

# 6

## **An Integrated Framework for Organizational Well-Being**

*Updated Themes, Potential Competencies, and a Broader Horizon*

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*I think we can finally figure this whole thing out together.*

**W**orkplaces are evolving to face complex pressures and new stressors. Four disruptive trends—volatility, uncertainty, complexity, and ambiguity (VUCA)—require employers to better engage employees and develop organizational agility (Baran & Woznyj, 2021). Worker mental health problems are also affecting businesses at an unprecedented rate, with fervent calls to action from corporate executives and occupational scientists. The recent publication *Dying for a Paycheck* (Pfeffer, 2018) and the research on which the publication is based (Goh et al., 2015) revealed what research has suggested for decades: Workplace stressors and managerial practices unnecessarily kill workers annually—120,000 workers—and cost businesses billions in health care.

There is a general lack of coordination among many professionals who, were they to work together, could potentially address this growing mass of stressors. We, along with positive organizational scholars (e.g., Cunha et al., 2020), believe the answer lies in having a holistic and human-centered vision of organizations composed of allies who work as a team and across multiple levels. Current solutions are limited partly due to overspecialization across disciplines, resulting in the proverbial blind men and the elephant. Occupational health practitioners, consultants, trainers, and vendors are focused suboptimally on one area—either the trunk, the tail, or a leg—without actively addressing the whole. Practitioners

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need a view of workplace health—and its contributors—that reaches beyond academic ideas and a myopic focus on specific topics.

As in the 2003 and 2013 versions of this chapter, we call for a transdisciplinary conception of healthy workplaces. This chapter further delineates core themes that exist in, and the occupational health psychology (OHP) competencies needed for, a healthy, human-centered workplace. Both the science and practice of a healthy workplace have advanced considerably. We offer an updated framework informed by these advances. We include studies that integrate health promotion and health protection to advance both worker and enterprise outcomes (e.g., Punnett et al., 2020); align prevention, the promotion of positive mental health, and treatment (LaMontagne et al., 2014); offer guidelines to promote positive mental health (Davenport et al., 2016); align job-related, employee, and interpersonal influences on thriving at work (Britt & Jex, 2015); and offer specific steps for facilitating and coordinating employer–employee alignment, organizational health, and the measurement of meaningful outcomes (Edington & Pitts, 2015).

We also include research reviews that have advanced the etiology and definition of organizational well-being, such as a meta-analysis ( $k = 73$ ) of factors found to predict individual thriving at work (Kleine et al., 2019); a review of wellness culture studies ( $k = 95$ ) that identified 24 distinct elements often relating to workplace social factors (e.g., peer support, employee involvement) (Flynn et al., 2018); syntheses of positive mental health interventions in the workplace (e.g., Carolan et al., 2017; Wagner et al., 2016); systematic reviews of positive organizational behavior (Cunha et al., 2020); and our own integral research (Bennett, 2018).

## CHAPTER OVERVIEW

This chapter provides a synopsis of the considerable advances in the science and practice of workplace well-being since the first edition of this handbook. Our intent is to provide context for a transdisciplinary call to action and help readers recast other handbook chapters in this context. For example, while Chapter 3 discusses three major models of occupational stress, we ask readers to think about the application scenarios discussed within this chapter (e.g., techno-stress, job design, gig workers) and how OHP can engage other disciplines to practice these models in these scenarios. Alternatively, Chapter 5 provides a case study on occupational hazards. Readers can review this example (and others throughout this handbook) through the lens of our competency model, identifying and labeling specific competencies that consultants use in case studies.

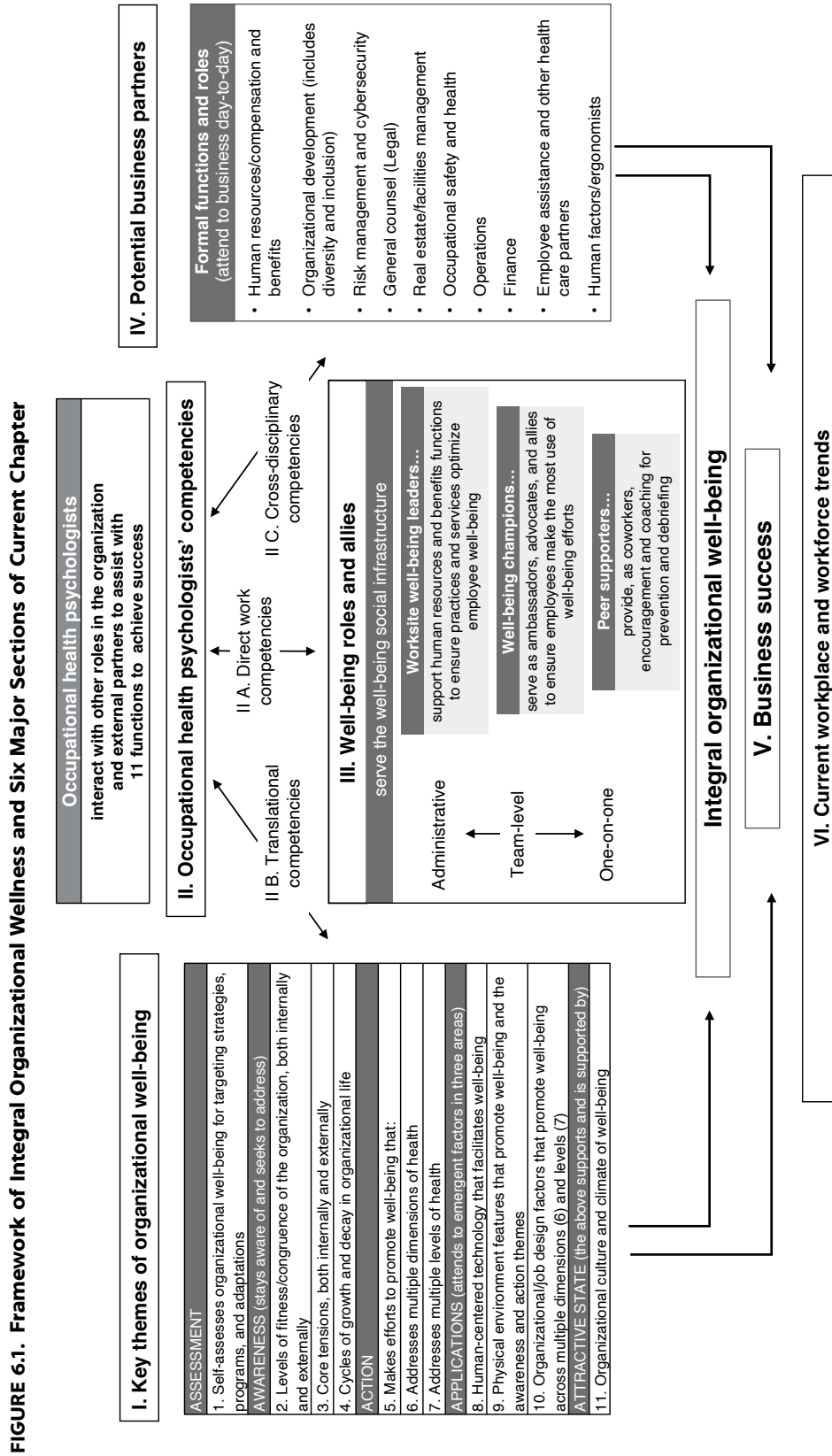
First, we review then reframe and update our original model. We define *integral organizational wellness* (IOW) as the simultaneous, and mutually enhancing, promotion of individual, team, and organizational health by attending to reciprocal relationships across these levels and by equally addressing internal (psychological), social (relational), behavioral, environmental, and operational aspects of the business or agency. Specifically, a healthy organization (a) self-assesses its

