

THE FUTURE OF WORK >>

>> **THE HEALTHY
WORKFORCE**

Enhancing Wellbeing
and Productivity in the
Workers of the Future

Stephen Bevan
Cary L. Cooper

THE HEALTHY WORKFORCE

The Future of Work

The future of work is a vital contemporary area of debate both in business and management research, and in wider social, political and economic discourse. Globally relevant issues, including the ageing workforce, rise of the gig economy, workplace automation and changing forms of business ownership, are all regularly the subject of discussion in both academic research and the mainstream media, having wider professional and public policy implications.

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Productivity in the Workers of
the Future

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INVESTOR IN PEOPLE

I dedicate this book to the many excellent colleagues who have helped shape my research and to my brilliant family & wonderful wife Jenny who has helped me navigate my own health and productivity journey (Stephen Bevan).

To all my former PhD students for their research contributions over many years to help create a healthier workplace (Cary L. Cooper).

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FOREWORD

The Covid crisis has caused many people around the world to reflect on their behaviours in the *pre*-pandemic era, sometimes with a sense of longing, at others with a tinge of regret. As we emerge from this crisis, it seems likely that our attitudes and behaviours will be reshaped by the crisis on an enduring basis, hopefully in ways which support our future health, wealth and happiness. All crises bring opportunities and the Covid crisis is unlikely to be an exception in this respect.

The Covid crisis has brought into sharp relief the health risks facing us, both mental and physical. These risks shape every aspect of our lives, at work and at play, in ways many of us failed to appreciate fully pre-pandemic. In the light of the Covid crisis, most are now more aware of the need to understand and manage these health risks, both at the individual and societal level. As one example, the mental and physical costs of isolation and loneliness are now clear for everyone to see.

The Covid crisis has also shone a light on the importance of our interactions and relationships with family, friends and colleagues – what is sometimes called social capital. The loss of social capital due to social distancing measures is one of the less discussed casualties of the crisis. But the crisis has also provided fantastic examples of social capital being built in the face of adversity, from small acts of neighbourliness to the

thousands of community actions groups. The crisis could provide the spur we needed to invest more heavily in the social capital that glues our communities together.

Half the working population worked exclusively from home last year, a change thrust upon them due to restrictions. Surveys suggest that this has accelerated the slow-moving trend towards a more flexible workplace. With hindsight, it was odd that so many people chose to spend so much time and money, pre-Covid, doing the least productive, least well-paid and least enjoyable form of work ever invented – namely commuting. As this book sets out, if managed well this shift to flexible working has the potential to bring enormous gains for individual well-being and productivity.

But home and flexible working is no free lunch; it too comes with costs, which also need to be managed. Home working reduces the chances of informal and spontaneous connections and conversations, which are known to be the wellspring of ideas and creativity. Virtual working has the potential to hinder on-the-job learning from others, often the most effective form of training. And the potential loss of social capital from reduced connectivity could come at a longer term cost in reduced social capital and well-being, unless managed properly.

In light of all of this, many companies are rethinking the form of their social contract with workers, customers and communities. Although recognition of its importance has been growing for a while, many organisations (including my own) are beginning to take issues of organisational health much more seriously than ever before in the running and design of their business models. And many more companies are appreciating the value of acting in a purposeful fashion, serving their stakeholders (plural) as well as their shareholders (singular). This shift, too, has the potential to leave a positive and lasting societal legacy.

What is true of individuals and companies is no less true of governments. Many parts of the public sector have had to rethink and reorient their practices during the Covid crisis, at speed, to protect millions of people across the UK and beyond. This, too, has led to a redrawing of the social contract between the public sector and citizens in ways which could have lasting consequences for the risks they face, from unemployment and income to health and happiness.

These are all potentially seismic shifts in our behaviours and attitudes, individually and collectively, affecting every sector of the economy in profound ways. Managed well, these behavioural shifts could deliver big benefits to our health, wealth and happiness. The interactions between these behaviours and sectors is, however, complex. And navigating these complexities is unlikely to be easy because the evidence from different disciplines – from health to economics to psychology – is rarely drawn together to enable us to get a fully integrated picture.

