in order to help it achieve the intended wellbeing outcomes.

It finds that:

- **A positive workplace context can be an enabler of success.** This is where employees and management are supportive of wellbeing initiatives and delivery teams are competent. But at the same time, a negative context need not be a barrier. Negativity and cynicism can be overcome by shifting attitudes and improving the capabilities of those delivering wellbeing initiatives.
- **Appropriate and good quality systems** can be combined with the capacity for the programmes to learn and adapt as they go. These systems govern and deliver wellbeing programmes, according to a planned sequence of activities.
- **Beyond just good intentions and rhetoric, activities and programmes need to make tangible changes to workplaces and to how people work.** This means people can see visible progress and the associated impacts of wellbeing.

These findings were used to derive five principles for practitioners to consider when implementing wellbeing programmes:

1. communication
2. coherence
3. commitment
4. consistency
5. creativity.

This briefing summarises the report *Factors Influencing the Implementation of Workplace Health and Wellbeing Interventions*¹, a systematic review which included 74 studies, looking at 86 different workplace initiatives.

¹ The review is part of the Work and Learning Programme commissioned by the What Works Centre for Wellbeing and funded by the ESRC. It was led by Prof Kevin Daniels and colleagues at the Employment Systems and Institutions Group, Norwich Business School, University of East Anglia (Martin Hogg, David Watson, Rachel Nayani, Olga Tregaskis, Abasiama Etuknwa and Antonina Semkina). The full systematic review will be made available following scientific publication.

Workplace health and wellbeing is one of the main drivers of personal wellbeing and workforce productivity. Paying attention to employee's wellbeing can uphold an employer's duty to cause no harm, be consistent with a corporate social responsibility strategy as well as benefiting wider society.

There are many things that employers can do to improve wellbeing in the workplace, from redesigning jobs to training managers².

As employers increasingly introduce policies and programmes that seek to protect and improve the wellbeing of their employees, this research asked the question of what matters when it comes to how wellbeing initiatives are introduced. Looking at different initiatives whether they have worked in different contexts helps us to understand what matters when it comes to increasing the chances that any initiative that an employer invests in will be successful.

How was it done?

improve the wellbeing of their employees, this research asked the question of what matters when it comes to how wellbeing initiatives are introduced. Looking at different initiatives whether they have worked.³

A systematic review was conducted to identify, appraise and synthesise all relevant studies, which provided insight on the factors that influence the effectiveness of wellbeing interventions. The review was conducted in accordance with the What Works Centre for Wellbeing Evidence Review standards.⁴

The review searched electronic databases of academic studies in December 2018. This search was complemented by a grey literature call issued by the What Works Centre for Wellbeing. The research team also contacted relevant professional practice/policy experts who may commission grey literature directly as well as searching the websites of these professional practice/policy organisations. Grey literature and studies using other methods were only used if there were insufficient numbers of peer-reviewed formal longitudinal process evaluations of interventions.

The search terms used to identify relevant studies consisted primarily of personal wellbeing outcomes, covering those wellbeing indicators more relevant for the context of work and employment, such as job satisfaction, stress, burnout and work engagement. The searches also involved terms related to general health and mental health, but not specific health conditions. These were complemented by search terms designed to capture longitudinal studies examining intervention implementation and employing formal research methods.

The review only selected quantitative and qualitative studies published in the past 10 years, that reported on both primary outcomes (factors that influenced the implementation) and secondary outcomes (changes in health or wellbeing), and that had a longitudinal element where a comparison could be made over time.

² The work and Learning programme of the What Works Centre for wellbeing 2016 - 2019, conducted extensive reviews and analysis on the effectiveness of different work and learning interventions for improving wellbeing <https://worklifeapp.whatworkswellbeing.org/>

³ <https://whatworkswellbeing.org/resources/updated-a-guide-to-our-evidence-review-methods/>

⁴ Web of Science, PsycINFO, EconLit, PubMed Central (PMC)*, Business Source Complete, Academic Search Complete, Scopus

The final selection consisted of seventy-four studies looking at 86 different workplace initiatives, involving over 16,000 people. All these interventions appear in peer-reviewed scientific journals.