well-being and adapts accordingly, with awareness of (b) its level of internal and external fitness or congruence, (c) core tensions, and (d) cycles of growth and decay. Accordingly, it (e) makes efforts to promote well-being (f) across multiple dimensions (e.g., physical, emotional, spiritual) and (g) multiple levels (individual, team, organization). Previous versions of this chapter described these themes.

We add four new themes to address the increased importance of agility to business success. Healthy workplaces also possess (h) human-centered technologies, (i) healthy physical environments, and (j) organizational and job design features that prioritize human value. Our model also views (k) organizational culture as an attractive state supported by other themes.

This chapter is organized into sections as outlined in Figure 6.1 and includes (a) the 11 themes noted previously, (b) OHP competencies, (c) the competencies of well-being professionals and allies who work to promote health, (d) potential business partners and the ways they can influence organizational wellness, (e) the influence of all the aforementioned areas on business success, and (f) attentiveness to current trends. Figure 6.1 represents a working model. Each section of the figure is briefly described as follows, as a chapter overview. The chapter ends with a call to action.

1. **The key themes of organizational well-being** are practices that assess the state of well-being, maintain awareness of that state, and apply solutions.
2. **OHP competencies** occur in three areas related to the themes. This includes (3A) directly helping within the 11 theme areas—for example, assessing culture and consulting on health promotion efforts and job design. OHP practitioners can also (3B) translate themes and practices to help internal supporters in their own efforts: for example, helping them understand survey analyses and how to apply the latest research in any theme area. Such work is translational; it requires practitioners to be competent in translating ideas, information, and practices back and forth with internal collaborators. OHP practitioners can also (3C) work on cross-disciplinary teams with others who serve the organization. These collaborators include well-being allies (see 3) and other primary business roles (see 4).
3. **Internal well-being practitioners and allies** represent those who support healthy practices and the aptitudes they can develop through well-defined curricula, career application, and growth. Workplace wellness specialists, well-being champions, and mental health peer support coworkers each provide coworkers with tools that promote well-being. We compare the competencies of these roles, and those working in Total Worker Health<sup>®</sup>, with the OHP competencies.
4. **Other business functions and roles** include those working in safety, legal support, employee assistance, and other areas. These partners often have critical roles in protecting business success and information that practitioners can use.



5. **Business success** is a significant consideration for worker health. It goes without saying that the themes—in addition to the practices and roles that sustain them—will not likely be seen as useful unless they promote business success.
6. **Current workplace and workforce trends** require ongoing attention. OHP professionals must stay attuned to changes in economy, the workforce, and technology. These changes include trends such as alternative or hybrid work arrangements, increased attention to mental health, and diversity. Practitioners can develop expertise to help employers adapt to these changes.

## THE KEY THEMES OF ORGANIZATIONAL WELL-BEING

As noted, the current chapter reframes the first seven themes, described in previous editions, and outlines four new themes (Figure 6.1). We identify five theme categories: (a) assessment of organizational well-being; (b) awareness of factors that result from assessment; (c) actions that coordinate efforts toward well-being (particularly effective and supportive communications); (d) applications—from technology, organizational/job design, and environmental changes—that enhance well-being; and (e) attraction to a culture and climate of well-being. Applications and attraction are discussed in more depth in this section. Table 6.1 briefly defines all themes and lists OHP competencies related to each theme.

Attraction has a specific meaning in the revised framework and derives from the literature on organizational change and ambidexterity (Ford & Ford, 1994; Raisch & Birkinshaw, 2008). An agile organization adapts to change and stress. Instead of regressing, it resumes previous operations or moves to a new state of thriving. The attractive, telic, or purpose-oriented state is a healthy work culture (across the organization) or climate (locally, within departments or groups). Well-being is often defined by an ongoing attraction to enhancement, growth, and the ability to heal. The overall culture is the space wherein the eleven themes foster well-being.