Help is at hand. This timely, rich and authoritative book by Cary Cooper and Steve Bevan provides a comprehensive and forensic explanation of these interactions, drawing on extensive empirical research from a wide range of studies and disciplines. As we all adjust to a world changed forever by Covid, this book provides a blueprint for how we might build back not just better, but healthier, fairer and kinder too, as individuals, businesses and governments. All crises bring opportunities and they come no greater than this.

Andy Haldane, Chief Economist of the Bank of England

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WHY WORKER HEALTH AND PRODUCTIVITY MATTER

Interest in workforce health has never been more intense. Before 2020 most developed economies were grappling with the challenges of ageing workforces, later retirement leading to longer working lives, widening health inequality and the growing prevalence of chronic ill-health in the working age population. Then Covid-19 arrived, catapulting working age health to the top of the public health, business and policy agendas simultaneously. The concepts of the healthy worker, health promoting workplace and safe return to work all took on a new importance. The human resources (HR) and occupational health (OH) professions were in the spotlight like never before, advising CEOs and boards about safe working, the health of frontline workers or the well-being of the new army of homeworkers who found themselves in remote teams.

Perhaps no group has come under more scrutiny than line managers, whose capacity to manage the rapid pivoting of working arrangements while exercising stewardship over the human resources under their care was tested daily. For them, the responsibility for ensuring that workforce well-being and

productivity were being protected and optimised was intense. Most rose brilliantly to the challenge, but others were cruelly exposed as being out of their depth. We also found out that worker health has much less to do with having access to fruit and Pilates lessons than we ever imagined. Perhaps more than anything the pandemic has forced employers to think deeply about the ways that investing in workforce health can enhance agility, resilience, resourcefulness and productivity both during the pandemic and beyond.

It is the ‘sweet spot’ at which worker well-being and productivity meet which is the focus of this book. In particular, in an economic environment in which productivity is acknowledged as a policy priority but which is only rarely measured reliably in most organisations, we try to make the concept of productivity more accessible and grounded for those practitioners who are searching for ways of harnessing the business benefits of a healthy workforce.

We start in Chapter 2 with an overview of the evidence about the relationship between health and work and productivity. We deliberately go beyond traditional measures of ‘productivity’ – sickness absence, accidents and presenteeism – to take into account some of the more macroeconomic, labour market and task performance definitions of productivity at work. It is in this chapter that we also lay the foundations for a central theme of the book – that workforce health is an asset and that terms such as ‘burden’ and ‘risk’, while important, can overplay the negative connotations associated with ill-health at work.

In Chapter 3 we focus on the lessons that have been learned so far from the pandemic and the ways that organisations, healthcare professionals and policymakers have responded. We look in detail at the challenges of working from home and its impact on physical and psychological well-being, sleep, fatigue, job satisfaction and work–life balance. We also look

at emergent research on ‘moral injury’, burnout and ‘long Covid’.

In Chapter 4 we look specifically at the role of line managers. We look at the characteristics of line managers who manage the well-being of their employees professionally and with empathy, authenticity and compassion. We ask whether line managers bear too much of the burden of managing all aspects of employee health and well-being. We also consider what can be done to enhance their capability and enable them to be the most important custodians of the link between health and productivity.

The role of healthcare professionals in improving workforce health is the focus of Chapter 5. For many years general practitioners in primary care have been in the front line of sickness certification and have reluctantly played a role in advising employees and their employers about the conditions in which return to work may be made possible. However, this has always been a contested role and we look at ways of overcoming this barrier. We scrutinise the ways other healthcare professionals in occupational medicine, secondary care and vocational rehabilitation also play a part in helping work to become a clinical outcome of care.

In Chapter 6 we take a look at the evidence for a range of workplace health interventions. For many practitioners there is real confusion about which measures have the strongest evidence base. Many are bewildered by the array of claims made for different interventions and want to know, as they have limited resources, where to invest their time and money to maximise a return on their investment. This chapter provides a contemporary overview of the latest research evidence and attempts to help confused employers to differentiate between practices which have high ‘face validity’ and those with a proven track record of success.