Findings from each study were categorised using a template developed from conceptual analyses and the existing pool of systematic reviews that are narrower in focus. The template was designed to identify the mechanisms that made the intervention have its effects on the outcomes, and the contextual factors that may have facilitated or inhibited those mechanisms (after Pawson & Manzano-Santaella, 2012).

Each study was assessed by each reviewer for its quality of methods and analysis. Findings from all the studies were then analysed and grouped to derive a set of evidence statements.

Each evidence statement was then assigned a quality rating, based on the number, consistency and quality of the studies underpinning each evidence statement. The quality rating is given on a three-point scale:

STRONG

We can be confident that the evidence can be used to inform decisions.

PROMISING

We have moderate confidence. Decision makers may wish to incorporate further information to inform decisions.

INITIAL

We have low confidence. Decision makers may wish to incorporate further information to inform decisions.

What evidence did we find?

The types of initiatives included in the studies review, were aimed at improving health and wellbeing through different mechanisms. The majority of the projects focused on improving the organisation and structure of tasks (35 studies) or on promoting healthy behaviours (8 studies). Others focused on developing abilities to cope with stress (12 studies), and others on rehabilitation and return to work (10 studies). Multifocal programmes targeted at more than one of the above (9 studies) were also covered.

Overall, there were 28 initiatives that had benefits for health or wellbeing, 17 that were successful in some circumstances but not across the board, and 29 that had no effects or even had detrimental effects on health and wellbeing. Understanding why some of these initiatives were successful, while others were not was the basis for determining the factors

associated with successful interventions.

The context: A positive workplace context can be an enabler, but in contrast a negative context is not necessarily a barrier to successful implementation.

Workplace health and wellbeing programmes are more likely to succeed in favourable internal contexts, including those where the following conditions apply.



There are positive social norms and attitudes towards health and wellbeing by front line workers, middle and senior managers, occupational health and human resource professionals.



There is a high level of competence and commitment of managers and specialists (Occupational Health and Human Resources) to deliver health and wellbeing programmes.



But where there is an adverse internal context, for example where employees are cynical about wellbeing or mistrust the intentions of managers, this is not necessarily a barrier to success. Making positive and tangible changes (such as collecting evidence and using evidence-based arguments, leveraging senior manager support and establishing inclusive steering groups) can lead to shifts in attitudes and improved capabilities.

Where there is an adverse external context, such as takeovers, economic recessions or freezes in public spending, this nearly always derails or prevents implementation. But even then, some organisations are able to adapt, as demonstrated by a participatory problem-solving programme implemented in the Danish public sector, where a coherent and wider narrative around workers wellbeing counter-acted against the existing history of restructuring and layoffs.⁵

Context findings based on 67 interventions involving over 12500 people.

The infrastructure in an organisation that brings together separate initiatives into a whole health and wellbeing programme.



Ensuring the continuity and sustainability of the intervention within an organisation, including making localised adaptations through learning, is an important factor.



A combination of the following factors are necessary but not sufficient for the success of the project:

⁵ Example taken from Abildgaard, J. S., Nielsen, K. and Sverke, M. (2018) 'Can job insecurity be managed? Evaluating an organizational-level intervention addressing the negative effects of restructuring', *Work and Stress* 32(2): 105-123; and von Thiele Schwarz, U., Nielsen, K. M., Stenfors-Hayes, T. and Hasson, H. (2017) 'Using kaizen to improve employee well-being: results from two organizational intervention studies', *Human Relations* 70(8): 966-993.

- appropriate governance structures (structures that are inclusive of all relevant stakeholders and responsive to their concerns - e.g. steering committees, systematic use of evidence)
- good learning processes (e.g. surveys, workshops, focus groups)
- a planned sequence of activities (including needs/risk assessments)

Infrastructure findings based on 55 interventions involving over 13700 people.

Tangible interventions with sustained wellbeing outcomes. Beyond good intentions, making tangible changes to workplaces and to how people work, where people can see visible progress are important to the successful implementation of programmes.