### Application: Human-Centered Technology

Workplace technology is ubiquitous and will become even more prevalent in the future (Oswald et al., 2019). Compared with technical-centered technology, human-centered technology focuses on (a) design led by humanistic values and devotion to human welfare, (b) enhancement of user skills and abilities, and (c) fit to human needs. Not all workplaces meet these expectations. Many cause harm physically and psychologically (e.g., keyboards, cell phones, office chairs, computer screens, surveillance cameras, and some social networking platforms; Salvendy, 2012). *Techno-stress* represents an opportunity to apply insights from psychology to inform information technology well-being design (e.g., La Torre et al., 2019). OHP practitioners can conduct techno-audits to identify risks and redesign technology to improve well-being.

**TABLE 6.1. The 11 Themes: Five Areas, Activity of Occupational Health Psychologist, and Related Competencies**

Area and theme	Activity of occupational health psychologist	Potential competencies
<b>ASSESSMENT   A healthy organization . . .</b>		
1. Self-assesses organizational well-being for targeting strategies, programs, and adaptations	Gathers reliable and valid information about areas below to continually maintain awareness of the organization's state of health and adapt to maintain optimal well-being across levels and dimensions.	<ul style="list-style-type: none"> <li>• Applied psychometrics</li> <li>• Data analysis and synthesis</li> <li>• Data presentation</li> </ul>
<b>AWARENESS   A healthy organization stays aware of and seeks to address . . .</b>		
2. Levels of fitness/ congruence of the organization, both internally and externally	Consults on processes and strategies that improve fitness and congruence between: (a) the workplace and the external environment; and (b) functions within the organization.	<ul style="list-style-type: none"> <li>• Environmental scan</li> <li>• Operations analysis</li> <li>• Leadership audit</li> <li>• Knowledge management</li> <li>• Multicultural competency</li> </ul>
3. Core tensions, both internally and externally	Consults on processes and strategies that address various tensions involved in maintaining levels of optimal health and well-being.	<ul style="list-style-type: none"> <li>• Humble inquiry</li> <li>• Organizational diagnosis</li> <li>• Continuous improvement tools</li> </ul>
4. Cycles of growth and decay in organizational life	Maintains awareness of cycles of growth, regression, and deterioration in organizational vitality within areas that affect employee health and well-being.	
Awareness in these areas is used to make adjustments in strategies, approaches, and responses to resolve incongruities and tensions within and build the organization back toward growth and development.		
<b>ACTION   A healthy organization . . .</b>		
5. Makes efforts to promote well-being	OHP makes an ongoing effort to provide programs, policies, and practices that increase the health and well-being of employees.	<ul style="list-style-type: none"> <li>• Curriculum design</li> <li>• Group facilitation</li> <li>• Coaching</li> <li>• Team building/team resilience</li> </ul>
6. Addresses multiple dimensions of health	In these efforts, OHP considers multiple dimensions of well-being (spiritual, emotional, social), adopting a holistic view of employee health and well-being.	<ul style="list-style-type: none"> <li>• Leadership development</li> <li>• Knowledge of mind-body, well-being, and resilience practices</li> </ul>
7. Addresses multiple levels of health	In these efforts, OHP considers individuals, teams, and organizational level of well-being and the dynamic relationships across levels.	<ul style="list-style-type: none"> <li>• Transfer of training tools</li> </ul>

**TABLE 6.1. The 11 Themes: Five Areas, Activity of Occupational Health Psychologist, and Related Competencies (Continued)**

Area and theme	Activity of occupational health psychologist	Potential competencies
<p>Actions in these areas are used to support and, whenever possible, coordinate with internal allies, external partners, and other stakeholders involved in the health and growth of the organization.</p>		
<p><b>APPLICATIONS   A healthy organization attends to emergent factors in three areas:</b></p>		
<p>8. Human-centered technology that facilitates well-being, need fulfillment and productivity, and the reduction of unproductive or burdensome technology</p>	<p>Helps identify and implement technologies that promote employee health, well-being, and productivity through satisfaction of basic needs, making work efforts easier, simpler, user-friendly, and more efficacious, and lowers negative impacts to employee health and well-being.</p>	<ul style="list-style-type: none"> <li>• Macro-ergonomics</li> <li>• Health technologies</li> <li>• Communication technologies</li> <li>• AI-assisted work</li> </ul>
<p>9. Physical environment features that promote well-being and activities within the Awareness and Action themes</p>	<p>Is knowledgeable regarding physical environmental features that promote employee health and well-being, and implements strategies, programs, and practices that build in physical environmental features that support need fulfillment and productivity.</p>	<ul style="list-style-type: none"> <li>• IEQ standards and practices</li> <li>• Health and well-being environmental design</li> <li>• Postoccupancy evaluation</li> </ul>
<p>10. Organizational and job design factors that promote well-being across multiple dimensions (6) and levels (7)</p>	<p>Is knowledgeable regarding organizational and job design factors that promote employee health and well-being across dimensions and levels and make adjustments to designs that incorporate positive and remove negative factors to the greatest extent possible.</p>	<ul style="list-style-type: none"> <li>• Job and organization analysis</li> <li>• Employee surveys</li> <li>• Performance assessment</li> <li>• People analytics</li> </ul>
<p>Applications in these areas should remain sensitive to cross-disciplinary consultation with other allies and partners.</p>		
<p><b>ATTRACTIVE STATE   All of these areas and themes both support and are supported by:</b></p>		
<p>11. Organizational culture and climate of well-being (the common or integrative goal of all preceding themes)</p>	<p>Helps cultivate an organizational culture and climate by engaging in compelling demonstrations of the organization’s commitment to employee health and well-being. OHP takes actions to improve employee experience of the culture as well as support their well-being and growth.</p>	<ul style="list-style-type: none"> <li>• Collective leadership</li> <li>• Culture and climate assessments</li> <li>• Integrative scorecards</li> <li>• Metrics integration</li> </ul>

To this end, we identify six categories needing attention, including (a) environment quality (EQ) controls: sensors/controls that measure/adjust temperature, humidity, air flow, noise, and lighting; (b) surveillance and occupancy: sensors that monitor occupancies, traffic flows through physical spaces, and employee behavior to adjust EQ and maximize use; (c) personal feedback: wearables/software that deliver coaching and personal health feedback such as time spent sitting, calories consumed, sleep quality, and heart rate; (d) communications: software delivered through devices that connect employees via social media, healthy behavior pop-up prompts, virtual meetings, podcasts, and more; (e) self-help: downloadable software and apps providing education, training, or just-in-time psychological support; and (f) productivity measurement: software and electronic monitoring devices that measure employee behavior such as time spent on a task, production per unit of time, website pages viewed, time spent on computer screen, clock-in and clock-out time, phone call duration, time at workstation, and time spent off the clock.