In Chapter 7 we ask a fundamental question about the ways we could ensure that workforce health could be seen as an asset rather than as a liability. Perhaps too frequently, ill-health in the working age population is regarded as a burden or a drain on productivity, and a risk to be mitigated. This chapter looks at the arguments for thinking about workforce health as an appreciating asset. We look at the role which might be played by the investment community in demanding that more businesses provide transparent reporting about the health of their workforces and the steps they are taking to improve well-being and productivity among their employees. At a more 'micro' level we also examine aspects of employee personality such as conscientiousness and assess the extent to which organisations who are able to draw upon these psychological assets may have the double benefit of both enhanced health and improved performance that work.

Finally, in Chapter 8 we look at five areas which we believe will be among the main drivers of workforce health in the future. Here the role of managers and leaders and OH professionals are put under the microscope, and we explore how they can play a more prominent and self-confident role. We argue that more investment in risk assessment and prevention at work could prevent downstream costs and complex cases. The post-pandemic world of workplace health is also a focus in this chapter, as we identify some of the positive lessons of Covid-19 which could permanently improve the health of workers into the future. We also pose a final challenge to employers about the ways they can harness worker health to drive forward improvements in business performance and productivity.

Labour productivity after the 2008 financial crisis remained sluggish in most economies because too many policymakers and businesses became tangled in a debate about the impact of investment in skills and technology. As we

emerge from a global pandemic – and another global recession – this book seeks to make a powerful case for investment in a hitherto underestimated ‘factor of production’, worker health and well-being. While for those of us who have been advocates of promoting well-being at work this is not an especially new idea. However, we are convinced that, for the uninitiated, it is an idea whose time has come.

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HOW HEALTH AFFECTS PRODUCTIVITY

2.1 THE CONTEXT – HEALTH AS A ‘FACTOR OF PRODUCTION’

The oft-quoted axiom that *healthy workers are productive workers* has become very familiar over the last decade or so. It is hard to disagree that helping employees to stay healthy will also help them to remain in employment, to attend work regularly and to perform well in their jobs. Indeed, even at the beginning of the Industrial Revolution the British Social Reformer, John Ruskin, wrote in 1851:

...in order that people be happy in their job, these three things are needed: they must be fit for it, they must not do too much of it and they must have a sense of success in it.

Additionally, who among a range of stakeholders such as governments, businesses, healthcare professionals and employees do not stand to gain either directly or indirectly from the gains in productivity which flow from a fitter and high-functioning workforce? Yet productivity is, itself, a multi-faceted and complex

phenomenon and one which has only recently been scrutinised with rigour in the context of workforce health. Historically, its use has been mainly confined to the fields of economics and business as it is mostly thought of as a measure of the output of goods and services – from an economy, an industrial sector or a firm – which then become available for some form of financial exchange.

However, as the discipline of economics has developed, different aspects of productivity have been the subject of both theoretical and practical focus. For example, ‘labour productivity’ is more specifically about the amount of work (outputs) produced by an employee for each hour they work (inputs). The concept of the ‘production function’, where the combined effects of capital (e.g. equipment, machinery or information technology) and labour (e.g. the skills and efforts of employees) can be observed, quantified, modelled and forecast, has provided labour economists with ways of exploring why productivity varies over time and between nations, regions, sectors or firms. More complex still, the idea of ‘total factor productivity’ looks at ways of attaching an economic value to some of the intangible assets which a business or an economy might be able to bring to bear to productive capacity through the application of R&D, know-how, the power of ‘branding’ and so on. It might be argued that workforce health might represent such an intangible asset if a standardised way of quantifying it could be agreed upon. More on this later.

For the purposes of this chapter, we will not dwell so much on competing economic theories of productivity, but focus more on the various ways that ‘workforce health’ may be linked to the ‘enhancement of productive capacity’. Even here, issues of definition, measurement, costs and benefits are not always straightforward, but we hope to set out a simplified way of thinking about the terrain, and to identify the most effective ways which both theory and practice show us that we can