Tangible changes that can lead to lasting and positive wellbeing effects involve:



Wellbeing activities that are seen and experienced as fresh and novel by participants.



Changes to the roles of occupational health or human resources professionals to enable implementation of activities.



Improvements in health and wellbeing - either through intended or unexpected routes. For example, group health promotion activities can intentionally boost healthier life-styles and simultaneously lead to better social relationships at work if they involve group activities and improve social interaction.



Positive changes to wellbeing also changes the workplace culture, a contextual factor that can in turn make continuous improvement for wellbeing easier.

Tangible changes findings based on 66 interventions involving over 14400 people.

Figure one: connection between the factors

Evidence into action: a model of change for practitioners

The authors of this review outline five practical principles for employers that can be derived from the findings. These evidence-based principles can be used to complement the existing evidence on what interventions can work to improve wellbeing to help to sustain and embed wellbeing practices in organisations so that they can be successful in delivering wellbeing outcomes.

Principle	Why is this important?	Action	How it can be achieved?
Communication	Regular communication on wellbeing (i) enables organisations to tailor wellbeing activities to their workplaces, (ii) reinforces the message that wellbeing is important and that something is being done, and (iii) allows you to show that the different activities are part of one same wellbeing strategy.	Communicate about wellbeing to bridge across initiatives and roles.	Through formal structures like wellbeing committees; in everyday informal activities; creating and using a staff intranet; communicating with key decision-makers, etc.
Coherence	<p>The coherence of workplace initiatives helps to provide front line workers and managers with a consistent narrative on the importance of wellbeing. Activities that work against each other or duplicate something that was introduced in the recent past would hinder this principle.</p> <p>Coherence does not mean lack of diversity in actions, or that people must be prevented from trying things out for themselves in a more spontaneous manner – functional governance structures can help integrate these spontaneous activities into the wider programme.</p>	Integrate components as whole programme.	Using governance structures; training for better integration; taking a holistic approach.

Principle	Why is this important?	Action	How it can be achieved?
Commitment	<p>Commitment is particularly necessary to overcome adverse starting conditions and things that can get in the way of successful initiatives, such as: scepticism or cynicism about wellbeing, mistrust between managers and employees, lack of capability or resources to deliver, high workload or other things that seem of higher priority.</p> <p>Commitment involves perseverance through adaptation and learning, that is, learning what is working and how, or what is not working and needs to be changed.</p>	Persevere, adapt and learn through continuous consultation and bringing various stakeholders on board.	Establishing regular meetings with those participating in the initiative; taking a flexible and focused approach (e.g. recognising that not everyone wants to take part in everything); evaluating and piloting approaches; creating open and inclusive workplaces; learning from mistakes.
Consistency	<p>Consistency is about ensuring compatibility between a wellbeing programme and the existing ways of doing things; but only when these existing aspects are not toxic for health and wellbeing.</p> <p>Rather than replicate or mimic, consistency is about adding to what is already in place while reducing the scope for conflict and resistance.</p>	Graft onto current practices, monitoring wellbeing indicators.	Building on existing people management practices to improve organisational capabilities; integrating wellbeing into health and safety components; fitting wellbeing programmes with existing workplace norms.
Creativity	Creativity concerns challenging and replacing existing social norms or organisational process that are toxic to wellbeing, such as the toleration of bullying, or the encouragement of unsafe working practices and excessive working hours.	Confront and change toxic and harmful practices into new ones.	Challenging existing ways of working when these are inappropriate to health and wellbeing, while embedding the initiative to create new ones.



Evidence gaps

- The studies reviewed tend to be of one-off projects rather than rolling and evolving programmes with multiple and varied components, as is typically seen in organisations. There is a need for evidence on how different projects interact and how entire programmes are developed and sustained.
- There is a lack of evidence on how power and culture can be critical factors to achieve organisational change. Research has not examined in sufficient detail the various roles power and organisational politics can play as contextual factors.
- There is more evidence needed around return to work programmes and non-traditional employment options and the nature of difficulties accessing services.