Nine criteria should be targeted by practitioner efforts in these areas. Technology should support (a) employees doing their work well, (b) opportunities for cognitive refreshment, (c) a comfortable degree of environmental control, (d) social connection, (e) employee safety and security, (f) worker choice in the location or timing of activities, (g) opportunities to bond with the organization, (h) actionable information to nudge healthy habits, and (i) positive nonverbal messages (Banks & Augustin, 2021). Sacasas (2021) also posed 41 questions, many related to well-being, for evaluating how technology is beneficial or detrimental to users. Practitioners can work toward shaping user experience to support rather than harm health and well-being. Regarding mental health, reviews of evidence-based apps may be especially useful to anyone working within OHP (Cunningham-Hill et al., 2020).

### **Application: The Physical Environment**

Diverse professionals in human factors, industrial hygiene, and engineering have long sought to identify and remove or mitigate health risks—specifically, to remove negative factors from work environments and prevent illness, injury, and death. Recently, architects, designers, and psychologists have focused on positive factors that promote well-being. Architects, using design principles, can foster positive emotional and behavioral responses through physical place design. Interest in “well-being design” has forged partnerships between architects and psychologists to curate occupant experience via workplace features (e.g., Ayoko & Ashkanasy, 2019; Banks et al., 2019). OHP practitioners can collaborate with these designers. The following section explores some features related to health, job satisfaction, and productivity.

Indoor environmental quality (IEQ) includes fresh air treated with ultraviolet light to kill pathogens; temperature controls for comfort; noise reduction and noise masking (e.g., white noise); humidity controls to reduce molds; daylight and indoor lighting to mimic circadian rhythms; and scents and colors that stimulate productivity, creativity, and relaxation.



Floor plans include open and closed office design determined by the work performed; coworker proximity for safety and collaboration; placement of stairs to encourage physical movement; placement of walkways to increase privacy and noise reduction; safety barriers; and access to windows and outdoor spaces for cognitive refreshment.

Furnishings include ergonomic equipment and chairs for body support and postural variation; moderated visual complexity of the workspace; and biophilic materials, such as plants, natural materials such as wood, images of nature, and water features to promote restoration.

Nonverbal communications include workstation personalization to enhance a sense of belonging; posted messages of work values and meaningfulness; equitable access to resources; cultural symbols, such as flags, country, or group colors; and work areas to support inclusion.

### **Application: Organizational and Job Design**

The trend toward reducing stressful work conditions has accelerated since 2000, and more so during the COVID-19 pandemic. Identifying risk factors dominated research and practice for much of this time. A positive turn toward well-being has led to new approaches (e.g., Chen & Cooper, 2014).

Healthy work design promotes (a) a life of purpose, (b) quality connections to others, and (c) positive self-regard and mastery (Quick & Macik-Frey, 2007). In the current IOW framework, organizational and job design should include (a) meaningful work; (b) helpful, respectful, and productive connections and communications with others; (c) sufficient support to meet work demands; (d) a safe environment; and (e) development of mastery and skill.

Several tested models of job design remain relevant for well-being: job characteristics model, job demand–control theory, job demand–resource theory, and self-determination theory. Research supports the following job characteristics: autonomy (choice), skill variety (job enrichment), task significance (importance), adequate resource support (time, technology, materials), and reductions to hindering job demands. Recently, need theory and person–job fit model have focused attention on the sufficiency of the job itself and organizational context for providing need satisfaction, which underlies well-being. Job crafting is also an emerging method that helps workers lower stress by managing job demands and acquiring resources to achieve more compatible work. A recent meta-analysis of job crafting found that it significantly improves job satisfaction, work engagement, work performance (Rudolph et al., 2017).

Looking to the future, artificial intelligence (AI)-assisted work (i.e., the symbiotic relationship between AI and humans in job performance) is expected to increase (Jarrahi, 2018). The combination of AI and human talent can help manage increasing work complexity and will be crucially important for jobs that require complex decision making. AI is likely to grow in importance in the development of exoskeletons to augment physical capabilities and stamina.

### **Application: Organizational Culture and Climate**

The business literature is filled with articles about the importance of work culture or climate to employee well-being (e.g., Harvard Business Review, 2020). Few evidence-based practices (EBPs) specifically target culture. This section follows up on case studies of EBP interventions presented in the previous edition of this chapter (Bennett, Cook, & Pelletier, 2011). An example is culture-of-resilience programs implemented in a school district, a large manufacturing firm, a corporate wellness company, and an academic research group (Bennett, 2020).

In these and other implementations, we have applied the insights identified by Flynn and colleagues (2018) in their systematic review of evidence-based elements of healthy work cultures. While there is significant variation across workplaces regarding drivers of culture, certain factors appear to be more common: ongoing communication and feedback; training and learning; employee empowerment; authentic leadership; peer support; allocation of resources; and supportive policies and environments. OHP consultants cannot master the tools necessary to promote all of these drivers. However, they can become aware of the landscape and coordinate with other well-being advocates and business functions.

Accordingly, this theme of culture and climate integrates the four areas above. OHP consultants can assess culture and climate (area 1) using recently studied survey tools (e.g., Reynolds & Bennett, 2019). These assessments can be used to increase awareness—and readiness for culture change—among leaders and workers (area 2). Practitioners can use this awareness, along with research knowledge about what works to inform the selection, development, and design of actions and applications that have the greatest likelihood of succeeding (areas 3 and 4).

Specific competencies can enhance OHP professionals' contributions across these areas. Psychometric consultation on culture assessments can improve the utility of such instruments. This extends to understanding the limitations of wellness culture scorecards (e.g., Safeer & Allen, 2019). OHP scientists when working for a culture of health, can study shared leadership and its impact on employee health. Indeed, collective leadership may be the cardinal competency required to address the stressors discussed at the onset of this chapter (Contractor et al., 2012).

### **OHP COMPETENCIES**

*The good physician treats the disease; the great physician treats the patient who has the disease.*

—attributed to SIR WILLIAM OSLER

*We treat the whole patient, not just the hole in the patient.*

—attributed to DR. CARRIE SUSSMAN

We view workplaces through the broad lens of positive psychology—human centered, growth oriented, and helping employees thrive. Integral OHP practice requires that organizations must, first and foremost, be approached as a living, whole entity with potential for health, growth, and healing. We need to know OHP-related research—such as that highlighted in this handbook, other key texts (e.g., Britt & Jex, 2015; Cunningham & Black, 2021; Schonfeld & Chang, 2017), and the *Journal of Occupational Health Psychology*. This knowledge is best used in the context of purpose-driven collaboration with others working across the 11 thematic areas.

These themes serve as a starting point for a competency-based approach to healthy organizations. The competencies (see Table 6.1, right column) help OHP professionals promote health in the organization as a whole. These professionals can apply competencies directly to benefit others working within or affected by the organization (e.g., employers, leaders, managers, employees, family members, customers, citizens); by translating them in dialogue with internal professionals and workers; and by collaborating with other business roles inside and outside the organization.

## **INTERNAL WELL-BEING ROLES AND ALLIES AND COMPETENCIES**

OHP practitioners have many potential allies. We identify four here as well as the competencies they possess within their own domains of practice (see Figure 6.2). These allies include practitioners with training or certification: in *Total Worker Health*<sup>®</sup> (TWH), as a Workplace Wellness Specialist (or related title), as a Well-Being Champion or Ambassador, and as coworkers who have received some type of peer support training in mental health. OHP professionals can help these collaborators maximize their roles and also work together. As these professionals can foster IOW, we emphasize their unique involvement with allies because of training in personnel assessment, person–job fit, job design, job coaching, job crafting, and competency modeling. OHP professionals can contribute by helping to identify, develop, and support allies' competencies. Figure 6.2 is provided as an initial, synoptic guide to explore these possible competencies. The competencies for each ally are organized in the four areas of the IOW framework and should be viewed along with their related themes (see the final column in Table 6.1). Supportive communications to and for employees are a cardinal competency across all these allies. We also include communication as an additional subset of action.

### **Total Worker Health**

Comparing the four allies, TWH professionals are the most likely to be academically certified through universities designated as TWH programs and the National Institute of Occupational Health and Safety (NIOSH). TWH takes a holistic approach to worker health, safety, and well-being by integrating protection from work-related safety and health hazards with promotion of injury

FIGURE 6.2. Competencies of Total Worker Health and Well-Being Allies: Definitions and Alignment With Integral Organizational Wellness

LOW Areas	Total Worker Health	Workplace Wellness Specialist	Well-Being Champions	Mental Health Peer Support
<b>Assessment</b>	a) Evaluate intervention strategies	a) Evaluate data	a) Evaluate progress	a) Has lived experiences
<b>Awareness</b>	b) Understand prevention and health promotion disciplines	b) Drive employee engagement	b) Know infrastructure and resources	b) Recognize crisis
<b>Action</b>	c) Design, deliver, intervention strategies	c) Implement best practices	c) Commitment to growth	c) Recognize own biases
	d) Understand and apply practices that affect the workers' well-being	d) Communicate with workforce	d) Plan well	d) Has emotional insight
	e) Identify and disseminate evidence-based interventions	e) Know health-related regulations	e) Gain support	e) Is personable
<b>Communication</b>	f) Communicate with multiple stakeholders	f) Support organization culture	f) Build partnerships	f) Engage in personal development
<b>Application</b>	g) Understand and/or develop policy		g) Communicate well	g) Role model personal resilience (Contagion)
	h) Possess technical specializations		h) Grow ambassadors	h) Empower through communication
<b>Attraction</b>			i) Scale the program	i) Understand and collaborate with community support
			j) Celebrate progress and wins	j) Maintain ethical responsibility
			k) Enhance wellness climate	
<b>Definitions of Above</b>				
	a) Can design, deliver, and evaluate TWH interventions	a) Understands and utilizes evaluation process to analyze wellness interventions and provide feedback to stakeholders	a) Evaluates outcomes and makes adjustment based on new information	a) Genuinely relates their own experiences to the experiences and challenges of their peers
	b) Understands how to apply prevention and health promotion disciplines to address workers' safety, health, and well-being	b) Drives engagement through multiple avenues (e.g., assessments, technologies, branding, process improvements)	b) Uses and maximizes worksite structure and health resources	b) Detects when a peer is in, or close to, a crisis and works with peer to deescalate with resources and services
	c) Assesses factors (e.g., noise, stress, addiction, health policies, health care) that influence a worker's well-being	c) Utilizes best practices to design and deliver holistic and evidence based practice	c) Engages and empowers employees to own the program for themselves	c) Has unconditional respect for the personal values, culture, and beliefs of the peer and their issues
	d) Identifies and adapts EBP to policies or programs to produce positive results (e.g., high productivity, health outcomes)	d) Communicate with the workforce during a wellness initiative to increase engagement, promote positive perceptions of the organization, support inclusiveness, and increase wellness	d) Has clear goals and milestones and tracks progress over time	d) Recognizes peer needs, and when one should broach difficult subjects to help the peer explore their options
	e) Articulates to multiple stakeholders (e.g., frontline workers, managers) how TWH aligns with the business strategy	e) Comprehends government policies (e.g., ACA, HIPAA, ADA) to help guide the formation of wellness programs	e) Builds buy-in from leaders, managers, and key allies	e) Has an outward demeanor (empathetic, nonjudgmental) and language (person centered and recovery oriented) to encourage open dialogue with the peer
	f) Understands how to apply prevention and health promotion disciplines to address workers' safety, health, and well-being	f) Has capacity to garner support for shifting an organization's culture into that of wellness	f) Collaborates with stakeholders	f) Seeks opportunities to develop peer-support skills
	g) Trained in areas (e.g., multilevel worker and workplace assessments, chronic disease management, persuasive speaking) that would assist in workplace health interventions		g) Effectively markets and builds campaigns	g) Role models' commitment to own self-care (e.g., stress management, resilience strategies, recovery, seeking help) approach evidence based intervention and describe to peers to initialize discovery
			h) Builds a team of other ambassadors who carry the message to others	h) Uses active listening and communication skills to fully understand the situation of the peer
			i) Has the ability to grow and replicate the program as needed	i) Communicates about community resources/services available; works with colleagues to meet needs
			j) Acknowledges, rewards, and celebrates others' progress with fun and play	j) Has knowledge of the laws and rules to ensure and protect the rights, privacy, and safety of the peers
			k) Monitors the local climate of receptivity and embracing of wellness	

Note. LOW = Integral organizational wellness; TWH = Total Worker Health®; EBP = evidence-based practice; ACA = Affordable Care Act; HIPAA = Health Insurance Portability and Accountability Act; ADA = Americans With Disabilities Act.

and illness prevention. NIOSH and the Centers for Disease Control and Prevention (CDC) wrote a workbook detailing the elements in a TWH approach while certificate programs for TWH developed additional competencies. These include knowledge of intervention strategy development, delivery, and evaluation; leadership communication and methods of influence; knowledge of scientific literature relevant to identifying health risks and safety hazards; technical knowledge in hazard prevention; and health promotion methodologies and subject matter (Lee et al., 2016).

There are similarities and differences between TWH and the IOW framework. For example, the physical environment and organizational/job design factors (in the IOW framework) overlap with TWH's competencies that serve to modify the workplace to promote wellness. Organizational culture and climate (in the IOW model) include competencies related to demonstrating leadership commitment to workers' safety and health as well as worker engagement. Both frameworks also emphasize the importance of making an effort to promote health. We also see important differences in emphasis between the two sets of competencies. IOW is less focused on the diverse antecedents to safety and health problems and more focused on keeping sight of the positive well-being potential and business success of the whole organization in addition to helping others from diverse areas to see where they fit in supporting the whole. Of course, these others include TWH practitioners but also all others described in this section (see Figure 6.2) and the next (Figure 6.3).

### **Workplace Wellness Specialists**

Workplace wellness specialists (WWS) serve a different role than TWH practitioners because of a greater focus on workplace wellness programs, wellness vendor support, as well as strategies, programs, and incentives to engage workers in adapting a healthy lifestyle, often oriented toward physical health. There has been a growing interest among WWS to incorporate stress management, mindfulness, and resilience strategies as part of a mental well-being initiative within their workplaces. At least three programs train and certify WWS: the National Wellness Institute (<https://www.nationalwellness.org>), the Certified Corporate Wellness Specialist (<https://www.corporatewellnesscertification.com>), and Wellness Councils of America (<https://www.welcoa.org>). As shown in Figure 6.2, a key distinguishing competency among WWS is their attention to health-related policies and regulations as well as direct communications with employees. In-house WWS often work in human resources or risk management. Wellness vendors also assign external WWS as part of a comprehensive wellness program contract.

### **Well-Being Champions**

Unlike WWS, champions are typically grown from within organizations through volunteering or nominations from supervisors and managers. Champions may also be called wellness ambassadors, advocates, or allies. They are

typically at the “grassroots” (supervisory or employee) level. Their focus is to engage employees in local wellness-related activities (e.g., campaigns, fundraising, sports), promote the wellness benefit, and encourage social ties among employees as part of the social dimension of wellness. In larger organizations, champions may be at the department, store, or location level and play a role in recruiting other ambassadors. The champion competencies listed in Figure 6.3 are derived from training the first author designed for diverse clients (see Bennett & Linde, 2016). The competencies behind a grassroots, voluntary, or peer-to-peer role is not as well documented or formalized as TWH or WWS. However, there is growing recognition that work peers can play a vital role in encouraging healthy behavior among their coworkers.

### **Mental Health Peer Support Workers**

The growth in worker mental health and substance abuse concerns has led to the development of programs for training employees as peer supporters. In the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA; 2015) has developed “Core Competencies for Peer Workers in Behavioral Health Services.” The Mental Health Commission of Canada also published guidelines for peer support (Sunderland & Mishkin, 2013). Health and wellness coaching is a related and rapidly growing profession, although such coaches often do not address mental health issues and typically work outside the organization. Wellness coaches receive certification from a national agency that has identified competencies as well (Wolever et al., 2016). Overall, in the area of worker mental health, the employee assistance program can be a key ally that OHP practitioners should collaborate with too (Bennett et al., 2015; Herlihy et al., 2020)

### **POTENTIAL PARTNERS: BUSINESS FUNCTIONS AND ROLES**

OHP practitioners, consultants, and scientists can also partner with traditional business functions that impact worker well-being. Ten business roles can assist in mitigating one or more of 11 work-related barriers to business success (see Figure 6.3). A barrier could be the result of one or several co-occurring factors. Accordingly, interrole collaboration, bilateral referral, and multipronged strategies could ensure a problem is (a) addressed in a holistic (vs. a short-term, expedient manner); and (b) does not reemerge in other areas where the problem is unaddressed.

Figure 6.3 views business functions in three categories (see rows): human resources (HR) and workplaces, risk and liability, and organizational and employee support. The figure also views barriers in two groups (see columns): organizational antecedents and psychosocial and organizational consequences. An *X* in a cell indicates domain responsibility. The figure is offered as a guide for collaboration across roles.

FIGURE 6.3. Work-Related Barriers to Business Success

Business functions and roles		Work-related barriers to business success										
		Organizational antecedents					Psychosocial and organizational consequences					
Human resources and workplaces		Job vacancies	Unskilled workers	Decision mistakes	Weak cultures	Management problems	Presenteeism	Sickness absence	Accidents/injuries	Voluntary turnover	Illegal activity	Lawsuits
Operations		X	X	X		X	X	X	X	X	X	X
Human resources/compensation and benefits		X	X			X	X	X		X	X	X
Real estate/facilities management		X		X	X		X	X	X	X		X
<b>Risk and liability</b>												
Risk management/cyber security		X	X	X	X			X	X	X	X	X
General counsel (Legal)		X	X	X	X	X				X	X	X
Finance		X	X	X	X	X	X	X	X	X	X	X
<b>Organizational and employee supports</b>												
Organizational development (D and I, DEI)			X	X	X	X	X	X		X		X
Occupational safety and health		X	X	X		X	X	X	X	X	X	X
Employee assistance/health care partners		X	X		X	X	X	X	X	X	X	X
Human factors/ergonomists		X	X				X	X	X	X		X

Note. Cells marked with an “X” represent potential responsibilities for business functions and roles. Cells that are shaded may be especially relevant to particular roles. Relevance (represented by shading) may vary according to the project. D and I refers to diversity and inclusion; DEI refers to diversity, equity, and inclusion. Adapted from *Blueprint for Building Business Success by Becoming a ‘Healthcare Business’* [White paper] (p. 17), by C. G. Banks, 2023, Interdisciplinary Center for Healthy Workplaces, University of California, Berkeley ([https://healthyworkplaces.berkeley.edu/sites/default/files/publications/blueprint\\_for\\_building\\_business\\_success\\_by\\_becoming\\_a\\_healthcare\\_business\\_jan\\_12\\_2023.pdf](https://healthyworkplaces.berkeley.edu/sites/default/files/publications/blueprint_for_building_business_success_by_becoming_a_healthcare_business_jan_12_2023.pdf)). Copyright 2023 by Cristina G. Banks. Adapted with permission.

We use the example of presenteeism to illustrate possible collaboration. *Presenteeism* is the practice of coming to work despite illness, injury, anxiety, and other personal issues. As presenteeism has a greater impact on productivity than absenteeism (Strömberg et al., 2017) and also increases safety risk (Widera et al., 2010), it concerns several business functions. Facilities management, HR, organizational development, and occupational medicine could co-investigate presenteeism's root causes (e.g., lack of paid sick leave, job insecurity, work overload, burnout, harmful physical conditions). Once potential problem sources are identified, collaborators could devise a holistic solution—if needed, across functions. Regardless of barrier type, external partners are essential to the success of many OHP efforts.

## **BUSINESS SUCCESS**

For business leadership to support OHP practitioners' efforts, our themes have to be integral to business success. From an HR perspective, success translates into three outcomes: (a) All positions are filled by employees who have the knowledges, skills, and abilities to perform effectively and are motivated to do so; (b) all employees know what they are supposed to do and have the training and experience to execute; and (c) employees are committed to organizational priorities, are recognized for their contributions, and gain meaning from work.

Unfortunately, these outcomes face many threats: (a) vacant jobs; (b) management's poor decision making (e.g., flawed policies, processes, procedures, practices) resulting in confusion and lost productivity; (c) insufficient employee skills to perform effectively due to poor selection processes or failed training programs; (d) employee injuries due to accidents arising from ineffective safety controls and absence of a safety climate; (e) poorly managed employees causing frustration and lost productivity, often due to neglect, abusive management styles, poor accountability, or a lack of management training; (f) employee absences and presenteeism decreasing productivity; (g) voluntarily turnover; (h) weak culture and low morale undermining work motivation and productivity; and (i) complaints and lawsuits resulting from regulatory noncompliance. These outcomes create gaps between desired and actual business success.

The IOW themes and related OHP competencies directly impact business success. OHP practitioners minimize threats by moving the organization toward a positive cultural state in concert with key partners. Organizational well-being self-assessment bring potential threats to the surface for resolution. Awareness of the fitness and congruence of the organization, its core tensions, and the organization's position with respect to growth and decay in organizational life builds the organizational change agenda for better organizational functioning, and thus better employee health and well-being. Fruitful areas of change also include technology designed to meet user needs; a physical environment that removes harms and builds in features that enhance health and well-being; and



organizational and job designs that lower job strain and promote thriving. Such changes result from programs designed to promote well-being and address multiple dimensions and levels of health.

Together, business partners and well-being allies (well-being specialists, champions, and peer supporters) can help OHP professionals fulfill their mission. Because the threats and opportunities described previously cut across multiple business functions, they reveal the critical role professionals can play by participating in and coordinating strategies and actions both hierarchically (with internal allies) and horizontally (with business partners) to support business success. Figure 6.3 indicates which partners can help OHP professionals avoid and eliminate threats by creating policies, practices, and programs that prevent negative and promote positive effects. The integral model illustrates how the execution of themes, supported by an expanded set of competencies, can be facilitated by genuine cross-functional teamwork and OHP leadership.

## **CURRENT WORKPLACE AND WORKFORCE TRENDS**

For organizations to succeed, they have to respond to ongoing, emergent, and even disruptive trends and pressures. This is why, following assessment (theme 1), the awareness areas and themes of fitness (theme 2), tension (theme 3), and life cycle (theme 4) are essential. Current trends that impact well-being include the coronavirus pandemic, racial and social strife, political polarization, low-wage worker alienation, and cybersecurity breaches. We cannot cover all trends; we focus here on only three primary movers of daily life: (a) the pandemic, (b) growth in the gig economy, and (c) remote work. Readers are advised that multicultural wellness and guidance for addressing politics at work are also primary, but not pursued here (see Chow & Lees, 2021; Howard, 2019).

### **The Coronavirus Pandemic**

Viruses are likely to pose continuous challenges to well-being and require new and creative solutions. COVID-19 emerged in January 2020 and changed the ways employees lived and worked, perhaps forever. After March 2020, lockdowns as a result of the pandemic meant that the vast majority of nonessential employees had no choice but to work remotely. Many modified their home into a workplace that may or may not have been conducive to performing work effectively. They experienced isolation, lack of connection to company culture, pressure to maintain pre-COVID productivity, and fuzzy boundaries between work and nonwork time. Essential workers experienced rapid acceleration of health and safety concerns, excessive workloads and fatigue, fear of exposing their family to COVID-19, physical separation from family members, and, for health care workers, exposure to severely ill and dying patients.

OHP scientists have outlined ways to address diverse COVID-19 stressors (Sinclair et al., 2020): mental health support for minority workers; ways

employers can discourage workers caring for family members with COVID from excessive work; innovative work–family arrangements; ways to help locked-down workers stay socially active and to help essential workers manage death anxiety. This diversity of approaches testifies to the need for potential breadth of OHP competencies (see Table 6.1). At the same time, multiple challenges—across virtual and hybrid work environments—may lead to fragmentation in a work culture. Here, OHP professionals can strategically integrate approaches under the banner of an attractive cultural state and as a way to foster meaning and purpose.

### **The Growing Gig Economy**

New work arrangements require innovation to promote well-being. *Gig workers* work without an employment contract (e.g., independent contractor, freelancer). They decide when and where they work, and can work for a variety of organizations simultaneously. Although the numbers are difficult to track, the Bureau of Labor Statistics (Gallup, 2018) estimated that 36% of the U.S. workforce performed gig work in 2017. Gig work is predicted to constitute 52% of the workforce by 2023 (Karra, 2021). Gig work comes with considerable health, safety, and financial challenges, including loss of legal protections under occupational safety and health, civil rights, and wrongful termination laws, exposing gig workers to harm for which they have no redress. In response, gig workers have formed coalitions and worker groups (Johnston & Land-Kazlauskas, 2018) and have received psychosocial support through digital media (e.g., podcasts). The IOW framework offers new opportunities for addressing gig worker needs, such as safety training, consultation, work selection and job crafting, virtual culture development, human-centered technology, peer and app support, as well as online mental health resources.

### **Remote Work**

OHP consultants can use the IOW framework to reimagine healthy work for remote and hybrid employees. As hybrid work arrangements become the norm, managers and employees will want to regain aspects of the attractive work culture they lost when working remotely (e.g., socializing, solving problems together), and also retain what they enjoyed from remote work (e.g., reduced commuting and nonessential meetings, greater discretion over time use). Research suggests it is possible to be productive and even thrive in either case (Burlacu & Monahan, 2021). OHP professionals can use this research to problem-solve with allies and partners, apply the IOW framework, and strategize on how to use the best of both work environments to promote well-being.

We suggest starting with an assessment of the desired culture (i.e., the attractive state) by asking, “What do you miss about not being at work?” Surveys suggest that it is often about the *experience* of social connection (e.g., GoBright, n.d.; Murray, 2021). Practitioners can also turn to the well-being allies who support the social infrastructure (e.g., wellness champions).

A review of their competencies (see Figure 6.2) shows that personable, engaging, and positive communication is essential. The newly added themes of physical environment and job design also suggest specific steps: cultural signs, symbols, folk objects, and other nonverbal communications can convey meaningfulness and belonging in the virtual space. Coaching workers on job crafting may also lead to innovation for remote and hybrid work (Ingusci et al., 2021).

## **CALL TO ACTION**

This chapter asks readers to search the broader horizon. The preceding section on trends should make it clear that the field of OHP cannot evolve without innovation and adopting a larger futuristic view of well-being. Our call to action asks science practitioners to simultaneously promote business success, social well-being, and the overall health of the organization. Each of these corresponds to the three competency areas described previously. We need skills in order to work with business partners, well-being roles and allies, as well as with all employees themselves—from line-workers to the C-suite.

A great place to start is to illustrate how employer caring and human social connection promotes well-being (Eisenberger et al., 2020). OHP scientists can study how to build compassionate workplaces (Rynes et al., 2012), embrace virtue and spiritual values among workers and leaders (Neal, 2013), foster mindfulness in and through workplaces (Dhiman, 2020), and grow corporate social responsibility in ways that improve the health of both internal workers and the external community (Hiswåls et al., 2020; Zellner & Bowdish, 2017).

The IOW model also encourages collaboration between OHP practitioners, scientists, consultants with other professionals. Professional education programs should train on competencies that advance interdisciplinary health research (Gebbie et al., 2012) as well as interprofessional health practice (Schot et al., 2020). However, care should be taken to use collaboration judiciously to prevent “collaboration overload,” which could hurt decision making and performance (Cross et al., 2018). More research is needed to identify the optimal circumstances for all competencies described in the IOW model: cross-disciplinary, translational, and direct.

We hope this chapter guides readers to help workers feel greater belonging, value, fairness, and respect regardless of business size, job level, or worker location. Those of us working in the field of OHP can cushion the harshness and trauma that comes with physical and psychological difficulty. When social connection is broken, so is loyalty, satisfaction, and productivity. To help recover from the coronavirus pandemic, future crises, and ongoing stressors, we must devote more effort to reestablish, strengthen, and enhance social bonds. When professionals work together, they both model social connection and also competently build a pathway back to well-being.

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